Food & Fitness for Children & Families: A Rapid Assessment Tool
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Preface

In 1987 a small manual titled *Rapid Assessment Procedures for Nutrition and Primary Health Care* (RAP) by Susan C. Scrimshaw and Elena Hurtado was published by the UCLA Latin American Center and the United Nations University, with help from UNICEF. The RAP was developed in 1983 and refined in 1985 by a group of researchers funded by the United Nations University to conduct “rapid” anthropological research to examine the impact of primary health care from the community perspective in at least two communities in each of 16 countries. The idea was to complement the more usual health program evaluation approach of asking clinics for data by asking community members about their health care needs, behaviors and access to preventive and curative care.

Staff at the United Nations University, and later, UNICEF (which co-sponsored publication in English, Spanish and French as well as a video), believed that anthropological methods needed to be brought to bear on the assessment of health beliefs, behaviors and programs from the community perspective because traditional surveys and other measures of health program performance were not particularly good at capturing what people were really thinking, feeling and doing (Scrimshaw, Carballo, Ramos & Blair, 1991; Scrimshaw, 1992).

At the time, both the concepts of community perspectives rather than just “top down” evaluation and rapid assessment were radical ideas, with the exception of a group led by Sussex rural sociologist Robert Chambers working in India. It was a challenge for anthropologists to think in terms of weeks and months rather than years. It was a challenge to traditional evaluation specialists to think in terms of qualitative methods in addition to quantitative. The RAP proved successful, and the methodology was published in 1987 in English and Spanish in response to requests for copies from many researchers, health care workers and policy makers. It turned out that the RAP gave these and other non-anthropologists an accessible tool to assess programs and dialogue with community members. In fact, it was not long before community members were using it as well. The idea of developing local capabilities in communities around the world to participate in self assessment also challenged traditional thinking about program development and evaluation.

RAP has turned out to be particularly important in identifying counter-intuitive findings, and in providing information from settings not accessible through surveys and other approaches. This was (and is) particularly true for research on many AIDS related behaviors, including IV drug abuse, but includes many other behaviors and settings, including food habits, which are sensitive topics in many cultures. RAP also has become a tool to use in calibrating, developing and illuminating quantitative data (Scrimshaw, 1991).

RAP has been modified for use with many health problems. These include AIDS, seizure disorders, water and health, diarrheal disease, reproductive health and aging. RAP exists in many languages (e.g. English, Spanish, French, Portuguese, Chinese, Arabic, Turkish, Indonesian) and has been used by health workers, planners and community members all over the world, including the U.S., particularly U.S. inner cities in CDC projects. In fact, RAP has become a “generic” concept, and various adaptations have been made by other researchers, with titles such as RARE (Rapid Assessment, Response and Evaluation) and ERAP (Ethnographic Rapid Assessment Procedures) (Scrimshaw, Carballo, Caracl, Ramos & Parker, 1992, Long et al., 1988; Scrimshaw, Carballo, Ramos & Blair, 1991; Scrimshaw, 1992).
In 2004, the Robert Wood Johnson Foundation commissioned this version of RAP, to focus on childhood and adolescent obesity prevention through understanding factors related to food and fitness in children and adolescents from community and culturally appropriate perspectives. The intent of this current version is to go beyond the perspectives of health professionals, nutritionists, physical education specialists, teachers, policy makers and others and understand the beliefs, feelings, attitudes and behaviors of children, adolescents and their families regarding food and fitness. This understanding must be combined with professional knowledge and approaches to create programs which are culturally and individually acceptable and practical.

In order to produce this version of RAP, a wide community of researchers, educators, students, health professionals, policy makers and youth were consulted through meetings, focus groups and interviews. Two groups in particular were essential to this effort: Members of CLOCC, (the Consortium to Lower Obesity in Chicago Children) and the children and youth of the Chicago schools participating in the RWJ funded Health Professional Partnership Initiative (HPPI) project at the University of Illinois at Chicago School of Public Health. These students assisted in producing this book as junior researchers, helping us understand how to learn from them.

We hope that the resulting handbook will be useful to all who are working to improve the health of children and youth around the world.

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Chicago, Illinois
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In addition to speaking with lay, community and professional experts, we spoke with a number of Chicago public middle and high school students who were participants in the Health Professional
Partnership Initiative or Health Careers Opportunity Program housed within the School of Public Health at the University of Illinois at Chicago during the 2004-2005 academic year. The contributions of the following students was invaluable to the development of this manual since the focus of this version of RAP is to target childhood obesity/overweight, drawing on the perspective of children, youth and adolescents and their families, as well as interested school staff and community members. We would like to thank: Silvia Aguayo, Carlos Andrade, LaForce Baker, Charles Blakemore, Jasmine Brown, Deangelo Campbell, Ana Cardenas, Donquella Carpenter, Jessica Chavez, Christopher Clark, Jessenia Cordova, Rashad Crawford, Maritza Crisantos, Edwina Davis, Inocente Diaz, Stephanie Dorsey, Daijorne Dukes, Juana Favela, Sierra Fields, Anthony Figures, Michelle Flores, James Franklin, Jacquelyn Frye, Robert Gomez, Hakima Gray, Taichi Hardiman, Ozell Harris, Juan Hernandez, Tamiyah Jackson, Mayra Jaramillo, Mariah Jonson, Alma Juarez, Shantel Kimble, Shalonda Kirkwood, Raquel Lampkins, Jannette León, Deautre’ Henley Lewis, Jesus Lopez, Vianey López, Juan Martinez, Nancy Martinez, Omar Mesina, Tamera Moore, Tiffany Mosley, Gerald Navarro, Alejandra Onate, Evelyn Parks, Devante Perry, Martin Ramirez, Yolanda Ramirez, Alejandro Porras, Jasmine Porter, Brandon Robertson, Alexandra Rodriguez, Gabriel Santiago, Marcus Scott, Tamara Shepherd, Chloe Stewart, Dominique Stratton, Oscar Urbina, Elvira Valencia, Ameer Walls, Chloe Stewart, Dominique Stratton, Oscar Urbina, Elvira Valencia, Ameer Walls, Tameka White, and Anthony Whitehead.

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1 Practical Anthropology for Health Programs

METHODOLOGICAL ISSUES

Anthropologists traditionally spend many years learning the culture of their discipline and many more years understanding other cultures. It is only recently that anthropologists have brought their methods and theoretical perspectives to bear on such questions as the evaluation and improvement of primary health care services (Paul, 1955). One obstacle has been the long periods spent in the field and the large accumulation of theoretical material required by ethnography. Another has been that the theoretical concerns of anthropology have not been those of applied health or nutrition programs. Although the ideal ethnography may be built from both of these elements, a great deal of practical, diagnostic, and applied work can be accomplished in a shorter time and by using a simpler approach.

RAP provides community-based organizations, health workers, researchers and social scientists, teachers and interested community members with guidelines for conducting rapid assessments of individuals’ health-seeking behavior, behavior involved in maintaining health and overcoming illness. While, the RAP is based on anthropological methods, one does not need an advanced degree in anthropology to use the RAP manual. However, one does need organizational skills and, most important, the ability to develop rapport with people and to accurately record and transmit their views, beliefs, and behaviors.

The RAP manual was originally intended for use by persons already trained in anthropological or related field methods. However, since RAP was originally developed, community members and institutions without prior experience using anthropological field methods have used the RAP methods to address issues salient to their communities. The RAP manual provides myriad data collection checklists. The Data Collection Guide (Appendix A) provides a variety of sample questions, outlines, checklists, grids to complete, and other data-gathering aids. The Checklist is designed primarily for short periods of data collection, in the range of four to eight weeks, but they can be readily expanded for longer-term application, resources permitting.

Often, the RAP methodology is a vehicle through which communities and academic institutions or university based researchers can build partnerships in order to address the topic of interest. For individuals not formally trained in anthropology yet interested in becoming more knowledgeable about the methodology, there are supplementary materials on the research methods available in a complementary training practicum (see “Food & Fitness RAP Practicum”, Wheatley, Heinrich, Chavez, & Scrimshaw, 2007), and in numerous publications on anthropological methodology. This RAP practicum provides a detailed discussion about the techniques introduced in the manual and includes examples and exercises to assist with the exploration of issues related to childhood overweight and obesity. Another option for learning more about the methodology includes seeking out an anthropologist trained in the techniques addressed in the RAP. However, while this may be ideal, it may not be possible.

As mentioned, the approach presented here differs from traditional anthropology in that it involves a relatively short time in the field and focuses the research on a few specific topics, health care providers, and households. Since qualitative and quantitative researchers often argue over issues of reliability (the replicability or representativeness of data) and validity (the extent to which one is measuring what one purports to measure), the rapid assessment using anthropological techniques proposed here would seem even more open to criticism. The issues of the types and value of findings
using various methods have been discussed elsewhere (DeWalt & Pelto, 1985; Pelto & Pelto, 1978; Scrimshaw, 1984; Scrimshaw, 1985; Bernard, 1998). Obviously, the type of information needed is an important consideration. Epidemiological information, such as the incidence of obesity in a population, will require survey techniques. Accurate information about how mothers (or primary guardians) prepare meals or how food is served in the home may only be obtained through observation, since women may not report behaviors of which they are unaware, such as using a larger pinch of salt than is ideal (or serving larger than recommended portion sizes, if the nightly meal is served family style or directly from the stove).

The importance of the information collected by the methods discussed may best be understood through a map analogy. It is possible to note the presence of beliefs and behaviors, analogous to rivers and mountains on a map. It is not possible based on the small samples suggested here to know what proportion of the population professes a certain belief. Similarly, one would not know the depth or velocity of a river or the precise height of a mountain. For some programs, it may be enough to have the map, and to know that the program must plan for and be responsible to the features on the map. For other programs, or aspects of the program, it may be necessary to include focus groups in other communities and even surveys to obtain broader, numerical information about a topic. To a surprisingly large degree, health programs have been introduced with no culture specific maps at all. Western biomedical systems developed in the United States and Europe have been applied without sufficient critical examination of local conditions and peoples. "Maps", such as those generated here, can help to improve the "fit" of program to people.

When the earlier version of RAP (Scrimshaw & Hurtado, 1984) was used in sixteen countries, there were some consistencies in the findings at the study sites (Scrimshaw, 1992). For example, rudeness on the part of the government health services staff was a deterrent to the use of services in most of the communities studied. It would hardly require a large survey to know that staff-patient relationships need to be improved in at least those countries.

The above discussion explains in part the uses of data on a few families in one or only a few communities. The question of generalization is an important one, and must be considered in the national context. A country such as Nigeria, with several tribal groups, might require information from at least one community representing each group, with verification in other communities using focus group techniques if at all possible. It is important to note, however, that many conclusions have been drawn and programs planned based on data from one community or a small region. The famous Framingham study in Massachusetts is a case in point (Kannel & Gordon, 1968), as is the Alameda County Health Behavior Study in California (Bellock & Breslow, 1972).

**PURPOSE OF RAP**

These rapid assessment procedures were originally developed for the United Nations University Research Program in order to improve understanding of the successes and problems related to the implementation of the recommendations of the Alma-Ata Conference. The Alma-Ata Conference defined primary health care (PHC) as "essential health care made accessible to individuals and families in the community by means acceptable to them, through their full participation, and at a cost that the community and the country can afford." Most of the recommendations relate to nutritional improvement, and emphasize health promotion and disease prevention rather than the curative services that tend to be the primary concern of national health care delivery systems.

The Alma-Ata report also stated that promotion of primary health care activities "requires a close relationship between the primary health care workers and the community." There is, however, great variation among countries in the extent to which this suggestion has been implemented. Since
there is some evidence that community involvement is a prerequisite for the success of most PHC activities, the extent of such involvement should be part of the description of the PHC system available to a population.

The original RAP was developed over 20 years ago. In the intervening years, some new health problems have emerged. One of these is obesity in children and adolescents. When unhealthy foods, or an excess of, are consumed, combined with reduced physical activity and other environmental factors, such as inaccessibility to parks, unsafe neighborhoods or no access to full-service grocery stores is the reality, overweight and obesity may result.

In 2003, the American Public Health Association developed a toolkit for parents, teachers, students, and community leaders to use to prevent and control childhood overweight and obesity. The APHA states that the public health community needs to make sure that children live in an environment that encourages healthy eating and physical activity and that families, schools, communities and researchers need to work together to promote healthy environments that support the following recommendations:

- Encourage children to eat only when hungry.
- Persuade children to be physically active, i.e. 60 minutes of moderate physical activity four days of the week.
- Reduce the amount of time children spend in front of the television, computer or video games.
- Plan family and school activities that provide everyone with exercise and enjoyment.

“The most important factor in keeping children healthy is letting them know that they are loved, appreciated and valued just as they are”.


These calls for attention to the health and fitness of children and youth are today’s equivalent of the Alma Ata declaration which inspired the first version of the RAP manual. At this time, it is highly relevant to have this revised version, which focuses on a major and continually emerging threat to health--obesity and lack of exercise among youth.

USING RAP

The procedures are concerned specifically with understanding the beliefs and perceptions regarding health and fitness, the prevention and treatment of overweight and obesity, and the utilization of multiple community and individual resources to maintain healthy weight and fitness in children and youth. They are intended as guidelines, not as literal templates. There is no prescribed manner in which the methodologies or data collection checklists should be used. It is important that users define their own research objectives, develop project-specific research questions, determine the necessary indicators, and prepare the data collection instruments accordingly.

The Data Collection Guide (Appendix A) is grouped in five categories: community (C), household (H), neighborhood (N), school (S) and primary health care providers (P). The guide is intended to help focus the research, organize the data collection process, and standardize the information
gathered. It should be used as an outline for the formulation of questionnaires, checklists, and other data collection instruments. Questions do not need to be worded exactly as they are in the checklists. They are intended to be adapted to the needs of the project and the communities of interest, in an attempt to collect a manageable amount of data. Collecting unnecessary data can be distracting and time-consuming. The information collected should not be written on the checklists themselves. It should be recorded on separate pages or in field notes. Some of the checklists are quite detailed. Select only those, or parts of those, that relate to the study at hand. Others are quite general; they can be expanded. New instruments may need to be developed or located to gather information on other topics. For example, the detailed checklists on school nutrition illustrate how specific research questions might lead to expanded checklists. For a study of childhood overweight and obesity, information on related (co-morbid) conditions might be required. In contrast, for a study of perceptions and use of different types of food (for example, low-fat, no-fat, diet, etc.), illness information would not be necessary. Some information may not be available in certain settings. In sum, each question or piece of information should be assessed in terms of its relevance to the study, the feasibility of collecting it accurately, and its reliability.

Finally, it is extremely important that the examples and methods in this manual not be used to support perceptions and realities of the researcher but rather those of the participants and communities concerned, i.e., those participating in the study). What data is provided to the data collectors should be reported as such, with data collectors’ perspectives and comments on what is being observed and relayed during an interview or focus group off-set to distinguish the data collectors’ comments from actual data to be analyzed. It is important to take information such as domains and cultural insider (ethno-) classifications back to the people studied for discussion and confirmation. The data analysis section of this manual (see Chapter 8) contains some suggestions for doing this, and focus groups may also be used for this purpose.

HUMAN SUBJECTS PROTECTION

Preliminary to the conduct of many research projects it is now common to obtain signed, written, informed consent statements from each individual studied. The practice came about in part because during some medical research projects patients were given experimental treatments without their permission. In social science research, drugs and other treatments are not utilized, but research participants may be exposed to risks such as emotional distress as a result of discussing sensitive topics or fear that confidential information or inappropriate or illegal (i.e. taking illegal drugs) behavior will be revealed.

Written, signed, informed consent forms are sometimes impractical in countries where levels of literacy are low, where documents may symbolize undesired bureaucratic interference, or where confidentiality is so important that even signing one's name to a document is a risk. The important thing, above all, is not the actual document itself, but that the researcher honors the principles of respectful and protective treatment of those individuals studied. Therefore, permission must be obtained from: (1) appropriate community leaders, (2) families studied, (3) store owners, or directors of health resources (or communities) studied, (4) individuals studied (in families, health resources, etc.), and (5) other groups or organizations as appropriate (e.g. Ministries of Health).

Whether the permission is oral or written, the researcher (and RAP user) must verify that the individual is willing to participate, explain a little about the project, that participation is voluntary, that results will be presented in summary form only and that individuals will not be identified in connection with information about them, and that they may cease to participate at any time if they so desire.

In addition, the researcher (and RAP user) must ensure that confidentiality is maintained and that
information is collected and stored so that only authorized people working on the research project have access to it in other than summary or anonymous form. Researchers often use pseudonyms for communities, and present descriptive material or examples in such a way that the participant of the interview or observation cannot be identified.

Finally, the researcher (and RAP user) must be careful not to make unrealistic promises to the community about the purposes or results of the study. For example, the community should not be told that health services will improve as a result of the study. The researcher should explain that health officials will be given the results and recommendations and it is the hope that some improvements will result, but that one can never be sure.

Currently, most funding sources, universities, government agencies and communities have formal procedures (sometimes called Human Subjects Protection Committees) to review and approve all research. Anyone using these checklists should be careful to obtain appropriate permission from these groups.

BASIC CONCEPTS RELATED TO HEALTH-SEEKING BEHAVIOR

The user will find the methodological discussion in the following chapters and the accompanying examples more beneficial by reviewing these definitions of commonly used terms:

**Health-seeking behavior.**—What people do individually and collectively in order to maintain and/or return to health. What specific steps are taken (sometimes called patterns of resort) and why?

**Patterns of resort.**—The process of health-seeking behavior, which involves specific steps, such as self-care, then asking a relative, then going to a pharmacy, then going to a health care center. The word "patterns" is used here instead of the more traditional term "hierarchy" because in reality people may go back and forth between resources or use several simultaneously.

**Health care decision making.**—The process of deciding on a course of action related to maintaining or restoring health, including factors and/or people that influence the decision and reasons (explicit and implicit) for the decision.

**Outsider/insider.**—In anthropological terminology the outsider perspective is referred to as *etic*, and the insider perspective as *emic*. This distinction is important both for data collection and for discussion of results. For example, the word “obesity” is frequently used in health circles and in the popular press in the U.S., i.e. the outsiders in this example. As an example of the importance of gaining perspective from insiders, children (insiders) participating in various focus groups conducted during the development of the checklists located in Appendix A of this manual found the word “obesity” to be offensive. Programs aimed at reducing childhood obesity using those words are likely to be rejected by the very populations they are trying to reach.

**Community.**—The concept of "community" may vary from place to place. The researcher will need to define the term for the particular project undertaken. "Community" may mean, for example, groups of individuals who share a "sense of belonging," or individuals in an administrative unit, students in a school, parents of students, or persons in the "catchment area" for a primary health program.

**Household.**—A group of people who live under the same roof and share financial and household maintenance decisions and responsibilities. Households usually contain people related by blood or marriage and are referred to as families. People who are not members of the family either by birth or marriage may also live in a household.

**Nuclear/extended family.**—A nuclear family consists of parents and their offspring. An extended family includes other relatives such as a third generation (grandparents or grandchildren),
siblings of one or both parents, the spouses or children of siblings, and even unrelated individuals.

Health.—The WHO defines health from the outsider perspective, as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." From an insider point of view, what constitutes health can vary a great deal from culture to culture.

Disease.—From a Western (outsider/etic) biomedical perspective, disease is an undesirable deviation from a measurable norm. Emphasis is on signs and symptoms that can be measured using current Western biomedical techniques.

Illness.—Illness is defined, in insider cultural terms, as the inability to function well in a society. The individual does not feel well and cannot function in the usual manner. Problems develop when someone working from an outsider perspective cannot find a disease in a person who claims to be ill. As a result, the illness is dismissed as "not real." Similarly, people may have a "disease" such as high blood pressure or diabetes and not feel "ill." Under those circumstances, it can be difficult to convince people to undergo treatment.

Sick role.—The role an individual adopts (or is made to adopt) when ill, involving altered behavior. Normal activities cease or are curtailed and special "sick behaviors" (such as staying in bed) occur instead. Usually, people treat someone in the sick role differently (e.g. isolation or more attention). Using examples derived from childhood obesity, often parents provide their sick child with additional sweets or food to compensate for their sick role.

Medical system.—The medical system can be conceived of as (a) a set of cultural beliefs about health and illness that forms the basis for health-seeking behavior and (b) the institutional arrangements within which the behavior occurs. A distinction is made between the formal, biomedical health care system and the informal (may or may not be legitimized by the formal health care system) health care system. The formal health care system is that represented by Western-trained allopathic clinicians.
2 Anthropological Methods

In the conduct of research on health-seeking behavior, basic anthropological field methods should be utilized. These methods permit detailed recording of the socio-cultural context in which health-seeking behavior occurs in order to better understand and interpret the behavior. The basic anthropological methods are described below.

**Observation.** — Careful observation of events and behavior provides valuable non-verbal clues as to what is actually occurring.

**Participant observation.** — The researcher participates in and observes the socio-cultural context of a household or community, and thus gains important insights into everyday life.

**Unstructured Interview.** — Important data can also be obtained through informal individual or small-group conversation. Some people are more at ease in an informal setting and talk more freely.

**Semi-Structured Interview.** — Somewhat open-ended questions are asked on certain topics. The researcher follows a general outline, but may incorporate additional subjects as appropriate. The responses may be noted, but are not recorded in detail at the time. They are written up later.

**Structured Interview.** — Written questions on specific topics are posed to one individual (respondent); the responses are recorded in detail.

**Focus groups.** — Informal interviews with small groups of people have often been used by anthropologists. More recently, professionals in fields such as market research have adapted and refined the technique. Focus groups can help to check information with a large number of people and to obtain reactions to intended innovations (e.g., health educational materials, the location of a clinic, the introduction of community health workers). They are not successful in eliciting information considered private or concerning behavior that might be subject to disapproval since people usually are reluctant to share such information in a group setting.

**TYPES OF INFORMATION RECORDS**

For the anthropological work, the core of the research, three types of information records should be maintained.

**Brief Diary**

Note in a diary, very generally, what was done each day of the study. For example, Monday September 19, 2005, 9:00-10:00 A.M., met with sixth grade students at Chicago School 5. 10:30-11:00 A.M., met with science teachers at School 5. Rest of A.M., counted grocery stores in School 5 neighborhood, tested food availability instrument in two of them. P.M., in office writing field notes and revising focus group instruments. It should be understood that the diary is a chronological record of the activities. It is not the field notes.

**Brief Field Notes**

Take *brief notes* on the observations and interviews conducted and later (the same day)
expand upon them in detail. Time must be set aside each day, specifically for the amplification and editing of field notes.

Take brief notes (see fig. 1) during interviews except when this procedure might inhibit the conversation, i.e. when an individual takes the researcher aside to convey something considered very confidential. The notes should include (in abbreviated form) the question and key words in the response. Once in a while it is useful to note (in quotation marks) the exact words of the response (e.g., “I gave him even the last drop”). Also note comments in parentheses (e.g., “She’s telling me that one shouldn’t eat ‘fatty’ foods, that they will gain weight. She is eating ‘Flaming Hots’-a spicy Cheetos Flamin’ Hot Crunchy Snack.”).
Figure 1: Brief Field Notes

Clinicar/Providers - inclusion:
- treatment of child/family
- words used
- non accusatory language
- recommendations: what type?
  - include follow-up: how frequent?

PD:
Assessment:
- daily living (ADLs)
- sedentary behaviors
- vigorous/moderate activities

Adolescent:
Nutrition:
- meal skipping: breakfast most common
- how were responsible for family meal preparation? - what kind? fixed/m licensible

- have adolescents identify - sensitive or negative neighborhood attitudes/negative unhealthy influences in their community; share food/physical activity experience/preferences
- analyze root cause of unhealthy eating & inadequate PA; pose alternatives
Keep child from becoming fat
- food withholding; - don't put child on diet
- indirect methods - children often slim down

EATING MANAGEMENT
- positive feeding relationship,
- encourage environment so child is relaxed & comfortable about eating
- touch & cues for hunger, nausea, appetite
- structured meals & snacks
- eat slowly & attentively
- delay before seconds
- cut down on feeding cues - some people eat by food reminders/cues present

Family eating important - not feeding fat
Child (type of food & the rest of family shining)

Don't feed unnecessarily - e.g. comfort a child with cookie when she isolation

Noel's comments:
- under perceptions of weight loss
- ideas - restrained eating?
- food 'inhibition'?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

Title
Rapid Assessment Tool
Positive Name
Positive Outcome
1. Normal - overweight perceived to be unhealthy
   Overweight - new normal,
   Kids aren't embarrassed to be overweight
Meal Planning / Preparation / Eating dinner together

Food Purchasing
Economics & food buying
If you didn't have to worry about $ what would you buy?

If you:
3rd Wednesday of the Month -
Nov 17th noon - 3/4 pm
Dec. 15th 1 hour
**Obesity & Overweight Concepts & Definitions**

**Blue-Adult responses Red- Student responses**

**Obese / obesity**
- In the community understood as basically the same thing as overweight although know that there is somewhat of a difference.
- A technical word—used by the doctor.
- Talking about obesity/overweight, the HE’s talk about changing diets; acknowledge that everyone has different body types but that
- An extreme condition
- People don’t think obesity is a problem until develop health issues
- HEs use the word to talk about the “epidemic of” or “risk factors’ for
- Helps people think of risk factors
  - As a background for conversation
- Really, severely overweight
- Deadly
- Bigger than 400 lbs (or more)
- Overweight

**Overweight**
- Used more often than obese
- = fat
- Overweight is the new “normal” weight.
- Normal/average weight is seen as unhealthy.
- Because so many children are overweight, kids aren’t embarrassed to be overweight; don’t understand that they are...

*Underweight*

**Who uses these words? Why? When?**

- People use both obese / overweight (although not really, students made contradictory comments)
- Doctors use obese
- Obese- hurts people’s feelings
- In the community, use the word ‘Fat’
  - Don’t use these words, don’t tell people they are obese/overweight
  - People just “look at you funny”, laugh or whisper behind your back

**Nutrition Information and Perceptions**

**Nutrition Information**
Where do people get nutrition information?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Compare prices?
  - How do you stretch your food dollar?
    - Prepare more starchy foods
    - More high-fat foods
    - Decrease fruits and vegetables
    - Decrease meats
    - Reduce dairy consumption
    - Shop with a shopping list?
    - Go to different stores to get better prices?

- Do you use a LINK card?
  - Makes a difference in the foods that are bought
  - Need to consider about which day of the month that questions about the foods people eat/purchase are asked (i.e., depends on LINK card use; lots of (healthy) foods are bought at beginning of the month; little purchased at the end of the month).

  - Probing: Start date varies (state)

- Who makes decisions about the food that is bought at the house?
  - Do you get to help make decisions about the food that is bought at your house?
  - Do fathers have more say?
  - Does this person buy food that everyone likes? That others request?
  - Do they buy the food you like? That you ask for?
  - Do children contribute?
    - Do kids influence your food purchases—HEs stated that sometimes if healthy foods are purchased and kids don’t eat them, then the (parent) will buy the (unhealthy) foods that the children will eat.

- Quantity and types of snacks purchased
- Allowance: used for meals, kids tend to eat with families; used for snacks, sb kids are potentially eating more, eating less nutritious foods.

  - Suggested question: If you didn’t have to worry about money, what type of food would you buy?

Food (nutrition) label

- Know where to locate a food label on a package/container
  - What does the label mean to you?
  - Is it helpful?
  - Use food labels when buying food?

  - Ingredient list
  - Know where to locate the ingredient list?
    - What does the label mean to you?
Expanded Field Notes

The same day on which the observation, interview or other RAP method is carried out one should expand on the brief field notes (see fig. 2). The key words in the notes will be reminders of many phrases and ideas. While expanding on the notes, add comments and impressions in parentheses (e.g. “I assumed that the children sitting around the kitchen table at their home did not like the food that they had been served for lunch. I gathered this from the way both children were moving their forks and knives through the food, spreading it around their plates but not putting any of it in their mouths. Also, the way that both of the children scrunched up their mouths and noses as the food was put on their plates suggested to me that they disliked the food.”). Read over the expanded notes carefully; details can be added on the same page or on an additional page with corresponding numbered inserts.

Note questions that come to mind while reviewing the notes daily. Put them in a notebook so they are handy for the next visit to that household (e.g. "I still need to ask her why she thinks you have to get babies used to eating everything from the very first month").

Consider carefully the advantages and disadvantages of audio recording devices, remembering that it will be necessary to interpret or transcribe the recordings if audio recordings are made. This is very time-consuming. Assure that recordings do not inhibit the conversation; continue to take brief notes. Never use an audio recording device without permission from the person(s) interviewed. It is best to use an audio recording device only to aid in expanding upon field notes.
Observation: Lone diner eating a meal

The field observation took place at a Thai restaurant on Chicago’s north side on Sunday, January 16, 2005, from 7:07PM to 7:55PM CST. The target of the observation was a lone male diner at the restaurant. The restaurant, itself contains about 20 oak wooden tables and has dark yellow-hued walls. On the walls, various Thai ornaments, symbols and decoration are placed throughout the restaurant. A local pop music station was audible through overhead speakers. There appeared to be one waiter and one waitress who were serving the four other pairs of diners who were in the restaurant as I, the observer, first walked into the restaurant and scanned the room. The pairs of diners consisted of two male-female pairs and two female-female pairs. The lone male diner was chosen as the target subject of the observation because there was an open table with a clear vantage point where I, the observer, was able to sit and observe without obstruction from another diner, as well as being able to concentrate on his eating behavior, as opposed to his interaction with those with whom he was dining.

As I sat down at a table positioned three tables away from the target’s table, I chose to sit so as to face the diner. As I put my coat on my chair, I noticed that the diner was also adjusting his own coat on the back of his chair. He was wearing a gray sweatshirt, blue jeans and tennis shoes. He had gray/white hair that was thinning on his forehead area, as well as white, bushy eyebrows. He was making snuffling noises and crinkling his nose, wiping it with a tissue he had in his hand. The table at which he was sitting was similar to mine. It had two chairs and was set up against the right-hand wall of the restaurant as one faces the front window from inside. A waitress appeared and handed him a menu. The diner scanned the menu, flipping the pages back and forth for approximately two minutes, and finally placed it back down on the table. He took a sip of his glass of iced water that had been filled by the waiter as soon as his menu had been handed to him by the waitress. Then, he then looked around the restaurant and wiped his nose again with the tissue that he had in his hand. Within seconds of placing the menu on the table, the waitress reappeared and stood next to him with her pen and small pad of paper in hand. She spoke to him and pointed at the menu as she looked over his shoulder, nodded and jotted down his order on her pad of paper. (The actual words spoken were inaudible to me as I observed the action and interaction taking place.) The waitress nodded, smiled and turned to walk back to the kitchen area.

A total of five minutes elapsed from the time the order was taken until the appearance of the diner’s order on his table. While waiting for his food to arrive, he reached for a Chicago Tribune newspaper that was placed at his feet and against the wall, picked it up and gripped it with his left hand as he read the front page. Without looking up from his paper, he took a sip from his water glass and then placed it back down again without looking down where it had been placed originally. He looked up from his paper as the food was being brought to his table, looked around the restaurant, folded his newspaper into quarters and put it back down at his feet. He looked at the waitress after she placed both the plate of rice and the larger plate in front him and smiled at her. As the waitress turned her back to the diner and left, he looked at his plates of food again and moves his water glass to the far end of the table.

The diner then proceeded to rearrange his plates before he began to eat the food. He moved his plate of rice to the opposite side of the table from where it was placed by the waitress. With his plate of rice closer to the wall, he uncovered the knife and fork folded into the white napkin next to his plates and placed these utensils on a smaller appetizer plate. He had moved this smaller plate from where it had been placed on the far end of the two-person table at which he was seated and put it in front of him as he pushed his plate of curry and chicken a few inches further away from him on the table.

Scanning the restaurant again, he looked back at his table and then smoothed the napkin out on his lap and sighed. Then, he picked up the plate with the pile of white rice and tilted it downward toward the small plate that he had arranged so that it was positioned directly in front of him on the table. He moved half of the rice with the fork onto his plate and put the plate down from where he picked it up. He then used a large spoon that was in his plate of curry and chicken and scooped several pieces of the chicken onto his small plate, on top of the rice, centered on the pile of rice. He then flattened the pile of rice and chicken down with the back of the spoon. Reaching over the small plate in front of him, he held the edge of the large plate of curry and chicken and used the spoon to gather up sauce from the rim of the plate, circling the plate with his spoon and then pouring the sauce collected over the rice and chicken. He
repeated this transfer of sauce two more times and then placed the large spoon back on the larger plate. The man wiped his nose with the napkin on his lap, returned it to his lap and smoothed it out.

The man stretched and reached for his fork. He stabbed two small pieces of chicken onto the tines of his fork and used his knife to push some of the rice with sauce from this small plate onto the fork. He then opened his mouth wide and pushed the food into his mouth as he closed his lips over the fork. He slid his fork, which had no trace of food on it, out of his mouth. At this moment, the diner placed the fork down on the small plate. As he was chewing, he picked up his napkin and dabbed at both corners of his mouth. After folding the napkin and placing it back on his lap, he moved the small plate a few inches toward the far end of the table away from his body. Still chewing, he surveyed the room and then glanced back at his plate of rice followed by the larger platter of curry and chicken.

As soon as he glanced down at his plate after looking around the dining area, the waitress appeared and said something to him. The man nodded, smiled and said something to the waitress in return, all the while maintaining eye contact with the waitress. (What had been verbalized was inaudible to the observer.) Again, the waitress turned her back to him and walked back toward the kitchen. The man returned his glance toward his plate of food and then picked up the plate with half of the remaining rice. He leaned it again toward the smaller plate and used his fork to scoop all of the contents from its original plate to the smaller plate from which he was eating. Still holding onto the large plate where the rice had originally been, he used his free hand (right) to place his fork down on his small plate. He hesitated as he surveyed the table and then placed the empty rice plate down on the far end of the table, toward the edge opposite the wall, closer to the kitchen area. Within seconds, the waitress arrived and took his plate away from the table. No words or glances were exchanged by either the diner or waitress as she removed the plate. As the waitress walked back toward the kitchen area, he called out to her to ask her to bring him some tea. She turned back toward him and asked if he wanted jasmine tea. He responded favorably.

Following this exchange, the man scooted his chair away from the table, stood up, put his napkin on his chair and walked back toward the restrooms. One and one-half minutes elapsed before the man returned to his table. While the man had been in the men’s restroom, the waiter placed his requested cup of jasmine tea toward the edge of his table, directly behind the small plate and to the left of the plate with curry and chicken, from the diner’s vantage point. The man returned to the table, looked down at the cup of tea, picked up his napkin from his chair, sat back down and scooted his chair in toward the table. He repositioned his napkin back on his lap while he cleared his throat. After smoothing out his napkin, he immediately picked it up again and used it to wipe his nose momentarily before repositioning it back on his lap.

The diner now returned to the task of eating his food. With his fork in hand, he stabbed two more pieces of chicken from his smaller plate and scooped rice and sauce with the large spoon that had been on the large plate of curry and chicken. He attempted to place the rice with sauce on the fork with the stabbed chicken pieces, yet most of the sauce and rice fell back down on the small plate. He placed the fork with a bit of this spooned rice and sauce into his open mouth, placed his lips over the fork and then pulled the fork out of his mouth as he chewed. He placed the fork back on the edge of the plate closer to the wall and put his hands on the napkin in his lap. As he chewed this bite of food, he scanned the kitchen/counter area and then followed three customers with his eyes as they entered the door and proceeded to the counter area to announce that they were picking up take-away orders that they had placed earlier. He picked up his fork and stabbed two more chicken pieces from the larger plate (reaching over the small plate), stabbed rice from his small plate and pushed the fork around the periphery of the plate to gather some of the sauce onto his fork. With his fingers cupped together, he held his hand a couple of inches below his fork, opened his mouth, moved his fork into his mouth, closed his lips over the fork, all the while keeping his hand below his mouth. For a moment he kept the fork in his mouth without chewing and then quickly pulled it out and placed it on his small plate with the times of the fork facing away from him. As he was chewing the food, he slid the plate of curry and chicken (approximately one-third of the original amount that had been served remained) and the small plate away from him toward the edge of the table which faced the kitchen area.
Finished with this last bite of food, the diner used both hands to move his tea cup closer to him. With his right hand, he took a sip and then wiped his mouth with his napkin that was on his lap. Still holding onto the cup, he looked up and nodded to the waitress as she was moving toward him after having taken another table’s order. The man asked for another napkin and to have his tea “warmed”. He smiled at her as she nodded. He took another sip of his tea and glanced around the room at the others diners (including me, the observer), before reaching for the newspaper that he had placed on the ground next to the wall before he began to eat. While picking up the newspaper, turning the front page and folding it over and in half so as to view the bottom half of the page only, the waiter arrived and poured steaming tea from a small silver tea pot into the man’s cup. The waiter then placed the tea pot on an empty table, opposite the one at which the man sat, and cleared both remaining plates that the man had pushed toward the edge of his table. At the moment that the waiter turned to walk away with the plates, the waitress made her way over to his table and asked him if he wanted anything else. He responded by saying, “no, thanks, just the check”. He sipped his tea as the waitress walked away and wiped his nose with the napkin that was folded in half on his lap.

While still holding onto the folded newspaper, he returned to reading it and sipping from the tea from his cup. Suddenly, he placed the newspaper down on the table and moved his body in the chair so that his back leaned against the wall and he was facing the wall opposite the one on which his table leaned against. He crossed his legs as the waitress walked toward his table and left the check in a small plastic black container. The man picked up the check as soon as the waitress turned to leave, glanced at it, put it back in the container in which it arrived and then folded his newspaper in half and placed it back down at his feet against the wall.

Repositioning his body back toward his original position, facing the outside wall (and the observer’s table), he unfolded his legs and reached his right hand back to the rear right pocket of his blue jeans to pull out his wallet. He opened the wallet, pulled out a bill and placed it on top of the check in the black plastic container and pushed the container toward the edge of his table, away from the wall. When he had done this, he glanced down at his tea cup, looked around the restaurant again and pushed his self away from the table with both hands. Before the container with his check and payment had been picked up, he stood up, stretched, looked around the restaurant from his left to his right, put his coat and scarf on and shrugged his shoulders. The waitress quickly walked over, took the container with payment and check to the cash register and then, within a minute, returned to place his change and a mint (all in the same container) on the table. The man removed the wrapping from the mint, placed it in his mouth and put the wrapper back on the table. He gathered up the loose change from the container (leaving the single bills in the container), and put it in his front right coat pocket. Then, he picked up the napkin from his chair and wiped his nose once more, placed it back on the chair and scooted the chair back toward the table. He glanced around the restaurant once more, walked toward the door, waved and nodded to the waitress standing at the cash register and then made his way out of the restaurant.

Figure 2: Expanded Field Notes
FILE ORGANIZATION

At least five copies of each piece of data collected during the course of a project should be kept. The interview guides and/or focus group guides, as well as the field notes (both brief and expanded) taken during the data collection process, should be kept in a secure location such that they can only be accessed by those with administrative permission and privileges. Resources available to the team conducting the investigation and whether or not the preference is for use of electronic or hard copy files or both will factor into the decision of what type of file system to maintain. The five copies of the data and corresponding interview and focus group guides should be distributed as follows:

- Chronological order of when the data was collected
- Based on technique implemented, e.g. observation, interview, focus group or Photovoice
- By field worker (data collector)
- By theme as it continually emerges throughout the analysis—to be described later in the manual
- By participant, i.e. case

OBSERVATION TECHNIQUES

In the context of ethnographic work, to observe means to examine with all of the senses an object, an individual, a group of people, an event, etc., with the objective of describing it. In a study of health-seeking behavior, the researcher will observe the community, the food and physical activity resources, the schools, and the selected households. The meaning of many of the behaviors observed will vary with the culture and must be interpreted appropriately. Assess these factors in relation to the effect of the interview itself. As explained above, the brief notes based on observations will be expanded in field notes, and observations noted during the interviews will be included in parentheses. For example, during a household visit, try to make the following observations:

1. How do the interviewees’ actions compare to what they say?
2. How does the mother (or other responsible person) prepare the child's food? Is it done hygienically? Is separate food prepared for the child compared to the adults?
3. Who feeds the child (mother, child her/himself, other) and how (cup, hand, spoon)?
4. What does the child eat?
5. Note exactly what the mother (or other person) does when feeding the child (hygiene, quantity, type of contact with the child). Does the mother encourage the child to eat or does the child decide how much to eat or take?
6. How do children work and play? How active are they?
7. What is the general condition of the family’s life?

While observing the interaction of family members, note the following items in particular:

**Use of space.**—This refers to distances between people and how individuals position themselves in relation to each other. For example, a child who is physically isolated is probably also emotionally isolated and may receive less food and medical attention.

**Significance of body positions and gestures.**—Posture and gestures signal calmness, agitation, impatience, anger, tension, boredom, interest, pain, etc. For example, a person who feels uncomfortable during the interview may sit or stand with arms wrapped around the body, may move an arm, leg, or hand repeatedly, or may twist or wring the hands.

**Tone of voice.**—Tone of voice reflects a great deal about a person's emotional state.

**Touch.**—This includes touching between family members, and between mother and child in
particular. For example, note if the mother touches some of her children more than others.

**Eye-to-eye contact.**—Eye-to-eye contact between people is very important. For example, when interviewing a mother note whether she is distracted from the discussion to look at her child, especially eye-to-eye. This indicates attention and love directed to the child. In contrast, a mother with a child who is awake who rarely looks at the child during a long conversation may not be focusing as much on that child. Are there are differences in treatment of male and female children, sick or healthy children, older or younger children, and the food that they are provided/given to eat for a meal or a snack?

### INTERVIEW AND CONVERSATION TECHNIQUES

The following suggestions and methodological examples are offered to facilitate the conduct of the interviews:

1. When the person to be interviewed is not available, converse with other individuals who may be able to share important information. For example, if the homeroom teacher is not available, perhaps the physical education teacher or school nurse might be available. Sometimes information can be gathered that one would not have come upon otherwise, as long as appropriate informed consent procedures are followed.

   **Example**
   A researcher did not realize that not all middle school students in school district X participated in physical education classes until the interviewer was able to speak with the physical education teacher when the homeroom teacher was unavailable. The conversation with the physical education teacher that day yielded some very useful information. In addition, these conversations can help cross-check information gathered from other individuals.

2. Respect the confidentiality of the interviewee, and be very careful not to comment about persons interviewed (or their children/students/etc) to the current interviewee.

   **Example**
   A 6th grade parent: "Good morning, Amber (the interviewer). You were just speaking with Billy’s mom. Little Billy sure is fat. Do you think it’s all the junk food he eats or something?" Amber: “You know I can’t talk about someone else’s business, but how are you today?"

Another means of maintaining confidentiality is to use first names or initials in field notes and pseudonyms in the final report. The actual names and addresses of the families/schools/stores/etc. studied should be kept in a safe place. The actual name of the community/school/health center studied can be replaced by a fictitious one in the final report at the researcher's discretion.

3. Do not influence or bias responses.

   **Example**
   Question: "Why is skim or non-fat milk good?" The question biases the response because it implies that skim/or non-fat milk is good. The same question could be rephrased: "How did you decide to give your children skim/non-fat milk?" Answer: "Because it is good." Question: "Why is it good?" An alternative would be to ask: "What do you think about skim/non-fat milk?"
4. Do not influence a question by introducing your attitudes and behavior.

**Example**

"Good morning, Mrs. Smith. How lovely and plump your little girl is. See how nicely she grows on breast milk." This greeting tells Mrs. Smith that her child is healthy (looks well) and that it is probably due to all of the skim milk that she drinks. This biases the study. Alternate: "Good morning, Mrs. Smith. And how is your child (use child's name)?"

5. Try to work in as much depth as possible. Avoid being satisfied with superficial answers or moving too quickly from one topic to another. Work toward detailed responses. Use phrases like "Why?" "How did you feel when that happened?" "Did you see that?" "Did you do that?" "What do you think?" "What did you think?" "What happened when ...?"

6. When you want to be sure that you have heard clearly what the interviewee said or that the interviewee really intended to say what you heard, you can avoid the necessity of repeating the question by reflecting back the response.

**Example**

Question: "Why do you think your child is overweight?" Answer: "Well, it's the man who lives next door. He gave her the evil eye." Question: "Oh, the man next door gave her the evil eye?" Answer: "Yes. You see, we were coming from the market with the little girl and he saw her and he admired her too much." Question: "How so, too much?" Answer: "Well, he came near and he exclaimed...." This technique can also be used when the interviewee asks a question.

**Example**

Interviewee: "What makes children fat?" Response: "What do you think? What makes children too heavy (fat)?" The example in item 6 also illustrates a way for the researcher to postpone answers to questions asked by the interviewee during the interview. If you give your opinion, you will not know what the informant thinks on the topic because you will have influenced the response.

7. Be patient. It is not necessary to be asking questions and talking constantly. Create pauses to allow time for you and the informant to think. That way, the interviewee is likely to feel more comfortable and may elaborate on a point.

8. Do not interrupt an interviewee's work. They are doing a favor by participating in the research. If a mother, for example, asks to interrupt the conversation to look after her children, or other people, or to do her work, explain to her that she may continue. Take advantage of this time to think, to review, to see what else should be discussed, and to observe household/health center/school characteristics and activities (how the mother prepares food, interacts with her children and other family members, and similar behaviors).

9. Always note the time the interview began and ended, who was present, who was in the house or other setting (as relevant) during the interview, and the name(s) of the interviewees(s). At the start and during the interview estimate how much time the interviewee has available for purposes of an interview and note signs of impatience or need to finish. The interview can be completed later.
10. Be familiar with the data collection instruments. Have in mind general themes as well as specific questions pertinent to each theme. This will make the interview seem more natural and will help to prevent irrelevant questions.

11. Do not make false promises or create erroneous perceptions in order to obtain the cooperation of the family or individual selected for interview.

**Example**

"They are going to build a neighborhood recreation center here and that is why I want to know what you think of...." A statement like this biases the study and creates unnecessary complications for future research and investigations.

Always be truthful about the purpose of the interviews, objectives of the study, assessment or evaluation, and the reasons for the data collectors' presence in the community. Explain the project in terms the interviewee and/or community will understand.

**Example**

Interviewee: "What are you writing?" Researcher: "What you are telling me, because I am very interested in what you think." You should be able to show the interviewee what you have been writing. If taking notes during the conversation might confuse the interviewee, write down a few key words and elaborate on them later. Sometimes it is best not to take any notes at the time and write up the information as soon as possible when you are alone.

During the interview use a moderate, friendly tone of voice; be natural. Do not pose the questions in an imperative manner as this approach may inhibit or disturb the interviewee. Use commonly-understood language and phrases.
3 In-depth & Individual Interviews & Focus Groups

NOTE: THE SECTION THAT FOLLOWS IS DESCRIBED IN THE TRAINING PRACTICUM AS UNSTRUCTURED & SEMI-STRUCTURED INTERVIEWS. THIS INFORMATION GENERALLY DOES NOT REFER TO STRUCTURED INTERVIEWS.

It is usually preferable to hold in-depth interviews with two types of people:

1) Key informants: people such as health personnel, teachers, community, youth and religious leaders, local political figures or elected officials, local business owners, journalists, and prominent people in your target population (e.g., local school officials/administrators, leading academic researchers, executives or physicians from community health center,)

2) Individuals selected randomly from a community or from participants who previously completed a survey or participated in a focus group that is concerning the issues of interest.

Random sampling derives from statistical probability theory with the idea that a random and statistically probable sample permits generalization from a sample to a larger population. This is the dominant sampling strategy in quantitative research studies. Often, the statistical approach of sampling is not practical for RAP users because of their specific focus on a particular subset of the population and how they are affected by the topic of interest. For example, if RAP users are health educators at a small community health clinic with high rates of childhood obesity, their concern is exclusive to the children and families who receive care from the clinic and not the community at large. Therefore, the clinic sample is too small to justify randomization. In this example it works best to use the knowledge of the clinic and the clinic patients, along with common sense, to gain a deeper sense of understanding the context of childhood obesity for these affected individuals. Thus, the concept of purposeful sampling is important. It is a focus on selecting individuals or communities rich in information as relevant to the topic of interest. Purposeful sampling, also known as convenience sampling, is the dominant sampling strategy in qualitative research.

For most RAP users a convenience ("common sense") sampling approach will be used. Convenience sampling is the selection of individuals/organizations/communities from the population at large based on easy availability and/or accessibility. If convenience sampling is used, there is the potential for the sample to not be entirely representative of the population at large. For example, if the project focuses on the nutrition status of families with small children, then those are the types of families that should be chosen for the sample. It would not make sense to select families with older children or adolescents.

Key Informants

Key informants such as teachers, health workers, religious or community leaders, are often able to explain the norms and principles of the local society. On the other hand, they may be unlikely to give reliable information on the extent to which these norms are regularly broken or on the motives and actions of those who do not conform to prevailing social norms. Interviews with these people will tend to be fairly formal and need not be too time-consuming.

A variety of health personnel of different levels should be interviewed about subjects such as physical activity, nutrition, and food access when focusing on childhood obesity/overweight.
Teachers at both elementary and middle school levels will, in turn, be able to provide data on levels of literacy (useful for educational campaigns), the extent of nutrition and physical activity education in their schools and, possibly, some ideas of the student population with regard to these topics.

Community, youth and religious leaders may or may not be useful sources of information. They are often inclined to express the accepted norms of society and suggest that only rarely do individuals deviate from these norms. Indeed, in some communities local leaders and other socially prominent informants will have very little idea of how certain sections of the population live. In others, however, there may be leaders of individuals who work closely with minority groups or sectors of communities and society that may be considered non-traditional or alternative in their lifestyles.

Data obtained from health and other official sources that relate to individuals must always be kept confidential. The same rules of confidentiality apply to any social survey as they do to medical histories.

“Key informants” are selected because they are involved with a wide spectrum of people and behaviors, either as participants or as brokers (people who act as go-betweens in relationships), will be able to give much fuller information on behavior. Interviews with these people should take place over several days or weeks in a variety of circumstances.

People such as local grocery or convenience store owners, park and recreation leaders, school teachers or administrators, among others, are all in a position to observe a wide spectrum of behavior that has an impact on childhood obesity and could possibly be very useful interviewees. It will be up to the researcher to make contact with these individuals and identify those who are willing to talk in detail about this subject matter. Such individuals are likely to be aware of most activities in the community as they are in positions that allow them to observe and communicate with larger numbers of people on a routine basis.

Individuals who are randomly selected for in-depth interviews from the target population will hopefully demonstrate a range of behaviors from those that adhere closely to social norms, to those that are seen as uncommon or marginal in the society. Interviews with these people will vary in length, with some taking place over several days and others being fairly brief. The researchers will have to use their own judgment about which of these individuals will be willing and useful as key informants over a longer period of time.

The conduct of In-depth Interviews

To some extent, the conduct of in-depth interviews will be opportunistic. The researcher should be alert and respond appropriately as the interview develops. Open-ended questions on relevant topics should be asked, following a general outline, or checklist, but always allowing topics to lead naturally into each other. The order in which topics are discussed is not critical but it is important to ensure that all subjects are covered. The checklists developed from those in Appendix A can help ensure this.

Additional areas of information that arise spontaneously should be encouraged and recorded. Very sensitive issues can be introduced by asking about what ‘other’ people are said to do, and then inviting comment around these responses. Time should be given throughout the interview to allow respondents themselves to ask questions or discuss subjects they are interested in. In general terms, an in-depth interview should be seen by both the interviewee and the interviewer as a cooperative effort in exploring a topic. Interviews, particularly preliminary ones, should always begin with a certain amount of discussion on general topics relevant to the respondent.

The confidentiality of the respondent must always be respected. No information should be divulged to other family members, neighbors, or authorities.
In-depth interview with professionals  
(For example, individuals from medical, health or educational professions)

They are not being asked to divulge information about their personal behavior, but rather information about their professional interest and involvement in the childhood overweight and obesity issue, and their observations based on these parameters related to their professional role and the phenomenon of interest. It is likely that they will also be interested in learning more about the intended use of the data. Therefore, the interview can be used to address the relevant topic after a preliminary discussion on the whole of the research program and how their help will contribute to the results. These interviews should allow the respondent to introduce subjects and make suggestions which may indicate areas of inquiry that have not previously been considered. In many situations it may be useful to keep the professionals informed about how the research is progressing and what follow-up or suggestions they may wish to make. (This also holds true for non-professionals who are interviewed, as they may have a similar level of interest in the progress of the research and in the results of the “data” they contributed. They may have a vested interest in the community in which the RAP is being applied and, eventually, the ways in which the data gathered will be utilized to serve the community.)

In-depth interview with community leaders  
(For example, individuals who represent political, religious, community or youth organizations)

These are often local charismatic individuals or members with long established social positions in the community. The former are likely to be people who run organizations whose membership is voluntary, such as youth sports clubs, workers, organizations or political pressure groups. Interviews with them may be very productive in that they will be able to articulate the aims and opinions of members of their own group. As many of these types of people as possible should be interviewed over a period of time and in different circumstances.

Community leaders who occupy established formal positions may be less important as informants. They should nevertheless be visited and have the research explained to them and their opinions gathered as sources of potentially useful data. They will generally be able to give useful information on the established norms of society. Their opinions of those people in the community who do not conform to the norms may be dismissive and show little understanding of their actual behaviors or values. This is to be kept in mind by the interviewee throughout the interview.

In-depth interview with proprietors of places that may contribute to the overweight and obesity epidemic  
(For example, convenience, corner grocery, fast food restaurant, or liquor store owners)

Contact with these individuals should always be approached in a more casual and opportunistic way than in the case of those who occupy formal positions as either professionals or community leaders. It is important to identify individuals who are aware of and prepared to talk about the subject of study. Once key individuals have been identified and contacted they should be asked to give interviews and be visited in their normal place of work where their skill in observing children and families and their purchasing and consumption habits. This will be invaluable in substantiating and providing examples of contributing factors to the overweight and obesity epidemic among children. These individuals may or may not view the products they sell or the services that they provide as either unhealthy or healthy.
In-depth interview with a representative group of respondents

Interviews with individuals about their own behavior should take place in private and may continue over a period of several sessions. Interviews should begin with a discussion of topics generally relevant to the respondent. The interviewer should then move quickly onto background data about the individual’s personal history (e.g. education, occupation, interaction with children, length of time spent in the community of interest and extent of involvement). This can then be followed by a more detailed discussion of the subject of study. Once individuals are beginning to discuss details about their personal behavior, sensitive topics can be introduced gradually. It is often easier to get accurate information on behaviors by moving from the specific to the general. For example, questions about nutrition or physical activity behaviors in the last week can be followed by questions on whether this was typical of preceding weeks. It may be possible to ask if there was anything special about the previous week, for example, were there local festivals, holidays, family get-togethers, were there any visitors, was anyone ill?

During interviews about individual behavior sensitive topics should be introduced only after discussing those that are seen as normal within the particular community of interest. This may take several interviews, and these subjects should not be introduced at the end of a long session when the respondent is tired and possibly bored. In some circumstances, it may be more appropriate for these subjects (as in the focus group discussions) to be introduced by asking if ‘other’ people do them. This interview strategy may encourage an individual to divulge information about her/his personal behavior as well. Researchers will have to use their judgment in each particular case as to how and when delicate topics can be brought up in the conversation.

Focus groups, focus group interviews or exploratory group sessions are a qualitative research technique frequently utilized in social science research. Focus groups can be used for many purposes, including collecting information on a cultural domain or phenomenon, to understand opinions or attitudes on a set of topics or to react to the results of previously collected data. Since the late 1970s, the use of focus groups has increased among social researchers due to increased understanding of the benefits of combining qualitative and quantitative methods (Bernard, 1998). A focus group interview, first and foremost, is an interview. It is not a problem-solving session, nor a decision-making group (Patton, 1990).

A focus group is a discussion in which a small group of informants (six to eight people), checklist by a facilitator or moderator (moderator will be used throughout the narrative to describe this individual), talk freely and spontaneously about themes considered important to the investigation. Focus groups are designed to determine how respondents structure the world, not how participants respond to the moderator’s view of how the world is structured (Stewart and Shamdasani, 1990). Focus group participants are chosen from a target group whose opinions and ideas are related to the topic of interest. Sessions can be conducted with various sub-groups within the target population. Participants may be recruited at random and briefly interviewed to determine if they qualify for the group. In some communities, focus groups develop without prior planning, as key community leaders/members may be apparent and considered to be “natural participants” in such community-level focus groups. It is best not to resist this tendency, but instead to work with these "natural" focus group compositions. Focus groups provide good insight on participants’ interpretation, giving researchers an understanding of why things are the way they are and how they got to be that way (Morgan, 1998).
Focus groups can be utilized in a study of health-seeking behavior to:

1. Focus the research and formulate questions for the formal interview questionnaire;
2. Develop the wording for specific questions used in checklists and questionnaires;
3. Supplement the information on community knowledge, beliefs, attitudes, and perceptions about health and health resources (before or after the individual in-depth interviews are conducted);
4. Develop the hypotheses (or broad research issues) for additional studies;
5. Develop vocabularies for a nutrition or physical activity program; and
6. Determine levels of responsiveness to proposed educational or promotional materials and services.

A typical focus group for this research would be comprised of health providers, teachers (or other school employees, e.g., school nurses, nutrition directors, etc), local food vendors, neighborhood recreation center directors/leaders, physicians, grocery or other food store owners, youth and/or parents/guardians of children in the target age group.

The focus group meeting is usually tape recorded, although a recorder also takes notes on the discussion. An open conversation takes place in which each participant has the opportunity to speak, ask questions of other participants, and respond to the comments of others, including the moderator. Interaction among the participants is stimulated by the discussion of various themes relevant to the research. The moderator utilizes checklists during the sessions so that all intended topics and areas are covered.

It may be helpful to conduct multiple focus groups using the same focus group guide with various segments of the population. Each focus group session typically lasts up to an hour and a half. Generally, the first sessions may be longer than the following ones because all of the information is new to the moderator. Thereafter, the moderator is able to move the discussion along more quickly over the points that have been discussed by the other groups, when it is clear that all the groups have the same opinion. The remaining time can be used to discuss new topics of interest. The number of focus group sessions to be conducted depends upon project needs, resources, and whether new information is still coming forth (that is, whether contrasting views from various groups in the community are still emerging.)

The location for the focus group meeting should be one where the participants feel comfortable talking openly, and should be neutral in terms of the interests of the investigation. For example, the community health center is not an appropriate place for meetings about the use of different health resources. A local community center or school may be a more appropriate choice.

Following data collection (focus groups), a data collector may decide that there is a need for more in-depth information on one or two issues which emerged in the data. In these cases, focus groups can provide information in much more detail than may be available through the field interviews. Focus groups can also be used by community-based organizations or research groups to test the acceptability and responsiveness to new or existing programs, promotional campaigns or educational materials based on the results of the study.

**PREPARATION FOR THE FOCUS GROUP SESSION**

For the focus group session to be most productive, participants should be of the
same sex, age group, and socio-economic background (it is also sometimes wise to consider ethnic group, marital status, educational level, etc. when forming focus groups) unless there are specific objectives required for having some heterogeneity and there is cultural acceptability in the community to doing so. Morgan (1995) emphasizes that having participants from similar backgrounds in a focus group facilitates active and free flowing discussion. Stewart and Shamdasani (1990) note the importance of considering group compatibility over homogeneity. In evaluating compatibility, emphasis is placed upon the relationships among particular characteristics of group members rather than the fact that group members are homogeneous or heterogeneous (Shaw, 1981; Stewart & Shamdasani, 1990). For example, Stewart and Shamdasani (1990) describe that a group that is homogeneous in terms of gender but not socioeconomic status might result in different levels of interaction and participation.

If it is thought necessary to have groups of people who are unknown to each other then individuals selected at random from the main survey can be asked to attend a prearranged meeting. When recruiting Morgan (1998) advises that it is important to keep in mind the following questions:

1. Who should the participants be?
2. What will it take to recruit your participants?
3. Who should recruit your participants?
4. What size group will the discussion work better with?

Normally, a group of 6-8 people is the preferred size of a focus group. However, when determining the size of your group it is important to consider your topic. Morgan (1998) suggests that if there are more sensitive topics, or if the research goal is to hear detailed stories, then the individual organizing the group may want to include fewer participants. Some suggestions for recruiters include community leaders, for example, representatives of community health centers, aldermen (or elected city officials), school teachers and/or administrators, or any prominent member of the community. Groups can also be recruited through organizations such as schools, places of employment, sports clubs, women’s groups, etc.

Participants should be chosen from a target group whose opinions and ideas may yield information relevant to the topic of interest. Sessions can also be conducted with various subgroups within the target population. Participants may be recruited at random and then briefly interviewed to determine if they qualify for inclusion in the focus group. As mentioned earlier, the general rule is that the participants should be homogeneous, both culturally and with respect to their socio-economic and educational levels (and sometimes according to gender, as appropriate). When discussing extremely sensitive subjects and sub-topics, or when there may be different levels of participation among focus group participants as a result of informal (or formal) professional hierarchies or areas of expertise, homogeneity among group participants is particularly important. For example, in childhood obesity research, a focus group might be held with physical therapists, personal trainers, and physical education teachers to discuss physical activity and another group might be held with nutritionists, and registered dietitians to discuss nutrition as it pertains to overweight and obesity. It would not be wise to combine individuals from these groups, as each individual has her/his own area of expertise and comfort with the topic. However, it might be helpful to use some of the information
learned from each group as probes for further discussion with other groups as a check for validity.

Usually more than one group session is needed to assess good coverage. A general rule of thumb when determining the number of participants to include in the study is to continue to conduct groups or interviews until no new information has been yielded. Glaser & Strauss (1967) refer to this as Theoretical Saturation. Theoretical saturation is defined as a process of adding cases (focus groups, in-depth interviews, etc.) until you have uncovered the full range of what there is to observe. The actual number of cases (focus groups, in-depth interviews, etc.) is less important than the sense of having fully covered or saturated the topic of study. Saturation is achieved when new cases no longer yield new information (Glaser & Strauss, 1967; Morgan, 1998).

Invitations to participate should be extended at least one week in advance. Although not always feasible, recruiting participants using a sample of convenience is the preferred method. The following steps can be followed when inviting the participants:

1. Talk about something of interest to the potential participant (for example, children, a recent or upcoming community event, the weather, etc.).
2. In a sincere way tell the participant about the institution sponsoring the study and the general purpose of the visit to the community.
3. Explain the nature of the meeting planned and invite the person to participate. Do indicate the general topic of the session in advance, i.e. perspectives on the food consumed by children. Mention the expertise for which their participation in the focus group is being sought, e.g. parents of elementary school-age children.
4. Confirm the date, time and place of the meeting, how long it will last and that refreshments will be served, as well as whether compensation for time and/or transportation will be provided.
5. If the person does not wish to participate, or cannot participate, emphasize the importance of contributions by all. If the person still declines, express your thanks for their consideration of the request.
6. If the individual is interested in participating, confirm the day, hour, and place, and make a brief statement about the importance of participation and of being punctual so that the others are not kept waiting.

Methodology and applications

A focus group is a discussion in which a small number of informants (6 to 8 people) is guided by a moderator, and the participants and encouraged to talk freely and spontaneously about themes that are considered important to the investigation or services. The participants are chosen from a “focal group” whose opinions and ideas are of interest and are relevant to the topic of interest. Usually, more than one group session is needed to assure good coverage (see the above discussion on theoretical saturation). The focus group sessions are typically voice-recorded, although there is also a note taker present during the discussion as well.

The Moderator

The moderator uses a discussion checklist or outline to keep the session focused. However, it is important to remember that the focus group is an open conversation that is
guided, one in which each participant is able to express opinions and respond to the comments of others, including the moderator’s comments. The interaction among the participants is stimulated by the topics being discussed. The moderator guides the sessions so that the intended themes are covered. It is important to remember that the moderator guides the direction of the conversation but does not participate in the discussion. Patton (1990) warns that the moderator will require considerable group process skills beyond asking questions. The role of the moderator is to ask the well-prepared questions while remembering to encourage active discussion and equal participation by all participants, probe for clarity and meaning, be explicitly aware of body language and tone, as well as summarize the discussion for understanding. Schensul et al. (1999) add that moderators must also be able to retain very large amounts of qualitative information, be able to sift through it quickly, and organize it spontaneously so as to improve or add to the existing interview schedule as situations require. Although it is important to have a well-trained and skilled moderator, one must still ask, “Can I moderate this group? Morgan (1998) stresses that participants must feel comfortable with the person facilitating the discussion. An important part of your research planning should include determining if the moderator is the appropriate person to ask questions. Morgan (1998) suggests that careful consideration should be given to factors such as gender, language, race, age, SES, and technical knowledge of the moderator. If there is a perceived power differential between the moderator and the participants this could affect the level of interaction and participation in the group (Morgan, 1998). Schensul et al. (1999) suggest that good formal focus group moderators are individuals who have language skills that match the participants, have no strong opinions or views about the topic in question and are members of the target population. For example, in a focus group of physicians, the moderator should be someone of equal knowledge and professional standing, perhaps another physician who is involved in the study could be the moderator for this group.

The guide incorporates the objectives of the study, and usually includes general, open-ended questions (for example, "What do people here do?" instead of "What do you do?"). See sample guide below.

The points listed below outline the role of the moderator:

1. Introduce the discussion topics. The moderator does not need to be an expert on each topic being discussed, but should be familiar enough with the subject to pose relevant questions. The moderator should not convey the impression of being an expert. From the outset, adopt an enthusiastic, lively approach to help put the participants at ease, and maintain a sense of humor.

2. Lead the group, do not be led by it. Formulate appropriate questions and react suitably and neutrally to the comments. Emphasize that there is no right or wrong answer. Gestures and other nonverbal forms of communication (a nod or shake of the head) should not suggest agreement or disagreement with the participants' comments.

3. Avoid reacting to the discussion or expressing personal opinions that could influence the participants. Be aware of personal biases and prejudices and refrain from asking a disproportionate number of questions of a person whose ideas are in accord with yours.

4. Observe the participants and be conscious of the extent of their involvement and their reactions. Encourage all to participate and do not allow a few individuals to monopolize
5. Listen carefully in order to move the discussion logically from point to point and to relate participants' comments to the next question. (For example, "Your comment about kids drinking juice reminds me that I wanted to know what it is that you considered juice.") Guide the meeting away from a question/answer, interviewer/interviewee session toward a more egalitarian group discussion so that the participants communicate among themselves, forgetting the presence of the moderator.

6. Build rapport with the participants and gain their confidence and trust in order probe their responses and comments more deeply.

7. Empathize with the participants and be able to understand not only what they say but also what it means to them. Take a sincere interest in the participants and in learning about them. Be flexible and open to suggestions, changes, interruptions, and lack of participation.

8. Subtly control the time allotted to each question and to the meeting in general, without appearing to be "watching the clock" or rushing the participants.

9. Control the rhythm of the meeting. For example, the conversation should move quickly over issues that have been discussed by other groups, if the moderator is sure that the group has expressed the same opinion as the others. New information or opinions, however, should be discussed in depth. For this reason, if there are to be multiple focus group sessions, the first focus group session to take place is usually the longest.

10. Observe the participants' nonverbal communication and respond accordingly. For example, the way an individual is seated, gestures, and other movements supplement verbal communication may suggest impatience, tranquility, fatigue, boredom, anxiety, etc.

11. Be aware of your tone of voice. An overly assertive, aggressive, or imperative tone can intimidate the participants, particularly in the case of probing questions. It might seem that the participant is being attacked if the tone of voice sounds unfriendly.

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**Sample Focus Group Discussion Guide on Childhood Nutrition**

**Word Association**

What do the following words mean to you?:

- Fitness
- Exercise
- Physical Activity
- Sports
- Dance

**Food Purchasing**

- Who buys the food for your family?
- Do children do the shopping?
  - Where?
  - Why?
  - For certain foods?
  - For certain meals?
• Where do you buy food?
  o Inside or outside of neighborhood?
  o Corner vs. chain stores?

Meals
• How many times per week does your family eat together?
• Up to what age do children eat with families?
• Do children eat the same foods as parents?
  o Why or why not?
• Where do you eat?
  o Dinner table?
  o In front of TV?
  o In your room?
  o Other
• How many meals do you eat per day?
• How do people eat
  o Meals
  o Grazing

Beverages
• Do you think of beverages when someone asks about food?
• What beverages do you normally drink?

Portion Size
• What do you think a portion is?
• Does portion size differ for adults and children?

Transportation To & From School
• Do children walk (to & from school)
  o Alone?
  o With parents (supervision—older child, other adult)?
  o In groups?
• Do children bike (to & from school)
  o Alone?
  o In groups?
  o Supervision?
  o Availability of paths?
  o Sidewalks?
  o Bike lanes?
  o Distance allowed to bike?
  o Protective gear required?
  o Protective gear used?
• Parents drive?
• Public Transportation?
• Role of neighborhood violence?
The Recorder

The recorder is present, primarily as an observer, during the focus group session, and has the responsibility for taking notes on the discussion. It is also the recorder’s responsibility to ensure that the recording devices are properly set up and utilized during the focus group session. These devices are meant to supplement, rather than substitute, the notes taken by the recorder during the focus group. It is suggested that the recorder’s notes include the following elements. (See below for sample form for recorder’s notes.)

1. Date of the meeting and the time it began and ended.
2. The target population’s characteristics, e.g., name of the community, if appropriate, and a brief description of any information that may bear on the activities of the participants (for example, the distance from the community to grocery stores and/or restaurants, corner stores, etc.).
3. The place where the meeting is held, a brief description of it, and information on how the location could affect the participants (for example, is it large enough, comfortable, conveniently located, etc.?).
4. The number of participants and some descriptive data on them, such as sex, approximate age, and other kinds of information important to the study (for example, number of women whose children have/have not been vaccinated, who use/do not use family planning methods).
5. A general description of the group dynamics, the level of participation, whether there is a dominant participant, interest level (fatigue, anxiety, boredom, etc.). The interruptions and distractions that occur during the meeting.
6. The interruptions and distractions that occur during the meeting.
7. What makes the participants laugh, what seems to make them reluctant to answer, how the discussion is concluded.
8. The opinions of the participants using phrases like: The majority of the group is of the opinion that . . . but Mrs. Smith . . . said the group is divided in the middle; some think that . . . The recorder should use quotation marks to indicate the participants' own words. Personal impressions and observations should be noted in parentheses. The recording of the meeting will help the recorder amplify notes taken during the sessions. (The recorder is responsible for operating the voice recorders.)
9. The general vocabulary of the participants. The recorder should make an effort to note the participants' own words, in the local language. (Remember that one goal of the research is to learn as many local expressions as possible.) Although it is the moderator's responsibility to direct the discussion and moderate the meeting, the recorder may participate, with discretion, especially in the following situations.
10. Occasionally, the moderator may miss comments made by one person while listening to another. In that case the recorder can say, for example, "Mrs. Smith mentioned something that we did not hear. Could you repeat what you said, Mrs. Smith?"
11. In the event the moderator has omitted a question from the guide, the recorder can point this out. (Both the recorder and the moderator should have a copy of the discussion guide at the meetings.)
12. The recorder should note whether the moderator has lost control of the meeting.
13. The recorder can suggest ways to make the discussion more meaningful.
14. The recorder can help the moderator resolve internal conflicts.
Notes of the Recorder (Page 1)

Date:    Time.    Start:      End: 
Community: 
  Brief description: 
Meeting place: 
  Brief description: 
  Number of participants 
Names and characteristics of the participants (sex, age, etc.)

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

Group dynamics: 
Men    Women 
Total 

THE FOCUS GROUP SESSION--- Before the Meeting

The moderator and the recorder should be the first to arrive, on time, at the meeting place. They should start talking informally with the participants as they arrive or with other curious individuals who may have gathered. Take advantage of this time to learn people's names and something of their interests. Generally, almost all will avoid being the "first to arrive" and will wait until they see others arriving. Therefore, it is important to give the impression that all is ready to begin.

The moderator should assure that the seating arrangement will encourage all participants to talk. It is recommended that the participants sit in a circle, more or less at the same distance from the moderator. The moderator should make sure that there are no interruptions from outside the group once the session begins. Ideally, the moderator and the participants should be of the same gender, depending on the topic being discussed, and/or the same general socioeconomic status (as appropriate) given educational attainment, residence and origin, marital status etc.

Materials needed for a group session include a tape recorder, blank cassettes, batteries, and discussion guides. The moderator and recorder should bring two recording devices, one of which is for backup. Generally a digital recording machine and an old-fashioned tape recorder as the backup devices are standard.

Opening the Meeting

The introduction to a focus group meeting is a key moment because it determines the tone and atmosphere. As the meeting begins, the moderator should be animated and conversational so as
to put the participants at ease. In the introduction the moderator should include the following points:

1. Make the introductions and explain the roles of the moderator and recorder.
2. Ask the participants to give their names (last names not necessary). The moderator should learn the names quickly and use them when speaking to the participants.
3. Explain that the meeting is not intended to be an educational lecture, but an effort to gather opinions and ideas from the group for the purpose of learning more about a community and its assets and needs, or incorporating them into a health program, educational campaign, etc. The moderator also explains that the meeting has been arranged to learn from the participants, that the moderator and recorder are not experts on the subject.
4. Point out that the opinions of all the participants are important and that all should feel free to express themselves on the subjects discussed. Make it clear that there answers are neither right nor wrong.
5. Explain that the only rules of the meeting are that the speaker should address the topic being discussed, that only one person should speak at a time and that whatever is shared during the course of the focus group should not be discussed outside of the focus group environment.
6. Start the meeting by asking each participant a general question not related to the topic to be discussed. That way everyone will have an opportunity to speak about a neutral subject at the beginning of the meeting. (For example, the moderator can ask how many children each participant has, how many years each has lived in the community, neighborhood, etc.)

Focus Group Management Techniques

Several easy-to-learn techniques can be applied to the management of a focus group. These are particularly helpful in determining the subjects to be discussed and the specific questions to be asked.

**Clarification.**—After a participant answers a question, the moderator can repeat the response in the form of a question for clarification or to encourage further discussion. (For example, "Can you tell me more about ...?" or "What do you mean when you say . . .?"")

**Substitution.**—A question can be rephrased using different words, but without altering the original meaning. The moderator should be sure that the way the question is formulated does not hint at the answer. (For example, "Until what age do children eat different food from adults?" "For how long (i.e., until the child is how old) is separate food prepared for children?")

**Reorientation.**—To keep the discussion lively and interesting, a re-orientation technique can be effective. The moderator can use one participant's response or comment to restate the question for someone else. (For example, "Mrs. Smith, you tell us that you serve your children from the stove. And you, Mrs. Jones [who has not given an opinion], how do you serve food to your children/family?")

**The expert.**—It is recommended that the "specialist" or "expert," like the health promoter, physician, the dietitian, or someone with authority, such as the alderman, not be present at focus group meetings, unless the meeting is scheduled specifically to include their participation. This is important so that participants are free to express their ideas, concerns and perspectives without fear or anxiety of negative repercussions of such expression. Nevertheless, if their attendance is unavoidable, explain to them before the meeting that the best way for them to contribute is to listen to the discussion and then share their ideas and conclusions with the facilitator after the meeting. If these individuals are willing, it might be appropriate to conduct a separate individual interview at a time convenient for the participant.

**The dominant participant.**—If the group has a dominant participant, the moderator must try to
elicit more contributions from the others in attendance. It is also possible to change the subject and to avoid eye contact with the dominant participant in order to discourage that individual from monopolizing the conversation. If all else fails, the moderator can politely request that the others be allowed to speak.

The reluctant participant.—To encourage a quiet participant to contribute more to the discussion, the moderator should direct attention to that person using the individual's name and openly asking for an opinion. The moderator can make more eye contact with the reluctant participant, thus encouraging greater contribution. It is possible to ask the participant to comment on what another person has said or to summarize what the group has said about a particular subject.

Additional techniques.—An effective way to achieve maximum group participation is for the moderator to write down the kinds of information needed on the subject and explain the need for knowledge to the group.

The participants will feel good about being able to assist and will recognize the value of their personal experiences.

Also, one can use photographs or pictures to stimulate discussion. For example, show images of children of different sizes (see Appendix B Body Image Silhouettes for examples) and ask the participants “what image/silhouette portrays the ideal body size?” What image/silhouette represents the profile of an over-/under-weight child?

Results from a previous study can be presented for discussion.

Ending the Meeting

To conclude the focus group meeting, the moderator should:

1. Explain that the meeting is about to end, ask the participants to think about what has been discussed, and ask them one by one if they have any other comments. The relevant comments can be explored in greater depth.

2. Thank the participants for their contributions and reaffirm that their ideas have been valuable and will be used in further exploration of a problem as it affects their community, program planning, design of educational material, etc. (as appropriate to the project).

3. Listen for additional comments while healthy/nutritious refreshments are served (if any).

After the group session the moderator and recorder must meet to review and complete the notes taken during the meeting.
4 Selection, Training, & Supervision of Field Workers

Ideally, in anthropological research all data are collected personally by the anthropologist, requiring continuous long-term contact with a single community. However, this is not always possible in short-term research like that discussed in this manual. In these situations, the assistance of field workers may become necessary. Since anthropological data collection requires practicing the art of field work using limited instruments, careful attention should be paid to the selection, training, and supervision of field workers.

SELECTION

Experience has shown that the following considerations should be taken into account in selecting data collectors. A master's degree in anthropology or a related social science (public health, social work, psychology, etc.) is highly desirable, though this may not be a realistic expectation or requirement. Thus, previous work with communities coupled with data collection experience may be sufficient. However, it is often useful and more practical to train a member of the community of interest as a data collector. Increasingly, experience is showing that community members can be very valuable data collectors assuming they possess community knowledge and have established a trust and rapport with the particular communities of concern. Such trust and rapport enables them to obtain very accurate information, often on sensitive topics. Training and involving community members in the research is important for ethical reasons as well. Both those data collectors and the community will benefit from their training and experience, and the data collectors can go on to represent the community in future projects.

Depending on the community of interest, previous experience collecting data in ethnically-diverse communities may be an important selection criterion. This experience may be important when building rapport with the communities of interest in order to gain trust and entry. Whether the data collector has any formal affiliation with the major health, food, or fitness facilities in the community at the time of the research may impact the quality of the data collected. (For example, a nurse providing health services is not likely to elicit an accurate evaluation of the performance of the health providers from her client population.). Depending on the sensitivity of the topic and the preference of the community of interest, the gender of the data collector may be an important consideration for data collection. As a result, it may be necessary to have both male and female data collectors on the research team.

TRAINING

The selected data collectors will go through training whether or not they have had previous anthropological research experience. The amount of time devoted to training will depend on previous experience and familiarity with ethnographic data collection techniques in the Food and Fitness RAP. Training should involve in-person instruction, discussion and field sessions.

Data collectors whose prior experience is in applied work (social work, clinical psychology, nursing, medicine, etc.) frequently have difficulty collecting data in an unbiased manner. Understandably, they often immediately want to give advice or intervene in other ways. It must be stressed in training that attempting to change behaviors, beliefs, and attitudes is an undesirable
objective. Any advice that is given may potentially influence the information that the person being observed or interviewed provides. For example, s/he may conceal information that might displease the interviewer, provide responses that seem desirable, or express irritation with the interviewer as a result of the unwanted advice. Data collectors with backgrounds in the applied fields should be reassured that research results can be used for programmatic change and improvement. They must, however, be patient and first understand the interviewees’ (or individuals being observed) perspectives.

At the outset the trainer should devote time to familiarizing the data collectors with the subject and the goal of the research project. It is very important that the data collector understand the reason for collecting a particular type of data; otherwise, the quality of the data will be poor. Following the introduction and discussion of the objectives behind the data collection process, the researcher should explain each item in the checklist for data collection together with specific ethnographic methods. These methods can be demonstrated through role playing and participation exercises. For example, to gather information on how food is prepared or served, informal, open-ended interviews can be supplemented by in home observations if the research team is permitted. Also, the data collectors must understand that in order to obtain information on beliefs about food and physical activity one has to start by carefully observing a particular type of behavior and later will ask why the respondent acted in a particular way.

No amount of in-person instruction can replace actual practical, real life “field experience”. To acquaint the data collectors with appropriate collection procedures, a practical exercise is carried out at the training site, in the community or any similar area. First, the data collectors observe the researcher conduct field investigations. They should note how one gains entry to an organization or community, how rapport is established, and how to introduce oneself to the community. Then the researcher demonstrates an informal interview, highlighting the items and activities to observe carefully. Second, the data collectors can conduct a field investigation in another household and write up the field notes after returning from the field. Third, the trainer (or moderator discusses the field notes with each individual collecting data and point out the strengths and weaknesses. The initial field exercise can be general, but subsequent practice should focus on the research project to be undertaken.

The data collectors should keep a diary of notes taken in the field. The Trainer or overseer of the project should remind them that if they concentrate on writing detailed notes while conducting interviews or focus groups, they are likely to miss important words, statements, gestures, reactions, occurrences, activities, and instructions. They might even offend the individual(s) providing the data, for example. Under no circumstances should community members’ routines be disrupted. The data collectors must be careful to adjust to the schedule of the community such that it does not deviate from the “norm”, assuming there is one.

SUPERVISION

Supervision must be a continuous process to assure that accurate, complete, detailed data are collected. Effective supervision will include these elements:

1. Periodic field observation of the field worker
2. Review of the field notes weekly to identify areas needing elaboration
3. Frequent checks to determine whether any field procedure needs modification, and identification of areas needing the researcher's attention, e.g. if any assistance is needed in getting continuous co-operation of the households

Supervision is necessary not only to verify the quality of the data but also to give the
moral support to instill confidence in the field workers. Periodic meetings of the entire field team to exchange experiences and ideas also build morale and improve the reliability of the data, since field workers can better standardize their techniques.
5 Hints for Working with Youth and Teen Populations

Promoting optimal nutrition and fitness for children and adolescents is best achieved by using a developmental and ecological approach with knowledge of the context of their daily lives and environment. Understanding what constitutes normal behavior and development for a particular age group is essential in preventing potential pitfalls and unwanted behaviors (e.g., overeating). It is important to know what influences development and behavior to recognize potential problems to develop prevention/intervention strategies. Additionally, the nutritional status of children and adolescents affects their growth and development and resistance to disease.

Lifelong eating behaviors and physical activity patterns are often established in early childhood and therefore may be much more challenging to address in late childhood and adolescence. It is essential to approach nutritional issues pertaining to children and adolescents from a developmental and contextual perspective. “The developmental approach, which is based on the unique social and psychological characteristics of each developmental period, is critical for understanding children’s and adolescents’ attitudes toward food and for encouraging healthy eating behaviors. The contextual approach emphasizes the promotion of positive attitudes toward food and healthy eating behaviors by providing children, adolescents and their families with consistent nutrition messages” (Story, Holt & Sofka, 2002). Because food is often connected with nurturing, family, culture, tradition and celebration, promoting optimal nutrition throughout childhood and adolescence and assessing the nutritional needs and status of children and adolescents also requires identification of families’ health beliefs (Story, Holt & Sofka, 2002).

Growth and Physical Development

Good nutrition is important at any time of development, but it is especially crucial during periods of rapid growth (e.g., during infancy when the infant’s brain and body are growing rapidly and during adolescence). Parents must recognize changes in the growth rate and patterns (i.e., periods of deceleration and acceleration). Growth spurts are usually accompanied by an increase in appetite and food intake. Conversely, a child’s appetite and food intake decrease during periods of slower growth. For example, during middle childhood (ages 5-10), there is a slow, steady rate of physical growth until the onset of puberty, which occurs during late childhood or early adolescence. In contrast, during adolescence and young adulthood (ages 11-21: usually divided into 3 stages, early: 11-14; middle: 15-17; and late: 18-21), there are dramatic physical, cognitive, social and emotional changes. Rapid growth creates an increased demand for energy and nutrients. Therefore, nutritional needs are greater during adolescence than at any other time in the life cycle. However, it is important to note that although nutrient requirements/kg may be greater during infancy, the actual volume of food consumed is greater during adolescence.

Early childhood often brings a dramatic change in the quantity and variety of foods that children will eat. Suddenly a child’s appetite may become unpredictable. Many children become picky eaters, but this decline in appetite is normal. It occurs because growth has slowed. However, even though they eat less, preschoolers need a high quality diet. They require the same foods that make up a healthy adult diet—only in smaller amounts.

Other important developmental elements to be aware of are body composition and body shape; both of these remain relatively constant during middle childhood. During preadolescence and early adolescence (9 to 11 years in girls and 10 to 12 years in boys), the percentage of body fat
increases in preparation for the adolescent growth spurt. This body fat increase occurs earlier in girls than in boys, and the increase is greater in girls. Pre-adolescents, especially girls, may appear to be “chunky”, but this is part of normal growth and development. Generally, children gain weight before they gain length/height. During middle childhood, boys have more lean body mass per inch of height than girls. These differences in body composition become more significant during adolescence.

It is also important to note that norms for a “healthy” appearance may vary across cultures, and therefore children, adolescents and their families should be assessed and counseled within a cultural context. Included in Appendix B are a series of three different body silhouette images representing African American, Hispanic/Latino and white boys and girls. These images may be useful to assess the cultural ideals of the population you are working with before developing any type of intervention or prevention program.

The social environment has a powerful impact on food preferences. Children tend to imitate the food choices and eating practices of people they know and admire---peers as well as adults. Repeated exposure to a new food (without any direct pressure to eat it) also increases children’s acceptance. Forbidding access to certain foods may increase children’s preference for such foods. (Story, Holt, 2002)

During adolescence, rapid body growth leads to a dramatic rise in food intake. During the growth spurt, boys require about 2,700 calories a day and much more protein (than girls). Protein needs of adolescents are influenced by the amount of protein required for maintenance of existing lean body mass and accrual of additional lean body mass during the adolescent growth spurt. Protein requirements per unit of height are highest for females in the 11-14 year age range and for males in the 15-18 year age range, corresponding to the usual timing of peak height velocity (Stang, & Story, 2005). Girls require about 2,200 calories and somewhat less protein than boys because of their smaller size and muscle mass. Calcium is especially important for skeletal growth in both boys and girls. Extra iron is needed to support gains in muscle mass and blood volume in boys and to make up for the blood loss in the menstrual flow of girls. This increase in nutritional requirements comes at a time when the eating habits of many young people are the poorest. Of all age groups, adolescents are the most likely to skip breakfast (a practice linked to obesity), consume ‘empty’ calories, and eat on the run (Siega-Riz, Popkin, & Carson, 1998). Eating breakfast is important not only for obesity prevention, but also because it improves cognitive performance and learning. Families’ readiness to change must be assessed before beginning weight loss and weight management interventions because these programs may be ineffective or harmful since they can affect the child or adolescent’s self-esteem and impair future weight-loss efforts. Because children and adolescents are still growing and developing, they should never be placed on a restricted energy diet to lose weight unless they have medical reasons and they’re closely supervised by a physician or other health professional. It is important to remember that, unlike adults, children have the potential of linear growth. Therefore, weight loss is often not the goal, but rather weight management (keeping the child’s weight constant) while waiting for height to increase is often the best way to modify weight. Leading a physically active life becomes very important during this time as it plays a large role in helping a child ‘grow’ out of overweight.

The impact of other developmental conditions

Cognition and chronic health problems may also influence nutrition and eating behaviors. Cognitive capabilities generally increase dramatically during adolescence. During early adolescence, adolescents have a growing capacity for abstract thought, but their thinking still tends to be concrete and oriented toward the present. During middle adolescence, they become more capable of problem-solving and abstract and future-oriented thinking. During late adolescence, they continue to refine
their ability to reason logically and solve problems. The cognitive changes that occur during adolescence should facilitate nutrition assessment and supervision, because adolescents are beginning to understand more about the role of nutrition and are better able to reflect on their behavior and understand its consequences. (For a discussion of chronic health problems and nutrition, please see below.)

**Nutrition and Physical Activity for Children and Youth with Special Health Care Needs**

According to national statistics, an estimated 12.8% of children in the U.S. have special health care needs (CSHCN) (CDC, National Center for Health Statistics & Health Resources and Services Administration, Maternal and Child Health Bureau SLAITS of Children with SHCN, 2003). The definition of CSHCN includes children ages birth to 21 years of age who have or are at risk for a long term, chronic, physical, developmental, behavioral, or emotional illness. The illness or condition:

- Is severe enough to restrict growth, development or ability to engage in usual activities.
- Has been or is likely to be present or persist for 12 months to lifelong.
- Is of sufficient complexity to require specialized health care, psychological or educational services of a type or amount beyond those required generally by children.

As many as 40% of CSHCN have been estimated to be at risk for nutrition problems (Position of the American Dietetic Association: Nutrition services for children with special health needs, 1995). Children and adolescents with special health care needs may have physical limitations that may increase their risk of obesity. Excess weight and obesity among children are often associated with lifestyle and environmental influences such as reduced participation in exercise and recreational activities, greater reliance on vehicular transportation rather than walking, and imbalanced nutritional intake. For children with chronic health problems and disabilities, matters are further complicated by stigma, limited access to appropriate adaptations and accommodations in recreational spaces, and negative perceptions of their abilities to participate in physical activities and sports.

Appropriate measuring equipment (e.g. wheel chair or chair scales, length boards) or alternative measurements (e.g. arm span or upper-arm segmental measurements, skinfold measurements) should be used to accommodate children and adolescents who cannot stand independently or cannot be evaluated with traditional assessment tools. Growth charts for specific conditions may also be useful. For youth with disabilities who want to participate in sports, there are usually alternative sports available (e.g. wheelchair archery, hand-pedaled biking, wheelchair dancing and basketball).

Because of the complex nature of many childhood disabilities, an interdisciplinary team approach to counseling and services is frequently needed to address multifaceted nutrition problems. In addition, to ensure that nutrition issues are addressed in the child’s or adolescent’s school program, nutrition goals and objectives should be incorporated in the Individualized Education Plan or 504 Accommodation Plan for children and adolescents who have significant dietary problems or physical limitations.
6 Additional Information on Physical Activity and Nutrition

Measuring Food Access

A key factor in preventing childhood overweight and obesity is access to healthy, culturally appropriate foods at a reasonable price such as fruits and vegetables, whole grains, and lower fat meat and dairy products. However in many communities, families with children may not have adequate access either because their local food stores don’t stock these products, or perhaps because families may have to travel outside their neighborhood to get to stores that carry healthy foods. For families with adequate financial resources and transportation, this may not be a significant problem, but for many families, particularly low income and minority families, lack of access to healthy food is a serious problem. Various studies show that both poverty and food insecurity contribute to overweight and obesity in children and adults.

Documenting this problem in communities can be the first step in improving access to healthy foods, and community food security assessment methods are available to assist local residents and advocates. Locations of community food resources such as retail food stores and restaurants can be mapped to show their distribution. And Market Basket studies can be conducted within neighborhood food stores using a standardized food list to check food availability and price. The basics of these two methods will be briefly described here, but are fully presented in the Community Food Security Assessment Tool Kit, developed by the US Department of Agriculture. This free Tool Kit is available to anyone at: www.ers.usda.gov/AboutERS/sales/

Identifying Retail Food Resources

This aspect of community food security assessment involves identifying local stores selling food and mapping their locations. A simple approach is to use a current telephone book or municipal retail license records and a neighborhood or city map. On a more sophisticated level, retail food store data can be purchased (sources include: InfoUSA or Dun and Bradstreet), geocoded, and then mapped via a computer program (Arcview is a common one). In either case, store locations are plotted on a map. It is helpful to note the different types of retail food stores such as chain supermarkets, corner stores, discount stores, liquor stores, produce specialty stores, bakeries, etc. since they usually stock different types of products. Having a large number of stores, however, doesn’t assure access to healthy foods; some communities may have a large number of small corner stores and liquor stores, but no large (full service) supermarkets. These smaller stores are less likely to stock fresh produce or lower fat meats, or these foods may cost more because of perishability or the low volume sold. Examination of store distributions and store types on the maps can point out inequities and barriers that families face in obtaining healthy foods.

A similar map can be made of local restaurant locations, noting whether they are a chain fast food, local family (sit down) restaurant, etc. Often, low income and minority neighborhoods have a high prevalence of fast food restaurants, which are more likely to have far fewer choices of healthy foods.

Market Basket Studies

An inventory survey of items from a standardized list is used to address the issue of access to healthy, culturally appropriate foods at a reasonable price. The USDA developed the Thrifty Food
Plan (TFP) as a “national standard for a nutritious diet at a minimal cost”, and beginning in 1999, the TFP incorporated the Dietary Guidelines (1995 edition) and serving sizes into the 12 menu sets applying to different age and gender groups. USDA has calculated both the nutrient content and the costs of the plans which assume that “all meals and snacks are purchased at stores and eaten at home”. The standardized food list for a Market Basket Study was developed from a shopping list of foods needed to prepare one week’s food within the TFP constraints for a family of four with two children. This list contains 87 items (see Appendix C) with the quantity needed to purchase the items as per the menu. On the survey itself, the item, quantity and lowest price for that quantity of the particular item are listed. It is important to compare the same food items and package sizes/quantity across store locations and types so that comparisons can be made across stores and/or geographic areas. The food list is usually printed out on data recording forms which are taken to selected stores to determine the item availability and price; a pocket PC can also be set up for market basket data collection and data entry. Individual store surveys take from 15 minutes to one hour to complete depending on the size of the store and number of products available.

If there are a large number of stores in the area being studied, it may be necessary to sample stores of the major types, rather than visit each store in a geographic area, to get a representative sample of the available stores to visit in a given area. The USDA Tool Kit provides instructions on how to sample stores by type within a geographic area.

It is usually best if two people participate in the inventory of each store, one to search for the products and one to record the data. Community members can get involved in the data collection process, although everyone collecting data will need training on the procedures to assure good quality data. To begin the inventory, surveyors will need to approach the store owner or manager, explain the survey, and get permission to include their store. It is important to assure the owner/manager that individual store identity and their data will not be shared, that the surveyors are not performing any regulatory function, and that data will not be shared with competitors. Having a letter or brochure that explains this to the owner/manager can be very helpful, and is sometimes mailed in advance to the stores.

It is important to note the availability of the product/package size given in the food list, and if only another size is available, record that package size and price so that a conversion can be made in the analysis. If there are multiple brands of the same product/package available, be sure to choose the less expensive one. In some surveys, information is recorded at each store on produce quality, staff friendliness, store cleanliness, etc. After completing the survey be sure to have the surveyors check to make sure they obtained the availability and price of each item on the list before they leave the store. The USDA Tool Kit provides more details on recommended item substitutions, and specific procedures that surveyors need to know.

The TFP food list reflects the dominant US culture and by itself may not be appropriate to reflect the multiple other cultures and their dietary patterns found here. To accommodate this, four ethnic food modules (Mexican, Polish, Asian and African American) have been developed to be used in conjunction with the TFP food list. As with the TFP food list, the items listed are fairly basic foods associated with that culture but not found on the TFP list. (It is recognized that there are many Asian cultures and that each has differences in common foods; for this list, more general items were aggregated into one list. Other ethnic food lists may be constructed at a later time.) The four ethnic module food items are listed in Appendix D. In completing each survey, availability of the TFP food list is always assessed, with the additional items from one or more of the ethnic modules added as needed based on the neighborhood residents and products present in the store. For example, in an area with a mix of Anglo and Mexican residents, both the TFP food list and the Mexican ethnic module would be assessed.
Once the data are collected from the selected stores they need to be entered into a database and analyzed. Specific details on data analysis are given in the USDA Tool Kit. To assess food availability, the number and proportion of missing items is calculated for each store and across all the stores. This is usually reported by food group. Data can also be analyzed for price to see whether they are affordable and to examine different prices in different store types and geographic areas. Again, the specific methods for calculating this information are described in the USDA Tool Kit. Often, data from different store types (discount food market, convenience store, etc.) are aggregated and then compared within a neighborhood or across a geographic area.

MEASURING FOOD CONSUMPTION PRACTICES

Portions or Servings?

One concept that needs to be clarified in discussing food intake in the RAP process is that of portions and servings. “A portion is the amount of food you choose to eat. There is no standard size and no single right or wrong portion size. A serving is a standard amount used to help give advice about how much to eat or to identify how many calories and nutrients are in a food” (Cornell Cooperative Extension, 2002). Servings are specified in dietary guidance such as the Nutrition Facts labels on food packages, in the Dietary Guidelines for Americans, and with MyPyramid (mypyramid.gov). (Other countries usually have dietary guidance for their populations which can be accessed through the health ministry and used instead of the U.S. Dietary Guidelines and MyPyramid.) MyPyramid recommends how many daily servings from specific food groups healthy people of various ages and activity levels need, and these are used to guide how much an individual should eat to meet the MyPyramid recommendations. On the other hand, a portion is the amount of an item you serve and eat yourself, or that you are served in a restaurant and eat.

As food consumers, we often have trouble figuring out what a reasonable portion is to eat, but there are some simple and common measures which can help us, even when eating away from home. Think of a deck of cards as representing 3 ounces of meat, the serving size represented as per dietary guidance. A baseball is about the same as 1 cup. For smaller portions, the tip of the thumb to the first joint is about 1 teaspoon, and three of these are a tablespoon. There may be other common measures used in cultures outside of the United States, and these should be used as appropriate.

A very important thing to consider in discussing portions and servings is that for children the quantities are different than what we consume as adults. In general, serving and portion sizes are smaller for children, particularly children younger than eleven. So, even though the number of recommended servings for children is similar to those recommended for adults, the amount of food served is smaller. In the U.S., there is a MyPyramid for children. This covers the recommended portion sizes for children ages 6-11 years (www.mypyramid.gov/mypyramid/index.aspx). [Outside the U. S., Food & Fitness RAP users will want to consult the dietary guidance materials developed for their particular population and culture, usually available through the health ministry.] For younger children, up to age 6, the recommended servings are proportionally smaller.

Potential Problems with Portions:

A phenomenon which has been noticed by researchers in the last 20 years or so is that the typical portion sizes for many familiar foods have markedly increased, and this is likely to have significantly contributed to the increases in childhood (and adult) overweight. For example, twenty years ago, the ‘average’ portion of French fries was 2.4 ounces (~210 Kcal.); while today the ‘average’ portion is 6.9 ounces (610 Kcal.) Over time, the additional 400 Kcal from French fries results in our consuming more energy than we expend. These increases in the amounts served and
consumed apply to many other foods as well. Helping children and adults to learn appropriate portion sizes will be important to changing the current prevalence of childhood overweight.

While each of us needs to learn about portions and servings as individuals to help us sensibly regulate our food intake, exact requirements for each individual are different, and the brief explanation of a rather complex issue described here needs professional guidance before using it in program development. Thus, it is recommended that users of this RAP consult a nutrition professional, such as a Registered Dietitian, in developing and implementing programs and other interventions which seek to change the quantity of food that children eat. This will allow programs to be better tailored to your specific situation and age group.

Assessing Food Intake:

In trying to prevent childhood overweight and help children and families improve their food intake, users of the Food & Fitness RAP may want or need to assess actual food intake. Obtaining accurate food intake information isn’t easy, however. Sometimes, information isn’t accurate because people may change what they actually eat in order to have a ‘good’ record to show or only write down the ‘healthy’ foods they ate. Another issue is that most people aren’t always aware of what they eat or how much, and may have problems remembering what it actually was they had for a meal. If you are eating in a restaurant or not preparing your own food, you may not know how it was prepared or what the portion served really was. Young children may not be able to report what they ate and their parents or caregivers may not know either if the child ate meals in daycare or school. Thus, there can be various problems in collecting and interpreting dietary intake information.

There are various tools available which can help assess food intake for children and adults. One of the easiest ways to assess food intake is using the guides provided by MyPyramid for adults and for children. There are worksheets available that list the recommended servings every day and a place for a child (or their parent) to note the number of servings the child consumed for a particular day. Also available through the MyPyramid web site is a program consumers can use to record their food intake using household measures (cups, ounces, etc.). This computer program can analyze the energy and nutrient content of the diet, the number of servings of the food groups consumed, and compare the dietary intake to the Dietary Guidelines, MyPyramid or the Dietary Recommended Intakes. Families can use this information to assess their dietary intake and monitor their progress in making dietary changes (http://www.mypyramidtracker.gov).

Collecting, analyzing and interpreting dietary intake information can be a very complex undertaking and users of the Food & Fitness RAP are urged to work with a nutrition professional, such as a Registered Dietitian, to select the appropriate measure and data collection methods for your situation.

Caloric and Nutrient Density Concepts:

Other key nutrition concepts to understand in the context of preventing childhood overweight are those of energy balance and caloric and nutrient density. Energy balance is when the energy (Kcalories) consumed equals or balances the energy (Kcalories) expended (physical activity). When Kcalories IN equals Kcalories OUT a person maintains their weight; this is what we expect in a normal weight, physically active adult. When these two are equal, an individual can maintain their body weight. When energy intake is less than energy expended, then a person usually loses weight, and when energy intake exceeds energy expenditure, a person gains weight.

It is important to remember that there have been significant changes in both the energy intake and energy expenditure sides of the equation in the last 30 years. People are generally consuming more energy (Kcalories) on a daily basis than 30 years ago, but there has also been a decrease in the
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M.  University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

daily energy expenditure for the majority of the U. S. population. The result has been unhealthy weight gain for many children and adults. The primary ways to alter the situation are to decrease energy intake and/or increase energy expenditure. As adults, we need to keep in mind that if we take in as few as 100 extra Kcalories per day for one year, we will likely gain about 10 pounds.

With children, we need to keep in mind their growth and development, recognizing that linear height and weight gain are both necessary and occur throughout child development and maturation. For children, increasing physical activity while maintaining an appropriate energy intake and adequate nutrients for good health are the best way to manage childhood overweight while allowing a child to ‘grow into’ his/her weight. Children are NOT usually placed on weight reduction diets as may occur with adults.

A food is considered calorically dense when it is high in its energy content but doesn’t provide many nutrients, while a nutrient dense food has a high proportion of nutrients yet is fairly low in calories/energy. Dietary fats are a good example of calorically dense foods, although some fats can also be a source of important nutrients such as essential fatty acids. Dietary fats (oils, butter/margarine, mayonnaise, etc.) contain 9 Kcalories/gram. [A teaspoon, on average, is 4-5 grams.] Carbohydrates and proteins, on the other hand contain only 4 Kcalories/gram. Thus, one tablespoon (~ 15 grams) of vegetable oil has about 120 Kcalories while one tablespoon of honey contains only 64 Kcalories. (Most foods contain a mixture of carbohydrates, fat and protein, and we need this mixture for good health. Along with a balance of energy intake it is important to maintain a balance of energy sources.)

But, we also want to get more than energy from foods-we need nutrients as well. A food is considered to be nutrient dense when there is a high proportion of nutrients (quantity and number of nutrients) for relatively few Kcalories. Ordinarily, we want to have the most optimal nutrient intake for the smallest number of Kcalories. We sometimes describe ‘empty calories’ as those foods which give us energy but very few nutrients. Foods such as soft drinks, candy and chips are usually considered ‘empty calories’. Foods such as fruits and vegetables are usually considered nutrient dense because they have a relatively high proportion of a variety of nutrients, but there are generally few Kcalories. Having a nutrient dense diet that is adequate in energy intake is particularly important for children to help them grow properly. With children’s generally smaller sizes than those of adults, they have greater nutrient needs and less ‘room’ for empty calories. For example, a physically active 6 year old, with a recommended intake of about 1,200 to 1,400 Kcalories/day of nutrient dense foods can probably have up to 170 Kcalories/day in discretionary or empty calories.

**Assessing Children’s Height and Weight:**

Children’s height and weight form the basis for assessing their growth (weight for age and height for age), and also whether the relationship of weight to height is appropriate for good health. These relationships are usually expressed in percentiles based on a standard established by the Centers for Disease Control and Prevention (CDC) and plotted on a growth chart. A sample growth chart is provided in Appendix E. Interactive training on techniques for weighing and measuring children and additional growth charts can be found on the CDC website, [www.cdc.gov/ncedphp/dnpa/growthcharts/training/modules/index.htm](http://www.cdc.gov/ncedphp/dnpa/growthcharts/training/modules/index.htm).

Generally, standing height is measured for children over age two. [For measuring younger children, having two adults to help will be very useful.] The ‘best’ way to measure height in a community setting is to attach a measuring tape to a vertical wall on a level, uncarpeted floor. Have a child (without shoes) stand with his/her back to the wall, with the back of the head, shoulders, hips/buttocks and heels touching the wall; an assistant may have to help an unsteady child hold this position. With the child in place, gently lower a movable headpiece down to the top of the head...
Determining the Body Mass Index (BMI):

Body Mass Index is a measure of the relationship of weight (in Kg) to height\(^2\) (in meters), and is often used to estimate overweight and obesity. BMI can be calculated in the metric system, or
with a change in formula, in the English system, or can be looked up on a chart (See Appendix E for BMI example and complete reference) When assessing adults, an individual’s BMI is compared to cut-off values which classify him/her as Underweight, Normal Weight, Overweight or Obese (for adults, a BMI <18.5 is underweight, 18.5-24.9 is a healthy weight, 25.0 to 29.9 is overweight, and >30 is obese) [www.cdc.gov/nccdphp/dnpa/obesity/defining.htm].

A very different way is used to assess BMI for children; the Centers for Disease Control & Prevention recommend using BMI for age percentiles to classify children since both height and weight vary with age. The cut-off values for children are <5th percentile is underweight, between the 5th and <85th percentile is normal weight, between the 85th to 95th percentile is at risk for overweight, and > 95th percentile is overweight (www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm).

Use of the Body Silhouettes

Included in appendix B are body silhouettes of children of both genders from three different cultures. Silhouette drawings are often used to help groups and individuals examine their perceptions of a ‘healthy’ weight, overweight and underweight. They can also help people unfamiliar with the norms of a particular culture learn how the group perceives various weight categories. Thus, it is very important that RAP users recognize that there are different norms or standards for body weight and size across different cultures, and individuals can be very sensitive about this issue. Thus, the silhouettes should not be used in any judgmental way, either with groups or individuals, but should be used to assess what an individual or group perceives to be a ‘healthy’ weight vs. overweight or underweight. Different responses may be given by an individual when describing her/himself or their child than when the drawings are described in a group setting.

Policy Implications for Nutrition and Physical Activity

Public Policy Infrastructure

The local, regional, state and national law- and policy-making infrastructure determines governmental priorities for health prevention and treatment. Scarce human and financial resources require public policymakers to make difficult choices, often sacrificing those populations most in need. The policymaking structure varies from locale to locale; often, local or regional autonomy can support treatment and prevention training and education. Mapping policy assets is key to effective assessment. At the core is the public health infrastructure; who governs local and regional health authorities, how are they funded, and ways in which resources are deployed are critical questions. In addition, broader inquiries relating to publicly-supported critical and long term care (hospitals and clinics) facilities must be made to establish an inventory of public resources. As the analysis broadens further, an asset map of public education, local and regional land use planning and zoning authorities, and human services entities should also be determined. In the educational sector, specific inquiries about nutrition, nutrition education, and physical activity, including how programs are administered and funded should be made. Also, the food system, i.e., food access and security infrastructure must be analyzed. Significantly, the structure for preventing hunger and malnutrition are essential elements. At the center of the inquiry, a review of the governmental structure, i.e., how public revenues are generated and distributed through national, state, regional and local governments must be determined. As important, the methods by which leaders of those structures are selected and influenced should be mapped. The analysis is both objective and subjective. Objectively, assessing how laws, regulations and policies are made and changed is key. At the same time, an anecdotal analysis of which policymakers have a specific interest and motivation to take the lead in promoting health promotion and treatment policies should be determined.
7 Data Analysis

Analysis of the health-seeking behavior data requires a careful review of all information collected from the community study and the health care providers and households studied. The analysis is not something to be done after all data have been collected, but rather it is a part of a continual process of examining the information as it comes in, classifying it, formulating additional questions, verifying the information, and developing conclusions. The household, health care provider, and topic files must be periodically reviewed for the degree of completion, work remaining to be done or refined, and quality (reliability and validity) of the data.

The data collected can also generate the need for information on additional topics, which may require the development of new data collection checklists. For example, a study of the information on diarrheal disease collected during the test phase of the preparation of the original RAP led to the development of a major research project and the expansion of the data collection checklists on diarrheal disease (Scrimshaw & Hurtado, 1984). Both the checklists and topic files must be fluid and subdivide or merge according to the needs of the project and the dictates of the data.

Miles and Huberman (1984) discuss the on-going nature of data analysis and make several useful recommendations to facilitate the process. They suggest that if several field workers are involved in one or more sites it is important that the research team meet periodically to discuss research topics, emerging hypotheses, alternative explanations, disagreements, next steps for data collection, and potential revisions to the data collection checklists (Miles & Huberman, 1984).

DATA ORGANIZATION

The first step in the analysis is to assemble all the data on each component of the study and prepare descriptive analyses of the data. For example
1. Community: Describe each community in as much detail as possible. Include the code numbers for identification.
2. Household: Describe the households as a group (discuss distributions of sex, age, occupation of household members, parity, physical characteristics, etc.).
3. Health care providers: Prepare a detailed description of each category (e.g. dietitian, nurse, physician, physical therapist, etc.).
4. School: Describe the school environment, policies, and any potential gender differences found when observing physical activity and nutrition behaviors.
DATA ANALYSIS AND PRESENTATION (Graphic Devices)

Graphic presentation of ethnographic data is a useful aid to understanding. Several techniques are described and illustrated below.

*Organizational charts* show the relationships between actors or agencies. For example (figure 5):

![Organizational Chart]

*Flow charts* describe and contrast a flow of events. For example, a flow chart could be used to describe the variables that the mode of transportation students choose to travel to/from school (or other activities). (Fig. 6) Such charts can help researchers and/or other program planners understand why some modes of transportation are used more often than others and where potential points of intervention may be ideal. A variant is the event-state flow chart (Miles & Huberman 1984). Figure 6 shows the variables that make up a youth’s or adolescent’s transportation to and from school, the types and external factors that contribute to it.
Figure 6. Variables Contributing to Youth/Adolescent Transportation Choices To-/From-School

- Active Transport
- Passive (Vehicular) Transport
- Determining Variables
Growth charts show the increase over time of important variables (Miles & Huberman, 1984). For example: (Also, see Appendix E for additional examples of growth charts used to assess child’s weight for height status).

Figure 7.

<table>
<thead>
<tr>
<th>Mother’s Stature</th>
<th>Father’s Stature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Age</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^To Calculate BMI: Weight (kg) = Stature (cm) + Stature (cm) x 10,000
  or Weight (lb) = Stature (in) + Stature (in) x 703

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Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts
Causal networks can be used to describe deterministic relationships between independent variables (Miles & Huberman, 1984). For example:

Increased physical activity - safe environment — supervision -> injury -* skill/interest
Or
Fruit and Vegetable consumption - no local grocery stores selling fresh produce -> no transportation to store

**Taxonomies or ethno classifications** constitute an extremely useful approach to organizing ethnographic data and interpreting the research findings (Spradley, 1979). The information gathered is classified according to cultural themes or domains, and presented in the form of taxonomies. *Figure 8* shows how children conceptualize different types of activity for themselves and for adults. *Figure 9* shows how the activities that children engage in are influenced by a variety of factors.

**Figure 8 Taxonomy of Physical Activity**

<table>
<thead>
<tr>
<th>Type</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Exercise (Fitness, Going to the gym, A regimen, Outside of daily routine) Costs money</td>
<td>Physical Activity (Fun)</td>
</tr>
<tr>
<td></td>
<td>Play (N/A: Adults don’t “play”)</td>
<td>Exercise (Going to the gym, At school: in PE class)</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Sport (Games, Movement)</td>
</tr>
<tr>
<td></td>
<td>Cost</td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>Fun</td>
</tr>
<tr>
<td></td>
<td>Recess</td>
<td></td>
</tr>
</tbody>
</table>
Figure 9. *Cognitive "Maps"* use various types of diagrams to illustrate perceptions of something being studied. For example, research on the rationale for supervised physical activity in Chicago showed that children/adolescents and adults had very different perceptions of the danger involved. The diagrams in Figure 10 were developed based on observations and informal interviews.
Figure 10

Child/Adolescent versus Parent Rationale for Supervision during Outside Physical Activity
Descriptive Analyses

Frequencies.—Complex statistical analysis will not be feasible because of the limited and primarily qualitative information (words rather than numbers) collected. Nevertheless, simple statistical frequencies can be used to itemize some of the salient characteristics of the household or health resource and of the beliefs, knowledge, and behavior of households and health care providers.

Miles and Huberman (1984) suggest that tables called "descriptive matrices" can be developed and that they can be extremely useful to "eyeball" data. They can include time periods, persons, groups, roles, event classes, settings, processes, key variables, and so on. Cross-tabulating may be used, for example, to examine the attitudes toward health services of families of different socio-economic status. Suppose the researcher or researchers classified individual families into three groups according to socio-economic status—low (L), middle (M), and high (H)—and attitudes toward health services into three groups also—negative (N), mixed (M), and positive (P). A table such as that below may be constructed from the data.

**Sample Cross-Tabulation of Data on Family Socio-Economic Status and Attitudes toward Skim Milk Consumption**

<table>
<thead>
<tr>
<th>Attitudes Toward Skim Milk Consumption</th>
<th>Family Socio-Economic Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>N</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>M</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>P</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

If the data justify it, the chi-square test of significance may be applied to such a distribution. However, it should be explicitly noted that this test cannot be used appropriately when the sample size is very small or when the distribution is a variable dependent on the selections. With a small sample size, it may be best to use Spearman's correlations or a 2 x 2 table and a Fisher-exact test. Unless the families have been randomly selected, data based on them cannot be interpreted as representative of the whole community.

Checklists.—provide a listing of items, events, etc., which were elicited during the data collection (Miles & Huberman, 1984). For example, a summary of the inventory of medicines in a particular household would yield a list of items commonly found in the households studied, with perhaps a distinction between those items found in all homes, those found in some, and those found in only one or two.

**Time-ordered** lists.—these report on the use of time. For example different eating schedules of students who go to the same school:

<table>
<thead>
<tr>
<th>Time</th>
<th>Child who eats Breakfast</th>
<th>Child who eats Breakfast at 6:30 A M</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 A M</td>
<td>Sleeping</td>
<td>Preparing for</td>
</tr>
</tbody>
</table>
Role-ordered listings.—such listings "distribute data according to sources of targets of attention" (Miles and Huberman 1984). For example:

Elementary School Staff Roles & Student Physical Activity Involvement

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recess Supervisor</td>
<td>Little to no instruction in physical activity, supervision of active children mainly for safety purposes</td>
</tr>
<tr>
<td>Classroom Teacher</td>
<td>Optional use of active teaching curriculum for non-physical education subjects</td>
</tr>
<tr>
<td>Physical Education Teacher</td>
<td>Required organized instruction &amp; supervision as per a standard curriculum</td>
</tr>
</tbody>
</table>

Conceptually clustered variables.—these bring together information that seems to be associated. For example, in the development of this manual, it was noted that Kool-Aid® brand beverage was considered to be a “juice” by the Latino and African-American youth participants. Therefore, additional questions were developed to ask about the types of “juices” or beverages commonly consumed.

DRAWING CONCLUSIONS

The total "data set" will be difficult for most people to read or understand. Therefore, a report must be prepared that makes generalizations such as "In general, the mother or senior woman in the household is the individual primarily responsible for food preparation of childcare" and provides specific examples drawn form the material presented. In effect, many of the graphic devices and descriptive matrices discussed are forms of generalization. One needs to look for differences and similarities according to the purpose of the research. Try to identify what is salient. Examine each difference carefully (e.g. why does one individual exhibit a particular behavior such as exercising daily, and another does not). The data should be analyzed in such a way as to highlight findings relevant to the purpose of the study. The following techniques will be helpful in developing generalizations.

1. Counting (for example, number of people in household, hours spent participating in physical activity, number of full-service grocery stores in community).
2. Noting themes (dislike of skim/non-fat milk; women as primary preparers of food).
3. Questioning plausibility (Miles & Huberman, 1984). For example, a school’s Principal could make a claim that none of the children on the school’s roster are considered either overweight or obese. However, if weight and height data is available as part of the required health data forms that are verified by physicians and submitted by parents, this could provide contrary information.
4. Noting relations between variables and finding intervening variables (Miles & Huberman, 1984). For example, the type of physical activity children in a neighborhood engage in has been shown to be a function of the availability of a
particular activity or sport, perceived enjoyment and adaptation by their peers, and accessibility (time, money, equipment, safety, location in relationship to home and school, supervision, etc.) of the physical activity. The availability of safe, supervised space for a child to participate in a particular activity might be an intervening variable in a case like this.

5. Building a logical chain of evidence. Generalizations and conclusions must be supported by evidence and conceptual and theoretical coherence (Miles and Huberman 1984a). For example, the argument that bike and pedestrian paths should be developed is based on conversations with youth, parents and teachers. These interviews found that children are not engaging in active modes of transportation to and from school because of safety concerns. Therefore, safe routes to school, in the form of designated and patrolled bike and pedestrian pathways should result in increased participation in active transportation (i.e., bike riding, rollerblading, skateboarding, walking, etc.) in youth.

It is important that the data support the conclusions. Another researcher working in the same community should produce similar findings. Miles and Huberman (1984) strongly recommend the following techniques to check for representativeness and reliability:

1. Increase the number of cases.
2. Look purposely for contrasting cases (cases that look different from the others).
3. Ensure that all cases are developed to the fullest possible detail and to relatively the same degree of detail.
4. Select a random sample within the universe, or, if that is not possible, ensure that the sample includes the appropriate variability (e.g., do not talk to only the friendliest people in the community; their quieter neighbors are just as important to the research).
5. Check for researcher effects. During a training course in Costa Rica involving an earlier version of the rapid assessment procedures a young boy in tattered clothes and covered with dirt was whisked away by an older girl as the researchers asked the mother for permission to interview her. The boy reappeared fifteen minutes later, scrubbed clean, and wearing clean, relatively new clothes. It was obvious that he was cleaned up for the researcher's benefit and this was recorded in the notes for that household. Researchers can have similar effects on whole communities or institutions as well as on individuals.
6. Note researcher bias. The researcher's age, sex, ethnicity, personality traits, and other characteristics will influence what the researcher is told or allowed to see and how he or she perceives events and people (Pelto & Pelto, 1978). On one project, evaluated by Scrimshaw, a very shy researcher reported that people in the community would not discuss family planning or other aspects of sexual behavior. A less inhibited researcher on the team, however, had no trouble eliciting this information. It is very important for workers to be aware of their interests, perspectives, and biases.
7. Triangulate across data sources to check data from various perspectives. What people say they do can be confirmed or invalidated by observing the event or situation in question and perhaps also by hearing about it from a third party. In
Honduras researchers found that mothers said they prepared bottles of milk for their babies "according to directions" but they were observed to use diluted solutions and to leave the bottle cooling while flies clustered around the nipple.

8. Weigh the evidence to determine the degree of reliability of information. There may be evidence to show that one source of information is extremely trustworthy while another is not. Also, one type of information may be more reliable than another. In Ecuador, for example, the social desirability of having a latrine led to over-reporting. Observation in a sub-sample of what people really had led to the conclusion that information on latrines was unreliable (Scrimshaw, 1974).

Writing a Final Report

A report is essential to communicate the research findings. Assembling the report can be simplified by using an outline as a checklist. A sample is given here, but should be adapted to the particular research undertaken. The report should be concise and clearly written. Diagrams and cognitive maps often convey information more clearly than do lengthy explanations. Actual quotes from field notes can make an idea come to life. The main conclusions and recommendations should be summarized at the beginning of the report with references to the page where each is discussed in detail.

Writing the report can be made easier by approaching the task a small piece at a time. Do not think, "I must write the report." Think, "I must write a section of the report." The introduction does not necessarily have to be written first. Write the easiest sections first, then the more difficult ones. The project will not seem so overwhelming and will go more smoothly.
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

GENERAL REPORT OUTLINE

The report should begin with an Executive Summary of Conclusions and Recommendations (with page references to the full discussion). It is important to provide a brief summary first because many policy makers and health program directors will not read a long report. A summary with references to the full discussion permits them to note the findings and look for detail on the conclusions that interest them.

I. Introduction and Statement of Purpose
   A. General discussion of research purpose(s)
   B. Importance of family-level perceptions and community-level perspectives of childhood obesity (nutrition/physical activity)

II. National and Regional Background Information
   A. Summary of available data; history of community as related to childhood overweight and obesity
   B. Reference to relevant initiatives that have taken place in the community or similar communities that address childhood obesity

III. Description of Communities (School, health center, etc) of Interest
   A. Reasons for specific community (school, health center, etc.) selection (use pseudonyms if preferred; be brief), i.e., why this community?
   B. General community data
      1. Geographic/ecological setting
      2. Demographic data/ethnicity
      3. Transportation (bike paths, pedestrian walkways, public transportation, etc.)
      4. Socio-economic data (occupations, markets, etc.)
      5. Educational facilities and attendance
      6. Area map with residential, school, food and restaurant facilities, public/private recreational facilities.
   C. Nutrition and/or Physical Activity Resources data summary
      1. Local food/nutrition or physical activity policy council
         a. Type and number of professional organizations in the area
         b. Role of organization
      2. Local food/nutrition or physical activity advocacy group
         a. Type and number of professional organizations in the area
         b. Role of organization
      3. Professional organizations concerned with overweight/obesity?
         a. Type and number of professional organizations in the area
         b. Role of organization
      4. Nutrition or physical education classes/groups offered in the area
         a. Type and number of classes
         b. Availability
         c. Age group
         d. Role of organization in community
      5. Peer-to-peer groups available for childhood obesity/overweight
         a. Type and number of professional organizations in the area
         b. Role of organization

IV. Methodology
   A. Sample selection
1. Household
2. Health care providers
B. Research timetable
C. Characteristics of researchers (sex, age, level of education, etc.); selection, training, and supervision; participation in data analysis and write-up
D. Standardization of research techniques
E. Techniques and instruments utilized (include contact time with families, any optional statistical methods, etc.)
F. Obstacles, problems, constraints (logistical, political, etc.)

V. Results
Here, you discuss in detail what you learned. The topics you discuss will depend on the data collection checklists you chose and the focus of your study.

VI. Detailed Discussion of Conclusions and Recommendations for Programs and for Future Research

Appendices
Bibliography
8 Data Analysis Using Qualitative Analysis Software

The use of computer software to aid the process of qualitative data analysis (QDA) has continued to grow since its development in the early 1980’s (Research Talk, Inc.: Qualitative software comparison session, June 25, 2004; Weitzman, 2000). Prior to the introduction of computers to qualitative data analysis (QDA), researchers conducted most of the work by hand: “typing up field notes and interviews, photocopying them, ‘coding’ by marking them up with markers or pencils, cutting and pasting the marked segments onto file cards, and typing up their analysis” (Weitzman, 2000).

To further exemplify how QDA was managed in the past, one developer of a QDA software program presented her own personal experience. In drawing conclusions of her own research by applying the techniques noted in the last section to develop generalizations, the mentioned researcher used knitting needles to pierce marked file cards onto them to make what this author calls “shish kabobs” of themes. By using the knitting needles she physically connected relations between variables and their intervening variables. One day her mother found her working on this project and asked her ‘What are you doing?’, and she replied ‘I’m doing my data analysis’ (Presentation by K. Charmez, Research Talk, Inc.: Qualitative software comparison session, June 25, 2004). This method and ones similar to it, such as creating pile sorts of marked file cards or pieces of paper with text to organize similar themes, relationships among and between themes and/or variables to develop summaries of one’s findings are still acceptable QDA methods and may be the only option in circumstances where researchers don’t have access to computers or have very limited funds for the purchase of software (Weitzman, 2000). If the accessibility and resources are available, the use of computer software can greatly help the often lengthy process of QDA in many ways. This section will briefly mention the ways in which software can facilitate the process of QDA, list a number of software programs currently available along with their key features and provide weblinks to access more information on them and conclude with some thoughts on the use of software in conducting QDA.

How QDA software programs can make your work easier

Social researchers Miles, Huberman and Weitzman have widely/extensively published on the critical review of QDA software (Weitzman, 2000; Weitzman & Miles, 1994; Miles & Huberman, 1984). Food & Fitness RAP users are encouraged to refer to these writings for more in-depth coverage of the history of this topic and the vast criteria they have used to report their opinions of the attributes of the various software available. Since computer technology is ever changing, it is important for prospective users and/or purchasers of QDA software to investigate what is currently available on the market. Contacting one’s local university, particularly a sociology department may be a starting point for finding information on current QDA software. One may also research qualitative research forums online, such as (Qualtalk.com) to ask the webhost or listserve members which programs are currently available and access the respective software websites. Another suggestion is to contact qualitative consulting firms, which aim to educate others on existing software, their purposes and use, such as Research Talk Inc. (researchtalk.com).

Essentially, the use of computers and QDA software can save the researcher much time by electronically saving a variety of data used in one’s project and its analysis in a primary location, making the data easier to access and share with co-investigators to start. QDA software aids to conduct a variety of data analysis steps/techniques in more efficient ways such as electronically
coding one’s data (be it interview transcriptions, field notes from observations made in the field, video or audio recordings, photographs, pictures and other documents, including (XML) web-language information) and call up pieces of coded data running a variety of queries.

Weitzman (2000) and his colleagues have created a list of the types of tasks that computers and QDA software can help a researcher conduct. Again, the software may provide a variety of tools in order to make one’s work somewhat easier, yet the software will not conduct the analysis for one, nor does it replace the importance and value of a researcher’s overall knowledge and practice of “quality” qualitative data analysis (Research Talk, Inc.: Qualitative software comparison session, June 25, 2004; Weitzman, 2000, Weitzman and Miles, 1994.)

1. Making notes in the field;
2. Writing up or transcribing field notes;
3. Editing: correcting, extending, or revising field notes;
4. Coding: attaching key words or tags to segments of text, graphics, audio, or video to permit later retrieval;
5. Storage: keeping text in an organized database;
6. Search and retrieval: locating relevant segments of text and making them available for inspection;
7. Data "linking": connecting relevant data segments to each other, forming categories, clusters, or networks of information;
8. Memoing: writing reflective commentaries on some aspect of the data, theory, or method as a basis for deeper analysis;
9. Content analysis: counting frequencies, sequences, or locations of words and phrases;
10. Data display: placing selected or reduced data in a condensed, organized format, such as a matrix or network, for inspection;
11. Conclusion drawing and verification: aiding in the interpretation of displayed data and the testing or confirmation of findings;
12. Theory building: developing systematic, conceptually coherent explanations of findings; testing hypotheses;
13. Graphic mapping: creating diagrams that depict findings or theories;
14. Report writing: interim and final

Although a few of the ways that computers can assist in QDA can be conducted by word processor programs, the majority of the more complex features are best carried out with the assistance of QDA software (Weitzman, 2000). Weitzman has specifically created four different categories in which the features of QDA software can vastly improve the analysis process. First, consistency, in electronically coding the data. One can easily search time and time again for all the places in which a keyword or code appears, double checking how the code or combination was applied and review if the data one retrieves really supports one’s hypothesis or not. This information can also be more readily shared with colleagues or research participants to confirm one’s work (Weitzman, 2000).

Second, speed. As noted earlier in this section, use of computer software, once one becomes familiar with its operation, can speed up the process of QDA since one can quickly call up a search for specific codes or themes or combinations of them, automatically redefine or rename codes and reassign parts of texts and even have information transfer into other forms of output, such as spreadsheets like Excel and SPSS if deemed helpful by the researcher for the purpose of his/her study (Weitzman, 2000). Third, representation of the researcher’s thinking, according to Weitzman (2000). Most of the programs now allow for the researcher to visually make connections (cognitive maps) between codes or themes, quotes from participants, memos and or parts of audio or video, for
example. The software allows for the researcher to import these pieces of data into a virtual box where one can draw lines and relations between them, create hierarchies among the data and name the concept or developing theory for later reference and to potentially build on this representation. This is a powerful attribute of this type of software (Weitzman, 2000).

Lastly, a very practical, yet almost unattainable goal prior to the development of QDA software, is the consolidation of one’s research. With the current technology, one is able to keep all kinds of data (transcriptions, audio, visual, etc.) with the analysis work and even final reports in one electronic unit (Weitzman, 2000). Thus, this enables the researcher to readily transport the data where ever he/she goes and it allows them to share easily their information with others [The research information could also be stored/made available on the Internet in order to access it almost anywhere.] (AltasTI and MAXqda, websites accessed September 21, 2004, Weitzman, 2000). A researcher can more easily transfer their data, part of their analysis to other projects they are working on. All this saves the researcher time and the concern of how all the data and information can be managed, thus allowing them to focus their thoughts on what their data is telling them (Weitzman, 2000).

Examples of some of the various programs currently in the market

In order to familiarize the readers of this manual with a variety of specific QDA software programs, a handful of programs are listed within this section along with their respective web address in order to find out more information about them and decide which software fits one’s research needs. The software program discussed in this section, Atlas/TI, references the program with which the author is most familiar. The other software programs referenced, with the exception of those made available for free by the CDC, represent information learned about by the author from software developers at a qualitative software forum (Research Talk, Inc., Qualitative Software Forum, June 25-27, 2004).

ATLAS.ti : www.atlasti.com

ATLAS.ti was one of the first QDA software program available on the market as a Windows based program, making it one of the most user friendly in the early to mid-1990s (Weitzman and Miles, 1994). Some of the features that set it apart from other QDA software at the time were that it could handle large amounts of data, including audio and visual data, it was extremely flexible in terms of how the user could code their text, had the ability to make links among text and for letting the user create on-screen graphics of conceptual models that represent relationships of their data (Weitzman and Miles, 1994). The software has continued to enhance these capabilities, improving its product plus adding more analytic tools, that is driven in part from suggestions made from its own users via the company’s list-serve. Below you will find a list of its main features and images of how the various tools appear on one’s computer screen.

The creators of ATLAS.ti state that their product “…helps you to uncover the complex phenomena hidden in your data in an exploratory way. For coping with the inherent complexity of the tasks and the data, ATLAS.ti offers a powerful and intuitive work environment that is designed to keep you focused on the material itself” (ATLAS.ti website accessed September 21, 2004).

Some of the QDA features or tools of ATLAS.ti include:

Hermeneutic Unit (HU)-(The unit/major file in which the user stores and manages the data and project.)
User Editor- (This feature allows more than one author/researcher to work on the project and merge work.)
Code manager
As mentioned previously, ATLAS.ti helps researchers manage their ongoing thoughts and ideas of the research and data by providing a function that allow them to create and edit graphics of their conceptual frameworks within the program file (HU). This function is referred to as the **Network Editor**. (Image 1, Activity Theory) is a visual representation of the Network Editor for an example project provided by ATLAS.ti.

Image 1: Activity Theory, from ATLAS.ti, accessed 5/16/07
Above is an example of how one can use various forms of data and how one if they wanted, to relate the different types of data together within a Network Editor.
In the example above (Image 2), the concept of “pain” is represented by the researchers including codes, memos, and other types of annotations made regarding their research that they created using the tools of Atlas. These annotations were brought in or imported into the network editor (screen) by dragging the elements from their respective lists. The conceptual model in the image above can help drive one’s strategy for conducting queries of codes that may support or reject the model. For example using the image above, one may want to conduct a search for all passages of text that were coded with “pain” and “temporary relief” to understand if the text supports a relationship between the two codes or themes.

The “Query” tool of Atlas.ti allows for easy and quick access for text retrieval. This function is important during analysis and theory development. It allows Atlas.ti users to reconfigure code or thematic relationships as they continue to evolve. The RAP user can view how the “Query Tool” assists with the retrieval of text passages associated with one or more codes in another example available on the ATLAS.ti website (See Image 3: Atlas/ti Query Tool below). The query tool supports a set of Boolean operators (AND, OR, NOT), that allows the researcher to redo and undo searches and even save searches by storing it as a Super Code to call up later in combination with another query. The results of the search are seen immediately and can be viewed, saved and or printed.

"The query represented by this instant of the Query Tool can be translated as follows: "Find all quotations coded with "Seal" co-occurring with any quotation coded with "Magic" or any of its sub-codes except "Magic 3" The result of this query are two quotations from primary text 1."
As noted earlier, QDA software can assist the researcher in numerous ways with the data analysis process in order to make the process more systematic, faster and easier to access one’s data and to consolidate one’s work. ATLAS.ti is a powerful software program that has multiple features and tools to assist with QDA as these few examples tried to represent.

The other QDA software programs noted in this section currently have a similar majority of the functions or tools that are found in Atlas/TI and are briefly noted below. They are all now available as Windows based programs and have similar flexibility of analyzing a variety of large amounts of data. Most other QDA programs have list-serves or links to technical support. Additionally, the creators/developers of these programs are readily available for questions, concerns and input from the software users.) One may download a demonstration version of any of the software from their respective website; this may assist a potential user of QDA software decide which program is most appropriate.

The cost of QDA software varies depending on whether the purchaser is affiliated with an academic/educational institution. A discounted rate is provided for affiliates of either type of institution, to reduce the cost to approximately $500 U.S. dollars. A non-discounted rate may be as much as $800 (US). Multi-user licenses can be purchased as well, so that 5 or 10 people/researchers can install the program on their computers and share the cost of this type of special license. Rates for this license type vary depending on the number of users, but start at around $2,000 for a 5 user license (edition). Students, with proof of registration, are often able to receive a discounted rate. The authors of this manual recommend that affiliates of organizations not described above, for example, other not-for-profit agencies, contact the developers directly and investigate whether there are special prices for this type of institution.

Finally, the U.S. Centers for the Prevention and Control of Disease (www.cdc.gov) offers a few QDA programs available free of charge. One can investigate the features and capabilities of these programs on the CDC website.

Qualrus (http://www.ideaworks.com/Qualrus.shtml)
Qualrus offers similar features as ATLAS.ti and it also includes a number of analysis tools to help find patterns and make sense of the coded data that are relatively unique. The “Categorizing Tool” from the demonstration the author saw at the qualitative research forum, it can be considered almost an electronic pile sort features that “…helps researchers identify evolving categories by creating different stacks, sorting segments into those stacks, then assigning codes to each stack” (Qualrus, accessed 9/21/04). This feature would be appreciated by many traditional anthropologists.

The Qualrus software also includes another interesting and potentially valuable feature to make comparisons in one’s data. “The Coincidental Tool allows researchers to examine the co-occurrences of each possible pair of codes in segments… Researchers can quickly see how often two codes co-occur and compare and contrast segments where both codes occur, only one occurs, or neither occur to help assess any possible relationship” (Qualrus, website accessed September 21, 2004). Qualrus also includes a “Hypothesis Testing” tool to help verify if preconceptions of the research were correct or not.

**MAX/qda** ([http://www.maxqda.com/maxqda-eng/start.htm](http://www.maxqda.com/maxqda-eng/start.htm))

This software is very attuned to the need for flexibility and depth in the analysis of qualitative data. It also has many features similar to those described for ATLAS.ti. One of the features that sets this software apart from the others is that the interface of the software is available in English, German and Spanish. Although other software like ATLAS.ti may manage data written in other languages, MAX/qda has offered researchers the choice of obtaining the software in other languages. This choice makes the process of learning to use the software much more user-friendly verses having to understand perhaps a non-native language and the jargon particular to that program.

Some of the different functions offered by MAX/qda include the option of attaching a “weight score” to text segments to indicate the relevance of a particular segment for one’s research (question). Using the “Form2Data” function, a researcher can conduct on-line research and analysis of their project. Form2Data “…provide[s] fast and simply an on-line questioning websites for your target group and an analysis website for yourself. On the analysis site the researcher is able to download a password-protected set of the complete data in MAXqda…” (MAX/qda, website accessed September 21, 2004). Thus, a researcher has access to their data and analysis almost anywhere.

**HyperRESEARCH** ([http://www.researchware.com/](http://www.researchware.com/))

HyperRESEARCH is defined by features that make it very good at code (coding) and data retrieval and has the capacity to assist with theory building. The software also has the unique function of “Hypothesis Tester.” One of the most functional features is that HyperRESEARCH and its files can be used **OS X®, Mac OS® and Microsoft Windows®** operating systems, thus allowing flexibility of sharing one’s work with researchers who use different systems, “making it easy for others to contribute to your work” (HyperRESEARCH, website accessed September 21, 2004).

Prior to deciding on any QDA software, Weitzman and colleagues recommend that researchers ask themselves the following four questions:

2. **What kind of computer user am I?**
3. **Am I choosing for one project or the next few years?**
4. **What kind of project (s) will I be working on?**
5. **What kind of analyses am I planning to do?**

(Weitzman and Miles, 1994)
They also recommend keeping in mind the importance of maintaining a sense of closeness to the data. Thinking of the financial constraints of the project and what kind of hardware is necessary for the software to run efficiently (Weitzman & Miles, 1994). Although those recommendations were first made a number of years ago, they still hold true today.

All the software programs discussed in this section have the luxury-feature that allows for easy sharing of files/analysis with others participating in the work. The Food & Fitness RAP authors do not recommend any particular software package. The above information is meant to only provide a brief introduction to the variety of and use of qualitative data analysis software. The authors encourage the Food & Fitness RAP user to investigate these programs further to determine whether QDA software is a good match to the research and, if so, which program best fits the needs of the project.
Appendix A: Data Collection Checklist Index

The tables below are organized according to location, specific topic (i.e., nutrition or physical activity) and population of interest (i.e., who should provide this information). Therefore, data gathered from the first box should be on the status of “School Nutrition” and provided by a student perspective. Moving left to right, the second box, also refers to the status of school nutrition, but data gathered should be based on the perspective of teachers.

The bullet points are meant to describe individual checklists that have been grouped under the population (i.e., who should inform the checklist) to which they apply and where they will be found in the data collection checklists. For example, in the document titled “All Child Nutrition Checklists” each checklist described by the bullet listed under child and student nutrition is found. This grouping will be described in the narrative and is meant to demonstrate the depth and breadth of information relevant to child nutrition (parent perceptions of child nutrition, etc.) so that the user will be able to choose the specific checklists for data collection as appropriate to the research question. It is not expected that every user will need / want to collect information from every checklist found in the set of “All Child Nutrition Checklists” but may want to pick some relevant checklists for use with the immediate population of interest in combination with others found under the “All Parent Nutrition Checklists” and so on.

Additional notes about the data collection checklist index:

Not referenced below is the “Community Profile” Checklist which is a global profile about the community with whom the researcher is working. The Community Profile checklist should be completed before moving on to individual or group specific checklists as it provides a specific profile of the community, i.e., the size, location, type (rural, urban, etc.), climate, topography, demographic and epidemiologic characteristics. The same global profile needs to be completed for the other categories, i.e., household, provider, school, neighborhood, which is distinct from the community profile. These profiles will assist the user contextualize the type of data collected and they way that it is collected. For example, upon completion of the community profile it is found that public transportation is widely used. Therefore, the use of public transportation for children to get to and from school may significantly impact their levels of physical activity. This knowledge may then impact the checklists selected to collect information from students about their modes of transportation and levels of physical activity.

Many of the checklists (denoted by bullet point) below are referenced in various categories. For example the “Transportation to & from School” checklist is found in the Student, Parent, Teacher and Administration columns. This is done as an indication of how these checklists need to be informed by a variety of individuals with different perspectives and levels of expertise. While the content of these checklists is similar, they have been tailored to ask questions according to the population with whom the user will be speaking. For example, when talking with students, the question may ask: “How do you get to school?”. When talking with teachers the question may ask: “How do the students at your school (in your classroom) get to school?”. By asking the “same” question of different populations, data will be better triangulated and, in the case of this example, all modes of transportation should be covered, including barriers and resources for these types of transformation based on the perspective of the participant.

Additionally, each checklist has recommended data collection techniques referenced. Using the transportation to/from school example, suggested data collection methods are: In-depth interview / focus group / mapping / observation/photovoice. These methods are described in the narrative of the manual and in further detail in the complementary training practicum.
### Data Collection Checklist Index

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Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750
Community Inventory Checklist

Geographic Characteristics
*Method*: Bibliographic research (census, state/city profiles), observation

Community Name:
Community Type:
- Urban
- Suburban
- Semi-rural
- Rural

Type, availability and cost of public transportation (train, bus, waterway, other)

Distance from homes to urban centers (areas frequently visited? i.e., school, market, recreation facilities, etc.)

Topography

Climate, seasons

Map (if possible): Area, boundaries, roads, parks, bike lanes,

Demographic & Epidemiologic Characteristics
*Method*: Bibliographic research, interviews with key informants/ authorities, observation

Population size ("usual" at time of study)

Epidemiology
- Child obesity / overweight
- Adult obesity / overweight
- Child mortality (number of deaths among children under 5 years per year per 1,000 inhabitants)
- Major causes of death
  - Children under 5 years
  - Adults
- Ethnic groups (identify all, given percentages and specific breakdown if possible. E.g., for Hispanic / Latino identify country of origin to the extent possible).

Sex distribution (male/female)

Age distribution: under 1 year of age; 5-9 years of age, etc.; and/or per cent 15 and under; per cent 65 and over.

(Unemployment and underemployment (less than full-time) patterns (proportions if available, by age, sex, race/ethnicity)
Migration patterns (seasonal for work, rural-urban, etc.)

Languages spoken and written

Religious groups

**Socio-economic Characteristics**

*Methods: Bibliographic research, interviews with key informants/authorities, observation*

Community organization
  - Strength and nature
  - Attitudes toward government services and costs
  - Local authorities
  - Leaders
  - Groups (clubs, religious, occupation,)
  - Food availability

Domestic/household organization
  - Nuclear vs. extended¹
  - Residence patterns
    - Rent vs. own
    - Length of residence
  - Land (home) sharing by family members, friends
    - Single family dwelling
    - Multiple family dwelling (# of units)
    - Public housing

Economic Characteristics
  - Economic activities
    - Major employers (including proportion of self-employed)

¹ for definitions. see Chapter 1
CHILD (HOME) NUTRITION

Identifier: ____________ Date: _________ Time Start: ________ Time End: ______
Age: ______________ Gender: ___________ Race / ethnicity: _______________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ Photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________

Grade: ____________

Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Nutrition Concepts & Definitions
Methods: In-depth Interview / focus group

**Food**
- What is food?
  Probe:
  - Good & bad foods
    - What do *kids think are good / bad foods?
    - What do parents (guardians) think are good / bad foods?
  - Healthy vs. unhealthy foods
    - What are concepts/perceptions of healthy/unhealthy foods?
      - E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.
  - Foods vs. beverages
    - Are beverages considered food?
    - Good vs. bad beverages
E.g. what is juice? In focus groups held during the development of the manual, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were considered juice.

Variety:
- What kind of foods do *kids need?
  - How much?
  - How often?
  - What foods (beverages) are eaten every day / once a week / special occasions / etc.?
    - Why?
    - What amount?
- What beverages are eaten every day / once a week / special occasions / etc.?
  - Why?
  - What amount?

Meals
- What makes a meal (breakfast / lunch / dinner)?
  - Kinds of foods?
  - Beverages?
- What makes a snack?
  - Kinds of foods?
  - Beverages?

Nutrition
- How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
  
  Probe:
  - Good vs. bad nutrition
  - Who uses the word “nutrition”?
    - Why?

Diet
- How is the word diet used?
- What does it mean?
- Who uses it?
  - Why?
- How do the words food and diet relate?
  - Are they used similarly?
CHILD (HOME) NUTRITION: NUTRITION INFORMATION & PERCEPTIONS

Identifier: ____________ Date: _________ Time Start: ________ Time End: ________
Age: ______________ Gender: ___________ Race / ethnicity: ________________

**Type of data collection:**
- Observation / Interview (type of interview) / focus group / mapping / Photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________
Grade: ______________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

**Group Dynamics:**
_________________________________________________________________________________
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* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

**Note:** When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

**Nutrition Information and Perceptions**

*Methods: In-depth interview / focus group*

Where do *kids get nutrition information?*
- In focus groups held during the development of the manual, participants stated that where people go for nutrition information depends on community / stakeholders and their definition of “healthy/unhealthy”. Additionally, this may depend on whether the recipient of information is a lay person or a biomedical / health professional. For example, focus group participants stated that they may only go to health professionals for nutrition / health information if they (or a family member) are sick. Otherwise they go to family, friends and the media for information.

- **Sheath professionals**
  - Who?
  - When?
  - Why?

- **Community**
  - E.g., WIC, community centers, etc.
    - Who?
    - When?
    - Why?
• Family, friends
  o Who?
  o When?
  o Why?
• Media
  o Influence
  o What kind?
    ▪ Specifically TV/radio
CHILD (HOME) NUTRITION: OBESITY CONCEPTS & DEFINITIONS

Identifier: ____________ Date: __________ Time Start: __________ Time End: __________
Age: ____________ Gender: __________ Race / ethnicity: __________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / Photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________

Grade: __________

Child / group characteristics:
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Group Dynamics:
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* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Obesity & Overweight Concepts & Definitions

Methods: In-depth interview / focus group / Body image chart (use the body image chart to ask questions about cultural-, age-, gender- specific standards and ideals regarding body image and size. Remember not to ask for individual, personal responses but elicit information that pertains to the group norms. Body image charts of 3 male and female youth/adolescents from racial/ethnic groups are found in Appendix B of the manual).

- Parental perceptions of what healthy *kids should look like
  - Different or same as *kids’ perceptions?

Overweight
- What is considered overweight?
- How do you describe overweight? (What does overweight look like?)
- Who uses this word?
  - Why?
  - When?
  - With / about whom?

Underweight
What is considered underweight?

How do you describe underweight? (What does underweight look like?)

Who uses this word?
  o Why?
  o When?

Obese / obesity

How is the word obese used?

How do you describe obese? (What does obese look like?)

Who uses this word?
  o Why?
  o When?

What does a “healthy” *child look like? (use body image chart)
**Conceptual View of Food**

Methods: In-depth interview / focus group

Why do people eat?

*Probes:*

- Hunger
- Social situations
  - Celebrations, cultural traditions
  - Other?
- Symbol of wealth
- Availability
- Stress and coping (comfort)
- *kids ’s perception of parental messages about food
  - E.g., if an adult doesn’t eat a certain food what does that mean for the **kids ’s consumption?
- Food for monitoring / control / reward
- Healthy growth and development
- Religion, e.g., Kosher foods, fasting
- Value (supersize), cost of food
Food and the “well-being” of *kids
- What are foods that *kids need to eat to be healthy?
- How much of these foods should kids eat to be healthy?
  - Cultural / gender / age perceptions of this topic

Food and disease/obesity link
- What are foods that make you sick?
- What are foods that make you healthy?
- What are foods that make you gain weight?
- Cultural / gender / age perceptions of this topic

What people eat is controlled by others
- At community, societal, or family level; power may be external to an individual
  - Who ‘controls’ / influences what *kids eat?
- What would make *kids healthy (or ill?)
- Do sick / ill *kids eat different foods than healthy *kids?

Beauty / image
- How do media portray beauty?
- What is the norm for body image as defined by the media? (Media ideas)
- Relative size (size celebrated in Af. Am and Latino culture; but at the price/compromise of health)

Acculturation / Culture
- Cultural traditions
- Immigrant perception of what “typical” Americans eat
  - Can be positive or negative contribution to immigrant health
  - E.g., Americans only consume canned fruits/vegetables; don’t prepare much of their own food
  - Wealth and identity issues
  - SES as a “culture”
CHILD (HOME) NUTRITION: CONSUMPTION HABITS

Identifier: ____________Date: _________ Time Start: ________Time End: ______
Age: ___________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ Photovoice / body silhouette ____________
- Location of data collection: ______________________________
Number of Participants: _______________________
Grade: ____________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

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Consumption Habits
Methods: In-depth Interview / focus group / observation

What makes a meal?
- Setting?
- People in attendance?
  - How often does the family eat meals together?
  - Who eats them?
  - Who prepares meals?
    - Do *kids assist with preparation?
    - What is prepared? Same foods for everyone?
Footnote: Ask about “Cultural Superfoods” (cultural condiments): e.g., hot peppers (corn?) in Latin America or rice for Asians, often, if these foods are not available then not considered to be eating a “meal”.

Involvement
- How many times per week does your family eat together?
- Up to what age do *kids eat with families?
  - How many times per week does your family eat together?
What meals?  
At a specified time?  
Up to what age do *kids eat with families?  
• Do *kids eat the same foods as parents?  (if not, how are kids’ and adults’ foods different?)  
  o Fruit & vegetable consumption  
    ▪ It is important to remember that research shows that parents who eat fruits and vegetables have kids that do.  
    ▪ Do parents prepare fruits & vegetables for *kids  
  o Everyone eating different foods (whether fixed or bought)—but not necessarily a “meal”… Probe for preparation of foods by family member preference…  
    ▪ An example, there was recently a commercial for Kentucky Fried Chicken advertising for its various chicken products. In the advertisement, the mother brings a bucket of chicken home for the family (2 *kids and a father) and sets it on the table. The bucket of chicken is separated by type—crispy, spicy, and original. Initially, the bucket is placed so that the wrong type is in front of each family member and they complain that they don’t like the flavor that is in front of them. The mom therefore reaches down and turns the bucket so everyone is able to eat their preferred kind.  
  o Why or why not?  
  o What foods do *kids prepare on their own?  
    ▪ For themselves?  
    ▪ For family?  

Where do you eat?  
  o Dinner table?  
  o In the car?  
  o In front of TV?  
  o In your room?  
  o Standing at kitchen counter  
  o Etc.  
    ▪ How often?  

How many meals do you eat per day? (defining meal by sitting down to eat a specific amount of food, perhaps from multiple food groups. Generally, a meal is consumed at a particular time, i.e., breakfast, lunch, dinner. Meals do not include snacks.)  

How do people eat  
  o Meals  
  o Grazing  
    ▪ grazing a big part of eating…example of the child with a 11am lunch time—they arrive at school at 8-8:30, eat breakfast and then have an early lunch, but don’t get home until 4-5pm, minimum, and haven’t eaten since 11am. So while they are waiting for the parent to get home, they graze—eating whatever they can find. Then the parent arrives home, makes some kind of dinner and the child has already consumed a lot of empty calories while grazing, but eats dinner…  
  o How are meals served?  
    ▪ Family style
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of
Public Health, RWJF Grant #050750

- Buffet
- One person serves all
- Serve yourself
  - Do parents / mother serve family/*kids
  - Does this differ by age?
  - Are seconds allowed?
  - Is the “clean plate” rule required?
  - Is food limited?

- Are kids given allowances?
  - Does this allow them to make their own food decisions?
- Is money given specifically for use at the corner store
- How much of allowance do *kids spend on food each week?
**CHILD (HOME) NUTRITION: FOOD PURCHASING**

**Identifier:** ____________ **Date:** ____________ **Time Start:** ________ **Time End:** ________  
**Age:** ____________  **Gender:** ____________  **Race / ethnicity:** ____________

**Type of data collection:**
- [ ] Observation / Interview (type of interview) / focus group / mapping / Photovoice / body silhouette ____________
- [ ] Location of data collection: ______________________________

**Number of Participants:** _______________________

**Grade:** ____________

**Child / group characteristics:**
_________________________________________________________________________________
_________________________________________________________________________________

**Group Dynamics:**
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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**Food purchasing**  
*Methods: In-depth Interview / Focus Group*

- Who buys the food for your family?  
- Do kids do the shopping?  
  - In a focus group held during the development of the manual, participants often stated that kids might go to the local/neighborhood stores to do some food shopping (last minute purchases), but that the adults shop at big chain stores.
- Where do *kids buy food?*  
  - Corner vs. chain stores  
  - Supermarkets (definition: offer a full range of foods / $2.5million+ in annual gross sales)  
  - Groceries (definition: offer a full range of foods/ annual gross sales <$2.5million)  
  - Convenience stores and grocer/gas combinations-(definition: offer a limited range of foods, usually excluding fresh foods. These stores are generally aimed at supplementing larger stores and providing convenience in terms of proximity to shoppers and hours)  
  - Specialty stores (definition: specialize in one or two product lines, such as produce, meats or baked goods)
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Other food stores (includes health food stores, co-op food stores, produce routes, produce stands, general stores and combination stores that sell food in addition to other goods)
  - Candy/nut confectionary stores
  - Inside or outside of neighborhood

- What foods do you buy at these stores?
  - Food for the family
  - Food for yourself / snacks / candy / etc.?

- Who makes decisions about the food that is bought for the home?
  - Do you get to help make decisions about the food that is bought for your house?
  - Do fathers have more say?
  - Does this person buy food that everyone likes? That others request?
    - Do they buy the food you like? That you ask for?
  - Do *kids contribute?
    - How do *kids influence your food purchases?--HEs stated that sometimes if healthy foods are purchased and *kids don’t eat them, then the (parent) will buy the (unhealthy) foods that the *kids will eat.
    - To what extent are *kids involved or influence food purchasing in non-English speaking households?

- Quantity and types of snacks purchased
- Allowance: used for meals, *kids then don’t eat with families; used for snacks, so *kids are potentially eating more, eating less nutritious foods.
- Suggested question: If you didn’t have to worry about money, what type of food would you buy?
CHILD (HOME) NUTRITION: FOOD PREPARATION & PLANNING

Identifier: ____________ Date: ___________ Time Start: ___________ Time End: ___________
Age: ___________ Gender: ___________ Race / ethnicity: ___________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / Photovoice / body silhouette
- Location of data collection: _______________________________________

Number of Participants: _______________________
Grade: ___________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

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Food Preparation & Planning
Methods: In-depth Interview / Focus Group / Observation

Meal planning
- Shopping lists
  o How is food purchased?
    ▪ Based on meals
    ▪ From a shopping list
- Patterns
  o Are same foods/meals prepared on a routine basis
  o How often
  o Why
- Buying
- Snack availability
  o Who prepares snacks?
  o Are *kids allowed open access to snacks (all food or only “nutritious” food)
  o Restricted access
    ▪ Which foods are allowable / appropriate snacks?
Food Preparation

- Do parents (or main food preparer) cook with *kids? (important since considering the “loss in the ability of young families to know how to cook as more and more generations rely on fast food)

- What types of foods are used?
  - Fresh foods
  - Canned
CHILD (HOME) NUTRITION: SCHOOL AGE EATING BEHAVIORS

Identifier: ____________ Date: ____________ Time Start: ____________ Time End: ____________

Age: ____________ Gender: ____________ Race / ethnicity: ____________

Type of data collection:
  - Observation / Interview (type of interview) / focus group / mapping / Photovoice / body silhouette ____________
  - Location of data collection: ____________________________________________________________________________________

Number of Participants: ___________________________________________________________________________________________

Grade: ____________

Child / group characteristics:

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Group Dynamics:

______________________________________________________________________________________________________________________________________________________________

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School Age (middle childhood- 6-11+ years) Eating Behaviors

Methods: In-Depth Interview / Focus Group / observation

Children grow relatively slowly during this time; height and body shape vary and children are very aware of individual differences, but it is also a prep time for adolescence. During these years, children often experience growth spurts (although this may occur earlier for overweight children). Usually children gain weight before height.

With regarding to nutrition and eating, during this time, children begin to understand the concept of family meal time, develop good social skills at the table, eat in a “business like” and orderly fashion and begins to accept most foods and knows how to turn down politely the foods that they dislike.

- Meals important (children who eat meals do better nutritionally than children who (only/usually) snack and are better at liking and managing a variety of foods
  - What is the family meal environment?
  - How often are meals served?
  - What is offered?
    - Who shops?
    - Who prepares food?
Know how to cook?
- When?
- How are meals served?
  - Serve self?
  - Family style?
  - Mother (adult) serves?
    - Fill plate from stove?
    - From table?
- Eating in car?
  - With who?
  - What is consumed?
  - How often?
- How often does family eat together? (#/times per week)
  - TV on during meals?

More opportunities to eat outside of home
- School meals—what’s for lunch?
- Bag lunch?
  - Food trading at lunch?
    - *Kids who bring bag lunches?
    - *Kids who buy lunch?
- Are *kids allowed to pick their own snacks?
  - What are options?
    - All foods?
    - Fruits & vegetables only?
    - Beverages?
- Snacks at friends?
  - Same foods as in home? What
  - Different foods? What?
- Buying food from vending machines?
  - Where are vending machines located?
  - What do *kids buy?
  - How often?
  - With what money?
- Buying food at stores on the way to/from school?
  - What do *kids buy?
  - How often?
  - With what money?

Dietering—now visible in grade schools
- Do *kids your age / in your grade eat differently so that they can lose weight?
- What do they eat?
- What else do they do?

Food and sports
- What foods do *kids eat to prepare for a sports competition?
What are “reward” foods for playing a good game / end of season event / etc.?
  - E.g., pizza as a reward after “good” game
What snacks are provided during the game / event? After the game?
  - e.g., oranges and water at half-time or “energy bars” and Gatorade®.

Note: This could be a potential point of intervention as often, children who participate in sports may be offered foods and beverages that contain more calories than those used participating in the sport. What are more healthy options?
CHILD (HOME) NUTRITION: TEENAGER NUTRITION & EATING BEHAVIOR

Identifier: ____________ Date: _________ Time Start: ________ Time End: ______
Age: ______________ Gender: ___________ Race / ethnicity: ________________
Type of data collection:
  • Observation / Interview (type of interview) / focus group / mapping/ Photovoice / body silhouette ____________
  • Location of data collection: ______________________________
Number of Participants: _______________________
Grade: ______________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

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Teenager Nutrition & Eating Behavior
Methods: In-depth Interview / Focus Group

Teenage themes 1) autonomy & 2) identity
  • Peer culture most important,
    • What is the peer group influence on food?
    • On nutrition?
  • Parents influence on food intake-
    • Do parents eat the same foods as *kids?
    • Where does food/nutrition information come from?
  • Weight loss
    • How often?
      • For a big event (i.e., participating in a sport or looking good for a “big” dance)
    • What methods?
      • Calorie reduction / restriction
      • Exercise
      • Throwing up
• Skipping meals
• Other….
• Satisfaction with weight/body size/shape? (for this question, a suggestion might be to use the body image chart found in the appendix. However, it is important not to ask about individual satisfaction with body size/shape and weight, but rather to elicit information about group (culture, gender, age) specific norms)
• Eating out with friends
  o Where?
  o What consumed?
  o How often?
• Eating with family?
  o How often responsible for (family) meal preparation?
  o How often does family eat together?
    ▪ TV presence?
    ▪ How are meals served?
  o What kind of food? Fried/microwavable, etc. is cooked
  o How often does teen cook/eat on his/her own (vs. with/for the family?)
    ▪ What kinds of foods does s/he prepare?
  o Buying food from vending machines?
    ▪ Where are vending machines located?
    ▪ What do *kids buy?
    ▪ How often?
    ▪ With what money?
  o Buying food at stores on the way to/from school?
    ▪ What do *kids buy?
    ▪ How often?
    ▪ With what money?

Generally eating lots of empty calories
• Eating for sports
  o Weight loss
  o Bulking up
    ▪ Coaches’ recommendations?
    ▪ Extra calories and water
    ▪ Water restriction (for certain sports, e.g., wrestling)
• Weight loss eating
• Eating disorders
• Meal skipping
  o Which meals?
  o Breakfast most common?
CHILD (HOME) NUTRITION: ALLOWANCES

Identifier: ____________ Date: ____________ Time Start: ________ Time End: ________
Age: ______________ Gender: ___________ Race / ethnicity: ________________

Type of data collection:

- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________
Grade: ______________
Child / group characteristics:

_________________________________________________________________________________

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

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Allowances

Methods: In-depth Interview / Focus Group

- Do your parents give you an allowance? Do most *kids (re: which word to use) your age / in your class get an allowance?
  - How often do you get an allowance?
    - Once a week? Once a month? Etc.
  - Do parents tell *kids what to spend allowance on?
  - Do your parents know what you use your allowance for?
  - Do you have to earn your allowance?
    Probes:
    - Do you always get the same amount?
    - What does your allowance depend on?
    - Chores completed?
    - Age?

- How else do kids* your age earn money?
  - How often?
  - Do jobs vary by season?
By school year?
○ How do you get to & from work?
○ Does the job include food?

(These probes may be different by location: rural children/youth/adolescents may engage in different jobs that urban children. When probing for job; tailor to location and availability of resources)

Probes:
○ Babysitting
○ Pet sitting / walking
○ Lawn care
○ Paper routes
○ Life guarding
○ Camp counselor
○ Grocery
○ retail
○ Restaurant work
    ▪ Type of restaurant
        • Fast food
        • Eat in
        • Ethnic

    ▪ Ask about activity / exercise and work?
    ▪ Ask about food and work?

• Do *kids spend money on food?
○ What kind of food?
○ Where do you buy food?
    ▪ At school?
    ▪ Fast food restaurants?
    ▪ Vending machines? Etc.
STUDENT (SCHOOL) NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifier: ___________ Date: ________ Time Start: ________ Time End: ________
Age: __________ Gender: ___________ Race / ethnicity: _______________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette __________
  o Location of data collection: ______________________________

Number of Participants: _______________________

School Type (pre-school / elementary / middle / high school / public / private / etc.) _______________________________________________________________________

School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.) _______________________________________________________________________

Grade: ___________

Child / group characteristics:

_______________________________________________________________

Group Dynamics:

_______________________________________________________________

Re: for these checklists remember to use kid friendly language. For example, when talking to junior high and high school students refer to them or their peer group as youth/adolescents. For younger students you can use “kids”, youth, etc.

Make sure that the questions are kid friendly. Don’t use words that need explaining or are at too high of a literacy / reading level. Also, it important to not “talk down” to children either.

Nutrition Concepts & Definitions

Methods: In-depth Interview / focus group

Food
  ● How do you describe food?
    Probe:
      o Good & bad foods
      o Healthy vs. unhealthy foods
        o What are concepts/perceptions of healthy/unhealthy foods?
          ▪ E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.

      o Foods vs. beverages
        o Good vs. bad beverages
        o E.g. what is juice? In previous focus groups, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were juice

      o What is a balanced diet?
Are there certain foods that *kids need to eat every day?
• Once in a while?
• What foods are offered to ensure variety?

• What kind of foods do kids need?
  • How much?
  • How often?
  • What foods (beverages) are eaten every day?
    • Why?
    • What amount?)
  • Once a week?
    • Why?
    • What amount?
  • Special occasions?
    • Why?
    • What amount?)

• Meals
  • What makes a meal?
    Probe for breakfast / lunch / dinner
    • Kinds of foods?
    • Beverages?

Nutrition
  • How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
    Probe:
    • Good vs. bad nutrition
    • Who uses the word “nutrition”?
      • Why?

Diet
  • How is the word diet used? What does it mean?
  • Who uses it?
    • Why?
  • How do the words food and diet relate?
    • Are they used similarly?
STUDENT (SCHOOL) NUTRITION: NUTRITION INFORMATION & PERCEPTIONS

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: ___________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
- Location of data collection: ______________________________

Number of Participants: _______________________

School Type (pre-school / elementary / middle / high school / public / private / etc.)______________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)______________________
Grade: ____________

Child / group characteristics:

_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

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Make sure that the questions are kid friendly. Don’t use words that need explaining or are at too high of a literacy / reading level. Also, it important to not “talk down” to children either.

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**Nutrition Information and Perceptions**

Methods: In-depth interview / focus group

Where do *kids get nutrition information?
- In focus groups held during the development of the manual, participants stated that where people go for nutrition information depends on community / stakeholders and their definition of “healthy/unhealthy”. Additionally, this may depend on whether the recipient of information is a lay person or a biomedical / health professional. For example, focus group participants stated that they
may only go to health professionals for nutrition / health information if they (or a family member) are sick. Otherwise they go to family, friends and the media for information.

- **Health professionals**
  - **Who?**
  - **When?**
  - **Why?**

- **Community**
  - **Who?**
  - **When?**
  - **Why?**
  - E.g., WIC, community centers, etc.
    - **Who?**
    - **When?**
    - **Why?**

- **Family, friends**
  - **Who?**
  - **When?**
  - **Why?**

- **Media**
  - **Influence**
  - **What kind?**
    - Specifically TV/radio
STUDENT (SCHOOL) NUTRITION: FOODS AVAILABLE AT SCHOOLS

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: ___________ Gender: ___________ Race / ethnicity: ________________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________

Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private / etc.)
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)
Grade: ____________

Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Re: for these checklists remember to use kid friendly language. For example, when talking to junior high and high school students refer to them or their peer group as youth/adolescents. For younger students you can use “kids”, youth, etc.
Make sure that the questions are kid friendly. Don’t use words that need explaining or are at too high of a literacy / reading level. Also, it important to not “talk down” to children either.

Foods Available at Schools

Methods: focus group, in-depth interview, observation, mapping

- Does your school offer:
  - A la carte food?
    - What’s offered? Supplemental to lunch line? Complementary?
  - Vending?
    - Where are vending machines located?
    - What types of food/beverages are offered in vending machines?
    - When are students allowed access to vending machines
      - All day?
      - Lunch hours?
      - Before/after school?
      - Are students using this food as a snack or substitute for a meal (or both)?
  - School stores?
    - What do you buy?
    - How often?
    - When is the school store open?
  - Fund raising?
• During school hours? (Example, basketball team selling candy bars to student population to raise money for….or, are fundraisers held during school hours? (e.g., bake sales)
• How often is food used as a fundraiser?
  How often? What kind of food is involved?
  o Cookies? Candy? Popcorn? Fruit baskets, etc.?
  o Are there alternatives?
STUDENT (SCHOOL) NUTRITION: FOODS CONSUMED AT SCHOOLS

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: ___________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  - Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
  - Location of data collection: ______________________________

Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private / etc.) _______________________________________________________________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.) _______________________________________________________________________
Grade: ___________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________

Foods Consumed at School

Methods: in-depth interviews / focus groups / observation / photovoice

- School lunch
  - How would you describe a “good” lunch program? (and how are you defining “good”)?
    - Short lines
    - How long is the wait in line? How much time left to eat?
    - Sufficient time to eat (a standard amount of time? per school? In general?)
    - Acceptable & supportive supervisors
    - Venue for exposure to new foods

- Timing
  - What time does lunch begin/end?
    - Some lunch periods begin at 9:30-10am and last until 1-2pm in order to reach all students?
  - How long is lunch period?
    - Some schools only allocate 10-20 minutes
  - What age group eats first/last?

- Percent of students released for lunch (high schools)
  - Eating “on-“ vs. off-campus
STUDENT (SCHOOL) NUTRITION: STORES/RESTAURANTS NEAR SCHOOL

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ________________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette
  o Location of data collection: ____________________________________________
  o Number of Participants: _______________________
  o Family member participant? (Parent / grandparent / guardian / etc.?)
  o Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Stores/restaurants near school where kids can buy snacks
Methods: in-depth interviews / focus groups / observation / mapping / photovoice

- Street Vendors?
  o Licensed? Sometimes neighbors set up a “snack shop” out of homes before/after school to make money?
  o Is there any communication between schools and vendors?

- Corner stores
  o How many are near the school?
  o What time do they open?
  o What is available?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750
Student (School) Nutrition: Allowances

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: _____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________

Number of Participants: _______________________

School Type (pre-school / elementary / middle / high school / public / private / etc.)
________________________

School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)
________________________

Grade: ____________

Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Re: for these checklists remember to use kid friendly language. For example, when talking to junior high and high school students refer to them or their peer group as youth/adolescents. For younger students you can use “kids”, youth, etc.

Make sure that the questions are kid friendly. Don’t use words that need explaining or are at too high of a literacy / reading level. Also, it important to not “talk down” to children either.

Allowances

Methods: focus group, in-depth interview

- Do your parents give you an allowance? Do most kids (re: which word to use) your age / in your class get an allowance?
  - How often do you get an allowance?
    - Once a week? Once a month? Etc.
  - Do parents tell kids* how to spend allowance?
  - Do your parents know how you use your allowance?
  - Do you have to earn your allowance?
    Probes:
    - Do you always get the same amount?
    - What does your allowance depend on?
      - Chores completed?
      - Age?

- How else do kids* your age earn money?
  - How often?
  - Do jobs vary by season? By school year?
  - How do you get to & from work?
Probes:
- Babysitting
- Pet sitting / walking
- Lawn care
- Paper routes
- Life guarding
- Camp counselor
- Grocery
- Retail
- Restaurant work
  - Type of restaurant
    - Fast food
    - Eat in
    - Ethnic
  - Ask about activity / exercise and work?
  - Ask about food and work?

- Do kids* spend money on food?
  - What kind of food?
  - Where do you buy food?
    - At school?
    - Fast food restaurants?
    - Vending machines? Etc.
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of 
Public Health, RWJF Grant #050750

PARENT (HOME) NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifier: ________ Date: ________ Time Start: ________ Time End: ________
Age (approx.): ________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ____________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body
    silhouette_________________________________________________________
  o Location of data collection:_________________________________________
  o Number of Participants:______________________________________________
  o Family member participant? (Parent / grandparent / guardian / etc.)
    ________________________________________________________________
  o Family / household structure (single parent / “nuclear” family / extended family /
    other?) _______________________________________________________
Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Nutrition Concepts & Definitions
Methods: In-depth Interview / focus group

Food
  • How do you define food?
    Probe:
    o Good & bad foods
    o Healthy vs. unhealthy foods
      o What are concepts/perceptions of healthy/unhealthy foods?
        ▪ E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.
    o Foods vs. beverages
      o Good vs. bad beverages
      o E.g. what is juice? In previous focus groups, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were juice
    o What is a balanced diet?
      ▪ Are there certain foods that *kids need to eat every day?
      ▪ Once in a while?
      ▪ What foods are offered to ensure variety?
    o What kind of foods do kids need?
How much?
How often?
What foods (beverages) are eaten every day? (And, who decides what foods kids eat?)
  • Why?
  • What amount?)
Once a week?
  • Why?
  • What amount?
Special occasions?
  • Why?
  • What amount?)

Meals
  • What makes a meal?
  • Kinds of foods?
  • Beverages?

Nutrition
  • How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
  • Good vs. bad nutrition
  • Who uses the word “nutrition”?
    • Why?

Diet
  • How is the word diet used? What does it mean?
  • Who uses it?
    • Why?
  • How do the words food and diet relate?
    • Are they used similarly?
PARENT (HOME) NUTRITION: NUTRITION INFORMATION AND PERCEPTIONS

Identifier: _________ Date: _________ Time Start: _________ Time End: _________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ____________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette
  o Location of data collection: ____________________________________________
  o Number of Participants: _______________________
  o Family member participant? (Parent / grandparent / guardian / etc.?)
  o Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________

Group characteristics:
________________________________________________________________________
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Nutrition Information and Perceptions

Methods: In-depth interview / focus group

Nutrition Information

Where do people get nutrition information?

Probes:
  • Health professionals
  • Lay health professional organizations? (E.g., American Heart Association, American Diabetes Association)
  • Community
    o What organizations?
    o Resources?
  • Family, friends
  • Government
  • Media
    o What kind?
      ▪ What format? (TV, radio, billboard, etc.)
  • Whose advice do you believe?
  • Whose advice do you follow?
  • Who do you count on most for health (nutrition) information?
PARENT (HOME) NUTRITION: OBESITY & OVERWEIGHT CONCEPTS & DEFINITIONS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _____________________________________________
- Number of Participants: _____________________
- Family member participant? (Parent / grandparent / guardian / etc.?) _______________
- Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Obesity & Overweight Concepts & Definitions

Methods: In-depth interview / focus group / body image silhouettes

Note: The body image silhouettes found in Appendix B might be useful to understand cultural-, gender-, age-specific body size/shape ideals or preferences. It is important to not use these images to inquire about individual ideals, but rather to find out information about group norms. The body image silhouettes representing male and female children/youth from three different racial/ethnic groups are found in the appendix.

- Parental perceptions of what healthy children should look like

Overweight
- What is considered overweight?
- How do you describe overweight? (What does overweight look like?)
- Who uses this word?
  - Why?
  - When?

Underweight
- What is considered underweight?
- How do you describe underweight? (What does underweight look like?)
- Who uses this word?
  - Why?
  - When?

Obese / obesity
- How is the word obese used?
• How do you describe obese? (What does obese look like?)
• Who uses this word?
  o Why?
  o When?
PARENT (HOME) NUTRITION: FOOD PURCHASING

Identifier: __________ Date: __________ Time Start: ______ Time End: ______
Age (approx.): __________ Race / ethnicity: ___________ Gender: ___________
Age of Child(ren) & Gender: ___________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: __________________________
- Number of Participants: ___________________________
- Family member participant? (Parent / grandparent / guardian / etc.?) ___________
- Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________

Food purchasing
- Who buys the food for your family?
  o Do children ask for certain foods?
  o Influence the purchase?
    ▪ Vignette: you are shopping with your children in the major supermarket (it is important to note that not every community has a supermarket, if using this vignette, tailor according to the characteristics of the community) near your home. One of your children asks you to purchase a certain food. You say “no”, that is not on the grocery (shopping) list (and/or, “no, it is not a nutritious/healthy food). Your child begins to yell and/or scream/cry asking for this food. What do you do? (Do you purchase the food that your child requested?)
    ▪ To what extent are children involved or influence food purchasing in non-English speaking households?
- Do kids do the shopping?
  o For what?
  o Where?
  o When?
- Where do you buy food for your family? (Names of stores provided as examples may vary by location and may need to be changed accordingly).
<table>
<thead>
<tr>
<th>Type of store</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corner store (neighborhood market, “mom &amp; pop” store or bodega)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Convenience Store (Walgreen’s, 7/11)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Gas Station</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Chain Supermarket (e.g., Jewel, Dominick’s, Whole Foods, Albertson’s, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Non-Chain, full service grocery store (local to your community)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Discount warehouse store (Costco, Sam’s, Aldi, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Specialty Store (Fish market, produce market, bakery, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Candy/nut stores</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Other: health food stores, co-op food stores</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
</tbody>
</table>

- Who shops at these stores?

<table>
<thead>
<tr>
<th>Type of store</th>
<th>Primary Shopper</th>
<th>Child</th>
<th>Other</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corner store (neighborhood market)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Convenience Store (Walgreen’s, White Hen, Seven11, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Gas Station or liquor store</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Supermarket (e.g., Jewel, Dominick’s, Albertsons or other local supermarket)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Warehouse store (Costco, Sam’s)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Specialty Store (Fish market, produce market, bakery, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Candy/nut stores</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Other: health food stores, co-op food stores</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
</tbody>
</table>
• Do you use a Food Stamp or Food Assistance card (e.g., LINK card in Illinois, VISION card in Kansas, Pennsylvania EBT ACCESS Card, etc.)?
  Probes:
    o Do these benefits last the month?
    o What are foods that you buy to help these monies last the month?
• How do you stretch your food dollar?
  Probes:
    o Use coupons
    o Prepare more starchy foods
    o More high-fat foods
    o Decrease fruits and vegetables
    o Decrease meats (change cuts of meat)
    o Reduce dairy consumption
    o Serve less food at each meal
    o Shop with a shopping list?
    o Go to different stores to get better prices? (Compare prices?)
• Who makes decisions about grocery store purchases?
  Probes:
    o Fathers / mothers (male / female heads of households)
      ▪ Does this person buy food that everyone likes? That others request?
      ▪ Who gets to help make decisions about food?
        o Children
        o Other non-purchasing members of family/household
    o If you didn’t have to worry about money, what type of food would you buy?
• Quantity and types of snacks purchased
  o Do children have open access to snacks/beverages? (can they take what they want, when they want, as often as they want?)
  o Are snacks / beverages portioned out by parents?
  o A combination of both? (e.g., open accesses to fruit, water; but chips, cookies are portioned out by parents?)
**PARENT (HOME) NUTRITION: FOOD (NUTRITION) LABEL**

**Identifier:** _________ **Date:** _________ **Time Start:** _________ **Time End:** _________

**Age (approx.):** _________ **Race / ethnicity:** _____________ **Gender:** ___________

**Age of Child(ren) & Gender:** ______________________________________________

**Type of data collection:**
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: __________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
  - Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

**Group characteristics:**
_________________________________________________________________________________
_________________________________________________________________________________

**Group Dynamics:**
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**Food (nutrition) label**

*Methods: In-depth interview / focus group*

- Do you know what a food/nutrition label is? (i.e., the Nutrition Facts section of packaged/canned food in the United States)
- Do you know where to locate this label on a package/can/bottle/etc.?
- Does the information on the food / nutrition label influence your purchase?
  - What part of this information is (most) influential?
    - Total calories
    - Fat
    - Salt
    - Cholesterol
    - Etc.
- What is the difference between serving size and package/container size?
  - For example if you ate the entire bag of Doritos that said that the serving size was 2.5 per bag, how many portions would you have eaten?

Does your child’s perception of the following influence purchase of certain items? (Identify which items)

*(Also, does parent’s perception of the following influence purchase?)*

- Brand name
- Package feature
  - Celebrity endorsement (pictures)
  - Collectibles (prizes)
  - Coupons offered
  - Package size
• Package weight
• Nutrition related information
  o Nutrition panel
  o Nutrition claims (low-fat, no-fat, fat free, low carbs, etc.)
  o “best before” date
  o serving size
Identifier: _________ Date: _________ Time Start: ________ Time End: ________

Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________

Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection:__________________________________________________
- Number of Participants:_____________________________________________________
- Family member participant? (Parent / grandparent / guardian / etc.?)_________
- Family / household structure (single parent / “nuclear” family / extended family / other?)___________________________

Group characteristics:
________________________________________________________________________
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Planning

Methods: In-depth interview / focus group

- What is a typical day of eating? (usual meal pattern) (What does a child/parent eat in a typical day?)
  - Child?
  - Parent?
    - (What do you usually eat for breakfast? Lunch? Dinner?—which items, i.e., eggs, oatmeal, bologna sandwiches, etc.)

- Do you plan meals?
  - How far in advance?
  - How do you purchase food for meals?
    - Based on meal planning?
      - Which meals?
    - Using a shopping list?
    - How many times each week?
    - Do you buy food as needed?
    - Do you buy food based on what is on sale?

- Are the same foods/meals prepared on a routine basis? (e.g., do you regularly eat spaghetti in Tuesdays?)
  - How often?
  - Why?
Food Preparation

Methods: In-depth interview / focus group / observation

- Do you cook with your children?
  - What kind of food?
  - What type of foods do you use to cook?
    - Fresh foods
    - Canned
    - Packaged dinners
PARENT (HOME) NUTRITION: CONSUMPTION HABITS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette_________________________________________________________
  o Location of data collection:_______________________________________
  o Number of Participants: _______________________
  o Family member participant? (Parent / grandparent / guardian / etc.?)
    _____________________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Consumption Habits

Methods: In-depth interview / focus group / observation

What makes a meal?
  • Setting?
  • People in attendance?
    o How often does the family eat meals?
    o Who eats them?
    o Who prepares meals?
      ▪ Do children assist with preparation?
      ▪ What is prepared? Same foods for everyone?

Footnote: Ask about “Cultural Superfoods” (cultural condiments): e.g., hot peppers in Mexico or rice for Asians, often, if these foods are not available then not considered to be eating a “meal”.

Involvement
  • Do children and parents (guardians/caretakers) eat together?
    o How many times per week does your family eat together?
  • Do you eat with your children?
    o Up to what age do children eat with families?
      ▪ When do children start to prepare their own foods?
  • Do children eat the same foods as parents?
    o Regarding fruit and vegetable consumption, do adults role model food consumption for children?
      ▪ Example: do parents fix fruits/vegetables for children but not for themselves.
        (research shows that parents who eat fruits & vegetables have children who do as well.)
Is everyone eating different foods (whether prepared at home or bought)—but not necessarily a “meal”… Probe for preparation or consumption of foods by family member preference…

- An example, recently there was a commercial for Kentucky Fried Chicken advertising for its various chicken products, marketing specifically to a family with different food preferences. In the advertisement, the mother brings a bucket of chicken home for the family (2 children and a father) and sets it on the table. The bucket of chicken is separated by type—crispy, spicy, and original. Initially, the bucket is placed so that the wrong type is in front of each family member and they complain that they don’t like the flavor that is in front of them. The mom therefore reaches down and turns the bucket so everyone is able to eat their preferred kind

- Why or why not?

- At what age do parents start feeding your child adult / table food?
- How is a new food introduced?
  - How often?
  - What foods at what ages? (Approximate)
  - What happens if a child initially rejects a certain food?
    - Does the parent assume that they will never like the food?
    - Is the food offered multiple times?

- Where do you (does your family) eat? (Where does child eat?)
  - (Dinner) table?
  - In front of TV?
  - Is the TV on during the meal?
  - Own room?
  - Car
  - Standing at counter?
  - Other?

- Where does child eat?
  - (Dinner) table?
  - In front of TV?
  - Own room?
  - Car
  - Standing at counter?
  - Other?

- How many meals do you eat per day?
- How do children eat? (Which of the following best describes children’s eating behaviors?)
  - Meals
  - Grazing (eating whatever available, not necessarily food that would be in a meal, perhaps more snack food, or a combination of snack and healthy food; also eating off and on throughout the day compared to discrete eating occasions separated by times with no food consumption)
  - Snacking
Example: child with a 11am lunch time—they arrive at school at 8-8:30, eat breakfast and then have an early lunch, but don’t get home until 4-5pm, minimum, and haven’t eaten since 11am. So while they are waiting for the parent to get home, they snack—eating whatever they can find. Then the parent arrives home, makes some kind of dinner and the child has already consumed a lot of empty calories while grazing, but eats dinner…

- How are meals served?
  - Family style
    - One person serves all
  - Buffet
  - Serve yourself
  - Mother (father / main food preparer) serves plates/bowls from the stove
PARENT (HOME) NUTRITION: ALLOWANCES

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
  _______________________
- Family / household structure (single parent / “nuclear” family / extended family /
  other?) _______________________

Group characteristics:
________________________________________________________________________
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Allowances
Methods: In-depth interview / focus group

- Are children given allowances?
  - What is money given for?
- Do parents believe that this allows them to make some of their own food purchasing
  decisions?
  - Is money given specifically for use at the corner store?
- How much of allowance do children spend on food each week? (how much do parents think
  children spend on food each week?)
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

**PARENT (HOME) NUTRITION: ACTIONS TO PREVENT OVERWEIGHT/OBESITY**

**Identifier: _________**  **Date: _________**  **Time Start: ________**  **Time End: ________**

**Age (approx.): _________**  **Race / ethnicity: _____________**  **Gender: _____________**

**Age of Child(ren) & Gender: ______________________________________________**

**Type of data collection:**
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?) ____________________________

**Group characteristics:**
________________________________________________________________________
________________________________________________________________________

**Group Dynamics:**
________________________________________________________________________
________________________________________________________________________

**Actions to prevent overweight / obesity**

*Methods: In-depth interview / focus group*

Do parents make efforts to restrict food intake? (What do parents do to keep child gaining too much weight?)

- **Why?**
- **How do you do this?**
  - Food withholding?
  - Hiding food
  - Providing only healthy foods
  - No “seconds”
  - Put child on diet
  - Not providing sweets
Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette
  o Location of data collection: ____________________________________________
  o Number of Participants: _______________________
    o Family member participant? (Parent / grandparent / guardian / etc.?)
    o Family / household structure (single parent / “nuclear” family / extended family / other?)
Group characteristics:
________________________________________________________________________
________________________________________________________________________
Group Dynamics:
________________________________________________________________________
________________________________________________________________________
Infant Feeding (refer to RAP narrative for use of life cycle questions / points of intervention)
Methods: In-depth interview / focus group

How is/was the (target) child fed?
  • Breast
    o Until the child is what age? (need to recognize cultural differences in food introduction)
      ▪ What is introduced, when breast is no longer given?
      ▪ Partial vs. exclusive breast feeding or mixed methods
    o Duration? (Total time of feeding?)
      ▪ For how many months?
    o Length of feeding?
      ▪ How long does each feeding last?
    o Frequency
      ▪ Times per day? How many months?
  • Bottle
    o Other liquid in bottle?
      ▪ Kool-Aid®
      ▪ Juice
      ▪ Sugary beverages
      ▪ Soft drinks
      ▪ Food in bottle
        o Pureed foods/cereal
    o Formula
    o Cereal?
• Position of infant during feeding (semi-reclining to 6 months)
  o Is the child held if formula fed?
  o Holding bottle vs. propping
• Who decides when infant eats?
  o Let infant determine feeding schedule
  o Quantity? Finishing bottle? Partial bottle?
  o Infant be in control of feeding process
    ▪ Timing
    ▪ Pacing
    ▪ Both
    ▪ Let infant decide whether to eat / how much / when

Parent Knowledge
• Knowledge of hunger cues?
• Knowledge/awareness of satiety cues (child’s feeling of fullness)?
• Does feeding interrupt sleep patterns?
  o Parent’s
  o Child’s
• Transition to solids?
  o What is offered?
  o When (how old is child?)
  o How accepting of new foods is child?
  o How are foods introduced?
    ▪ Number of times food is introduced before deciding the child likes/dislikes something?
    ▪ How many foods are introduced at a time? One item? An entire meal, etc?
  o How many times before stop trying?
  o What is the parent’s reaction to (non-)acceptance?

• Drinking from a cup?
  o When introduced?
  o When able to manage on own?

• Transition to table food?
  o When? (age of child)
  o What?
  o How provided?

• Eating Skill Development (use of utensils, cup, chewing & swallowing)
  o When does child start to feed self?
  o Parent response to messy child self-eating
  o Parent perceptions of “playing” with food
  o Control issues

• Overall parent perceptions of child’s weight, height, weight for height, etc.
PARENT (HOME) NUTRITION: TODDLER FEEDING BEHAVIORS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?)

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Toddler Feeding Behaviors
Methods: In-depth interview / focus group

Toddler
- Fed on their demand?
- Are meals offered at regular / scheduled intervals?
- Does the child eat at regular/scheduled intervals?
  - Are snacks planned or handouts? (handouts: snacks given at random, not time planned, no thought to nutritional value, etc. vs. planned: at certain times, certain foods/beverages only, etc.)
    - How many are offered each day?
    - What is offered?
  - Grazing? (for example, does the child eat at random and/or with no set portion/serving)
  - Does parent(s) eat with child?
    - Meals
    - snacks
- How is food used? (ask this question in a different way?)
  - Is food used as a reward?
  - Is food used as a punishment?
  - Is the child pressured to eat if s/he does not want to?
  - What happens if child does not eat a meal?
  - What happens if child does not eat a certain food?
- How are feeding practices / norms established?
  - At your house what “rules” do you have to encourage children to eat/try new foods?
    For example:
- Clean plate club?
- Taste everything on plate?
- Eat meal before dessert?
- Dessert part of meal?

- When / how are new foods introduced?
  - Does child eat a variety of foods?
  - When is child allowed to have likes / dislikes?
  - Is bottle / breast still offered?

- Overall parental perceptions of child’s weight, height, weight for height, etc.
PARENT (HOME) NUTRITION: PRE-SCHOOLER FEEDING BEHAVIOR

Identifier: _________ Date: _________ Time Start: ________ Time End: ________

Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________

Age of Child(ren) & Gender: ______________________________________________

Type of data collection:

- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?) ____________
- Family / household structure (single parent / “nuclear” family / extended family / other?) ___________________

Group characteristics:
__________________________________________________________________________
__________________________________________________________________________

Group Dynamics:
__________________________________________________________________________

Preschooler Feeding Behavior

Methods: In-depth interview / focus group

- Eating skill development
- Use of utensils
  - Is the child able to cut / chew meat?
  - Other hard foods?
  - Able to manage spoon, fork, etc.?
- Cup
- Chewing and swallowing
  - What types of foods can the child chew?
- Is food used as reward, positive reinforcement, etc.?
- How often does child shop for food with parents or caregiver?
  - Influence of children on food purchasing?
- Preschool/ daycare meal arrangements
  - What foods/meals/snacks are provided?
  - Served “trays” vs. family style?
  - Do adults eat with children?
  - Bag lunch?
  - Snacks?
- Eating in a restaurant?
  - Do children urge the purchase of fast food?
  - Parental response to this behavior?
- Snacks at other people’s homes
  - play dates
- Eating in car
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007). Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Grazing behavior
  - Does the child eat at random from what is available?
  - Does the child eat a specific amount?
- Forcing to eat
- Presence of TV during meals (this is important to know/understand since the literature states that children who spend more time in front of TV are fatter—because of inactivity, increased cues to eat, depressing effect on BMR from hypnotic effect of TV, etc.?)
- Parental perceptions of child’s weight, height, weight for height, etc.
Identifier: _________ Date: _________ Time Start: ________ Time End: ______
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________  
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette________________________  
  o Location of data collection:______________________________________________  
  o Number of Participants:_____________________
  o Family member participant? (Parent / grandparent / guardian / etc.?) __________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

School Age (middle childhood- 6-11+ years)  
Methods: In-depth interview / focus group

Note: During these years, children grow relatively slowly; height and body shape vary and children are very aware of individual differences. This is a preparatory time for adolescence and growth spurts may occur (often earlier for overweight children). Children generally gain weight before height. Also, during this time children begin to understand the concept of family meal time. They develop good social skills at table, eat in a “business like” and orderly fashion, accepts most foods, and know how to turn down disliked foods politely. These probes are meant to elicit information surrounding these issues, especially as they relate to consumption habits.

Is the child:
  • Allowed to pick own snacks?
  • Allowed to prepare own snacks?

Meals are important. It has been shown that children who eat meals do better nutritionally than children who (only/usually) snack. Also, children who eat meals are better at liking and managing a variety of foods
  o What is the family meal environment?
  o How often are meals served?
  o What is offered?
    ▪ Who shops?
    ▪ Who prepares food?
    ▪ Does the child know how to cook?
    o When?
  o How are meals served?
    ▪ Serve self?
Family style?
- Mother (adult) serves?
  - Fill plate from stove? From table
- Eating in car?
  - With whom?
  - What is consumed?
  - How often?
- How often does family eat together? (#/times per week)
  - TV on during meals?

- Can learn how to “control” hunger and wait for next meal to be ready
- More opportunities to eat outside of home
  - School meals?
  - Bag lunch?
    - Food trading at lunch?
      - Kids who bring bag lunches?
      - Kids who buy lunch?
  - Snacks at friends?
  - Buying food from vending machines?
    - Where are vending machines located?
    - What bought?
    - How often?
    - With whose money?
  - Buying food at stores on the way to/from school (or at school stores)?
    - What bought?
    - How often?
    - With whose money?
- Dieting—now visible in grade schools
- Food and sports?
  - E.g., pizza as a reward after “good” game
  - Snacks (beverages) for half-time?
    - Kids may consume more calories than those used participating in the sport
Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette_______________________________
  o Location of data collection: ________________________________
  o Number of Participants: ___________________
  o Family member participant? (Parent / grandparent / guardian / etc.?) ______________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) ______________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Teenager Nutrition & Eating Behavior
Methods: In-depth interview / focus group

Teenage themes 1) autonomy & 2) identity
  • For teens, peer culture most important,
    o What is the peer group influence on food?
    o On nutrition?
  • Mothers’ influence on food intake?
    o Where does food/nutrition information come from?
  • Balanced diet very important at this age with regard to nutrition, but not important with regard to teenager autonomy.
  • Adolescent independence affects diet
  • Weight loss
    o How often?
    o What methods?
  • Satisfaction with weight/body size/shape?
  • Eating out with friends
    o Where?
    o What consumed?
    o How often?
  • Eating with family?
    o How often responsible for (family) meal preparation?
    o How often does family eat together?
      ▪ TV presence?
      ▪ How are meals served?
    o What kind of food? Fried/microwavable, etc. is cooked
Generally eating lots of empty calories

- Eating for sports
  - Weight loss
  - Bulking up
    - Coaches’ recommendations?
      - Extra calories and water
- Weight loss eating
- Eating disorders
- Meal skipping
  - Breakfast most common?
**Parent (Home) Nutrition: Nutrition & Children Who Grow Poorly**

**Identifier:** ________  **Date:** ________  **Time Start:** ________  **Time End:** ________

**Age (approx.):** ________  **Race / ethnicity:** _____________  **Gender:** ___________

**Age of Child(ren) & Gender:** ______________________________________________

**Type of data collection:**
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
  ______________
- Family / household structure (single parent / “nuclear” family / extended family / other?)
  ________________________________

**Group characteristics:**

_________________________________________________________________________________

_________________________________________________________________________________

**Group Dynamics:**

_________________________________________________________________________________

_________________________________________________________________________________

**Nutrition & Children Who Grow Poorly**

*Methods: In-depth interviews, focus groups*

*Note: Poor growth often related to feeding difficulties, not just nutritional value of foods consumed, but food/eating behaviors. Need to ask questions that probe for each of these issues.*

- How is poor growth defined?
  - By parents?
  - By medical/health professionals?
- Parental perceptions of poor growth
  - Does this differ by child’s age?
    - Over- / under-weight?
- Poor growth and eating often associated with food / eating environment
- Negative emotions = negative association with food
  - Food aversions
- Distinguish poor growth from slow, but normal growth

**Sick Children**

- Chronically ill vs. acutely ill children
  - Chronic and acute (asthma)
- Overfeeding to compensate
  - Are children given sweet or fatty food? (e.g., overindulged to compensate for illness/injury).
- Withholding food when ill
- Control—
  - Only allowed to eat certain foods?
• No limits
  o Allowed to eat anything, to compensate for illness? (Overindulgence)
PARENT (HOME) NUTRITION: CONCEPTUAL VIEW OF FOOD

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?) _____________________
- Family / household structure (single parent / “nuclear” family / extended family / other?) ___________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Conceptual View of Food (Methods: in-depth interviews, focus groups)
This checklist is meant to elicit information about individual’s relationship with food and how it may affect food choices. What role do the following play in food consumption, perception and food behaviors?

Why do people eat?

- Hunger
- Social situations, e.g., celebrations, cultural traditions
- Symbol of wealth
- Availability
- Stress & coping (comfort
- Food monitoring (control/reward)
- Healthy growth & development
- Religion, e.g., kosher foods, fasting
- Value (e.g., Supersize)& cost of food
- Other

What people eat is controlled by others
- At community, societal, or family level; power may be external to an individual
- Parental perceptions of what healthy children should look like
- What would make a child healthy (compared to what would make a child obese/overweight)?
  - Or, is a health child “overweight”? 

Note: The body image silhouettes found in Appendix B might be useful to understand cultural-, gender-, age- specific body size/shape ideals or preferences. It is important to not use these images to inquire about individual ideals, but rather to find out information about group norms.

- Media ideas
- Relative size (e.g., size celebrated in Af. Am. and Latino culture; but sometimes at the price/compromise of health).

Acculturation / Culture

- Cultural traditions
- Immigrant perception of what “typical” Americans eat
  - Can be positive or negative contribution to immigrant health
  - E.g., Americans only consume canned fruits/vegetables; don’t prepare much of their own food
  - Wealth and identity issues
  - SES as a “culture”
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

PARENT (SCHOOL) NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ___________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

Group characteristics:
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________

Nutrition Concepts & Definitions

Methods: In-depth Interview / focus group

Food
- How do you describe food?
  Probe:
  - Good & bad foods
  - Healthy vs. unhealthy foods
    - What are concepts/perceptions of healthy/unhealthy foods?
      - E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.
  - Foods vs. beverages
    - Good vs. bad beverages
    - E.g. what is juice? In previous focus groups, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were juice
  - What is a balanced diet?
    - Are there certain foods that *kids need to eat every day?
    - Once in a while?
    - What foods are offered to ensure variety?

- What kind of foods do kids need?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- How much?
- How often?
- What foods (beverages) are eaten every day?
  - Why?
  - What amount?)
- Once a week?
  - Why?
  - What amount?
- Special occasions?
  - Why?
  - What amount?)

  o Meals
    - What makes a meal?
      Probe for breakfast / lunch / dinner
      - Kinds of foods?
      - Beverages?

Nutrition

- How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
  Probe:
    o Good vs. bad nutrition
    o Who uses the word “nutrition”?
      - Why?

Diet

- How is the word diet used? What does it mean?
- Who uses it?
  o Why?
- How do the words food and diet relate?
  o Are they used similarly?
PARENT (SCHOOL) NUTRITION: NUTRITION INFORMATION AND PERCEPTIONS

Identifier: _________ Date: _________ Time Start: _________ Time End: _________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette
  o Location of data collection: ___________________________________________
  o Number of Participants: _____________________
  o Family member participant? (Parent / grandparent / guardian / etc.?) ___________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________

Group characteristics:

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

Nutrition Information and Perceptions

Methods: In-depth interview / focus group

Nutrition Information

Where do people get nutrition information?

Probes:
  • Health professionals
  • Lay health professional organizations? (E.g., American Heart Association, American Diabetes Association)
  • Community
    o What organizations?
    o Resources?
  • Family, friends
  • Government
  • Media
    o What kind?
      ▪ What format? (TV, radio, billboard, etc.)
  • Whose advice do you believe?
  • Whose advice do you follow?
  • Who do you count on most for health (nutrition) information?
PARENT (SCHOOL) NUTRITION: FOODS AVAILABLE AT SCHOOLS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection:________________________________________________________
- Number of Participants: _______________
- Family member participant? (Parent / grandparent / guardian / etc.?)
  _______________
- Family / household structure (single parent / “nuclear” family / extended family / other?) _______________

Group characteristics:

Group Dynamics:

Foods Available at Schools
Methods: in-depth interviews / focus groups / observation / Photovoice

- What kind of foods are regularly found in the school environment?
  - School lunch
  - Foods in the classroom
- Competitive Foods
  - A la carte?
  - Vending?
  - School stores?
  - Fund raising?
- Policy regarding competitive foods
  - Where are vending machines located?
  - What types of food/beverages are offered in vending machines?
  - When are students allowed access to vending machines
    - All day?
    - Lunch hours?
    - Before/after school?
    - Are students using this food as a snack or substitute for a meal?
- Fund Raisers
  - How often is food used as a fundraiser?
  - Are fundraisers held during school hours? (e.g., bake sales)
    - How often? How long during school day?
  - What kind of food is involved?
    - Cookies? Candy? Popcorn? Fruit baskets, etc.?
Are there alternatives?

- National School Breakfast/Lunch Program
  - What percent of meals provided by the school qualify as free or are reduced in cost?
  - Is there a cultural influence on school menus?
  - Breakfast?
    - What?
    - Time?
    - Participation?
      - Stigma
      - Low-income? All students? Reduced price? Free?
      - What percent of those eligible to participate actually participate?
  - Where?
    - In lunchroom?
    - In classroom?
    - On bus?
Parent (School) Nutrition: Foods Consumed at School

Identifier: __________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): __________ Race / ethnicity: ___________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _________________________________________
- Number of Participants: ___________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?)

Group characteristics:
________________________________________________________________________
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Foods Consumed at School
Methods: in-depth interviews / focus groups / observation / photovoice

- School lunch
  - How would you describe a “good” lunch program? (and how are you defining “good”)?
    - Short lines
    - How long is the wait in line? How much time left to eat?
    - Sufficient time to eat (a standard amount of time? per school? In general?)
    - Acceptable & supportive supervisors
    - Venue for exposure to new foods

- Timing
  - What time does lunch begin/end?
    - Some lunch periods begin at 9:30-10am and last until 1-2pm in order to reach all students?
  - How long is lunch period?
    - Some schools only allocate 10-20 minutes
  - What age group eats first/last?
  - Recess policy
    - Before/after lunch

- Percent of students released for lunch (high schools)
  - eating “on-“ vs. off- campus
PARENT (SCHOOL) NUTRITION: STORES/RESTAURANTS NEAR SCHOOL

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: __________________________________________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ________________________________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?) __________________________
- Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________

Group characteristics:
__________________________________________________________________________________________
__________________________________________________________________________________________

Group Dynamics:
__________________________________________________________________________________________
__________________________________________________________________________________________

Stores/restaurants near school where kids can buy snacks
Methods: in-depth interviews / focus groups / observation / mapping / photovoice

- Street Vendors?
  - Licensed? Sometimes neighbors set up a “snack shop” out of homes before/after school to make money?
  - Is there any communication between schools and vendors?

- Corner stores
  - How many are near the school?
  - What time do they open?
  - What is available?
Allowances

*Methods: in-depth interviews, focus groups*

- Are children given an allowance?
  - Depends on the number of kids in the house
  - Amount given may depend on child’s age
- Do parents tell children what to spend allowance on?
  - Do you know how your child spends his/her allowance?
- Do kids spend money on food?
  - What kind of food?
  - Where do they buy food?
    - At school?
    - Fast food restaurants?
    - Vending machines? Etc.
    - In a focus group held with health educators during the development of this manual, it was stated that spending is at child’s discretion—generally for junk food? Therefore, the questions that should be asked are: “what age do you think a child should get an allowance? Do they have to earn it? Do parents tell kids how to use allowance? Can they spend as they please?
- Do they have to earn it?
  - Is it a fixed amount?
  - Variable?
- How often is it given?
ADMINISTRATOR NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifiers: ___________ Date: ___________ Time Start: ___________ Time End: ___________
Age (approx.): ___________ Gender: ___________ Race / ethnicity: ___________
Type of data collection:
  - Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
  - Location of data collection: ___________
  - Number of Participants: ___________
  - Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:

Group Dynamics:

Note: This checklist can be used to talk with school administrators (principals, vice-principals, etc.) or school district staff (nutrition coordinators, food service administrators, school superintendent, etc.). Information gathered from this checklist will be useful to learn the level of understanding about nutrition at the school and school district level. What policies are in place? What standards are followed when planning school meals? How are lunch periods scheduled? What influence do individual schools (administrators) have on district policy? What do they know about the food preferences of children attending their school?

Note: Potential introductory / global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Nutrition Concepts & Definitions

Methods: In-depth Interview / focus group

Food
  - How do you describe food?
  
  Probe:
    - Good & bad foods
    - Healthy vs. unhealthy foods
      - What are concepts/perceptions of healthy/unhealthy foods?
        - E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.
    - Foods vs. beverages
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- Good vs. bad beverages
- E.g. what is juice? In previous focus groups, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were juice

  - What is a balanced diet?
    - Are there certain foods that *kids need to eat every day?
    - Once in a while?
    - What foods are offered to ensure variety?

- What kind of foods do kids need?
  - How much?
  - How often?
  - What foods (beverages) are eaten every day?
    - Why?
    - What amount?
  - Once a week?
    - Why?
    - What amount?
  - Special occasions?
    - Why?
    - What amount?

- Meals
  - What makes a meal?
    Probe for breakfast / lunch / dinner
    - Kinds of foods?
    - Beverages?

Nutrition
- How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
  Probe:
    - Good vs. bad nutrition
    - Who uses the word “nutrition”?
      - Why?

Diet
- How is the word diet used? What does it mean?
- Who uses it?
  - Why?
- How do the words food and diet relate?
  - Are they used similarly?
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Public Health, RWJF Grant #050750

**ADMINISTRATOR NUTRITION: FOODS AVAILABLE AT SCHOOLS**

**Identifier:** ___________ **Date:** ___________ **Time Start:** ___________ **Time End:** ___________

**Age (approx.):** ___________ **Gender:** ___________ **Race / ethnicity:** _____________

**Type of data collection:**
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body
  silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Principal / School superintendent / School District
  Dietitian / curriculum team member / etc.)

**Group characteristics:**

____________________________________________________________________________________
____________________________________________________________________________________

**Group Dynamics:**

____________________________________________________________________________________

**Note:** This checklist can be used to talk with school administrators (principals, vice-principals, etc.)
or school district staff (nutrition coordinators, food service administrators, school superintendent,
etc.). Information gathered from this checklist will be useful to learn the level of understanding
about nutrition at the school and school district level. What policies are in place? What standards
are followed when planning school meals? How are lunch periods scheduled? What influence do
individual schools (administrators) have on district policy? What do they know about the food
preferences of children attending their school?

**Note:** Potential introductory / global teacher nutrition question: What role do you think that
teachers (as a group) or schools play in encouraging children to eat nutritiously?
Also, remember some questions may not be appropriate for all age groups, tailor the questions
according to grade level (or specialty) of teacher(s) with whom you are speaking.

**Foods Available at Schools**

**Methods:** In-depth interview, focus group, observation / mapping (location of vending machines,
school store, etc.)

- Foods in the classroom?
  - What foods are used for:
    - Rewards by teachers?
    - Parties?
- Competitive Foods
  - A la carte?
  - Vending?
  - What foods are offered?
    - Where are machines located?
    - When available?
      - During lunch?
Before school?

After school?

Between classes?

School stores?

- What foods are offered?
- Where located?
- When available?
  - During lunch?
  - Before school?
  - After school?
  - Between classes?

Fund Raisers

- How often is food used as a fundraiser?
- Are fundraisers held during school hours? (e.g., bake sales)
  - How often? How long during school day?
- Who is target audience?
- What kind of food is involved?
  - Cookies? Candy? Popcorn? Fruit baskets, etc.?
  - Are there alternatives?
  - What type?
    - Candy? Fruit? Baked goods? Etc.?

Alternatives to food?

National School Breakfast/Lunch Program

- Breakfast?
  - What?
  - Time?
  - Participation? STIGMA
    - Low-income? All students?
    - Reduced price?
      - How determined?
      - How not stigmatized?
    - Free?
      - How determined?
      - How not stigmatized?
    - What percent of those eligible to participate actually participate?
  - Where is this meal consumed?
    - In lunchroom?
    - In classroom?
    - On bus?
  - Cultural influence on school menus
  - Percent Free/reduced lunches

Policy regarding competitive foods

- Where are vending machines located?
  - Who decides?
• What is revenue used for?
  o What types of food/beverages are offered in vending machines?
  o When are students allowed access to vending machines
    • All day?
    • Lunch hours?
    • Before/after school?
    • Are students using this food as a snack or substitute for a meal?
ADMINISTRATOR NUTRITION: FOODS CONSUMED AT SCHOOL

Identifier: ___________ Date:__________ Time Start: _______ Time End: ________
Age (approx.): ________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:

Group Dynamics:

Note: This checklist can be used to talk with school administrators (principals, vice-principals, etc.) or school district staff (nutrition coordinators, food service administrators, school superintendent, etc.). Information gathered from this checklist will be useful to learn the level of understanding about nutrition at the school and school district level. What policies are in place? What standards are followed when planning school meals? How are lunch periods scheduled? What influence do individual schools (administrators) have on district policy? What do they know about the food preferences of children attending their school?

Note: Potential introductory / global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Foods Consumed at School

Methods: In-depth interview, focus group, observation

- School lunch
  - Lunch program characteristics
    - Short lines
      - How long is lunch period?
      - How long is the wait in line?
      - How much time left to eat after getting food
    - Sufficient time to eat
      - A standard amount of time?
        - In general?
        - Per school?
        - Per age group?
        - Other?
    - Acceptable supervisors
• Who supervises the lunchroom?
  • What rules & regulations need to be followed?
    ▪ School lunch is sometimes considered a venue for exposure to new foods.
      What food is available to students? How is it determined? And, how is it
      offered?
    ▪ Does your school have a salad bar?
    ▪ Do students have to take what is offered vs. select what they will be
      served?
    ▪ Does the district offer food testing panels to students?
    ▪ Do you observe “Plate waste” (i.e., does the child eat very little of
      what is on his plate (tray) at each lunch period)?

• Timing
  ▪ What time does lunch begin/end?
    ▪ E.g., some school districts begin lunch periods at 9:30-10am and last until 1-
      2pm in order to reach all students?
  ▪ How long is lunch period?
    ▪ Some schools only allocate 10-20 minutes
  ▪ What age group eats first/last?
  ▪ Recess policy
    ▪ Before/after lunch

• School policy for off- / on- campus eating
  ▪ Percent of students released for lunch (particular to high schools)
  ▪ Open vs. closed campus policies
ADMINISTRATOR NUTRITION: FOODS CONSUMED AT SCHOOL

Identifier: __________ Date:_________ Time Start: _______ Time End: _______
Age (approx.): ______ Gender: __________ Race / ethnicity: ___________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
  o Location of data collection: ______________________________
  o Number of Participants: ___________________
  o Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:

Group Dynamics:

Stores/restaurants near school where kids can buy snacks
Methods: in-depth interviews / focus groups / observation / mapping / photovoice

- Street Vendors?
  o Licensed? Sometimes neighbors set up a “snack shop” out of homes before/after school to make money?
  o Is there any communication between schools and vendors?
- Corner stores
  o How many are near the school?
  o What time do they open?
  o What is available?
TEACHER NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifier: __________ Date: _______ Time Start: _______ Time End: _______
Age (approx.):_________ Gender: ___________ Race / ethnicity: ______________ Years
Teaching: _______ Grade Taught: __________
School Type (pre-school / elementary / middle / high):
________________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
________________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
________________________________________________________________________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body
    silhouette____________
  o Location of data collection: ______________________________
  o Number of Participants: __________________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
________________________________________________________________________
Group characteristics:
________________________________________________________________________
Group Dynamics:
________________________________________________________________________

Note: Potential introductory / global teacher nutrition question: What role do you think that
teachers (as a group) or schools play in encouraging children to eat nutritiously?
Also, remember some questions may not be appropriate for all age groups, tailor the questions
according to grade level (or specialty) of teacher(s) with whom you are speaking.

Nutrition Concepts & Definitions
Methods: In-depth interview / focus group

How do teachers define food? Nutrition?
From your perspective / in your experience, how do students define food? Nutrition?
Teacher Nutrition: Nutrition Information & Perceptions

Identifier: ________Date: ________Time Start: ________Time End: ________
Age (approx.): ________Gender: ________Race/ethnicity: ________
Years Teaching: ________Grade Taught: ________
School Type (pre-school/elementary/middle/high):
________________________________________________________________

Concentration (e.g., English, Physical Education, etc.)
________________________________________________________________

School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
________________________________________________________________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
________________________________________________________________

Group characteristics:
________________________________________________________________

Group Dynamics:
________________________________________________________________

Note: Potential introductory/global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Nutrition Information and Perceptions
Methods: In-depth interview / focus group

Where do *kids get nutrition information?
- In focus groups held during the development of the manual, participants stated that where people go for nutrition information depends on community/stakeholders and their definition of “healthy/unhealthy”. Additionally, this may depend on whether the recipient of information is a lay person or a biomedical/health professional. For example, focus group participants stated that they may only go to health professionals for nutrition/health information if they (or a family member) are sick. Otherwise they go to family, friends and the media for information.
  - Health professionals
    - Who?
    - When?
    - Why?
  - Community
    - E.g., WIC, community centers, etc.
      - Who?
• Family, friends
  o Who?
  o When?
  o Why?

• Media
  o Influence
  o What kind?
    ▪ Specifically TV/radio

When?
Why?
TEACHER NUTRITION: FOODS AVAILABLE AT SCHOOLS

Identifier: __________ Date: _______ Time Start: ________ Time End: ________

Age (approx.):_________ Gender: __________ Race / ethnicity: __________________

Years Teaching: ________ Grade Taught: ____________

School Type (pre-school / elementary / middle / high): ____________________________

Concentration (e.g., English, Physical Education, etc.)

School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice /body silhouette
  o Location of data collection: ________________________________
  o Number of Participants: _____________________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:

Group Dynamics:

Note: Potential introductory / global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously?

Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Foods Available at Schools

Methods: In-depth interview / focus group / observation

• Presence of competitive Foods
  o A la carte?
  o Vending?
  o School stores?
  o Fund raising?

• Policy regarding competitive foods
  o Where are vending machines located?
  o What types of food/beverages are offered in vending machines?
  o When are students allowed access to vending machines
    • All day?
    • Lunch hours?
    • Before/after school?
    • Are students using this food as a snack or substitute for a meal?

• Fund Raisers
How often is food used as a fundraiser?
  o Are fundraisers held during school hours? (e.g., bake sales)
    How often? How long during school day?
  o Target population?
  o What kind of food is involved?
    • Cookies? Candy? Popcorn? Fruit baskets, etc.?
      o Are there alternatives?

• National School Breakfast/Lunch Program
  o % Free/reduced lunches
  o cultural influence on school menus
  o Breakfast?
    • What is served
    • What is the program?
    • Time?
    • Participation? STIGMA
      o Low-income? All students? Reduced price? Free?
      o What percent of those eligible to participate actually participate?
  • Where?
    o In lunchroom?
    o In classroom?
    o On bus?
TEACHER NUTRITION: FOODS AVAILABLE AT SCHOOLS

Identifier: ________ Date: ________ Time Start: ________ Time End: ________
Age (approx.): ________ Gender: ________ Race / ethnicity: __________________
Years Teaching: ________ Grade Taught: __________________
School Type (pre-school / elementary / middle / high): ____________________________________________

Concentration (e.g., English, Physical Education, etc.)
____________________________________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
____________________________________________________________________________________________

Type of data collection:
 o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
 o Location of data collection: _________________________________________________________________
 o Number of Participants: _________________________________________________________________
 o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:
____________________________________________________________________________________________
Group Dynamics:
____________________________________________________________________________________________

Stores/restaurants near school where kids can buy snacks
Methods: In-depth interview / focus group / observation / mapping

• Street Vendors? (e.g., ice cream vendors, snack trucks, etc.)
  o Licensed? Sometimes neighbors set up a “snack shop” out of homes before/after school to make money?
  o Is there any communication between schools and vendors?
• Corner stores
• Corner/convenience stores
  o How many are near the school?
  o What time do they open?
  o What is available?
  o How many students allowed inside at a time?
  o How often do students go to a corner/convenience store?
  o What do they buy?
    ▪ For what reasons? (i.e., if buy food—for lunch, breakfast, snack, etc.)
TEACHER NUTRITION: FOODS CONSUMED AT SCHOOL

Identifier: __________ Date: _______ Time Start: _______ Time End: _______
Age (approx.):_________ Gender: __________ Race / ethnicity: _______________
Years Teaching: ________ Grade Taught: __________
School Type (pre-school / elementary / middle / high):
__________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
__________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
__________________________________________________________________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice /body silhouette
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:
__________________________________________________________________

Group Dynamics:
__________________________________________________________________

Note: Potential introductory / global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Foods Consumed at School
Methods: In-depth interview / focus group / observation / mapping (lunch lines, location of school stores, vending machines, etc.)

  • School lunch
    o What foods are offered in school meals?
    o Characteristics of lunch programs
      ▪ Short lines
        □ How long is the wait in line? How much time left to eat?
      ▪ Sufficient time to eat (a standard amount of time? per school? In general?)
      ▪ Acceptable & Supportive supervisors
      ▪ Venue for exposure to new foods

  • Timing
    o What time does lunch begin/end?
      ▪ Some lunch periods begin at 9:30-10am and last until 1-2pm in order to reach all students?
How long is lunch period?
  - Some schools only allocate 10-20 minutes
  - What age group eats first/last?
  - Recess policy
    - Before/after lunch

- Percent of students released for lunch (particular to high school students)
  - eating “on-“ vs. off- campus
  - open vs. closed campus policies
TEACHER NUTRITION: TEACHER USE OF FOOD

Identifier: __________ Date: _______ Time Start: _______ Time End: _______

Age (approx.):_________ Gender: __________ Race / ethnicity: ______________

Years Teaching: _________ Grade Taught: ______________

School Type (pre-school / elementary / middle / high):
__________________________________________________________________

Concentration (e.g., English, Physical Education, etc.)
__________________________________________________________________

School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
__________________________________________________________________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette __________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:
__________________________________________________________________

Group Dynamics:
__________________________________________________________________

Note: Potential introductory / global teacher nutrition question: What role do you think that teachers (as a group) or schools play in encouraging children to eat nutritiously? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Teacher Use of Foods
Methods: In-depth interview / focus group / observation

- Who sets the policy for foods in the classroom?
- Do teachers use food as rewards? For incentives?
  o What kind of foods?
  o How often?
- Classroom parties (birthdays / holidays / etc.)
  o Is food a part of these celebrations?
  o What kind of food?
  o How often?
  o Who brings food in? (Prepares food?)
    - Any rules / regulations?
COMMUNITY NUTRITION: FOOD ACCESS

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: ______________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Note: This checklist can be used to assess the community’s access to food. It covers aspects of food access ranging from location of stores and restaurants to education and service agencies/programs available to the community. The information that these grids gather can be applied in individual or family interviews, or in a survey of a specified geographic area.

Where can you buy things to eat? (And, how frequently) Probes:

<table>
<thead>
<tr>
<th>Type of store</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corner store (neighborhood market)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Convenience or drug Store (Walgreen’s, White Hen, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Gas Station, Liquor Store,</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Chain Supermarkets (e.g., Jewel, Dominick’s, Whole Foods, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Non-chain, full service grocery store (particular to your community)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Discount Warehouse store (Costco, Sam’s, Aldi etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Specialty Store (Fish market, produce market, bakery, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Candy/nut stores</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Other: health food stores, co-op food stores,</td>
<td></td>
<td></td>
<td></td>
<td>Inside / outside neighborhood</td>
</tr>
</tbody>
</table>
**Items in Restaurant Survey:**
Type/location (name / Zip code?/community area—what are options for “community area”?)

<table>
<thead>
<tr>
<th>Type of Restaurant</th>
<th>Serving Hours</th>
<th>Frequency of Visit</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain (fast food: e.g., Taco Bell, McDonald’s, etc.)</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Chain (sit down w/ take out menu, e.g., Applebee’s, Chili’s, Red Lobster)</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Deli</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Pizza</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Barbecue (BBQ)</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
<tr>
<td>Food service is secondary business</td>
<td>breakfast / lunch / dinner/ 24 hrs</td>
<td>Daily / weekly / monthly</td>
<td>Inside / outside neighborhood</td>
</tr>
</tbody>
</table>
COMMUNITY NUTRITION: RESTAURANT PROFILE

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
○ Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ________
○ Location of data collection: ______________________________
○ Number of Participants: _______________________
○ Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
_____________________________________________________

Group Dynamics:
_________________________________________________________________________________

General Information

Note: The following set of probes may be useful when evaluating specific restaurants within a community.
○ Does the restaurant have a take out menu?
○ Is there an ethnic focus of food, what type? For this set of probes it might be necessary to probe further as appropriate to neighborhood/community make-up. For example, in a predominantly Asian neighborhood it might be necessary to distinguish between type of Asian restaurant (Chinese, Japanese, Thai, etc.) or in a predominantly Latino neighborhood, what type of Hispanic restaurants (Mexican, Puerto Rican, Cuban, Central/South American, or country specific, etc.) are found.
  ▪ Asian
  ▪ Hispanic/Latino
  ▪ Indian
  ▪ Mediterranean (Greek, Middle East)
  ▪ Caribbean (Jamaican, West Indian)
  ▪ Italian
  ▪ “Soul” food
  ▪ Other
○ How many 100% fruit juices are offered?
○ Are vegetables available other than lettuce, tomato, French fries, onion rings?
○ Are vegetarian (non-fried) entrees available?
○ Is there a prominent display of single serving snack foods (chips, cookies, etc.)?
○ Is there low-fat milk available?
○ What is the total number of entrees offered on the menu?
○ What is the total number of non-fried entrees offered on the menu?
○ What is the average price of an entrée?
Menu
- Does the menu have pictures of the foods?
- Does the menu have a description of the foods?
- Does the menu have symbols to identify low salt items?
- Does the menu have symbols to identify low-fat, heart healthy diet items?
- Does the menu include a children’s menu?
- Does the menu include a senior menu?

Fruit/Vegetable
- Is there salad available?
  Probes:
  - Salad with dark green veggies
  - Salad with romaine or red leaf lettuce
  - Salad with iceberg lettuce
- What is the average price per serving of salad?
- Is there fresh fruit available?
  Probe for type
  - Fresh fruit plate
  - Fresh fruit in salad bar
  - Fresh fruit side order
- What is the average price per serving of fruit?
- Is there vegetable available?
  Probe for type:
  - Steamed
  - Raw
  - Other (boiled, fried, or in sauce)
- What is the average price per serving of vegetables?

Fish/Poultry
- Is there chicken available?
  Probe for type:
  - Baked / boiled
  - Grilled
  - Fried
- What is the average price per serving of chicken?
- Is there fish available?
  Probe for type:
  - Baked
  - Grilled
  - Fried
- What is the average price per serving of fish?
- Is there beef available?
  Probe for type:
  - Baked
  - Grilled
  - Fried
- What is the average price per serving of beef?

Carbohydrates
- Is there bread available?
Probe for type:
- Whole wheat or whole grain
- White, rye, Italian, etc.
- What is the average price per serving of bread?

**Desserts**
- Is there dessert available?
  Probe for type, e.g.:
  - Frozen yogurt/low fat ice cream/sherbet
  - Cakes/pies
  - Fruit
  - Pudding
  - Flan
  - Other
  - What is the average price per serving of dessert?

**Beverages**
- Are there beverages available?
  Probe for type (as appropriate for ethnic restaurant, e.g., Liquados are found in Mexican and certain other Hispanic restaurants):
  - Sugar-free diet drinks
  - Caffeine-free drinks
  - Fresh fruit juices
  - Alcoholic
  - Liquados
  - Milk
    - Whole, skim, 1% or 2% milk??
  - What is the average price per beverage serving?

**Location of Food Stores**
- Location of grocery stores
  - Corner stores vs. chain supermarkets
  - Inside or outside of neighborhood
- Accept Food Assistance cards/vouchers/etc.?
COMMUNITY NUTRITION: LOCAL RESOURCES

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.)

Group characteristics:

Group Dynamics:

Methods: In-depth interview, focus groups, mapping

Does the community have a local food/nutrition policy council or advocacy group? (Example: CLOCC in Chicago, the Food Trust in Philadelphia?)
- To what extent is this group concerned with ‘over- or under-nutrition’, overweight & obesity?
- Who are the members?

Does the community have a local food/nutrition advocacy group? (Example: CLOCC in Chicago)
- To what extent is this group concerned with ‘over- or under-nutrition’, overweight & obesity?
- Who are the members?

Are there over local professional organizations/coalitions/etc. that address child nutrition/overweight/physical activity?
Probes: for example, are there dietetic, nursing, medical or other groups that have coalesced for anti-obesity/overweight efforts?
- Who are the members?
- What role do they play in the community?
  - Are they involved in policy?
  - Health (nutrition) education?
  - Other?

Does the community have organizations that offer nutrition education programs? Examples, probe for programs offered:
- YWCA’s or YMCA’s,
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of
Public Health, RWJF Grant #050750

- Boys & Girls Clubs,
- Schools,
- Park & Recreation Programs
- Local hospitals?
- After school programs (including Kids’ Cafes)
- Other?

Are support (peer-to-peer or other format) groups available for childhood overweight?
- YWCA’s or YMCA’s,
- Boys & Girls Clubs,
- Schools,
- Park & Recreation Programs
- Local hospitals?
- Other?

Self-help programs?
- Are these programs available to youth/adolescents?
- Parents of these children?
  - What type of programs?
    - Walking groups?
    - Cooking classes?
    - Other?
  - Who offers these programs?
    - Local hospitals?
    - Y’s?
CHILD (HOME) PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: ____________ Date: ____________ Time Start: ____________ Time End: ____________
Age: ____________ Gender: ____________ Race / ethnicity: ____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
- Location of data collection: ____________________________________________________________________________

Number of Participants: ______________________________________________________________________________

Grade: ____________

Child / group characteristics:
________________________________________________________________________________________
________________________________________________________________________________________

Group Dynamics:
________________________________________________________________________________________
________________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Physical Activity Concepts & Definitions
Methods: in-depth interview / focus group

What do the following words mean to you?

Fitness

Potential probes:
- exercise; healthy
- “Something to do with health”
- healthy eating
- equal to (same as) exercise
- Stay in shape
- Watch what you eat
- (seems to be interpreted as more of a “Total health” or overall picture of body—combining healthy eating and activity
Exercise

<table>
<thead>
<tr>
<th>Activity</th>
<th>Mention spontaneously?</th>
<th>Mention after probing?</th>
<th>Does not associate exercise with these things?</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>= going to the gym</td>
<td></td>
<td></td>
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<tr>
<td>costs money to exercise</td>
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<tr>
<td>have to go outside of the daily routine to exercise</td>
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<tr>
<td>Negative</td>
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<tr>
<td>Sports</td>
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<tr>
<td>Any action / movement</td>
<td></td>
<td></td>
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<tr>
<td>Dance</td>
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<tr>
<td>Jump rope</td>
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<tr>
<td>Running</td>
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<tr>
<td>Sit-ups</td>
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<tr>
<td>Push-ups</td>
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<tr>
<td>Things you should do, but may not like to do or want to do</td>
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<tr>
<td>Done to stay in shape</td>
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<tr>
<td>Physical activity</td>
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Physical Activity

<table>
<thead>
<tr>
<th>Activities</th>
<th>Mention spontaneously?</th>
<th>Mention after probing?</th>
<th>Does not associate exercise with these things?</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can mean daily activities</td>
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<tr>
<td>Activities that can be done anywhere</td>
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<tr>
<td>= any movement</td>
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<tr>
<td>Action / active living</td>
<td></td>
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<tr>
<td>Used to describe activities (bicycling, jumping rope, etc.)</td>
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<tr>
<td>*Kids don’t use the term “physical activity”</td>
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<tr>
<td>exercise</td>
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<tr>
<td>Sports</td>
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<tr>
<td>Helps with weight control</td>
<td></td>
<td></td>
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<tr>
<td>Hobbies</td>
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<tr>
<td>Fun</td>
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<tr>
<td>Martial arts</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Bike riding</td>
<td></td>
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</tbody>
</table>

- Ask ** if they think these words (fitness, physical activity and exercise) mean the same thing?
  - Ask *kids how these words are different: During the development of the manual, participants in focus groups originally stated that they felt these words meant the same thing. However, when probed for activities that they engage in particular to each term, the participants stated that they would respond differently. For example, when asked “what did you do for exercise today?”, the participants would say that they went to the gym or had physical education class.
  - When asked “What did you do for physical activity?”, the participants stated that they ran the track, had cheerleading, played basketball, etc?

Sports
- What do you associate with the word sport?
- Where do you participate in sports?
- Who participates?
Dance
  • Is dance considered sport?
  • Exercise?
  • Fitness?
  • Other?
CHILD (HOME) PHYSICAL ACTIVITY: ACTIVITY

Identifier: ____________ Date: _________ Time Start: ________ Time End: ______
Age: ______________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________
Grade: ____________

Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Activity
Methods: In-depth interview / focus group / observation / mapping

- What are activities that *kids do at school?
  - What are activities typical to a school day?
  - During the school year?
  - On weekends?
- What are activities that *kids do at home?
  - Where do you spend time when you’re not at school?
    - After school?
    - On weekends?
    - During summer vacation?
    - During holidays from school?

- When are *kids allowed to be active?
- Do older/younger *kids participate in different activities?
  - What are activities that older/younger *kids participate in?
  - What ages?
- Do boys/girls participate in different activities?
• What are activities that you do with other people?
  o Where do you do these activities?
  o What do you do?
    ▪ Go on walks
    ▪ Play sports?
    ▪ Go to park?
    ▪ Other?
  o With whom?
    ▪ Family?
    ▪ Friends?

• Activities done by families
  o Re: responses may range from all types of activity: dominos to football
    ▪ How often?
    ▪ When?
    ▪ Where?
    ▪ Special occasions?

• Are * kids allowed to decide what activities they participate in?
  o What are the activities that they choose?
  o How often do they participate?
  o At what age are they allowed to choose?

• Do parents (help) decide what activities their *kids participate in?
  o What are the activities that they choose?
  o How often?
  o Why?
  o Regulation of activity?

• What are *kids favorite activities?
  o Video games? Computer games?
  o Sports?
  o Playing outside?
    ▪ How often do you engage in these activities?
    ▪ Where?
    ▪ With who?

• What prevents you from participating in the activities you like?
  o Cost?
  o Time?
  o Safety?
  o Transportation?
  o Access?
• What are activities that you do participate in?
  o Sport
  o Fun
  o Play
  o Exercise
  o Walking a pet?
    ▪ How often?
    ▪ How long?
CHILD (HOME) PHYSICAL ACTIVITY: PHYSICAL ACTIVITY & SUPERVISION

Identifier: ____________ Date: _________ Time Start: ________ Time End: ______
Age: ____________ Gender: ____________ Race / ethnicity: ____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________
Grade: ____________

Child / group characteristics:

_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Physical Activity & Supervision

Methods: in-depth interview / focus group / mapping / observation

- Do *kids need to be supervised?
- Why do you think that *kids need to be supervised?
- What are you allowed to do?
  - Where?
  - When?
  - Why?
  - Are other *kids present?
  - Age of the child supervised?
  - Age of supervisor
    - Relationship of supervisor to child?

- When are *kids allowed to be alone inside? (Outside?)
  - What time of day?
  - Up to what age do *kids have to be supervised?
  - Does supervision vary by activity?
  - Does supervision vary by location?

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.
• Are other *kids present?

• How far away from home are *kids allowed to be unsupervised outside of the home? (within??? radius of home can *kids play unsupervised?)

• Reasons supervision is necessary?
  o Safety
    ▪ Crime/violence
    ▪ Abduction
    ▪ Crimes against *kids
    ▪ Gangs and other violence in neighborhoods (at park)
    ▪ Dogs running loose
    ▪ Litter
    ▪ ‘bums’
    ▪ Protection from injury?
      • Safety equipment when playing?
      • Protecting *kids from fighting?
CHILD (HOME) PHYSICAL ACTIVITY: COMMUNITY RESOURCES & PHYSICAL ACTIVITY

Identifier: ____________ Date: _________ Time Start: ________ Time End: ______
Age: ______________ Gender: __________ Race / ethnicity: ________________
Type of data collection:
o  Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette _______________
o  Location of data collection: ______________________________
Number of Participants: _______________________
Grade: ______________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.
Community Resources & Physical Activity

Methods: In-depth interview / focus group / mapping / observation / photovoice

Note: remember that not all questions should be asked of all age groups. Tailor the probes according to the population with whom you are speaking.

- Where do *kids (teens/adults/etc.) go for exercise / sport / physical activity? Fun?
  - School
    - After school programs
  - Church
  - Neighbor
  - Y's
  - Boys & Girls Clubs
  - *kids programs (e.g., Boy/Girl Scouts
  - Community Centers
  - Park District
CHILD (HOME) PHYSICAL ACTIVITY: TRANSPORTATION TO & FROM SCHOOL

Identifier: ____________ Date: _________ Time Start: ________ Time End: ________
Age: ______________ Gender: ___________ Race / ethnicity: _______________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ____________
  o Location of data collection: ______________________________
Number of Participants: _______________________
Grade: ______________
Child / group characteristics:

_________________________________________________________________________________
                                                                                       
_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________
                                                                                       
* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants

Note: When discussing checklists with children, remember that some checklists should only be asked of older (younger) children. Use the demographic information asked above to help tailor the interview / focus group. Base your questions and probes on the checklists found in this section, but tailor them according to your research questions and the skills/characteristics of the group with whom you are speaking. Additionally, remember that cultural norms should predicate which questions should (should not) be asked or probed for.

Transportation To & From School
Methods: In-depth interview / focus group / mapping / observation / photovoice
Note: this checklist can also be tailored to ask *kids how they get to other places. For example, do the same “rules” apply when traveling to a sport practice, to band practice, to a friend’s home?

• How do *kids get to school?
  o Everyday?
  o Most days?
  o Are there different ways to get to school?
  Probe for multiple modes of travel per trip (e.g., walk to bus stop then ride bus and then walk to school, or something similar) and multiple modes of travel within a week / by season / inclement weather / participation in after school activities (e.g., Do *kids walk to school when it is sunny and warm but get driven to school when it is raining and cold?)

• What are barriers to walking to school?
• Is there a sidewalk/path present
  o For how much of the trip?
    ▪ Entire?
    ▪ Partial?
- Condition of route (see SLU Guidelines, Appendix F)
  - # of times (per week/month/etc.) have to walk off sidewalk/path because of something in the way?
  - # of streets needed to cross on way to school?
    - Assistance in crossing?
      - What type?
        - Crossing guard?
        - Stop sign?
        - Stop light?
        - Other people crossing street?
        - Others…
  - At what age can *kids walk to school alone?
  - Up to what age do *kids have to be supervised when walking to school? (Supervision—by parents? older child? other adult?)
  - At what age do *kids walk to school in a group?
    - Walking school bus

- Which of the following would allow/encourage walking to/from school more often?
  - More parents/other adults walking
  - More help crossing street
  - Better/more sidewalks and/or paths
  - Drop off place closer to school then walk rest of way
  - Fewer books to carry
  - No dogs
  - Clean/unbroken sidewalks
  - Slower traffic speeds
  - More considerate drivers
    - Definition of “considerate” may vary—need to probe for specific things that they would like to see drivers do that would make walking/biking easier.

- Biking
  - Alone
    - At what age?
  - In groups
    - At what age?
  - Supervision
    - Up to what age?
    - Who supervises?
  - Availability of paths
  - Sidewalks
  - Bike lanes
  - Distance allowed to bike
  - Protective gear / safety equipment required
    - Used?
  - Other barriers to biking?
    - ‘Scary people’ / dangerous situations? (have participants define what this means, where this occurs, etc.)
    - Inclement weather
• Skateboarding?
  o Alone
    ▪ At what age?
  o In groups
    ▪ At what age?
  o Supervision
    ▪ Up to what age?
    ▪ Who supervises?
  o Where?
    ▪ Availability of paths
    ▪ Sidewalks
    ▪ Bike lanes (or other designated area that can be used to travel by skateboard?)
  o Distance allowed to skateboard
  o Protective gear / safety equipment required?
    ▪ Used?
• Rollerblade?
  o Alone
    ▪ At what age?
  o In groups
    ▪ At what age?
  o Supervision
    ▪ Up to what age?
    ▪ Who supervises?
  o Where?
    ▪ Availability of paths
    ▪ Sidewalks
    ▪ Bike lanes (or other designated area that can be used to travel by rollerblade?)
  o Distance allowed to rollerblade
  o Protective gear / safety equipment required?
    ▪ Used?
• What other form of personal transport (active or other) do *kids use to get to school?
  o Refer to probes above and tailor as appropriate
• Parents drive?
  o How often?
  o For what reason?
    ▪ Weather?
    ▪ Safety?
    ▪ Pollution?
    ▪ Etc? (see probes from above and use as appropriate)
• Public Transportation?
  o What form?
Other Community Transportation and Physical Activity

- Role of neighborhood violence as an influence on physical activity?
  - Organized programs vs. “pick-up” games
  - Free play in parks
  - Playground activities?
  - Fees?
- How do *kids get to the above places?
- What are activities available at these sites?
- How could these places be made easier to use?
  - Safer?
  - More friendly to *kids?
  - More friendly to parents?
  - An overall better experience?
- What are other community resources that contribute to (in-) activity in *kids?
  - Blockbuster (video stores)
  - Internet Cafes for youth (computer games, online gaming, etc.)
  - Video arcades
  - Hang out spots for older *kids?

Other resources:
- Day care programs
- After school programs
- Mutual aid associations (e.g., Heartland Health Outreach)
- Community health centers
- Aldermen
- Head Start programs
STUDENT PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: _______________ Gender: ___________ Race / ethnicity: ________________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
  o Location of data collection: ______________________________

Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private / etc.) ______________________________________________________________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.) ______________________________________________________________________
Grade: ____________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Physical Activity Concepts & Definitions
Methods: In-depth interview / focus group

- How do you (parents) view physical activity as related to health? Or Why do you (parents) think physical activity is an important part of health?

- What is the activity level of your child? (maybe probe using comparison to other children’s activity levels)
  o What does your child do for activity?
    o Does the activity level of your child vary by:
      ▪ Season?
      ▪ Day to day?
      ▪ School year?
  o How does your child’s activity level compare to other children his/her age?
    ▪ Compare by gender?
    ▪ Compare to siblings?

  o Should your child be:
    ▪ More active?
    ▪ Less active?
      ▪ Why?
• What do you (parents) see your role as with regard to encouraging PA in children? (Encouraging your child to be active?)
  o Sedentary behavior?

• How do you view your child’s body / weight / height / weight for height compared to other children? (use body image chart)
STUDENT PHYSICAL ACTIVITY: TRANSPORTATION TO & FROM SCHOOL

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: _____________ Gender: _____________ Race / ethnicity: _____________

Type of data collection:
  - Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
  - Location of data collection: _______________________________________

Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private / etc.)_____________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)_____________________
Grade: _____________

Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Transportation To & From School

Methods: In-depth interview / focus group / observation / mapping / photovoice

- How do you get to school?
  - Everyday?
  - Most days?
  - Are there different ways to get to school?
    Probe for multiple modes of travel per trip and multiple modes of travel within a week / by season / inclement weather
  - Walking
    - # of times (per week/month/etc.) have to walk off sidewalk/path because of something in the way?
    - # of streets need to cross on way to school?
      - Assistance in crossing?
        - What type?
          - Crossing guard?
          - Stop sign?
          - Stop light?
          - Other people crossing street?
          - Others…
    - Alone
• With parents (supervision—older child, other adult)?
  • In groups
    ▪ Walking school bus
  • Is there a sidewalk/path present
    ▪ For how much of the trip?
      • Entire?
      • Partial?
    ▪ Condition of route (see SLU Checklists)

• Which of the following would allow/encourage walking to/from school more often?
  • More parents/other adults walking
  • More help crossing street
  • Better/more sidewalks and/or paths
  • Drop off place closer to school then walk rest of way
  • Fewer books to carry
  • No dogs
  • Clean/unbroken sidewalks
  • Slower traffic speeds
  • Fewer heavy traffic streets to cross
  • More stop lights/crossing lanes/etc?
  • More considerate drivers
    ▪ Definition of “considerate” may vary—need to probe for specific things that they would like to see drivers do that would make walking/biking easier.

• Biking
  • Alone
    ▪ At what age?
  • In groups
    ▪ At what age?
  • Supervision
    ▪ Up to what age?
    ▪ Who supervises?
  • Availability of paths
  • Sidewalks
  • Bike lanes
  • Distance allowed to bike
  • Protective gear / safety equipment required
    ▪ Used?
  • Other barriers to biking?
    ▪ ‘Scary people’ / dangerous situations? (have participants define what this means, where this occurs, etc.)
    ▪ Inclement weather
    ▪ School bag weight
    ▪ Pollution
    ▪ Lack of lockers / bike racks
    ▪ Attendance in after school programs
    ▪ Neighborhood violence

• Parents drive?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M.  University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- How often?
- For what reason?
  - Weather?
  - Safety?
  - Pollution?
  - Etc? (see probes from above and use as appropriate)

- Public Transportation?
STUDENT PHYSICAL ACTIVITY: ACTIVITY

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: _____________ Gender: __________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
- Location of data collection: ______________________________

Number of Participants: _______________________

School Type (pre-school / elementary / middle / high school / public / private / etc.)____________________________________________________________________

School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)____________________________________________________________________

Grade: ____________

Child / group characteristics:

_________________________________________________________________________________

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Activity

Methods: In-depth interview / focus group / observation / mapping

- When are *children/kids/youth/adolescents allowed to be active?
- Do older/younger *children participate in different activities?
  - What are activities that older/younger *children participate in?
  - What ages?
- Do boys/girls participate in different activities?
  - What activities?
  - Where?
  - Why?
- Activities done by families
  - Re: responses may range from all types of activity: dominos to football
    - How often?
    - When?
    - Where?
    - Special occasions?
- Are * children allowed to decide what activities they participate in?
  - What are the activities that they choose?
  - How often do they participate?
  - At what age are they allowed to choose?
• Do parents (help) decide what activities their *children participate in?
  o What are the activities that they choose?
  o How often?
  o Why?
  o Regulation of activity?

• What are *children’s favorite activities?
  o Video games? Computer games?
  o Sports?
  o Playing outside?
    ▪ How often do you engage in these activities?
    ▪ Where?
    ▪ With who?

• What prevents you from participating in the activities you like?
  o Cost?
  o Time?
  o Safety?
  o Transportation?
  o Access?

• What are activities that you do participate in? Sport
  o Fun
  o Play
  o Exercise
  o Walking a pet?
    ▪ How often?
    ▪ How long?
STUDENT PHYSICAL ACTIVITY: PHYSICAL ACTIVITY & SUPERVISION

Identifier: _____________ Date: ________ Time Start: ________ Time End: _______

Age: ___________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
- Location of data collection: ____________

Number of Participants: ____________

School Type (pre-school / elementary / middle / high school / public / private / etc.)

School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)

Grade: ____________

Child / group characteristics:

Group Dynamics:

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Physical Activity & Supervision

Methods: In-depth interview / focus group / observation

Note: Remember to use “kid friendly” language

- Do *children have to be supervised? (Vs. need to be supervised?)
  - Where?
  - When?
  - Why?
  - Are other *children present?
  - Age of the *child supervised?
  - Age of supervisor
    - Relationship of supervisor to *child?

- When are *child allowed to be alone inside? (Outside?)
  - What time of day?
  - Up to what age do *children have to be supervised?
    - Does supervision vary by activity?
    - Does supervision vary by location?
    - Does supervision vary by gender?
  - Are other *children present?

- How far away from home are *children allowed to be unsupervised outside of the home? (within what radius of home can *children play unsupervised?)
• Reasons supervision is necessary?
  o Safety
  o Crime/violence
  o Abduction
  o Crimes against *children
  o Gangs and other violence in neighborhoods (at park)
  o Dogs running loose

▪ Litter
  • Broken glass
  • Misc. trash

▪ ‘bums’

▪ Protection from injury?
  • Safety equipment when playing?
  • Protecting children from fighting?
STUDENT PHYSICAL ACTIVITY: SCHOOL PLAY

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: _____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette ____________
  o Location of data collection: ______________________________

Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private / etc.)____________________________________________________________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.)____________________________________________________________________
Grade: ____________
Child / group characteristics:
_______________________________________________________________
_______________________________________________________________

Group Dynamics:


* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

School Play (Recess / PE class)
Methods: In-depth interview / focus group / mapping / observation/ photovoice
  – For this checklist, students may not be able to answer questions related to policy or exact time, but it might be helpful to have them take pictures of the areas that they use for activity or ask them to draw a map of what is available for them to use. These pictures and maps should demonstrate quality of equipment, resources available and types of play that they students engage in.
  – Also, remember some questions may not be appropriate for all age groups.

School Layout
  • One-story / multi-story
  • Number of gyms
    o Other multi-purpose / activity rooms
  • Classroom set-up
    o # of *students in class
    o Do *students move around between classes? (probably more appropriate to middle / high school students who switch classrooms)

Playground
  • Safety
  • Fenced
  • Availability of equipment
    o Fixed equipment
      • E.g., jungle gyms, balance beams other “built” equipment
Other equipment
- E.g., balls, jump ropes, etc.

Condition of equipment
- E.g., basketball hoops but no nets, only rims, soccer goals with no nets, etc.

Available for before/after school

Supervision

Outdoor and indoor fields / courts
- Number of basketball hoops / baseball diamonds / football and / or soccer fields / etc.

Recess
- Yes/no
- Length
- # of times offered each day?
- Teacher / supervisor encouragement of physical activity
  - Verbal encouragement / feedback
  - Teacher / supervisor participation in activity
- Activities during recess
  - Develop checklist re: what *kids do? (this could also be an observation checklist or use the photovoice technique)

Physical Education
- What is PE at your school?
  - What activities do you do?
  - Who participates?
  - Where is it located?
  - Who teaches PE?
- Is PE built into classroom activities (vs. less organized physical activity)?
  - A separate class?
- # of times per week
- how long is each class
- # of students / class
- Up to what grade do *students have to participate in PE?
- How do *students “get out” of PE?
  - E.g., doctor’s notes, feeling sick, nurse’s office, misbehaving, etc.
- What are barriers for boys / girls to participate in PE?
  - Preferential treatment for boys / athletes from teachers / coaches
  - Self-conscious about appearance when exercising (participating) in front of other gender
- Are students encouraged to participate in alternate activities?
  - E.g., jump rope, sit-ups, push-ups, etc. when waiting in line
  - Ride bike if injured
  - Other….
  - When?
    - Not participating in class activity?
    - If injured / sick?
    - Waiting in line for “main” activity
STUDENT PHYSICAL ACTIVITY: MISCELLANEOUS

Identifier: _____________ Date: ________ Time Start: ________ Time End: ________
Age: ______________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ____________
  o Location of data collection: ______________________________
Number of Participants: _______________________
School Type (pre-school / elementary / middle / high school / public / private etc.) _______________________________________________________________________
School Location (catchment area? E.g., neighborhood, rural, suburban, urban, etc.) _______________________________________________________________________
Grade: ____________
Child / group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

* Denotes that word should be used as appropriate to age group. Query audience/participants for how they refer to themselves or ask how they would prefer to be called. Do they prefer kids / youth / adolescents / teens / children / etc.? Then use this term when talking to the participants.

Methods: In-depth interview / focus group / mapping / observation / photovoice
  − For this checklist, students may not be able to answer questions related to policy or exact time, but it might be helpful to have them take pictures of the areas that they use for activity or ask them to draw a map of what is available for them to use. These pictures and maps should demonstrate quality of equipment, resources available and types of play that they students engage in.
  − Also, remember some questions may not be appropriate for all age groups.

Miscellaneous
• After school programs
  • What’s offered?
    ▪ Any PA related activities?
      • Which ones?
        o Traditional (organized sports) vs. non-traditional (dance, martial arts, etc.)
        o Structured vs. unstructured
    ▪ How often? (days per week / month, etc.)
    ▪ How long?
      • 30 minutes, 1 hour, etc.
    ▪ Supervision?
    ▪ Age of participants?
    ▪ Gender?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Cost
  - Free
  - Fee
  - Tuition
- School & park district connection?
  - Location of schools relative to park district programs
  - Interrelated activities?
- Neighborhood programs
- Summer school programs
PARENT (HOME) PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?) ________________

Group characteristics:
______________________________________________________________________________
______________________________________________________________________________

Group Dynamics:
______________________________________________________________________________
______________________________________________________________________________

Physical Activity Concepts & Definitions
Methods: In-depth interview / focus group

- How do you (parents) view physical activity as related to health? Or Why do you (parents) think physical activity is an important part of health?

- What is the activity level of your child? (maybe probe using comparison to other children’s activity levels)
  - What does your child do for activity?
  - Does the activity level of your child vary by:
    - Season?
    - Day to day?
    - School year?
  - How does your child’s activity level compare to other children his/her age?
    - Compare by gender?
    - Compare to siblings?
  - Should your child be:
    - More active?
    - Less active?
    - Why?

- What do you (parents) see your role as with regard to encouraging PA in children? (Encouraging your child to be active?)
  - Sedentary behavior?

- How do you view your child’s body / weight / height / weight for height compared to other children? (use body image chart)
**PARENT (HOME) PHYSICAL ACTIVITY: ACTIVITY**

**Identifier:** ________
**Date:** ________
**Time Start:** ________
**Time End:** ________

**Age (approx.):** ________
**Race / ethnicity:** ________________
**Gender:** ___________

**Age of Child(ren) & Gender:** ______________________________________________

**Type of data collection:**
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _____________________________________________
- Number of Participants: ___________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
  ______________
- Family / household structure (single parent / “nuclear” family / extended family / other?) ______________

**Group characteristics:**
_________________________________________________________________________________
_________________________________________________________________________________

**Group Dynamics:**
_________________________________________________________________________________
_________________________________________________________________________________

**Activity**
*Methods: In-depth interview / focus group*

- When are children encouraged to be active?
  - Starting at a specific age?
  - After school?
  - On weekends?
  - Other?

- What are activities that older/younger children participate in?

- Do boys/girls participate in different activities?
  - What are these activities?

- Activities done by families
  - Activity encompasses everything from dominos to football
    - How often?
    - When?
    - Where?
    - Special occasions?

- Are children allowed to decide what activities they participate in?
  - What are the activities that they choose?
  - How often do they participate?
  - At what age are they allowed to choose?
• Do parents (help) decide what activities their children participate in?
  o What are the activities that they choose?
  o How often?
  o Why?
  o Regulation of activity? (e.g., child (of what age) not allowed to participate in more than xx number of sports / or encouraged to participate in many sports?)

• What do you think are your child’s favorite activities?
  o Video games? Computer games?
  o Sports?
  o Playing outside?

• How often does s/he engage in these activities?
  o Is this more often / less often that you would like them to?
  o What would you like your child to participate in / play with?

• What prevents your child from participating in the activities s/he likes?
  o Cost?
  o Time?
  o Safety?
  o Transportation?
  o Access?

• Where are children allowed to be active?
  o In the home?
  o Outside of the home?
    ▪ At school?
    ▪ At the park?
    ▪ Other?

• What are activities that you participate in?
**PARENT (HOME) PHYSICAL ACTIVITY: COMMUNITY RESOURCES & PHYSICAL ACTIVITY**

**Identifier:** __________ **Date:** __________ **Time Start:** _______ **Time End:** _______

**Age (approx.):** __________ **Race / ethnicity:** ____________ **Gender:** __________

**Age of Child(ren) & Gender:** ____________________________________________

**Type of data collection:**
- **Observation / interview / focus group / photovoice / mapping / body silhouette**
- **Location of data collection:** ____________________________________________
- **Number of Participants:** _____________________________________________
- **Family member participant? (Parent / grandparent / guardian / etc.?)**
- **Family / household structure (single parent / “nuclear” family / extended family / other?)** ___________________________________________

**Group characteristics:**

_______________________________________________________________

_______________________________________________________________

**Group Dynamics:**

_______________________________________________________________

**Methods:** *In-depth interview / focus group / observation / mapping / photovoice*

- Where do children (teens/youth/adolescents/etc.) go for exercise / sport / physical activity? Fun?

<table>
<thead>
<tr>
<th></th>
<th>Organized Activity (e.g. soccer league)</th>
<th>Pick-up game (e.g., local court / field play)</th>
<th>“free” play (e.g., tag, other children’s games)</th>
<th>Playground activities (Fee / Cost?</th>
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<tbody>
<tr>
<td>School</td>
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<tr>
<td>Church</td>
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<td>Neighbor’s house / yard</td>
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<tr>
<td>YMCA / YWCA</td>
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<td>Boys’ or Girls’ Club</td>
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<td>Children’s program (e.g., Boy / Girl Scouts)</td>
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<tr>
<td>Community Center</td>
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<td>Mall</td>
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<td>After school program</td>
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<tr>
<td>Other?</td>
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</tbody>
</table>
• How does this vary by season?
• How do children get to the above places?
  o How far are these locations from the home?
• What are activities available at these sites?
  o What is the cost of activities at these sites?
• How could these places be made easier to use?
  o Safer?
  o More friendly to children?
  o More friendly to parents?
  o An overall better experience?

• What are other community resources that contribute to (in-) activity in children?
  o Blockbuster (video stores)
  Additional probes:
    ▪ Awareness of physical activity / exercise videos for children?
    o Internet Cafes for youth (computer games, online gaming, etc.)
    o Hang out spots for older kids/adolescents?

• Neighborhood use of community space
  o Generational use
    ▪ Do certain ages use particular spaces?
    ▪ Are particular spaces not safe for certain ages?
    ▪ Perception of use (what a space can / cannot be used for)
  o Not using space because it is not used by “your group” (e.g., there is skate park in a South Chicago neighborhood that focus group participants responded is for “whites only” although it is in/near predominantly black neighborhoods)
  o Comfort?
    ▪ Where do people feel comfortable gathering and participating in activity?
    ▪ Where do they not feel comfortable?
    ▪ Why not?
      • Age?
      • Gender?
      • Legal status?
      • Race / ethnicity?
  o Suburbs
    ▪ Limited access / activity

Other resources:
• Do you think that the following are potential physical activity resources in your community? Why or why not? What type of resource do they represent?
  o Day care programs
  o After school programs
  o Mutual aid associations (e.g., Heartland Health Outreach)
  o Community health centers
  o Head Start programs
PARENT (HOME) PHYSICAL ACTIVITY: PHYSICAL ACTIVITY & SUPERVISION

Identifier: _________ Date: _________ Time Start: ________ Time End: ________

Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________

Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?) ____________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Physical Activity & Supervision
Methods: in-depth interview / focus group / mapping / observation
Note: remember to probe for age and gender distinction

- Do children have to be supervised?
  - Where?
  - When?
  - Why?
  - Are other children present?
  - Age of the child supervised?
  - Age of supervisor
    - Relationship of supervisor to child?

- When are children allowed to be alone inside?
  - What time of day?
  - Up to what age do children have to be supervised?
  - Does supervision vary by activity?
  - Does supervision vary by location?
  - Are other children present?
  - How does this vary by season?
  - How does this vary by weather conditions?

- When are children allowed to be alone outside?
  - What is considered “outside”?
    - Yard?
    - Park?
• How far are children allowed to be unsupervised outside of the home? (within ??? radius of home can children play unsupervised?)

• Reasons supervision is necessary?
  o Safety
    ■ Crime/violence
    ■ Abduction
    ■ Crimes against children
    ■ Gangs and other violence in neighborhoods (at park)
    ■ Dogs running loose
    ■ Litter
    ■ ‘bums’
    ■ Protection from injury?
      • Safety equipment when playing?
      • Protecting children from fighting?
PARENT (HOME) PHYSICAL ACTIVITY: NEIGHBORHOOD CHARACTERISTICS

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette
  o Location of data collection: _____________________________________________
  o Number of Participants: _____________________________________________
  o Family member participant? (Parent / grandparent / guardian / etc.?)
    _________________________________________________________________
  o Family / household structure (single parent / “nuclear” family / extended family / other?)
    _________________________________________________________________
Group characteristics:

Group Dynamics:

Neighborhood Characteristics: Safety Issues
Methods: in-depth interview / focus group / mapping / observation / Photovoice

Note: For a quantitative assessment of this topic, see Brownson et al. (2004) describing the Audit Tool Analytic Version that uses an ecological approach to assessing the environment for characteristics that may make an area more or less capable of being used for physical activity. A complete reference is found in Appendix F: Additional Resources.

What are potential barriers to physical activity for children / youth / adolescents / etc.?
  • Traffic
    o Crossing streets
  • Police presence (positive & negative)
  • Gentrification & neighborhood use
    o In a focus group held during the development of this manual, participants used the example of a new housing development under construction in Chicago. The goal of the development is to create a diverse, mixed income neighborhood. However, as a result, rules have been developed that do not allow more than 2 people to congregate outside. This, therefore, has an impact on activities that residents are allowed to participate in. For example, how can you play a game of basketball, which requires 5 people on a team, when no more than 2 people are allowed to associate?
    o Rules & regulations
  • Cultural norms of where you do / don’t belong
  • Group conflict (e.g., girls in groups/cliques—not a “gang” in the traditional definition of the word)
  • Different perceptions of safety for parents of daughters vs. parents of sons?
• Different norms & standards of activity for boys compared to girls?
  o Where is it safe for boys to be active?
    • Where is it not safe?
    • Why?
  o Where is it safe for girls to be active?
    • Where is it not safe?
    • Why?
  o There may not be a neighborhood space for girls (as compared to basketball courts for boys)

Physical condition of the following:
Method: in-depth interview / focus groups / observation / photovoice
Note: Again, for a quantitative assessment of this topic, see Brownson et al. (2004) describing the Analytic Audit Tool Analytic Version that uses an ecological approach to assessing the environment for characteristics that may make an area more or less capable of being used for physical activity. A complete reference is found in Appendix F: Additional Resources.

Does the poor condition of neighborhood characteristics have an impact on safety? On activity? Or type of activity
• Bike paths
• Sidewalk condition
• Vacant lots
• Parks
• playgrounds
• Other?
  o Location?
  o Access?
  o Safety?
PARENT (HOME) PHYSICAL ACTIVITY: TRANSPORTATION TO & FROM SCHOOL

**Identifier:_________ Date:_________ Time Start:_________ Time End:_________**

**Age (approx.):_________ Race / ethnicity:_________ Gender:_________**

**Age of Child(ren) & Gender: ________________________________**

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _______________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?) _________
- Family / household structure (single parent / “nuclear” family / extended family / other?) ___________________________

**Group characteristics:**

_________________________________________________________________________________

_________________________________________________________________________________

**Group Dynamics:**

_________________________________________________________________________________

_________________________________________________________________________________

**Transportation To & From School**

Methods: In-depth interview / focus group / mapping / observation / photovoice

Note: this checklist can also be tailored to ask parents how their children get to other places. For example, do the same “rules” apply when traveling to a sport practice, to band practice, to a friend’s home, etc.?

- How does your child(ren) get to school?
  - Everyday?
  - Most days?
  - Are there different ways to get to school?

Probe for multiple modes of travel per trip (e.g., walk to bus stop then ride bus and then walk to school, or something similar) and multiple modes of travel within a week / by season / inclement weather / participation in after school activities (e.g., does the child walk to school when it is sunny and warm but get driven to school when it is raining and cold?)

- What are the barriers to walking to school?
- Is there a sidewalk/path present
  - For how much of the trip?
    - Entire?
    - Partial?
    - Condition of route (see SLU Checklists)
  - # of times (per week/month/etc.) have to walk off sidewalk/path because of something in the way?
  - # of streets need to cross on way to school?
    - Assistance in crossing?
      - What type?
At what age can a child walk alone?
- Crossings?
- Stop sign?
- Stop light?
- Other people crossing street?
- Others…

At what age can a child walk to school alone? At what age does a child have to be supervised when walking to school? (supervision—by parents? older child? other adult?)

At what age can a child walk to school in a group?
- Walking school bus

- Which of the following would allow/encourage walking to/from school more often?
  - More parents/other adults walking
  - More help crossing street
  - Better/more sidewalks and/or paths
  - Drop off place closer to school then walk rest of way
  - Fewer books to carry
  - No dogs
  - Clean/unbroken sidewalks
  - Slower traffic speeds
  - More considerate drivers
    - Definition of “considerate” may vary—need to probe for specific things that they would like to see drivers do that would make walking/biking easier.

- Biking
  - Alone
    - At what age?
  - In groups
    - At what age?
  - Supervision
    - Up to what age?
    - Who supervises?
  - Availability of paths
  - Sidewalks
  - Bike lanes
  - Distance allowed to bike
  - Protective gear / safety equipment required
    - Used?
  - Other barriers to biking?
    - ‘Scary people’ / dangerous situations? (have participants define what this means, where this occurs, etc.)
    - Inclement weather
    - School bag weight
    - Pollution
    - Lack of lockers / bike racks
    - Participation in after school programs (they may end after dark and therefore preclude *kids to biking)
    - Neighborhood violence
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Skateboarding?
  - Alone
    - At what age?
  - In groups
    - At what age?
  - Supervision
    - Up to what age?
    - Who supervises?
  - Where?
    - Availability of paths
    - Sidewalks
    - Bike lanes (or other designated area that can be used to travel by skateboard?)
  - Distance allowed to skateboard
  - Protective gear / safety equipment required?
    - Used?

- Rollerblade?
  - Alone
    - At what age?
  - In groups
    - At what age?
  - Supervision
    - Up to what age?
    - Who supervises?
  - Where?
    - Availability of paths
    - Sidewalks
    - Bike lanes (or other designated area that can be used to travel by rollerblade?)
  - Distance allowed to rollerblade
  - Protective gear / safety equipment required?
    - Used?

- What other form of personal transport (active or other) does a child use to get to school?
- Parents drive?
  - How often?
  - For what reason?
    - Weather?
    - Safety?
    - Pollution?
    - Etc? (see probes from above and use as appropriate)

- School buses?
  - Location of bus stop from home? (e.g., does the bus stop in front of the house/residence or does the child have to walk a distance to the bus stop?)

- Public Transportation?
  - What form?
  - Location of transport from home?
  - From school? (e.g., does the bus stop in front of the school or does the child have to walk from the bus stop a particular distance to the school?)
PARENT (SCHOOL) PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: __________ Date: __________ Time Start: __________ Time End: __________
Age (approx.): __________ Race / ethnicity: __________ Gender: __________
Age of Child(ren) & Gender: __________________________________________________________________________________________
Type of data collection:
  o Observation / interview / focus group / Photovoice / mapping / body silhouette
  o Location of data collection: _______________________________________________________________________________________
  o Number of Participants: __________
  o Family member participant? (Parent / grandparent / guardian / etc.?) __________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) ___________________________________________________________________________
Group characteristics:
_______________________________________________________________________________________________________________________________________

Group Dynamics:
_______________________________________________________________________________________________________________________________________

Physical Activity Concepts & Definitions

Methods: In-depth interview / focus group

• How do you (parents) view physical activity as related to health? Or Why do you (parents) think physical activity is an important part of health?

• What is the activity level of your child? (maybe probe using comparison to other children’s activity levels)
  o What does your child do for activity?
  o Does the activity level of your child vary by:
    ▪ Season?
    ▪ Day to day?
    ▪ School year?
  o How does your child’s activity level compare to other children his/her age?
    ▪ Compare by gender?
    ▪ Compare to siblings?
  o Should your child be:
    ▪ More active?
    ▪ Less active?
    ▪ Why?
• What do you (parents) see your role as with regard to encouraging PA in children? (Encouraging your child to be active?)
  o Sedentary behavior?

• How do you view your child’s body / weight / height / weight for height compared to other children? (use body image chart)
PARENT (SCHOOL) PHYSICAL ACTIVITY: TRANSPORTATION TO & FROM SCHOOL

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________

Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?)

Group characteristics:
________________________________________________________________________
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Transportation To & From School
Methods: In-depth interview / focus group / mapping / observation / photovoice

Note: this checklist can also be tailored to ask parents how their children get to other places. For example, do the same “rules” apply when traveling to a sport practice, to band practice, to a friend’s home?

- How does your child(ren) get to school?
  - Everyday?
  - Most days?
  - Are there different ways to get to school?
  
  Probe for multiple modes of travel per trip (e.g., walk to bus stop then ride bus and then walk to school, or something similar) and multiple modes of travel within a week / by season / inclement weather / participation in after school activities (e.g., does the child walk to school when it is sunny and warm but get driven to school when it is raining and cold?)
  
  - What are barriers to walking to school?
  - Is there a sidewalk/path present
    - For how much of the trip?
      - Entire?
      - Partial?
      - Condition of route (see SLU Checklists)
  
  - # of times (per week/month/etc.) has to walk off sidewalk/path because of something in the way?
  
  - # of streets need to cross on way to school?
    - Assistance in crossing?
      - What type?
        - Crossing guard?
        - Stop sign?
Stop light?

Other people crossing street?

Others…

At what age can a child walk to school alone?

Up to what age does a child have to be supervised when walking to school? (Supervision—by parents? older child? other adult?)

At what age can a child walk to school in a group?

Walking school bus

Which of the following would allow/encourage walking to/from school more often?

More parents/other adults walking

More help crossing street

Better/more sidewalks and/or paths

Drop off place closer to school then walk rest of way

Fewer books to carry

No dogs

Clean/unbroken sidewalks

Slower traffic speeds

Fewer heavy traffic streets to cross

More stop lights/crossing lanes

More considerate drivers

Definition of “considerate” may vary—need to probe for specific things that they would like to see drivers do that would make walking/biking easier.

Biking

Alone

At what age?

In groups

At what age?

Supervision

Up to what age?

Who supervises?

Availability of paths

Sidewalks

Bike lanes

Distance allowed to bike

Protective gear / safety equipment required

Used?

Other barriers to biking?

‘Scary people’ / dangerous situations? (have participants define what this means, where this occurs, etc.)

Inclement weather

School bag weight

Pollution

Lack of lockers / bike racks

Attendance in after school programs

Neighborhood violence

Skateboarding?

Alone
At what age?
  o In groups
    ▪ At what age?
  o Supervision
    ▪ Up to what age?
    ▪ Who supervises?
  o Where?
    ▪ Availability of paths
    ▪ Sidewalks
    ▪ Bike lanes (or other designated area that can be used to travel by skateboard?)
  o Distance allowed to skateboard
  o Protective gear / safety equipment required?
    ▪ Used?
• Rollerblade?
  o Alone
    ▪ At what age?
  o In groups
    ▪ At what age?
  o Supervision
    ▪ Up to what age?
    ▪ Who supervises?
  o Where?
    ▪ Availability of paths
    ▪ Sidewalks
    ▪ Bike lanes (or other designated area that can be used to travel by rollerblade?)
  o Distance allowed to rollerblade
  o Protective gear / safety equipment required?
    ▪ Used?
• What other form of personal transport (active or other) does a child use to get to school?
  o Refer to probes above and tailor as appropriate
• Parents drive?
  o How often?
  o For what reason?
    ▪ Weather?
    ▪ Safety?
    ▪ Pollution?
    ▪ Etc? (see probes from above and use as appropriate)
• School bus
  o Location of bus stop from home? (e.g., does the bus stop in front of the house/residence or does the child have to walk a distance to the bus stop?)
  o How long is the trip (ride)?
• Public Transportation?
  o What form?
  o Location of transport from home?
  o From school? (e.g., does the bus stop in front of the school or does the child have to walk from the bus stop a particular distance to the school?)
  o How long is the bus trip?
PARENT (SCHOOL) PHYSICAL ACTIVITY: ACTIVITY DURING THE SCHOOL DAY

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o Observation / interview / focus group / photovoice / mapping / body silhouette_________________________________________________________
  o Location of data collection: _________________________________________
  o Number of Participants: _______________________
  o Family member participant? (Parent / grandparent / guardian / etc.?)
  ___________________________________________________________
  o Family / household structure (single parent / “nuclear” family / extended family / other?) __________________________

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Activity during the School Day
Methods: In-depth interview / focus group / observation / photovoice

• When are your children allowed to be active during school hours?
  o PE class?
  o Between classes? (specific to junior & high schools; movement to/from classes)
  o Recess?
  o Other forms of organized physical activity during the school day?

• What are activities that older/younger children participate in?

• What are activities that boys / girls participate in?

• Do you know if your children are allowed to decide what activities they participate in?
  (Probe for activities during: the school day, intramurals, physical education class, recess, open play, etc.)
  o What are the activities that they choose?
    • Are they organized sports or “play” activities (e.g., “pick-up” games, tag, etc.)
  o How often do they participate?
  o At what age are they allowed to choose?
  o In what situations are they allowed to choose?

• What are children’s favorite activities at school?
  o Video games? Computer games?
  o Sports?
  o Playing outside?
    • How often do they engage in these activities?
Do you know what activities are offered at your child’s school?
  o Organized sports?
  o Intramurals?
  o Lunch leagues?
  o After school?
  o Open play?

What are activities that your child participates in at school?
What are barriers to your child participating in physical activity / sport / exercise at his/her school?
  o Cost?
  o Space? (e.g., no gymnasium)
  o Gender?
  o Weather?
  o Other?
**Parent (School) Physical Activity: Physical Activity & Supervision**

**Identifier:** ________  **Date:** ________  **Time Start:** ________  **Time End:** ________

**Age (approx.):** ________  **Race / ethnicity:** ________  **Gender:** ________

**Age of Child(ren) & Gender:** ______________________________________________

**Type of data collection:**
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: ________________________________________________
- Number of Participants: ______________________
- Family member participant? (Parent / grandparent / guardian / etc.)
  __________
- Family / household structure (single parent / “nuclear” family / extended family / other?)
  _________________________________

**Group characteristics:**

______________________________________________________________________________

______________________________________________________________________________

**Group Dynamics:**

______________________________________________________________________________

______________________________________________________________________________

**Physical Activity & Supervision**

*Methods: In-depth interview / focus group / observation / photovoice*

- Do children have to be supervised at school (during physical activity? At what other times?)?
  - Where?
  - When?
  - Why?
  - Are other children present?
  - Ages of the children supervised?
  - Who supervises? (Age of supervisor)
    - Older student supervisor?
    - School security?
    - Teacher playground duty?
    - Classroom aide playground duty?

- When are children allowed to be alone inside? (Outside?)
  - What time of day?
  - Up to what age do children have to be supervised?
  - Does supervision vary by activity?
  - Does supervision vary by location?
  - Are other children present?

- Are there certain times during the day when children can play unsupervised outside of school? (Trying to get at pre/post school activities)
- If not, who supervises?
- Reasons playground supervision is necessary?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of
Public Health, RWJF Grant #050750
  o Safety
    ▪ Crime/violence
    ▪ Abduction
    ▪ Crimes against children
    ▪ Gangs and other violence in neighborhoods (at park)
    ▪ Dogs running loose
    ▪ Litter
    ▪ ‘bums’
    ▪ Protection from injury?
      • Safety equipment when playing?
      • Protecting children from fighting?
PARENT (SCHOOL) PHYSICAL ACTIVITY: SCHOOL PLAY

Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
- Observation / interview / focus group / photovoice / mapping / body silhouette
- Location of data collection: _____________________________________________
- Number of Participants: _______________________
- Family member participant? (Parent / grandparent / guardian / etc.?)
- Family / household structure (single parent / “nuclear” family / extended family / other?)

Group characteristics:
________________________________________________________________________
________________________________________________________________________
Group Dynamics:
________________________________________________________________________
________________________________________________________________________

School Play (recess / PE class)
Methods: In-depth interview / focus group / observation / photovoice / mapping (playground, school layout, classroom, etc.)

School Layout
- One-story / multi-story
- Number of gyms
  - Other multi-purpose / activity rooms
- Classroom set-upº
  - Number of students in class
  - Do students move around between classes?
    - In the classroom?
      - E.g., jumping jacks between English and Math, having students throw beanbags (or other object) into a receptacle for counting exercises
      - Do students have to change classrooms for each subject?

ºFor questions related to classroom activity and/or set-up: Do students have choices in activity type?

Field Trips
- How often?
- What kind?
- Activity involved? Encouraged?

Playground (parent perception of):
- Safety
- Fencing
Availability of equipment
- Fixed equipment
  - E.g., jungle gyms, balance beams other “built” equipment
- Other equipment
  - E.g., balls, jump ropes, etc.
  - Ball to child ratio?

Condition of equipment
- E.g., basketball hoops but no nets, only rims; soccer goals with no nets, etc.

Available for before/after school

Supervision available?
- Supervision present?

Outdoor and indoor fields / courts
- Number of basketball hoops / baseball diamonds / football and / or soccer fields / etc.

Recess
- Yes/no
- Number of times offered each day?
  - Lunch hour recess: before or after lunch
- Length
- Indoor / outdoor
  - Frequency of indoor recess?
    - Per week? Per month? etc.?
    - Rationale?
      - Weather?
      - Safety?
      - Other?
- What activities are available for your child to participate in at recess?
- Do you know what activities your child participates in at recess?
  - Sports
  - Tag
  - Ball games (tetherball, foursquare, funnelball)
  - Equipment play
  - Standing around

Indoor alternatives for inclement weather / safety purposes
- Movie ‘hour’ as alternative to outdoor play?
- Gym or other open space available for indoor play?
- Other alternatives?

Miscellaneous
- After school programs
  - What is offered?
    - Any PA related activities?
      - Which ones?
        - Traditional (organized sports) vs. non-traditional (dance, martial arts, etc.)
        - Structured vs. unstructured
How often? (days per week / month, etc.)
- How long?
  - 30 minutes, 1 hour, etc.
- Supervision?
- Age of participants?
- Gender?
- What are barriers to participation in an after school program?
- Cost
  - Free
  - Fee

- Tuition

- School & park district connection?
  - Location of schools relative to park district programs
  - Interrelated activities?

- Neighborhood programs
- Summer school programs
Identifier: _________ Date: _________ Time Start: ________ Time End: ________
Age (approx.): _________ Race / ethnicity: _____________ Gender: ___________
Age of Child(ren) & Gender: ______________________________________________
Type of data collection:
  o  Observation / interview / focus group / photovoice / mapping / body silhouette
  o  Location of data collection: ____________________________________________
  o  Number of Participants: ____________________________________________
  o  Family member participant? (Parent / grandparent / guardian / etc.?)
  o  Family / household structure (single parent / “nuclear” family / extended family / other?) _______________________________
Group characteristics:

_______________________________________________________________
_______________________________________________________________
Group Dynamics:

_______________________________________________________________

Methods: In-depth interview / focus group / mapping / observation/ photovoice
  –  For this checklist, students may not be able to answer questions related to policy or exact time, but it might be helpful to have them take pictures of the areas that they use for activity or ask them to draw a map of what is available for them to use. These pictures and maps should demonstrate quality of equipment, resources available and types of play that they students engage in.
  –  Also, remember some questions may not be appropriate for all age groups.

Miscellaneous
  •  After school programs
    •  What’s offered?
      •  Any PA related activities?
        •  Which ones?
          o  Traditional (organized sports) vs. non-traditional (dance, martial arts, etc.)
          o  Structured vs. unstructured
        •  How often? (days per week / month, etc.)
        •  How long?
          •  30 minutes, 1 hour, etc.
        •  Supervision?
        •  Age of participants?
        •  Gender?
        •  Cost
          •  Free
          •  Fee
          •  Tuition
    •  School & park district connection?
o Location of schools relative to park district programs
  o Interrelated activities?
• Neighborhood programs
• Summer school programs
TEACHER PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: __________ Date: _______ Time Start: _______ Time End: _______
Age (approx.):________ Gender: __________ Race / ethnicity: _______________
Years Teaching: _______ Grade Taught: ____________
School Type (pre-school / elementary / middle / high):
__________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
__________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
__________________________________________________________________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
  o Location of data collection: ________________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
__________________________________________________________________
Group characteristics:
__________________________________________________________________
Group Dynamics:
__________________________________________________________________

Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active?
Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Physical Activity Concepts & Definitions
Methods: In-depth interview / focus group

- How do you (parents) view physical activity as related to health? Or Why do you (parents) think physical activity is an important part of health?

- What is the activity level of your child? (maybe probe using comparison to other children’s activity levels)
  o What does your child do for activity?
  o Does the activity level of your child vary by:
    • Season?
    • Day to day?
    • School year?
  o How does your child’s activity level compare to other children his/her age?
    • Compare by gender?
    • Compare to siblings?
○ Should your child be:
  ▪ More active?
  ▪ Less active?
  ○ Why?

○ What do you (parents) see your role as with regard to encouraging PA in children?
  (Encouraging your child to be active?)
  ○ Sedentary behavior?

○ How do you view your child’s body / weight / height / weight for height compared to other children? (use body image chart)
Teacher Physical Activity: Transportation To & From School

Identifier: __________ Date: ________ Time Start: ________ Time End: ________
Age (approx.): __________ Gender: __________ Race / ethnicity: __________
Years Teaching: ________ Grade Taught: __________
School Type (pre-school / elementary / middle / high):
________________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
________________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
________________________________________________________________________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
  o Location of data collection: __________________________________________
  o Number of Participants: __________________________________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
________________________________________________________________________

Group characteristics:
________________________________________________________________________

Group Dynamics:
________________________________________________________________________

Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Transportation To & From School
Methods: In-depth interview / focus group / observation

  • What do you know about student transportation to / from school?
  • Does your school offer students:
      o Walking school bus?
      o Assistance in crossing?
        ▪ What type?
          • Crossing guard?
          • Stop sign?
          • Stop light?
          • Other people crossing street?
          • Others…
  
  • In your perspective (based on your experience), which of the following would allow/encourage walking to/from school more often?
    o More parents/other adults walking
• In your perspective (based on your experience), which of the following would allow/encourage *biking* to/from school more often?
  o Alone
  o In groups
  o Supervision
  o Availability of paths
  o Sidewalks
  o Bike lanes
  o Distance allowed to bike
  o Protective gear required
    • Protective gear used?

• Do you think that neighborhood violence affects student’s transportation choices?
• Do you have any ideas / suggestions how to improve alternative (active) modes of transportation to school?
TEACHER PHYSICAL ACTIVITY: ACTIVITY DURING THE SCHOOL DAY

Identifier: __________ Date: ________ Time Start: ________ Time End: ________
Age (approx.):__________ Gender: ___________ Race / ethnicity: _______________
Years Teaching: ________ Grade Taught: ____________
School Type (pre-school / elementary / middle / high):
________________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
________________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
________________________________________________________________________
Type of data collection:
○ Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
○ Location of data collection: _____________________________________________
○ Number of Participants: ____________________________________________
○ Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
________________________________________________________________________
Group characteristics:
________________________________________________________________________
Group Dynamics:
________________________________________________________________________

Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active?
Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Activity during the School Day
Methods: In-depth interview / focus group / observation / mapping / photovoice

• When are children allowed to be active during school hours?
  ○ PE class?
  ○ Between classes? (specific to junior & high schools; movement to/from classes)
  ○ Recess?
• What are activities that older / younger children participate in?
• What are activites that boys / girls participate in ?

• Are children allowed to decide what activities they participate in? (during the school day, intramurals, physical education class, recess, open play, etc.)
  ○ What are the activities that they choose?
  ○ How often do they participate?
  ○ At what age are they allowed to choose?
  ○ In what situations are they allowed to choose?
• What are children’s favorite activities at school?
  o Video games? Computer games?
  o Sports?
  o Playing outside?
    ▪ How often do they engage in these activities?

• What are activities that you participate in?
Teacher Physical Activity: Physical Activity & Supervision

Identifier: __________ Date: ________ Time Start: ________ Time End: ________
Age (approx.): ________ Gender: __________ Race / ethnicity: ______________
Years Teaching: ________ Grade Taught: ____________
School Type (pre-school / elementary / middle / high):

Concentration (e.g., English, Physical Education, etc.)

School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:

Group Dynamics:

Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active?
Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Physical Activity & Supervision
Methods: In-depth interview / focus group / observation / mapping

- Do children have to be supervised?
  o Where?
  o When?
  o Why?
  o Are other children present?
  o Ages of the children supervised?
  o Age of supervisor
    ▪ Older student supervisor?
    ▪ School security?
    ▪ Teacher playground duty?
    ▪ Classroom aide playground duty?
- When are children allowed to be alone inside? (Outside?)
  o What time of day?
  o Up to what age do children have to be supervised?
- Does supervision vary by activity?
- Does supervision vary by location?
- Are other children present?

- Are there certain times during the day when children can play unsupervised outside of school on the school grounds? (Trying to get at before/after school activities)
- If not, who supervises?
- Reasons playground supervision is necessary?
  - Safety
    - Crime/violence
    - Abduction
    - Crimes against children
    - Gangs and other violence in neighborhoods (at park)
    - Dogs running loose
    - Litter
    - ‘bums’
    - Protection from injury?
      - Safety equipment when playing?
      - Protecting children from fighting?
TEACHER PHYSICAL ACTIVITY: SCHOOL PLAY

Identifier: __________ Date: _______ Time Start: _______ Time End: _______
Age (approx.):________ Gender: __________ Race / ethnicity: _______________
Years Teaching: ________ Grade Taught: ___________
School Type (pre-school / elementary / middle / high):
________________________________________________________________________
Concentration (e.g., English, Physical Education, etc.)
________________________________________________________________________
School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)
________________________________________________________________________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette_______
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)
________________________________________________________________________
Group characteristics:
________________________________________________________________________
Group Dynamics:
________________________________________________________________________
Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

School Play (recess / PE class)
Methods: In-depth interview / focus group / observation / mapping (playground, school layout, classroom, etc.)

School Layout
  • One-story / multi-story
  • Number of gyms
    o Other multi-purpose / activity rooms
  • Classroom set-up*
    o # of students in class
    o Do students move around between classes?
      ▪ In the classroom?
        • E.g., jumping jacks between English and Math, having students throw beanbags (or other object) into a receptacle for counting exercises
        • Do students have to move classrooms for each subject?

*For questions related to Classroom activity, set-up: Do students have choices in activity type?
Field Trips

- How often?
- What kind?
- Activity involved? Encouraged?

Playground

- Safety
- Fenced
- Availability of equipment
  - Fixed equipment
    - e.g., jungle gyms, balance beams other “built” equipment
  - Other equipment
    - e.g., balls, jump ropes, etc.
    - Ball to child ratio?
- Condition of equipment
  - E.g., basketball hoops but no nets, only rims, soccer goals with no nets, etc.
- Available for before/after school
- Supervision
- Outdoor and indoor fields / courts
  - Number of basketball hoops / baseball diamonds / football and / or soccer fields / etc.

Recess

- Yes/no
- # of times offered each day?
  - Lunch hour recess: before or after lunch
- Length
- Indoor / outdoor
  - Reasons?
- Activities during recess
  - Develop checklist re: what kids do? (an observation checklist?)
    - Sports
    - Tag
    - Ball games (tetherball, foursquare, funnelball)
- Equipment play
- Standing around
- Indoor alternatives for inclement weather / safety purposes
  - Movie ‘hour’ as alternative to outdoor play?
  - Gym or other open space available for indoor play?
  - Other alternatives?

School Layout

- One-story / multi-story
- Number of gyms
  - Other multi-purpose / activity rooms
- Classroom set-up
  - # of *students in class
  - Do *students move around between classes? (probably more appropriate to middle / high school students who switch classrooms)
**TEACHER PHYSICAL ACTIVITY: PHYSICAL EDUCATION**

<table>
<thead>
<tr>
<th>Identifier:</th>
<th>Date:</th>
<th>Time Start:</th>
<th>Time End:</th>
</tr>
</thead>
</table>

**Age (approx.):** | **Gender:** | **Race / ethnicity:** | **Years Teaching:** | **Grade Taught:** |

**School Type (pre-school / elementary / middle / high):**

**Concentration (e.g., English, Physical Education, etc.)**

**School Location (catchment area?)** (e.g., neighborhood, suburban, urban, etc.)

**Type of data collection:**
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection:
- Number of Participants:
- Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

**Group characteristics:**

**Group Dynamics:**

*Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.*

**Physical Education**

*Methods: In-depth interview / focus group / observation*

- Is PE vs. PA built into classroom activities?
  - e.g., do students participate in “active” learning exercises? Encouraged to move about? Given activity breaks?
- A separate class?
- # of times per week
- How long is each class?
- What is the PA intensity in the PE class?
- # of students / class
- Up to what grade do students have to participate in PE?
  - How do students “get out of” PE?
    - Doctors waivers?
    - Illness? (Real or imagined?)
    - Nurses visit?
    - Etc…
- Types of activities offered?
- What curriculum does the school follow for PE?
- What is considered PE?
- How do schools get out of offering PE? (waivers) Requiring students to participate in PE?
  - e.g., do athletes have opportunity to not participate in PE? Do scholars, musicians, other students who participate in intramural/interscholastic activities?
  - Released from PE to bring grades up?
- How much of each class period is spent on “active” activities? (# of minutes?)
  - Note: For a quantitative assessment of this topic, see Sallis, et al describing the SOFIT analysis program for methods of monitoring active/passive PE activity. A complete reference is found in the Appendix F: Additional Resources)
- Do students spend lots of time standing around?
  - Define—how much time in each class do students actively engage in activity? What type of exertion is required? Strenuous? Moderate? Light? etc.)
  - Note: Again, for a quantitative assessment of this topic, see Sallis, et al, describing the SOFIT analysis program for methods of monitoring active/passive PE activity. A complete reference is found in the resource section of the manual.
- Are students encouraged to participate in alternate activities?
  - Who?
  - Why?
  - When?
  - When not participating in class activity?
  - What activities are encouraged as “alternates”?
    - e.g. when waiting turn, are students encouraged to stay active? (i.e., do jumping jacks; run in place, do sit-ups, push-ups, etc.?)
TEACHER PHYSICAL ACTIVITY: MISCELLANEOUS

Identifier: __________ Date: ________ Time Start: ________ Time End: ________

Age (approx.):__________ Gender: ___________ Race / ethnicity: _______________

Years Teaching: ________ Grade Taught: ____________

School Type (pre-school / elementary / middle / high):

Concentration (e.g., English, Physical Education, etc.)

School Location (catchment area?) (e.g., neighborhood, suburban, urban, etc.)

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping/ photovoice / body silhouette
  __________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (teacher, teaching assistant, school administrator, etc.)

Group characteristics:

Group Dynamics:

Note: Potential introductory / global teacher PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Miscellaneous

Methods: in-depth interview / focus groups / mapping
  • After school programs
    • What’s offered?
      ▪ Any PA related activities?
        • Which ones?
          o Traditional (organized sports) vs. non-traditional (dance, martial arts, etc.)
          o Structured vs. unstructured
        ▪ How often? (days per week / month, etc.)
        ▪ How long?
          • 30 minutes, 1 hour, etc.
        ▪ Supervision?
        ▪ Age of participants?
        ▪ Gender?
        ▪ Cost
          • Free
• Fee
• Tuition
• School & park district connection?
  o Location of schools relative to park district programs
  o Interrelated activities?
• Neighborhood programs
• Summer school programs
ADMINISTRATOR PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Note: Potential introductory / global administrator PA question: What role do you think that teachers (as a group) or schools play in encouraging children to be physically active? Also, remember some questions may not be appropriate for all age groups, tailor the questions according to grade level (or specialty) of teacher(s) with whom you are speaking.

Physical Activity Concepts & Definitions
Methods: In-depth interview / focus group

- How do you (parents) view physical activity as related to health? Or Why do you (parents) think physical activity is an important part of health?

- What is the activity level of your child? (maybe probe using comparison to other children’s activity levels)
  - What does your child do for activity?
  - Does the activity level of your child vary by:
    - Season?
    - Day to day?
    - School year?
  - How does your child’s activity level compare to other children his/her age?
    - Compare by gender?
    - Compare to siblings?

  - Should your child be:
    - More active?
    - Less active?
    - Why?

- What do you (parents) see your role as with regard to encouraging PA in children? (Encouraging your child to be active?)
  - Sedentary behavior?

- How do you view your child’s body / weight / height / weight for height compared to other children? (use body image chart)
ADMINISTRATOR PHYSICAL ACTIVITY: TRANSPORTATION TO & FROM SCHOOL

Identifier: ___________ Date:__________ Time Start: _______ Time End: _______
Age (approx.): ________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette __________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:
_______________________________________________________________
_______________________________________________________________

Group Dynamics:
_______________________________________________________________
_______________________________________________________________

Note: Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

Transportation To & From School
Methods: In-depth interview / focus group / observation

  • What do you know about how students get to / from school?
  • Does your school offer students:
    o Walking school bus?
    o Assistance in crossing?
      - What type?
        • Crossing guard?
        • Stop sign?
        • Stop light?
        • Other people crossing street?
        • Others…

  • In your perspective (Based on your experience), which of the following would allow/encourage walking to/from school more often?
    o More parents/other adults walking
    o More help crossing street
    o Better/more sidewalks and/or paths
    o Drop off place closer to school then walk rest of way
    o Fewer books to carry
    o No scary dogs
    o Clean/unbroken sidewalks
    o Slower traffic speeds
In your perspective (Based on your experience), which of the following would allow/encourage biking to/from school more often?

- In groups
- Supervision
- Availability of paths
- Sidewalks
- Bike lanes
- Distance allowed to bike
- Protective gear required
- Secure bike parking

How do you think that neighborhood violence affects student’s transportation choices?

What ideas do you have that would improve transportation to school?
ADMINISTRATOR PHYSICAL ACTIVITY: ACTIVITY

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- Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:
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Group Dynamics:
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____________________________________________________________________________________

Note: Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

Activity

Methods: In-depth interview / focus group / observation / photovoice

- When are children allowed to be active during school hours?
  - PE class?
  - Between classes? (specific to junior & high schools; movement to/from classes)
  - Recess?

- Are children allowed to decide what activities they participate in?
  - What are the activities that they choose?
  - How often do they participate?
  - At what age are they allowed to choose?

- What are children’s favorite activities?
  - Video games? Computer games?
  - Sports?
  - Playing outside?
    - How often do they engage in these activities?

- What are activities that you participate in at school with children?
**ADMINISTRATOR PHYSICAL ACTIVITY: PHYSICAL ACTIVITY & SUPERVISION**

Identifier: ___________ Date:__________ Time Start: _______ Time End: ________
Age (approx.): ________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ___________
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

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Group characteristics:

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Group Dynamics:

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**Note:** Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

**Physical Activity & Supervision**

*Methods: In-depth interview / focus group / observation*

- Do children have to be supervised at play? (vs. need to be supervised? i.e., for potentially dangerous activities?)
  - Where?
  - When?
  - Why?
  - Are other children present?
  - Age of the child supervised?
  - Age of supervisor
    - Older student supervisor?
    - School security?
    - Teacher playground duty?
    - Classroom aide playground duty?

- Reasons playground supervision is necessary?
  - Safety
    - Crime/violence
    - Abduction
    - Crimes against children
    - Gangs and other violence in neighborhoods (at park)
    - Dogs running loose
    - Litter
‘bums’
  - Protection from injury?
    - Safety equipment when playing?
    - Protecting children from fighting?

- When are children allowed to be alone inside at school? (Outside?)
  - What time of day?
  - Up to what age do children have to be supervised?
  - Does supervision vary by activity?
  - Does supervision vary by location?
  - Are other children present?

- Are there certain times during the day when children can play unsupervised outside of school? (Trying to get at before/after school activities)
- If not, who supervises?
ADMINISTRATOR PHYSICAL ACTIVITY: SCHOOL PLAY

Identifier: ___________ Date: ___________ Time Start: _______ Time End: _______
Age (approx.): ________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ________________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:
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_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
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Note: Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

School Play (recess / PE class)
Methods: In-depth interview / focus group / observation / mapping (playground, school layout, classroom, etc.)

School Layout
  • One-story / multi-story
  • Number of gyms
    o Other multi-purpose / activity rooms
  • Classroom set-up*
    o # of students in class
    o Do students move around between classes?
      ▪ In the classroom?
        • e.g., jumping jacks between English and Math, having students throw beanbags (or other object) into a receptacle for counting exercises
        ▪ Do students have to move classrooms for each subject?

*For questions related to Classroom activity: Do students have choices in activity type?

Field Trips
  • What kind?
  • For whom? (Are all students encouraged to participate?)
    How often?
  • Activity involved?
Playground
- Safety?
- Fenced in?
- Condition of equipment?
- Available for before / after school play?
- Supervision?

Recess
- Yes/no
- Length
- Indoor / outdoor
  - Reasons?
- # of times offered each day?
  - Lunch hour recess: before or after lunch?
- Activities during recess
  - What do kids do?
    - Sports
    - Tag
    - Ball games (tetherball, foursquare, funnelball)
    - Equipment play
    - Standing around
- Indoor alternatives for inclement weather / safety purposes
  - Movie ‘hour’ as alternative to outdoor play?
  - Gym available for indoor play?
  - Cafeteria available for indoor play?
  - Other alternatives?
ADMINISTRATOR PHYSICAL ACTIVITY: PHYSICAL EDUCATION

Identifier: ___________ Date:__________ Time Start: _______ Time End: _______
Age (approx.): ________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ___________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (Principal / School superintendent / School District Dietitian / curriculum team member / etc.)

Group characteristics:
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Note: Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

Physical Education
Methods: In-depth interview / focus group / observation

- What is considered PE?
- Is PE vs. PA built into classroom activities?
  o A separate class?
- Number of times required per week?
- How long is each class?
- Number of students / class?
- Up to what grade do students have to participate in PE?
  o How do students “get out of” PE?
    ▪ Doctor’s waivers?
    ▪ Illness? (real or imagined?)
    ▪ Nurse’s visit?
    ▪ Etc….
- Types of activities offered?
- What curriculum does the school follow for PE?
- How do schools get out of offering PE? (waivers) Requiring students to participate in PE?
- How much of each class period is spent on “active” activities? (# of minutes?)
  o Note: For a quantitative assessment of this topic, see Sallis, et al describing the SOFIT analysis program for methods of monitoring active/passive PE activity. A complete reference is found in the Appendix F: Additional Resources)
Do students spend lots of time standing around? (Define—how much time in each class do students actively engage in activity? What type of exertion is required? Strenuous? Moderate? Light?)

Note: Again, for a quantitative assessment of this topic, see Sallis, et al describing the SOFIT analysis program for methods of monitoring active/passive PE activity. A complete reference is found in the Appendix F: Additional Resources.

• Are students encouraged to participate in alternate activities?
  o When not participating in class activity?
    ▪ For example, when there are 20 students in a class and a certain activity requires only 5 students at a time, are the remaining 15 students encouraged to jump rope, run in place, do push-ups, sit-ups, etc.? Or do they “stand in line” or wait inactively for their turn?
Administrator Physical Activity: Miscellaneous

Identifier: _______ Date: _______ Time Start: _______ Time End: _______
Age (approx.): _______ Gender: _______ Race / ethnicity: _______

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________
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Group characteristics:
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Group Dynamics:
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Note: Potential Introductory / global principal (administrator) PA question: What role do you think that teachers (as a group), administrators or schools play in encouraging children to be physically active?

Miscellaneous

Methods: in-depth interview, focus group
- After school programs
  - What is offered?
    - Any PA related activities?
      - Which ones?
        - How often?
        - How long?
        - Supervision?
    - Age of participants
  - Cost
    - Free
    - Fee
    - Tuition
- School & park district connection?
- Neighborhood programs?
- Summer school programs?
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

COMMUNITY PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: _______________________________________
- Number of Participants: _______________________
- Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

_________________________________________________________________________________

Physical Activity Concepts & Definitions

Methods: In-depth interview / focus group

- How does your community view physical activity as related to health? Or Why does your community think physical activity is an important part of health?
- What is the activity level of children in your community? (maybe probe using comparison to other children’s activity levels)
  - What does children do for activity?
    - Does the activity level of children vary by:
      - Season?
      - Day to day?
      - School year?
  - How does the activity level of children in your community compare to children in other communities?
    - Compare by gender?
    - Compare to siblings?
  - Should children in your community be:
    - More active?
    - Less active?
    - Why?

- What do members of your community feel is their role with regard to encouraging PA in children? (Encouraging children to be active?)
  - Sedentary behavior?

- How do members of your community view their children’s body / weight / height / weight for height compared to other children? (use body image chart)
COMMUNITY PHYSICAL ACTIVITY: COMMUNITY RESOURCES & PHYSICAL ACTIVITY

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette ____________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:
________________________________________________________________________

Group Dynamics:
________________________________________________________________________
________________________________________________________________________

Community Resources & Physical Activity

Note: When using this checklist, it may be realized that information should be gathered specific to a certain age group and/or gender instead of collecting about the population at large. In certain communities or populations, there are particular activities that are allowed or disallowed and these activities may vary by age, gender or both. Keep this in mind when deciding how to use this checklist and with whom it will be used. Additionally, not all questions may be easily answered by all age groups. Similarly, it may be important to ask this information of adult community leaders or parents of the children as well. Does the information concur? Where does it differ?

Methods: In-depth interview, focus groups, mapping, observation
Another potential data collection strategy involves using the Photovoice technique: Provide the target population (probably more useful with older children or adults) with cameras and ask them to take pictures of areas that they use for activity/sport/exercise or of their peers engaged in activity. After developing the pictures, build a focus group around this technique and ask the photographers to describe what is going on in each of the pictures? Why did they take the picture? What type of activity is taking place in each photo? Why aren’t people engaged in certain activities? Is there supervision present? Why? Use some of the probes listed in the checklist to elicit further information.

- Where are children/youth/adolescents allowed to be active?
  o Play sports
  o Exercise?
- When are they allowed to be active at these locations?
  o Time of day?
  o Season?
  o Supervision?
  o Other?
• Cultural standards for activity? (By age, gender, etc.)
  o What is ‘normal’?
  o Permissible?
• Where do children (teens/adults/etc.) go for exercise / sport / physical activity? Fun?
  Need to probe for:
  o What activity/exercise/sport the child / youth / adolescent participates in (at each site)
  o Who participates? Who doesn’t?
  ▪ School
  ▪ Church
  ▪ Neighbor
  ▪ Y’s
  ▪ Boys & Girls Clubs
  ▪ Children’s programs (e.g., Boy/Girl Scouts)
  ▪ Community Centers
  ▪ Park District
    ▪ Organized programs vs. “pick-up” games
    ▪ Free play in parks
  ▪ Playground activities?
  ▪ Fees?

• How do children get to the above places?
• What are activities available at these sites?
• How could these places be made easier to use?
  o Safer?
  o More friendly to children?
  o More friendly to parents?
  o An overall better experience?

• What are other community resources that contribute to (in-) activity in children?
  o Blockbuster (video stores)
  o Internet Cafes for youth (computer games, online gaming, etc.)
  o Hang out spots for older kids/adolescents?

Other resources:
• Day care programs
• After school programs
• Mutual aid associations (e.g., Heartland Health Outreach)
• Community health centers
• Aldermen
• Head Start programs
COMMUNITY PHYSICAL ACTIVITY: NEIGHBORHOOD CHARACTERISTICS

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- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:

Group Dynamics:

Neighborhood Characteristics: Safety Issues
Methods: In-depth interviews, focus groups, observation, mapping

For a quantitative assessment of this topic, see Brownson, et al, (2004) describing the Audit Tool Analytic Version that uses an ecological approach to assessing the environment for characteristics that may make an area more or less friendly for physical activity. A complete reference is found in the resource section of the manual.

- Traffic
  - Crossing streets

- Police presence (positive & negative)

- Gentrification & neighborhood use
  - Rules & regulations

- Neighborhood use of community space
  - Generational use
    - Perception of use (what a space can / cannot be used for)
    - Not using space because it is not used by “your group” (e.g., in the development of this manual, participants in a focus group stated that there is a skatepark in S. Chicago that is deemed to be used by “whites only” although it is in/near a predominantly black neighborhood)
  - Suburbs
    - Limited access / activity

- Legal status
  - Where do people feel comfortable?
• Cultural norms of where you do / don’t belong
• Group conflict (e.g., girls in groups/cliques—not a “gang” in tradition definition of word)
• Parents of daughters vs. parents of sons
  o Different norms & standards of activity
  o May not be a neighborhood space for girls (as compared to basketball courts for boys)

• Bike paths
• Sidewalk condition
• Vacant lots
• Parks
  o Location?
  o Access?
  o Safety?
COMMUNITY PHYSICAL ACTIVITY: PHYSICAL ACTIVITY & SUPERVISION

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________
Type of data collection:
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  - Location of data collection: ______________________________
  - Number of Participants: _______________________
  - Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.)

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Physical Activity & Supervision
Methods: in-depth interview / focus group / mapping / observation
Note: remember to probe for age and gender distinction.

- Do children / youth / adolescents (boys & girls) have to be supervised?
  - Where?
  - When?
  - Why?
  - Are other children present?
  - Age of the child supervised?
  - Age of supervisor
    - Relationship of supervisor to child?

- When are children allowed to be alone inside? (Outside?)
  - What time of day?
  - Up to what age do children have to be supervised? (gender differences?)
  - Does supervision vary by activity?
  - Does supervision vary by location?
  - Are other children present?

- How far are children allowed to be unsupervised outside of the home? (within ??? radius of home can children play unsupervised?)

- Reasons supervision is necessary?
  - Safety
    - Crime/violence
    - Abduction
    - Crimes against children
- Gangs and other violence in neighborhoods (at park)
- Dogs running loose
- Litter
- ‘bums’
- Protection from injury?
  - Safety equipment when playing?
  - Protecting children from fighting?
COMMUNITY PHYSICAL ACTIVITY: PARKS & RECREATION SYSTEM

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________
Age (approx.): ___________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice / body silhouette
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (Parent / Community organization leader / CHC representative / restaurant or store owner / Government spokesperson, etc.?)

Group characteristics:
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________

Parks & Recreation System
Methods: in-depth interview / focus group / mapping / observation
Note: These questions can (should) be asked of other organizations/systems that host programs for children/youth/adolescents, in addition to parents, teachers, lay and clinical health/nutrition/physical activity professionals and children.. For example, YWCAs or YMCAs, schools, Churches, etc.

- Park District Programs
  - Organized programs vs. “pick-up” games
  - Free play in parks
    ▪ What?
  - Who participates?
    ▪ Age?
    ▪ Gender?
    ▪ Race/Ethnicity?
  - Who doesn’t?
    ▪ Age?
    ▪ Gender?
    ▪ Race/Ethnicity?
  - Playground activities?
  - Fees?
  - Hours park/playground/gym open?
Physician/Provider Nutrition: Obesity & Overweight

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  - Observation / Interview (type of interview) / focus group / mapping / photovoice
  - Location of data collection: ______________________________
  - Number of Participants: _______________________
  - Participant Characteristics: (physician / pediatrician / nurse / registered dietitian / etc.)

Group characteristics:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Group Dynamics:
_________________________________________________________________________________
_________________________________________________________________________________

Methods: In-depth interview(s), focus groups

- Provider demographics: ethnicity, gender, type of provider (FP/Peds/Nurse Practitioner, PA, etc.)
- What is your definition of overweight in children?
- What is your definition of obesity in children?
- At what point do you intervene?
  - Screening for other obesity related medical conditions?
  - Only if the patient has an obesity related medical condition
- Does the provider believe that s/he can provide effective nutrition education or guidance/physical activity education or guidance to her/his patients?
  - What level of knowledge does the provider have with regard to nutrition, child feeding behavior, appropriate amounts/types of physical activity, etc.?
  - Describe the content and length of portion of visit that pertains to nutrition, growth/weight and eating behaviors.
- Who does the provider refer to for counseling—RNs/nutritionists/R.D.s…?
  - What kind of language do physicians use to educate and counsel or discuss nutrition and weight concerns to (for example, do physicians use the word “overweight” speaking with children but “obese” when talking to the parents, do they never use the work obese, etc.?):
    - Children?
    - Parents?
  - (for example, does the provider use the term “obese”, “overweight”, “fat”, etc. when talking to the patient and family? and how are these words received by the patients/family?)
- What about anticipatory guidance re: nutrition and PA? (e.g., use of the HEADS expanded version for discussion of eating behaviors/consumption?)
  - Discussion of development of feeding patterns?
  - Feeding problems?
- What standards, guidelines and tools are used to screen and assess:
Eating behaviors/food choices (the following are probes about how this assessment may be done):
- “usual or typical food intake”
- food diary
- 1-day recall
- food frequency questionnaire
- frequency of specific foods
- eating practices or patterns

Food resources

Physical activity (are questions being asked about any/all of the following):
- organized physical activity
  - minutes per day
  - intensity level of activity
- unstructured physical activity
  - minutes per day
  - intensity level of activity
- routine activity
- time spent in sedentary behavior
- recommended evaluation

Do you routinely assess children’s body image perception?
- If yes, probe for how the clinicians/providers do this? (A potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask the (children) participants directly where they think they fall on the tool, but to ask about general norms and ideals.)

Describe your patient’s views about weight (i.e., what is their perception of normal weight vs. overweight vs. obese and body image)?
(A potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask the participant directly where they think they fall on the tool, but to ask about general norms and ideals.)

What intervention strategies do you prefer?
- Nutrition counseling
- Ask about physical (in-) activity? Sedentary behavior
- History of teasing about weight, history of abuse
- Poor self-esteem
- Do you ask about eating disorders?
- Do you ask about family food preparation and consumption behaviors?

What intervention strategies do you feel are successful?
- Why?

What barriers do you face in your practice when trying to promote nutrition and physical activity?
• Patient-related?
• Office or clinical practice-related?
• Lack of reimbursement?
• Presence/absence of support services?
  o Access to multidisciplinary team (exercise physiologists, dietitians, behaviorists), telephone/internet communication strategies
  o Access to fitness facilities?
• Personal?
• Lack of parent involvement, lack of patient motivation?

• At what point do you think parents become concerned about their child’s weight?
  o Does this vary by:
    • Parent age?
    • Child age?
    • Race/ethnicity?
    • Birth order (younger vs. older children)?

• At what point do parents usually communicate concerns or ask for help about their child’s weight?
  o How do parents’ beliefs/attitudes vary by demographics?

• What is the best way to gauge parent’s satisfaction or dissatisfaction or concern about their child’s weight or body image?
  (Again, a potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask them participant directly where they think their child falls on the tool, but to ask about general norms and ideals.)

• Ideally, at what point should physicians intervene?
  o For a focus group, ask about the providers “ideal/dream intervention”—E.g., with no constraints (time/$$, etc.), how would they combat childhood obesity?
PHYSICIAN / PROVIDER NUTRITION: NUTRITION CONCEPTS & DEFINITIONS

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: ____________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice___________
  o Location of data collection: _______________________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (physician / pediatrician / nurse / registered dietitian / etc.)

Group characteristics:
_______________________________________________________________________________

Group Dynamics:
_______________________________________________________________________________

Nutrition Concepts & Definitions

Methods: In-depth Interview / focus group

Food
  • How do you describe food?
    Probe:
      o Good & bad foods
      o Healthy vs. unhealthy foods
        o What are concepts/perceptions of healthy/unhealthy foods?
          ▪ E.g., In focus groups held during the development of the manual, participants stated that healthy foods taste bad and gave the example of skim milk having “no flavor”, tasting like water.
      o Foods vs. beverages
        o Good vs. bad beverages
          o E.g. what is juice? In previous focus groups, participants stated that Kool-Aid®, Gatorade®, and other flavored (sugary) drinks were juice
        o What is a balanced diet?
          ▪ Are there certain foods that *kids need to eat every day?
          ▪ Once in a while?
          ▪ What foods are offered to ensure variety?
      o What kind of foods do kids need?
        ▪ How much?
        ▪ How often?
        ▪ What foods (beverages) are eaten every day?
• Why?
• What amount?)

  • Once a week?
  • Why?
  • What amount?

  • Special occasions?
  • Why?
  • What amount?)

  • Meals
    • What makes a meal?
      Probe for breakfast / lunch / dinner
      • Kinds of foods?
      • Beverages?

Nutrition
• How do you define nutrition? (e.g., what do you think of when you hear the word “nutrition”?)
  Probe:
    • Good vs. bad nutrition
    • Who uses the word “nutrition”?
      • Why?

Diet
• How is the word diet used? What does it mean?
• Who uses it?
  • Why?
• How do the words food and diet relate?
  • Are they used similarly?
PHYSICIAN / PROVIDER NUTRITION: NUTRITION & CHILDREN WHO GROW POORLY

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________
Age (approx.): ____________ Gender: ___________ Race / ethnicity: ____________

Type of data collection:
- Observation / Interview (type of interview) / focus group / mapping / photovoice
- Location of data collection: ______________________________
- Number of Participants: _______________________
- Participant Characteristics: (physician / pediatrician / nurse / registered dietitian / etc.)

Group characteristics:

Group Dynamics:

Nutrition & Children Who Grow Poorly
Methods: In-depth interviews, focus groups
Note: Poor growth often related to feeding difficulties, not just nutritional value of foods consumed, but food/eating behaviors. Need to ask questions that probe for each of these issues.

- How is poor growth defined?
  - By parents?
  - By medical/health professionals?
- Parental perceptions of poor growth
  - Does this differ by child’s age?
    - Over- / under-weight?
- Poor growth and eating often associated with food / eating environment
- Negative emotions = negative association with food
  - Food aversions
- Distinguish poor growth from slow, but normal growth

Sick Children
- Chronically ill vs. acutely ill children
  - Chronic and acute (asthma)
- Overfeeding to compensate
  - Are children given sweet or fatty food? (e.g., overindulged to compensate for illness/injury).
- Withholding food when ill
- Control—
  - Only allowed to eat certain foods?
  - “health” food
  - Certain amounts?
- No limits
  - Allowed to eat anything, to compensate for illness? (Overindulgence)
PHYSICIAN / PROVIDER PHYSICAL ACTIVITY: OBESITY & OVERWEIGHT

Identifier: ___________ Date: __________ Time Start: ________ Time End: ________

Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice ____________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (physician / pediatrician / nurse / registered dietitian / etc.)

Group characteristics:

_________________________________________________________________________________

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

_________________________________________________________________________________

Methods: In-depth interview(s), focus groups
  • Provider demographics: ethnicity, gender, type of provider (FP/Peds/Nurse Practitioner, PA, etc.)
  • What is your definition of overweight in children?
  • What is your definition of obesity in children?
  • At what point do you intervene?
    o Screening for other obesity related medical conditions?
    o Only if the patient has an obesity related medical condition
  • Does the provider believe that s/he can provide effective nutrition education or guidance/physical activity education or guidance to her/his patients?
    o What level of knowledge does the provider have with regard to nutrition, child feeding behavior, appropriate amounts/types of physical activity, etc.?
    o Describe the content and length of portion of visit that pertains to nutrition, growth/weight and eating behaviors.
  • Who does the provider refer to for counseling—RN/nutritionists/R.D.s…?
    o What kind of language do physicians use to educate and counsel or discuss nutrition and weight concerns to (for example, do physicians use the word “overweight” speaking with children but “obese” when talking to the parents, do they never use the work obese, etc.?):
      ▪ Children?
      ▪ Parents?
    o (for example, does the provider use the term “obese”, “overweight”, “fat”, etc. when talking to the patient and family? and how are these words received by the patients/family?)
  • What about anticipatory guidance re: nutrition and PA? (e.g., use of the HEADS expanded version for discussion of eating behaviors/consumption?)
    o Discussion of development of feeding patterns?
    o Feeding problems?
  • What standards, guidelines and tools are used to screen and assess:
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Serimshaw, S.C., Chavez, N., & Sullivan, M.  University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

- Eating behaviors/ food choices (the following are probes about how this assessment may be done):
  - “usual or typical food intake”
  - food diary
  - 1-day recall
  - food frequency questionnaire
  - frequency of specific foods
  - eating practices or patterns
- Food resources
- Physical activity (are questions being asked about any/all of the following):
  - organized physical activity
    - minutes per day
    - intensity level of activity
  - unstructured physical activity
    - minutes per day
    - intensity level of activity
  - routine activity
  - time spent in sedentary behavior
  - recommended evaluation

- Do you routinely assess children’s body image perception?
  - If yes, probe for how the clinicians/providers do this? (A potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask the (children) participants directly where they think they fall on the tool, but to ask about general norms and ideals.)

- Describe your patient’s views about weight (i.e., what is their perception of normal weight vs. overweight vs. obese and body image)?
  (A potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask the participant directly where they think they fall on the tool, but to ask about general norms and ideals.)

- What intervention strategies do you prefer?
  - Nutrition counseling
  - Ask about physical (in-) activity? Sedentary behavior
  - History of teasing about weight, history of abuse
  - Poor self-esteem
  - Do you ask about eating disorders?
  - Do you ask about family food preparation and consumption behaviors?

- What intervention strategies do you feel are successful?
  - Why?

- What barriers do you face in your practice when trying to promote nutrition and physical activity?
• Patient-related?
• Office or clinical practice-related?
• Lack of reimbursement?
• Presence/absence of support services?
  o Access to multidisciplinary team (exercise physiologists, dietitians, behaviorists), telephone/internet communication strategies
  o Access to fitness facilities?
• Personal?
• Lack of parent involvement, lack of patient motivation?

• At what point do you think parents become concerned about their child’s weight?
  o Does this vary by:
    • Parent age?
    • Child age?
    • Race/ethnicity?
    • Birth order (younger vs. older children)?

• At what point do parents usually communicate concerns or ask for help about their child’s weight?
  o How do parents’ beliefs/attitudes vary by demographics?

• What is the best way to gauge parent’s satisfaction or dissatisfaction or concern about their child’s weight or body image?
  (Again, a potential tool for understanding patient (and family) norms of body size/shape vs. provider/clinician norms is the body image silhouette tool. When using this tool it is important to not ask them participant directly where they think their child falls on the tool, but to ask about general norms and ideals.)

• Ideally, at what point should physicians intervene?
  o For a focus group, ask about the providers “ideal/dream intervention”—E.g., with no constraints (time/$$, etc.), how would they combat childhood obesity?
PHYSICIAN / PROVIDER PHYSICAL ACTIVITY: PHYSICAL ACTIVITY CONCEPTS & DEFINITIONS

Identifier: ___________ Date: ___________ Time Start: ________ Time End: ________

Age (approx.): ____________ Gender: ___________ Race / ethnicity: _____________

Type of data collection:
  o Observation / Interview (type of interview) / focus group / mapping / photovoice________
  o Location of data collection: ______________________________
  o Number of Participants: _______________________
  o Participant Characteristics: (physician / pediatrician / nurse / registered dietitian / etc.)

Group characteristics:

_________________________________________________________________________________

Group Dynamics:

_________________________________________________________________________________

Physical Activity Concepts & Definitions

Methods: in-depth interview / focus group

What do the following words mean to you?

Fitness

Potential probes:
  • exercise; healthy
  • “Something to do with health”
  • healthy eating
  • equal to (same as) exercise
  • Stay in shape
  • Watch what you eat
  • (seems to be interpreted as more of a “Total health” or overall picture of body—combining healthy eating and activity
APPENDIX B (BODY IMAGE SILHOUETTES)

Male African American Youth / Adolescents
Developed by Mary Corey March
Female African American youth / adolescents
Illustration by Mary Corey March
Male Hispanic/Latino youth/adolescents
Illustration by Mary Corey March
Female Hispanic/Latino youth/adolescents
Illustration by Mary Corey March
Male White youth / adolescents
Illustration by Mary Corey March
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007). Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

Female White youth / adolescents
Illustration by Mary Corey March
### Appendix C

#### Market Basket Study/Thrifty Food Plan

**Food Available at Different Food Stores:** The following food inventory was developed as part of the USDA Market Basket program. The Market Basket program has been described in more detail in the narrative of the manual. (Include more detail on how this should be used)

<table>
<thead>
<tr>
<th>Survey Food Item</th>
<th>Thrifty Food Plan Food Group</th>
<th>Suggested Substitutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fresh Fruits &amp; Vegetables</strong></td>
<td>Fruits &amp; Vegetables</td>
<td></td>
</tr>
<tr>
<td>Apples</td>
<td>Noncitrus fruits &amp; juices</td>
<td></td>
</tr>
<tr>
<td>Bananas</td>
<td>Noncitrus fruits &amp; juices</td>
<td>Plantains</td>
</tr>
<tr>
<td>Grapes (green/red)</td>
<td>Noncitrus fruits &amp; juices</td>
<td></td>
</tr>
<tr>
<td>Melon (cantaloupe, honeydew, watermelon, other)</td>
<td>Citrus fruits, melon, berries and juices</td>
<td></td>
</tr>
<tr>
<td>Oranges, any variety</td>
<td>Citrus fruits, melon, berries and juices</td>
<td>Grapefruit</td>
</tr>
<tr>
<td>Carrots</td>
<td>Dark green /deep yellow vegetables</td>
<td></td>
</tr>
<tr>
<td>Celery</td>
<td>Other vegetables</td>
<td></td>
</tr>
<tr>
<td>Lettuce, loose-leaf (green / red)</td>
<td>Dark green / deep yellow vegetables</td>
<td>Spinach; romaine lettuce, collard, mustard, turnip, beet greens, chard; bok choy</td>
</tr>
<tr>
<td>Onions, yellow</td>
<td>Other vegetables</td>
<td></td>
</tr>
<tr>
<td>Potatoes, any variety</td>
<td>Potato products</td>
<td></td>
</tr>
<tr>
<td>Tomatoes, any variety</td>
<td>Other vegetables</td>
<td></td>
</tr>
<tr>
<td><strong>Canned fruits &amp; vegetables</strong></td>
<td>Fruits &amp; vegetables</td>
<td></td>
</tr>
<tr>
<td>Oranges, mandarin, juice or light syrup</td>
<td>Citrus fruits, melon, berries, and juices</td>
<td>Strawberries, frozen; blueberries, frozen</td>
</tr>
<tr>
<td>Peaches, juice or light syrup</td>
<td>Noncitrus fruits &amp; juices</td>
<td>Pears, juice or light syrup</td>
</tr>
<tr>
<td>Mushroom, pieces</td>
<td>Other vegetables</td>
<td>Mushrooms, whole</td>
</tr>
<tr>
<td>Spaghetti sauce</td>
<td>Other vegetables</td>
<td>Salsa</td>
</tr>
<tr>
<td>Tomato sauce</td>
<td>Other vegetables</td>
<td>Salsa</td>
</tr>
<tr>
<td><strong>Frozen fruits &amp; vegetables</strong></td>
<td>Fruits &amp; vegetables</td>
<td></td>
</tr>
<tr>
<td>Orange juice, concentrate</td>
<td>Citrus fruits, melon, berries, &amp; juices</td>
<td>Grapefruit juice concentrate</td>
</tr>
<tr>
<td>Broccoli, chopped</td>
<td>Dark green / deep yellow vegetables</td>
<td>Spinach, chopped; kale, chopped; collard, mustard, beet, turnip greens, chopped, frozen</td>
</tr>
<tr>
<td>Green beans, any variety</td>
<td>Other vegetables</td>
<td>Corn; okra; snow peas; frozen vegetables</td>
</tr>
<tr>
<td>Green peas, any variety</td>
<td>Other vegetables</td>
<td>Corn; okra; snow peas;</td>
</tr>
</tbody>
</table>
| Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>French fries, any variety</td>
<td>Potato products</td>
<td>frozen vegetables</td>
</tr>
<tr>
<td><strong>Breads, cereals, other grain products</strong></td>
<td><strong>Grains</strong></td>
<td></td>
</tr>
<tr>
<td>Bread, white, enriched</td>
<td>Breads, yeast and quick</td>
<td>Flour tortillas, enriched; pita bread, white enriched</td>
</tr>
<tr>
<td>Bread, whole wheat, enriched</td>
<td>Breads, yeast and quick</td>
<td>Corn tortillas, enriched; whole-wheat pita bread, enriched</td>
</tr>
<tr>
<td>Hamburger buns, enriched</td>
<td>Breads, yeast and quick</td>
<td>Flour tortillas, enriched; pita bread, enriched</td>
</tr>
<tr>
<td>Dinner rolls, enriched</td>
<td>Breads, yeast and quick</td>
<td>Flour tortillas, enriched; pita bread, enriched</td>
</tr>
<tr>
<td>French or Italian style bread, enriched</td>
<td>Breads, yeast and quick</td>
<td>Flour tortillas, enriched; pita bread, enriched</td>
</tr>
<tr>
<td>Bagels, plain, enriched</td>
<td>Breads, yeast and quick</td>
<td>English muffins, plain, enriched</td>
</tr>
<tr>
<td>Bread crumbs, plain</td>
<td>Breads, yeast and quick</td>
<td>Bread crumbs, flavored</td>
</tr>
<tr>
<td>Ready-to-eat cereal, corn flakes</td>
<td>Breakfast cereals, cooked and ready to eat</td>
<td>Ready-to-eat cereal, bran flakes</td>
</tr>
<tr>
<td>Ready-to-eat cereal, toasted oats</td>
<td>Breakfast cereals, cooked and ready to eat</td>
<td></td>
</tr>
<tr>
<td>Macaroni, elbow style, enriched</td>
<td>Rice &amp; pasta</td>
<td>Macaroni, any style, enriched; Asian style noodles, enriched</td>
</tr>
<tr>
<td>Noodles, yolk-free, enriched</td>
<td>Rice &amp; pasta</td>
<td>Macaroni, any style, enriched; Asian style noodles, enriched</td>
</tr>
<tr>
<td>Popcorn, microwave, unpopped</td>
<td>Grain-based snacks and cookies</td>
<td>Regular popcorn</td>
</tr>
<tr>
<td>Rice, white, long grain, enriched</td>
<td>Rice &amp; pasta</td>
<td>Rice, white, short grain, enriched</td>
</tr>
<tr>
<td>Spaghetti, any variety, enriched</td>
<td>Rice &amp; pasta</td>
<td>Macaroni or pasta, any style, enriched; Asian style noodles, enriched</td>
</tr>
<tr>
<td><strong>Dairy Products</strong></td>
<td><strong>Milk Products</strong></td>
<td></td>
</tr>
<tr>
<td>Milk, 1% low fat</td>
<td>Lower fat skim milk &amp; low fat yogurt</td>
<td>Milk, skim</td>
</tr>
<tr>
<td>Milk, whole</td>
<td>Whole milk, yogurt, and cheese</td>
<td>Milk, 2%</td>
</tr>
<tr>
<td>Cheese, cheddar any variety</td>
<td>Cheese</td>
<td></td>
</tr>
<tr>
<td>Cheese, cottage, low fat</td>
<td>Cheese</td>
<td></td>
</tr>
<tr>
<td>Cheese, mozzarella, part skim, whole style, not shredded</td>
<td>Cheese</td>
<td>Cheese, mozzarella, part skim, shredded</td>
</tr>
<tr>
<td>Evaporated whole milk</td>
<td>Whole milk, yogurt &amp; cream</td>
<td>Evaporated skim milk</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Meat &amp; meat alternatives, fresh</strong></td>
<td><strong>Meat/meat alternates</strong></td>
<td></td>
</tr>
<tr>
<td>Beef, ground, lean</td>
<td>Beef, pork, veal, lamb &amp; game</td>
<td>Do not substitute regular ground beef</td>
</tr>
<tr>
<td>Chicken fryer, cutup or whole</td>
<td>Chicken, turkey &amp; game birds</td>
<td>Chicken, any style</td>
</tr>
<tr>
<td>Chicken thighs, boneless, skinless</td>
<td>Chicken, turkey &amp; game birds</td>
<td>Chicken, any skinless, boneless style</td>
</tr>
<tr>
<td>Turkey, ground</td>
<td>Chicken, turkey &amp; game birds</td>
<td>Tofu, any style</td>
</tr>
<tr>
<td>Pork, ground</td>
<td>Beef, pork, veal, lamb &amp; game</td>
<td>Beef, ground, lean; tofu, any style</td>
</tr>
<tr>
<td>Turkey ham</td>
<td>Bacon, sausages &amp; luncheon meats</td>
<td>Tofu, any style</td>
</tr>
<tr>
<td>Meat &amp; meat alternates, frozen or canned</td>
<td>Meat/meat alternates</td>
<td></td>
</tr>
<tr>
<td>Fish, flounder or cod, frozen</td>
<td>Fish &amp; fish products</td>
<td>Sole, whiting, catfish, bass, perch, croaker, walleye, grouper, haddock, Pollock, monkfish, rockfish, snapper</td>
</tr>
<tr>
<td>Tuna fish, chunk style, water packed, canned</td>
<td>Fish &amp; fish products</td>
<td></td>
</tr>
<tr>
<td>Beans, garbanzo, chickpeas, canned</td>
<td>Dry beans, lentils, peas &amp; nuts</td>
<td>Black beans, red beans, navy beans, canned</td>
</tr>
<tr>
<td>Beans, kidney, canned</td>
<td>Dry beans, lentils, peas &amp; nuts</td>
<td>Black beans, red beans, canned</td>
</tr>
<tr>
<td>Beans, baked, vegetarian, canned</td>
<td>Dry beans, lentils, peas &amp; nuts</td>
<td>Baked beans with pork, canned</td>
</tr>
<tr>
<td><strong>Fats &amp; Oils</strong></td>
<td><strong>Other foods</strong></td>
<td></td>
</tr>
<tr>
<td>Margarine, stick style</td>
<td>Table fats, oils, &amp; salad dressings</td>
<td></td>
</tr>
<tr>
<td>Shortening, vegetable</td>
<td>Table fats, oils, &amp; salad dressings</td>
<td></td>
</tr>
<tr>
<td>Salad dressing, mayonnaise type</td>
<td>Table fats, oils, &amp; salad dressings</td>
<td>Regular mayonnaise</td>
</tr>
<tr>
<td>Vegetable oil, any type</td>
<td>Table fats, oils, &amp; salad dressings</td>
<td></td>
</tr>
<tr>
<td>Sugars &amp; Sweets</td>
<td>Other foods</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Sugar brown, (dark or light)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar, powdered</td>
<td>Sugars, sweets, &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Sugar, white, granulated</td>
<td>Sugars, sweets &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Jelly, grape</td>
<td>Sugars, sweets &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Molasses, any type</td>
<td>Sugars, sweets &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Pancake syrup, any type</td>
<td>Sugars, sweets &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Chocolate chips, semi-sweet</td>
<td>Sugars, sweets &amp; candies</td>
<td></td>
</tr>
<tr>
<td>Fruit drink, refrigerated, any flavor</td>
<td>Fruit drinks, soft drinks, &amp; ades</td>
<td></td>
</tr>
<tr>
<td>Fudgesicles, ice milk</td>
<td>Fruit drinks, soft drinks, &amp; ades</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sherbet, any flavor; any other lowfat frozen dessert</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spices &amp; Condiments</th>
<th>Other foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baking powder</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Baking soda</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Chili powder</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Cinnamon</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Cumin</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Onion powder</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Garlic powder</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Italian herb seasoning</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Oregano</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Paprika</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Black pepper, ground</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Salt, any type</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Vanilla, any type</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Chicken bouillon, reduced sodium, cubes</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td></td>
<td>Beef bouillon, reduced sodium, cubes; vegetable bouillon, reduced sodium, cubes</td>
</tr>
<tr>
<td>Catsup, any type</td>
<td>Gravies, sauces, Salsa</td>
</tr>
<tr>
<td>Ingredient</td>
<td>Category</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Soy sauce, reduced sodium</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Lemon juice, bottled</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Gelatin, powdered, unflavored</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
<tr>
<td>Chocolate drink mix, powdered</td>
<td>Gravies, sauces, condiments, spices &amp; salt</td>
</tr>
</tbody>
</table>
## Appendix D: USDA Standardized Shopping List and Ethnic Modules  (8/23/04)

<table>
<thead>
<tr>
<th>USDA Food Group</th>
<th>Mexican</th>
<th>Polish</th>
<th>Asian</th>
<th>African American</th>
<th>USDA Shopping List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk &amp; cheese</td>
<td>fresh cheeses / queso fresco chihuahua cheese sour cream / crema</td>
<td>buttermilk farmer’s cheese sour cream</td>
<td>soy milk</td>
<td>buttermilk</td>
<td>evaporated milk 1% milk whole milk cheddar cheese cottage cheese mozzarella cheese</td>
</tr>
<tr>
<td>Meat &amp; meat alternatives</td>
<td>chorizo</td>
<td>sausages- various smoked/cured meats salted/smoked fish carp herring/sardines</td>
<td>Tilapia salted fish catfish mung beans miso paste tofu dried anchovies or squid</td>
<td>turkey drumsticks/wings chicken wings catfish perch whiting (fish) black eyed peas (canned/ dry / frozen) lima beans (dry/canned/frozen) red beans (dry/canned) pork chops hot links beef/pork ribs</td>
<td>lean ground beef whole fryer chicken chicken thighs frozen fish canned tuna ground pork ground turkey turkey ham kidney beans vegetarian baked beans large eggs</td>
</tr>
<tr>
<td>Breads, cereals, &amp; other grain products</td>
<td>tortillas de maíz tortillas de harina pan dulce</td>
<td>kasha/buckwheat barley pierogi/dumplings regular noodles</td>
<td>rice noodles buckwheat noodles wonton wrappers bean thread noodles soba noodles egg noodles ramen noodles</td>
<td>biscuits/mix cornmeal/cornbread/mix grits self-rising flour oatmeal cream of wheat</td>
<td>plain bagels (enriched) bread crumbs French bread white bread (enriched) whole wheat bread hamburger buns dinner rolls corn flakes toasted oats (Cheerios) white flour macaroni noodles, yolk-free microwave popcorn white rice spaghetti</td>
</tr>
<tr>
<td>Fruits &amp; vegetables, fresh</td>
<td>avocado mango/papaya nopales chiles - poblano, jalapeños jicama tomatillos salsa/pico de gallo</td>
<td>beets cabbage turnips spinach</td>
<td>bean sprouts bitter melon cabbage (bok choy, napa, etc.) long beans lotus root snow peas nori / seaweed green onion spinach</td>
<td>cabbage fresh corn on cob (seasonal) greens-variety okra sweet potatoes green beans</td>
<td>apples bananas grapes melon oranges carrots celery green pepper leaf lettuce onions potatoes tomatoes</td>
</tr>
<tr>
<td>Fruits &amp; vegetables, canned, frozen</td>
<td>Fruits &amp; vegetables, frozen</td>
<td>Fats &amp; oils</td>
<td>Sugars &amp; sweets</td>
<td>Condiments &amp; spices</td>
<td>Beverages</td>
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<tr>
<td>salsa verde</td>
<td></td>
<td></td>
<td>honey</td>
<td>cilantro</td>
<td>atole/orchata/liquados</td>
</tr>
<tr>
<td>canned green chiles</td>
<td></td>
<td></td>
<td></td>
<td>garlic</td>
<td>green tea</td>
</tr>
<tr>
<td>pozole</td>
<td></td>
<td></td>
<td></td>
<td>ginger</td>
<td></td>
</tr>
<tr>
<td>canned nopales</td>
<td></td>
<td></td>
<td></td>
<td>fish sauce</td>
<td></td>
</tr>
<tr>
<td>bamboo shoots water chestnuts</td>
<td></td>
<td></td>
<td></td>
<td>regular soy sauce</td>
<td></td>
</tr>
<tr>
<td>fruit cocktail collard greens</td>
<td></td>
<td></td>
<td></td>
<td>basil</td>
<td></td>
</tr>
<tr>
<td>corn (canned/frozen)</td>
<td></td>
<td></td>
<td></td>
<td>lemon grass</td>
<td></td>
</tr>
<tr>
<td>spinach (canned/frozen)</td>
<td></td>
<td></td>
<td></td>
<td>black bean paste</td>
<td></td>
</tr>
<tr>
<td>canned nopales</td>
<td></td>
<td></td>
<td></td>
<td>coconut milk</td>
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<tr>
<td>Mandalin oranges</td>
<td></td>
<td></td>
<td></td>
<td>cilantro</td>
<td></td>
</tr>
<tr>
<td>peaches (light-syrup)</td>
<td></td>
<td></td>
<td></td>
<td>kimchi</td>
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</tr>
<tr>
<td>mushrooms</td>
<td></td>
<td></td>
<td></td>
<td>red pepper</td>
<td></td>
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<tr>
<td>spaghetti sauce</td>
<td></td>
<td></td>
<td></td>
<td>Season All</td>
<td></td>
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<tr>
<td>tomato sauce</td>
<td></td>
<td></td>
<td></td>
<td>Accent</td>
<td></td>
</tr>
<tr>
<td>orange juice concentrate</td>
<td></td>
<td></td>
<td></td>
<td>baking powder</td>
<td></td>
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<tr>
<td>broccoli</td>
<td></td>
<td></td>
<td></td>
<td>baking soda</td>
<td></td>
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<tr>
<td>French fries</td>
<td></td>
<td></td>
<td></td>
<td>black pepper</td>
<td></td>
</tr>
<tr>
<td>green beans</td>
<td></td>
<td></td>
<td></td>
<td>catsup</td>
<td></td>
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<tr>
<td>green peas</td>
<td></td>
<td></td>
<td></td>
<td>chicken bouillon</td>
<td></td>
</tr>
<tr>
<td>salt pork, bacon</td>
<td></td>
<td></td>
<td></td>
<td>chili powder</td>
<td></td>
</tr>
<tr>
<td>ham hocks</td>
<td></td>
<td></td>
<td></td>
<td>cinnamon</td>
<td></td>
</tr>
<tr>
<td>smoked turkey neck</td>
<td></td>
<td></td>
<td></td>
<td>chocolate drink</td>
<td></td>
</tr>
<tr>
<td>margarine, stick shortening (Crisco)</td>
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<td></td>
<td></td>
<td>powder (Quik)</td>
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<tr>
<td>Miracle Whip</td>
<td></td>
<td></td>
<td></td>
<td>cumin</td>
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<tr>
<td>vegetable oil</td>
<td></td>
<td></td>
<td></td>
<td>onion powder</td>
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<tr>
<td>brown sugar</td>
<td></td>
<td></td>
<td></td>
<td>garlic powder</td>
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<tr>
<td>powdered sugar</td>
<td></td>
<td></td>
<td></td>
<td>unflavored gelatin</td>
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<tr>
<td>granulated sugar</td>
<td></td>
<td></td>
<td></td>
<td>Italian herb</td>
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</tr>
<tr>
<td>jelly/jam</td>
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<td></td>
<td></td>
<td>seasoning</td>
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<tr>
<td>molasses</td>
<td></td>
<td></td>
<td>fruit drink</td>
<td>bottled lemon</td>
<td></td>
</tr>
<tr>
<td>pancake syrup</td>
<td></td>
<td></td>
<td>chips</td>
<td>juice</td>
<td></td>
</tr>
<tr>
<td>chocolate chips</td>
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<td></td>
<td></td>
<td>oregano</td>
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<tr>
<td>fudgesicles</td>
<td></td>
<td></td>
<td></td>
<td>paprika</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>soy sauce</td>
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<td>vanilla</td>
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Ethnic Modules developed by Noel Chávez, PhD, RD, LDN, 2004 for the Northeast Illinois Community Food Security Assessment
Appendix E: Growth Charts and BMI Calculation

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

<table>
<thead>
<tr>
<th>Name</th>
<th>Record #</th>
</tr>
</thead>
</table>

**Mother’s Stature**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
</tr>
</thead>
</table>

**Father’s Stature**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
</tr>
</thead>
</table>

*To Calculate BMI: Weight (kg) = Stature (cm) - Stature (cm) x 10,000 or Weight (lb) = Stature (in) - Stature (in) x 700

Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

http://www.cdc.gov/growthcharts

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Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007).
Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

<table>
<thead>
<tr>
<th>Name</th>
<th>Record #</th>
</tr>
</thead>
</table>

Mother's Stature | Father's Stature |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*To Calculate BMI: Weight (kg) = Stature (cm) - Stature (cm) x 10,000
or Weight (lb) = Stature (in) - Stature (in) x 703

Published May 30, 2006 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). http://www.cdc.gov/growthcharts

SAFER・HEALTHIER・PEOPLE®
Food & Fitness for Children & Families: A Rapid Assessment Tool (DRAFT, August 28, 2007). Heinrich, J., Scrimshaw, S.C., Chavez, N., & Sullivan, M. University of Illinois at Chicago, School of Public Health, RWJF Grant #050750

**BMI Calculation**


BMI-Body Mass Index: Calculator for Child and Teen

This calculator provides BMI and the corresponding BMI-for-age percentile on a CDC BMI-for-age growth chart. Use this calculator for children and teens, aged 2 through 19 years old. For adults, 2.0 years and older, use the Adult BMI calculator.

### BMI Percentile Calculator for Child and Teen

<table>
<thead>
<tr>
<th>English</th>
<th>Metric</th>
</tr>
</thead>
</table>

1. **Birth Date:**

   - May
   - 8
   - 2000

2. **Date of Measurement:**

   - May
   - 17
   - 2006

3. **Sex:**

   - [ ] boy
   - [ ] girl

4. **Height, to nearest 1/8 inch:**

   - 4
   - 2
   - 2/8

   (12 inches = 1 foot; Example: 4 feet, 5 1/2 inches)

5. **Weight, to nearest 1/4 (.25) pound:**

   - 55
   - 1/4

   (8 ounces = 1/2 pounds; Example: 75 3/4 pounds)

   **Calculate**

### BMI-Body Mass Index: Calculator for Child and Teen: Results

**Information Entered**

- **Age:** 7 years, 0 months
- **Sex:** Boy
- **Birth Date:** May 08, 1999
- **Height:** 4 feet 2-2/8 inch(es)
- **Date of Measurement:** May 17, 2006
- **Weight:** 55-1/4 pounds

---

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Results
Based on the height and weight entered, the BMI is 15.4, placing the BMI-for-age at the 46th percentile for boys aged 7 years, 0 months. This child has a healthy weight.

What does this mean?

BMI is calculated using your child’s weight and height and is then used to find the corresponding BMI-for-age percentile for your child’s age and sex.

BMI-for-age percentile shows how your child’s weight compares to that of other children of the same age and sex. For example, a BMI-for-age percentile of 65% means that the child’s weight is greater than that of 65% of other children of the same age and sex.

Based on the height and weight entered, the BMI is 15.4, placing the BMI-for-age at the 46th percentile for boys aged 7 years, 0 months. This child has a healthy weight. Maintaining a healthy weight throughout childhood and adolescence may reduce the risk of becoming overweight or obese as an adult.

What should you do?

Regardless of the current BMI-for-age category, help your child or teen develop healthy weight habits and keep track of BMI-for-age.

Practice healthy weight habits
Encourage children and teens to practice healthy weight habits by:

- Eating healthy foods
- Participating in physical activity on most (preferably all) days of the week
- Limiting television viewing

For more information, see Tips to Promote Healthy Eating and Physical Activity for Children and Teens (http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI/children_tips.htm).

Keep track of BMI-for-age
Check BMI-for-age annually, or more often if recommended by the child’s healthcare provider. Tracking growth patterns over time can help you make sure your child is achieving or maintaining a healthy weight. A single BMI-for-age calculation is not enough to evaluate long-term weight status because height and weight change with growth.
Appendix F: Additional Resources

G.A. Saint Louis University Analytic Audit Tool

G.B SOFIT- (System for Observing Fitness Instruction Time), available online at http://www.drjamessallis.sdsu.edu/sofitprotocol.pdf (accessed November 14, 2004). SOFIT is an objective tool for assessing the quality of physical education instruction. It is a comprehensive system that provides a measure of student activity levels, lesson context, and teacher behavior during class time.

Resources not mentioned in the Food & Fitness RAP Manual:

New Source for Parents and Educators on Healthy Food and Lifestyle at Home and in School
(“Food & Fitness Matter: Raising Healthy, Active Kids,” parentsactionstore.org, June 2006)

Parents Action for Children has released a video, “Food & Fitness Matter: Raising Healthy, Active Kids,” in DVD format that provides parents with information and support to help them make healthy lifestyle changes at home and in their local schools. Health and nutrition experts, including former U.S. Surgeon General Dr. David Satcher, explain the causes for the dramatic increase in overweight kids, the health problems posed by the childhood obesity epidemic, and the impact of unhealthy food at school on students’ discipline and ability to learn. The video also presents practical tips for parents to improve diet and fitness at home, profiles of schools and districts that successfully switched to healthier foods, and inspiration for parents to join together and press for changes in their schools. Parents Action has published a companion checklist for parent leaders, educators and health professionals that includes a summary of the video, sample discussion questions and handouts, such as fact sheets on childhood obesity, and tips for healthier eating and creating school wellness policies. http://store.parentsactionstore.org/Detail.bok?no=647
Also see-- http://www.stiritupamerica.com/FoodAndFitnessChecklist.pdf (DVD companion checklist)

NIH Obesity Assessment & Treatment Guidelines

- Assessment
  - Measure weight, height and determine BMI
  - Measure waist circumference
  - Assess co-morbidities
  - Assess need for treatment
  - Assess readiness for treatment

Management
- Set realistic goals
  - Initial weight loss ~10% of body weight over 6 months
  - Rate of weight loss ~ 1 to 2 lb (.5 to 1kg) per week
Components of Patient assessment (see above reference from Melanson, et al, 2001)
Assessing degree of obesity
  - BMI
  - Waist circumference
Assessing co-morbidities
  - Patient history
  - Physical examination
  - Blood chemistries, including fasting serum glucose, cholesterol, and triglycerides
  - Thyroid-stimulating hormone and other endocrine and metabolic tests as suggested by clinical experience
  - Electrocardiogram
  - Exercise stress test, as suggested by clinical experience
Assessing patient practices
  - Current dietary intake and patterns
  - Previous experience with dieting and weight-loss
  - Current level of physical activity
  - Previous experience with formal activity programs
Assessing readiness for weight loss program (adult oriented)
  - Has the patient sought weight loss on his/her own initiative?
  - What events led the patient to seek weight loss now?
  - What are the patient’s stress level and mood?
  - Does the patient have an eating disorder, in addition to obesity?
  - Does the patient understand the requirements of treatment and believe that he/she can fulfill them?
  - How much weight does the patient expect to lost? Are these goals realistic? What other benefits does the patient anticipate

- Please list up to three of the most common nutrition questions encountered in medical practice that you would like to be better equipped to answer:
- Where do you get nutrition information?
  - E.g., potential probes: Web-based materials/pamphlets / peer-reviewed journals / toll-free phone numbers (i.e., AHA, ADA, etc.)
- In your practice, do you refer patients to a RD? exercise physiologist? Nutritionist? Behavioral counseling?
Federal Assistance Programs
The following is a detailed description of federal assistance programs that a community might have access to. It might be useful to evaluate the presence of these programs and the knowledge of the community with regard to them. Where are they located? Are they convenient to public transportation? What language is the material and/or the enrollment forms available in? Are they being used? Who knows about the programs? Who does not? Why? How can information about these programs be made available to a larger audience?

Food Assistance Programs
Examples are listed below. Names of these programs may vary by state. Before beginning this checklist inventory it might be a good idea to speak with the community/regional/state agency or organizations that handles public assistance programs.

**Child and Adult Care Food Program (CACFP)**: The program provides meals and snacks to adults who receive care in nonresidential adult day care centers and children who reside in homeless shelters. Additionally it offers suppers to youths participating in eligible after school care programs.
- Enrollment locations?
- Community awareness about program?
  - Use of program?
- Hours?
- Language

**Food Stamp Programs**: provide low-income households with coupons or electronic benefits that can be used as cash at most grocery stores (supermarket, independent and some others). The purpose of this program is to ensure families that they have access to foods that comprise a healthy diet.
- Enrollment locations?
- Community awareness about program?
  - Use of program
- Hours?
- Language

**Women, Infants & Children (WIC)**: Officially titled the Special Supplemental Nutrition Program for Women, Infants, and Children. This program safeguards the health of low-income women, infants and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care.
- Enrollment locations?
- Community awareness about program?
  - Use of program
- Hours?
- Language(s)?
Commodity Supplemental Food Program (CSFP): This program was developed to improve the health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to age six, and the elderly (at least 60 years of age) by supplementing their diets with nutritious USDA commodity foods. It provides food and administrative funds to states to supplement the diets of these groups.

- Enrollment locations?
- Community awareness about program?
  - Use of program
- Hours?
- Language

Eat Smart Play Hard: Eat Smart. Play Hard. This program provides practical suggestions that will help motivate children and their caregivers to eat healthy and be active. The campaign messages and materials are fun for children and informative for caregivers. The messages have been kid-tested and are based on the Food Checklist Pyramid and Dietary Checklists for Americans.

- Enrollment locations?
- Community awareness about program?
  - Use of program?
- Hours?
- Language

National School Lunch Programs (NSLP): School districts and independent schools can choose to participate in this lunch program to get cash subsidies and donated commodities from the USDA for each meal they serve. In order to participate in this program, the school (school district) must serve lunches that meet Federal requirements, and offer free or reduced price lunches to eligible children. School food authorities can also be reimbursed for snacks served to children through age 18 in after school educational or enrichment programs.

- Participating schools
- See school & nutrition checklists

School Breakfast Program (SBP): The SBP is a program similar to the NSLP, but centers on breakfast. Schools participating in this program receive cash subsidies from the USDA for each meal they serve. Requirements of participation: must serve breakfasts that meet Federal requirements and they must offer free or reduced price breakfasts to eligible children.

- Participating schools
- See school & nutrition checklist

Special Milk Program (SMP): Participating schools and institutions receive reimbursement from the USDA for each half pint of milk served. Participants must operate the milk program on a non-profit basis and agree to use the Federal reimbursement to reduce the selling price of milk to all children.

- Participating schools
- See school & nutrition checklists
State Processing Program: allows States and eligible recipient agencies (e.g., school districts) to contract with commercial food processors to convert bulk or raw USDA commodities into more convenient ready-to-use end products. Most of the commodities processed through this program go to schools participants in the NSLP. Once the donated food is made available to States, the overall organization and administration of the State Processing Program become the responsibilities of the State agency.

• Enrollment locations?
• Community awareness about program?
  o Use of program?
• Hours?
• Language

Summer Food Service Program (SFSP): is the largest Federal resource available for local sponsors who want to combine a feeding program with a summer activity program. This program helps to ensure that children in the community do not go hungry in the summer when they are not eligible for the SBP or NSLP. This program fills the gap.

• Enrollment locations?
• Community awareness about program?
  o Use of program?
• Hours?
• Language(s)?
• Distribution locations

The Emergency Food Assistance Programs (TEFAP): (the exact name of this program may vary by community but examples of names are: Soup Kitchen, Food Pantry, Food Shelf, Food Bank) etc. with TEFAP, commodity foods are made available by the USDA to States. States provide food to selected local agencies which distribute food to programs that directly serve the public.

• Enrollment locations?
• Community awareness about programs?
  o Use of program?
• Hours?
• Language(s)?
• Distribution locations

(WIC) Farmer’s Market Nutrition Program (FMNP): This program provides fresh, unprepared, locally grown fruits & vegetables from local farmers’ markets to WIC recipients shopping at Farmer’s Markets.

• Enrollment locations?
• Community awareness about program?
  o Use of program?
• Hours?
• Language(s)?
• Distribution locations
• Accepting coupons?
Nutrition Services Incentives Program

- Enrollment locations?
- Community awareness about program?
  - Use of program?
- Hours?
- Language(s)?
- Distribution locations
- Congregate meal sites

Team Nutrition: A USDA initiative providing training & technical assistance for foodservice nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. A major goal of this program is to improve children’s lifelong eating & physical activity habits by using the principles of the Dietary Guidelines for Americans and the Food Guide Pyramid.

- Use of program? (Schools, individuals, etc. linked to this program?)
- Who (which agencies, organizations) are interested in participating?

Expanded Food & Nutrition Education Program (EFNEP): The Expanded Food and Nutrition Education Program (EFNEP) is designed to assist limited resource audiences in acquiring the knowledge, skills, attitudes, and changed-behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being.

Other (non-federal) assistance programs—for example, monthly church food drives, school food drives, etc.

- How often?
- What is requested? (what type of food?)
- Who receives donations?
  - Requirements?
Glossary

**Community food security assessment:** The collection of data that will determine whether households in the community have access to nutritionally adequate, sufficient, healthy, and culturally acceptable foods to satisfy their dietary needs.

**Community profile:** A detailed description of the community and its resources that may be developed after all data collection activities have been completed.

**Existing data:** Previously gathered data.

**Data collection instruments:** Forms used to collect data to answer research questions. They may include survey forms, interview protocols, observation sheets, and recording forms used in the extraction of data from records.

**Data collection tools:** The documents (e.g., survey forms, recording forms, interview questions, observation recording sheets) used to structure the collection of data.

**Data or data elements:** Pieces of information relevant for the assessment.

**Entitlement programs:** Government programs that provide cash, commodities, or services to all qualifying low-income individuals or households.

**Food security:** Access by all people at all times to enough food for an active, healthy life: Food security includes at a minimum:

- The ready availability of nutritionally adequate and safe foods
- An assured ability to acquire acceptable foods in socially acceptable ways

**alternate definition- the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through non-emergency sources, including food from local production. Food security broadens the traditional concept of hunger, embracing a systemic view of the causes of hunger and poor nutrition within a community while identifying the changes necessary to prevent their occurrence. Food security programs confront hunger and poverty.

**Food insecurity:** limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways

**Hunger:** the uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food

(Above definitions from the Life Sciences Research Office, found in USDA Community Food Security Assessment Toolkit)
Household Level Definitions:

**Household Food Security:** The status of a household with reference to its access to nutritionally adequate and culturally acceptable foods in sufficient amounts to meet the needs of all household members.

**Food secure:** households with no or minimal indication of food insecurity

**Food insecure without hunger:** households concerned about inadequate resources to buy enough food who have adjusted by decreasing the quality of their family diet with little or no reduction in household food intake.

**Food insecure with hunger:** food insecure households in which one or more members (mainly adults) have decreased the amount of food they consume to the extent that they have repeatedly experienced the physical sensation of hunger.

**Physical Activity:** *any bodily movement produced by skeletal muscles that result in energy expenditure*, measured in oxygen used, and calories expended (Casperson, Powell, & Christenson, 1985).

**Physical Fitness:** a set of attributes that are either health- or skill- related. The degree to which people have these attributes can be measured with specific tests.

**Exercise:** a subset of physical activity that is planned, structured and repetitive and has as a final or an intermediate objective that the improvement or maintenance of physical fitness (Casperson, et al, 1985).

**Sport:** a form of physical activity that is governed by a set of rules or customs and often engaged in competitively. (Alternative definition—an activity involving physical exertion and skill that is governed by a set of rules or customs and often undertaken competitively. A person may engage in a sport as an active pastime; for recreational purposes or for competition.)

**Nutrition:** (physiology) the organic process of nourishing or being nourished; the processes by which an organism assimilates food and uses it for growth and maintenance; 2. a source of materials to nourish the body; 3: the scientific study of food and drink (especially in humans)

**Food Store Definitions:**

**Corner (neighborhood) Store:** A small retail establishment (3,000 sq. ft. maximum) located in a residential area. It may include a single residential unit. This land use is limited to areas with adopted neighborhood plans that specifically permit them. ([http://www.ci.austin.tx.us/zoning/glossary.htm](http://www.ci.austin.tx.us/zoning/glossary.htm), accessed June 26, 2007)

**Supermarkets:** definition: offer a full range of foods / ≥$2.5million+ in annual gross sales

**Grocery Store:** offer a full range of foods/ annual gross sales <$2.5million
Independent Grocery Store: offer a full range of foods, not linked to a national chain. These may vary by region, state, city, etc. For example, there may be multiple “Henry’s” groceries in a city, but since they are not part of a chain, such as Jewel, Albertson’s, etc., they should be considered separately. These stores have the ability to stock shelves and display food in different manners than the major chains.

Convenience stores and grocer/gas combination stores: definition: offer a limited range of foods, usually excluding fresh foods. These stores are generally aimed at supplementing larger stores and providing convenience in terms of proximity to shoppers and hours

Specialty stores: definition: specialize in one or two product lines, such as produce, meats or baked goods

Other food stores: includes health food stores, co-op food stores, produce routes, produce stands, general stores and combination stores that sell food in addition to other goods

Walking School Bus: A walking school bus is a group of children walking to school with one or more adults. If that sounds simple, it is, and that’s part of the beauty of the walking school bus. It can be as informal as two families taking turns walking their children to school to as structured as a route with meeting points, a timetable and a regularly rotated schedule of trained volunteers. A variation on the walking school bus is the bicycle train, in which adults supervise children riding their bikes to school. The flexibility of the walking school bus makes it appealing to communities of all sizes with varying needs.

Indicators: Categories of information for which data are being collected (e.g., number of household members, ethnicity of household members, employment status).

Primary data: Primary data are those data that are collected first hand (i.e., by a researcher, scientist, etc.)

Secondary data: Secondary data are data that have been collected by another entity and may be available through a report, publication, or database.

Toolkit: A self-contained package containing all materials necessary for meeting some purpose.
Bibliography


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