

Hello,

Thank you for taking this survey. We would like to help the CHLA Family Resource Center develop materials on nutrition. Your responses will help us know what information families want. Your answers are confidential and will only be reviewed by the researchers. There are no right or wrong answers. You will receive a coupon from the 99 Cents Only store thanking you for your time. We can help you complete the survey if you do not understand any of the questions.

**Instructions:** Please make sure to read questions carefully. If your answer does not fit exactly, use the answer that fits the best.

	Never	Sometimes	Always
1. My children can choose what they eat at dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I read the nutrition facts labels when I buy food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My family eats dinner together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At least half of my children's dinner is fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I adjust food portions based on the ages of my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have encouraged my children to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I think about calories when my family eats out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I think about portion sizes when my family eats out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My children drink at least one cup of sugar-sweetened beverages every day.  For example: soda, fruit flavored drinks (punch), energy or sports drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My family does not have enough food to eat at least one day each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When buying food, I compare prices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I limit the number and types of snacks my children eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Never   Sometimes   Always**

13. I am confident in my ability to cook a meal for my family

14. I limit the amount of sweet or salty snacks that my children are allowed to eat

For example: cookies, candy, chips

**Circle all that apply.**

15. My family has received food services from the following programs:

- a) public school meals
- b) WIC
- c) Cal Fresh
- d) food pantries

16. I like to get food and nutrition information from:

- a) reading
- b) watching TV
- c) the Internet
- d) talking with friends

**Please tell us about yourself.**

**Circle only ONE answer.**

1. Gender:

- a) Male
- b) Female

2. Employment:

- a) not working
- b) working part-time
- c) working full-time



**Fill in the blank.**

3. Age: \_\_\_\_\_
4. Highest grade of school completed: \_\_\_\_\_
5. Race/Ethnicity \_\_\_\_\_
6. Number of household family members (including yourself): \_\_\_\_\_
7. Primary language spoken at home: \_\_\_\_\_

***End of Survey***

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