

Thank you for agreeing to complete
the Youth Garden Project survey!

Please answer the questions for only your child participating in Discover
Y Day Camp. If you have more than one child, please complete a
separate survey for each child. If you have any questions, please
contact:

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Your help with this project is greatly appreciated!

1. In the last WEEK, did this child ask you or another member of your household to:

a.	Buy a certain fruit or vegetable when it wasn't available at home?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b.	Prepare a fruit or vegetable for a meal?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c.	Have a fruit or vegetable for breakfast?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d.	Have a fruit or vegetable for dinner?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e.	Have a fruit or vegetable for a snack?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f.	Have fruits or vegetables in a place where they can easily reach them?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g.	Serve a new fruit or vegetable for dinner?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
h.	Go shopping with you or another family member for fruits or vegetables?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

2. During a typical WEEK, how often have you or another member of your household...

	Not at all	Sometimes	Almost everyday	Everyday	
a.	Bought fruits or vegetables you know this child likes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	Encouraged this child to eat more fruit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	Encouraged this child to eat more vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	Served a fruit or vegetable to this child for breakfast?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	Served a fruit or vegetable to this child for dinner?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f.	Served a fruit or vegetable to this child for a snack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. How often are the following true?

	Hardly ever	Sometimes	Often	Almost always	
a.	We have fruits and vegetables in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	In my home, vegetables are served at meals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	In my home, fruit is served for dessert.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	In my home, there is fruit available for this child to have as a snack.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	In my home, there are vegetables available for this child to have as a snack.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f.	In my home, there are cut-up vegetables in the fridge for this child to eat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g.	In my home, there is fresh fruit on the counter, table, or somewhere else where this child could easily get them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. In the last two weeks have you had these fruits or vegetables in your home ...

a.	cucumbers	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b.	lettuce	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c.	spinach	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d.	tomatoes	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e.	sugar snap peas	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f.	carrots	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g.	beans	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
h.	radishes	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
i.	peppers	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
j.	zucchini	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
k.	beets	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
l.	apples	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
m.	strawberries	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
n.	raspberries	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
o.	melons (cantaloupe, musk melon)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
p.	watermelon	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

5. How important to you is it that your child...

	Not at all important	A little important	Somewhat important	Very important	
a.	Eats a healthy diet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	Has multiple exposures to the same fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	Try new fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	Eats fruits and vegetables every day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

What is your relation to this child?

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Aunt
- Uncle
- Other _____

How old is this child? _____ years

What grade will this child be in next school year? (2007-2008) _____

Was this child born in the United States?

- 1 Yes
- 2 No: In what country?

Is this child Hispanic or Latino?

- 1 Yes
- 2 No

Do you consider this child?

(you may select more than one)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native

Is this child's background any of the following? (mark one)

- | | |
|---------------------------------------|---|
| 1 <input type="checkbox"/> Hmong | 5 <input type="checkbox"/> Somalian |
| 2 <input type="checkbox"/> Cambodian | 6 <input type="checkbox"/> Ethiopian |
| 3 <input type="checkbox"/> Vietnamese | 7 <input type="checkbox"/> Other: _____ |
| 4 <input type="checkbox"/> Laotian | 8 <input type="checkbox"/> None |