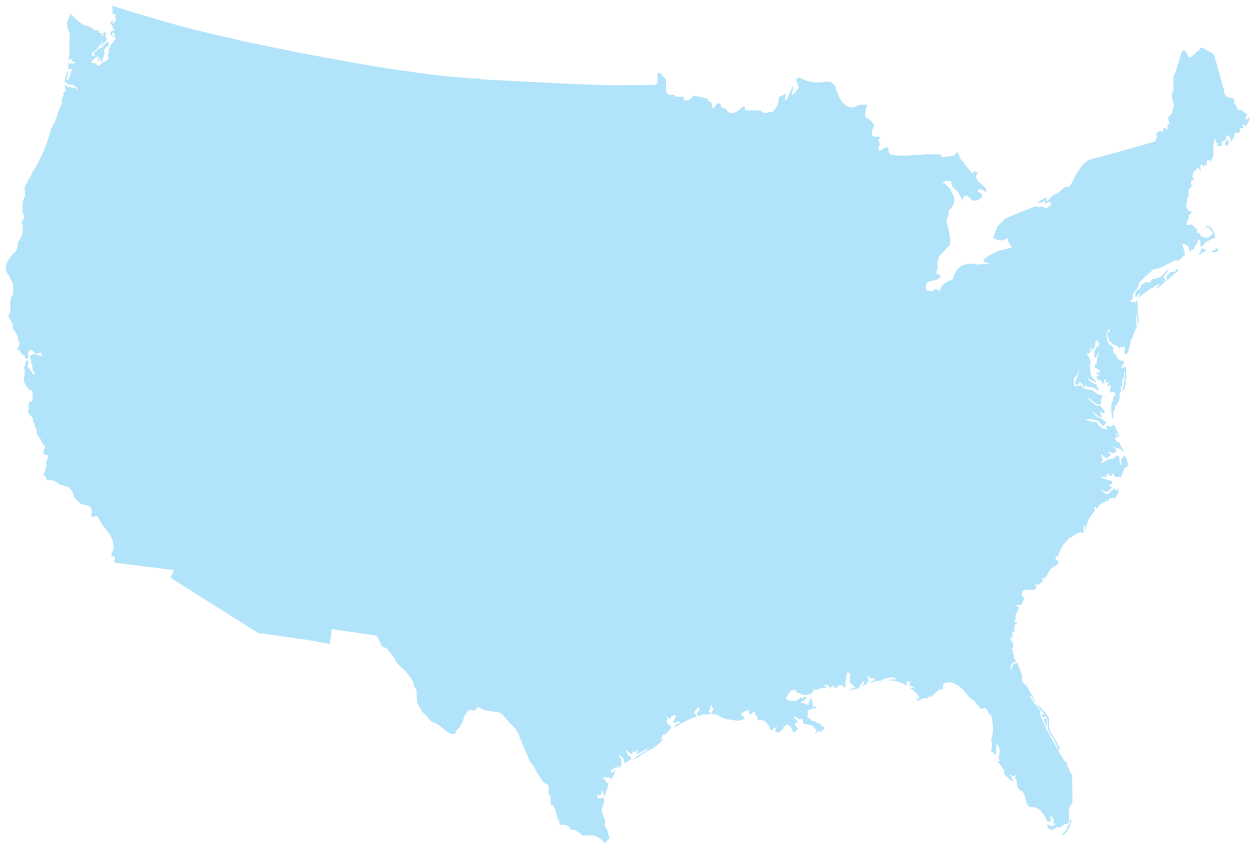


# **PARENT QUESTIONNAIRE**



**2017**  
**AMERICAN**  
**KIDS**  
**STUDY**



**GENERAL INFORMATION**

1. How many children between the ages of 6 and 11 do you have living in your household? (Please X one answer only.)

- One
- Two
- Three
- Four
- Five or more
- None ➔ (skip to question 1 in the About You section on page 12)

**Please answer the following questions about the child between 6 to 11 years of age in your household who has the next birthday.**

2a) Is the child a...

- Male
- Female

2b) How old is the child?

- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old

2c) In what grade in school is the child?

- Kindergarten
- 1<sup>st</sup> grade
- 2<sup>nd</sup> grade
- 3<sup>rd</sup> grade
- 4<sup>th</sup> grade
- 5<sup>th</sup> grade
- 6<sup>th</sup> grade
- 7<sup>th</sup> grade
- 8<sup>th</sup> grade
- Other: \_\_\_\_\_  
(Write In)

3. What is your relationship to the child? (Please X one answer only.)

- Mother or stepmother
- Father or stepfather
- Grandmother
- Grandfather
- Older sister or aunt
- Older brother or uncle
- Guardian or other primary caregiver (female)
- Guardian or other primary caregiver (male)
- Other: \_\_\_\_\_  
(Write In)

**ACTIVITIES**

1. During the school year, in which of the following activities does the child participate at least every two weeks?  
(Please X all that apply.)

- After-school daycare
- Arts or crafts groups
- Book, reading or library groups
- Boys' or Girls' Clubs
- Clubs (like science, computer, or chess clubs, etc.)
- Dance
- Drama/theater
- Music lessons or music groups (like bands, choral groups, etc.)
- Private tutoring
- Organized sports teams/leagues (like Basketball, Little League, Soccer, etc.)
- Recreational sports activities
- Religious instruction or religious youth groups
- Scouts (like Brownies, Cub Scouts, Girl Scouts, Boys Scouts, Campfire, etc.)
- STEM programs (like robotics, coding, etc.)
- Volunteering/community work
- Y activities (like YMCA/YMHA/YWHA/YWCA, etc.)
- Other: \_\_\_\_\_  
(Write In)
- None of the above**

2. During the school year, on average, how many days a week (out of 7) does the child participate in organized after-school and/or weekend activities? (Please X one answer only.)

- None
- 1 to 2 days
- 3 to 5 days
- 6 to 7 days

3. On a typical **SCHOOL DAY**, please mark approximately how much time, if any, the child spends doing the following activities.

|   | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>2½ Hours</u>          | <u>3 Hours or More</u>   | <u>I am not sure/ I don't know</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Watching TV.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Playing video games.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Using the Internet .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Using social media .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Playing with friends.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Reading for fun .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Studying/doing homework.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Doing physical activities like<br>playing sports or exercising..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Listening to the radio and/or other<br>audio services .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Talking or texting on a cell/<br>smartphone or landline phone.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |

4. On a typical **WEEKEND DAY**, please mark approximately how much time, if any, the child spends doing the following activities.

|  | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>2½ Hours</u>          | <u>3 Hours or More</u>   | <u>I am not sure/ I don't know</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Watching TV.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Playing video games.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Using the Internet .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Using social media .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Playing with friends.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Reading for fun .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Studying/doing homework.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Doing physical activities like playing sports or exercising..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Listening to the radio and/or other audio services .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| Talking or texting on a cell/ smartphone or landline phone.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |

**MAGAZINES**

1. How frequently do you or other adults, age 18+, in the household read **MAGAZINES** with the child?  
*(Please X one answer only.)*

- Often                       Seldom                       Never

**BOOKS**

1. How frequently do you or other adults, age 18+, in the household read **BOOKS** with the child?  
*(Please X one answer only.)*

- Often                       Seldom                       Never

**RADIO/AUDIO SERVICES**

1. How frequently do you or other adults, age 18+, in the household listen to **RADIO** and/or **OTHER AUDIO SERVICES** with the child? *(Please X one answer only.)*

- Often                       Seldom                       Never

**TELEVISION**

1. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend watching TV with the child on a typical **SCHOOL DAY**.

|                                      | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before school .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school and before dinner ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After dinner .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend watching TV with the child on a typical **WEEKEND DAY**.

|                               | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before Noon .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between Noon and 6pm .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between 6pm and Bedtime ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. On a typical **SCHOOL DAY**, how much time, if any, does the child spend watching TV **alone**? (Please X one answer only.)

- No time
- About ½ hour
- About 1 hour
- About 1½ hours
- About 2 hours
- More than 2 hours

4. On a typical **WEEKEND DAY**, how much time, if any, does the child spend watching TV **alone**? (Please X one answer only.)

- No time
- About ½ hour
- About 1 hour
- About 1½ hours
- About 2 hours
- More than 2 hours

**INTERNET**

1. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend online with the child on a typical **SCHOOL DAY**.

|                                      | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before school .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school and before dinner ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After dinner .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend online with the child on a typical **WEEKEND DAY**.

|                               | <u>No Time</u>           | <u>½ Hour</u>            | <u>1 Hour</u>            | <u>1½ Hours</u>          | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before Noon .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between Noon and 6pm .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between 6pm and Bedtime ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**VIDEO GAMES**

1. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend playing video games with the child on a typical **SCHOOL DAY**.

|                                      | <u>No Time</u>           | <u>1/2 Hour</u>          | <u>1 Hour</u>            | <u>1 1/2 Hours</u>       | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before school .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school and before dinner ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After dinner .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend playing video games with the child on a typical **WEEKEND DAY**.

|                               | <u>No Time</u>           | <u>1/2 Hour</u>          | <u>1 Hour</u>            | <u>1 1/2 Hours</u>       | <u>2 Hours</u>           | <u>More than 2 hours</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before Noon .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between Noon and 6pm.....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between 6pm and Bedtime ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**RULES**

1. Which rules, if any, do you have about the **TV PROGRAMS/CHANNELS** or **VIDEOS** the child watches? (Please X all that apply.)

- The child does not watch TV or videos.
- None - I trust the child to choose wisely.
- None - I think the child should be able to watch whatever she/he wants.
- None - The child will watch what she/he wants, regardless of what I think.
- We use a V-Chip to control what the child watches.
- The child can only watch certain channels when she/he is alone.
- There are some shows I do not let the child watch at all.
- The child can only watch videos we rent or own.
- The child can only watch where and when I can see and hear what is playing.
- I limit the amount of time the child can watch television or videos.
- The child can only watch television or videos on weekends.
- Other

2. Which rules, if any, do you have about the **VIDEO GAMES** the child plays? (Please X all that apply.)

- The child does not play video games.
- None - I trust the child to choose wisely.
- None - I think the child should be able to play whatever she/he wants.
- None - The child will play what she/he wants, regardless of what I think.
- The child can only play the games I let her/him download/buy.
- The child can only purchase games with my permission.
- The child can only play games of a certain rating or better.
- I look over all the new games she/he gets.
- I limit the amount of time the child can play video games.
- Other

3. What, if any, are the ratings of the video or computer games that the child plays? (Please X all that apply.)

- The child does not play video or computer games.
- EC (Early Childhood)
- E (Everyone)
- E 10+ (Everyone 10 and older)
- T (Teen)
- M (Mature 17+)
- Other: \_\_\_\_\_  
(Write In)

I don't know/ I am not sure

4. Which rules, if any, do you have about the MOVIES the child sees in a theater? (Please X all that apply.)

- The child does not go to the movies.
- None - I trust the child to choose wisely.
- None - I think the child should be able to watch whatever she/he wants.
- None - The child will watch what she/he wants, regardless of what I think.
- The child can only go with an adult.
- The child can only watch G or PG-rated movies.
- The child can only watch G-rated movies.
- The child can only watch movies at the movie theaters I let her/him go to.
- Other

5. Which rules or controls, if any, do you have about the child's INTERNET use? (Please X all that apply.)

- The child does not have access to the Internet at home.
- None - I trust the child to use the Internet wisely.
- None - I think the child should be able to visit whatever websites she/he wants.
- None - The child will visit whatever websites she/he wants, regardless of what I think.
- I rely on an Internet company's parent controls or kid portal  
(like those offered by AOL, MSN, YAHOO!, etc.) to limit the sites she/he can go to.
- I use my own parental-control program (like NetNanny, Norton Parental Controls, etc.)  
to lock out certain sites.
- I use a program that keeps a record of all the sites the child visits so I can review  
where she/he has been.
- The child is not allowed to go on the web without adult supervision.
- I limit the amount of time the child can use the Internet.
- I allow the child to use social networking sites (like Facebook or Instagram).
- Other

6. Which rules or controls, if any, do you have about the child's CELL/SMARTPHONE use? (Please X all that apply.)

- The child does not use a cell/smartphone.
- The child can only use a cell/smartphone with adult supervision.
- The child can only use a cell/smartphone for emergencies.
- None - I trust the child to use a cell/smartphone wisely.
- None - I think the child should be able to use a cell/smartphone however he/she wishes.
- None - The child will use a cell/smartphone however he/she wants regardless of what I think.
- I rely on my cell/smartphone provider's options for parental controls to monitor the child's  
use of a cell/smartphone.
- I use my own parental control program or app to monitor the child's cell/smartphone use.

7. What time(s) during the day do you allow the child to use a cell/smartphone?

- Before school
- After school and before dinner
- During dinner
- After dinner and before bedtime
- Bedtime
- There are no restrictions on when the child can use a cell/smartphone



## **MEALS & SNACKS**

1. On a typical **SCHOOL DAY**, do you usually ... (Please X all that apply.)
- eat breakfast with the child
  - eat lunch with the child
  - eat dinner with the child
  - have a snack with the child
  - None of the above**
2. On a typical **WEEKEND DAY** during the school year, do you usually ... (Please X all that apply.)
- eat breakfast with the child
  - eat lunch with the child
  - eat dinner with the child
  - have a snack with the child
  - None of the above**
3. In a typical **WEEK** during the school year, how many meals does the child eat at **FAST FOOD RESTAURANTS** (like McDonald's or Taco Bell)? (Please X one answer only.)
- None
  - 1 to 2 meals
  - 3 or more meals
4. In a typical **WEEK** during the school year, how many meals does the child eat at **FAMILY-STYLE RESTAURANTS** (like Applebee's or Red Lobster)? (Please X one answer only.)
- None
  - 1 to 2 meals
  - 3 or more meals
5. In a typical **WEEK** during the school year, how many **TAKE-OUT/HOME-DELIVERY** meals does the child eat? (Please X one answer only.)
- None
  - 1 to 2 meals
  - 3 or more meals
6. Which rules or techniques, if any, do you have to manage the child's eating habits? (Please X all that apply.)
- None - I trust the child to choose wisely.
  - None - I think the child should be able to eat whatever she/he wants.
  - None - There is not much I can do - the child will eat what she/he wants.
  - I insist that the child eats breakfast.
  - I insist that the child eats lunch.
  - I insist that the child eats everything she/he is served.
  - I make sure there are mostly healthy foods and snacks in the house.
  - I try to buy low-calorie foods.
  - I buy a lot of organic foods.
  - I give the child vitamins everyday.
  - I only buy sugar-free soft drinks.
  - I only buy sugarless gum.
  - I think a certain amount of candy is OK every week.
  - The hardest thing is just getting the child to eat enough.
  - The hardest thing is just getting the child to stop eating.
  - I don't keep any junk food in the house.
  - I only buy caffeine-free soft drinks.
  - I view my own eating habits as a model for the child.
  - I encourage my child to read the nutrition labels.
  - I always keep fresh fruits or vegetables on hand for snacking.
  - I try to limit the amount of candy and sweets the child eats.
  - I try to limit the number of meals eaten at fast food or other restaurants.
  - Other

7. In a typical week during the school year, what does your child usually do for lunch? (Please X all that apply.)

- Buy lunch at school
- Bring lunch from home
- Other

8. In a typical week during the school year, if your child takes lunch to school, who decides what will be packed in his/her lunch box/bag? (Please X all that apply.)

- My child decides by his/herself
- An adult decides
- My child and an adult decide together
- Other

9. Is your child allergic to any of the following? (Please X all that apply.)

- Eggs
- Wheat/gluten
- Milk/lactose
- Soy
- Fish/shellfish
- Penicillin
- Peanuts
- Other nuts
- Other food allergies
- Other

## **SHOPPING**

1. When you go shopping for **ELECTRONICS** (TVs, Computers, Cell Phones, etc.), how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

2. When you go shopping for **GROCERIES** the child will be consuming, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

3. When you go shopping for **TOYS** (excluding video games) for the child, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

4. When you go shopping for **VIDEO GAMES** for the child, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

5. **When you go shopping for BOOKS, MUSIC OR VIDEOS for the child, how often does the child go with you?**  
(Please X one answer only.)
- Never or almost never  
 Some of the time (*less than half*)  
 Most of the time (*more than half*)
6. **When you go shopping for the child's BACK-TO-SCHOOL CLOTHING OR ACCESSORIES, how often does the child go with you?** (Please X one answer only.)
- Never or almost never  
 Some of the time (*less than half*)  
 Most of the time (*more than half*)
7. **When you go shopping for the child's CLOTHING OR ACCESSORIES (AT OTHER TIMES OF THE YEAR), how often does the child go with you?** (Please X one answer only.)
- Never or almost never  
 Some of the time (*less than half*)  
 Most of the time (*more than half*)
8. **When you go shopping for an AUTOMOBILE, how often does the child go with you?** (Please X one answer only.)
- Never or almost never  
 Some of the time (*less than half*)  
 Most of the time (*more than half*)

**PURCHASE INFLUENCE**

1. **How much influence does the child have regarding SOFT DRINK or BEVERAGE purchases?** (Please X one answer only.)
- None                       Some                       A lot
2. **How much influence does the child have regarding BREAKFAST FOOD purchases?** (Please X one answer only.)
- None                       Some                       A lot
3. **How much influence does the child have regarding LUNCH purchases?** (Please X one answer only.)
- None                       Some                       A lot
4. **How much influence does the child have regarding DINNER purchases?** (Please X one answer only.)
- None                       Some                       A lot
5. **How much influence does the child have regarding VIDEO GAME purchases?** (Please X one answer only.)
- None                       Some                       A lot
6. **How much influence does the child have regarding BACK-TO-SCHOOL CLOTHING purchases?** (Please X one answer only.)
- None                       Some                       A lot
7. **How much influence does the child have regarding CLOTHING purchases AT OTHER TIMES OF THE YEAR?**  
(Please X one answer only.)
- None                       Some                       A lot
8. **How much influence does the child have regarding COMPUTER purchases?** (Please X one answer only.)
- None                       Some                       A lot
9. **How much influence does the child have regarding the choice of what FAMILY VACATION TRIPS you take?**  
(Please X one answer only.)
- None                       Some                       A lot

10. How much influence does the child have regarding the choice of what **FAMILY-STYLE RESTAURANTS** (like Applebee's or Red Lobster) you go to? (Please X one answer only.)

- None                       Some                       A lot

11. How much influence does the child have regarding the choice of what **FAST FOOD RESTAURANTS** (like McDonald's or Taco Bell) you go to? (Please X one answer only.)

- None                       Some                       A lot

12. How much influence does the child have regarding the choice of **AUTOMOBILES** the family buys? (Please X one answer only.)

- None                       Some                       A lot

13. How much influence does the child have regarding the choice of **TOYS** (excluding video games)? (Please X one answer only.)

- None                       Some                       A lot

14. How much influence does the child have regarding **BOOK** purchases? (Please X one answer only.)

- None                       Some                       A lot

15. How much influence does the child have regarding **SCHOOL SUPPLIES** purchases? (Please X one answer only.)

- None                       Some                       A lot

16. How much influence does the child have regarding **DVD** purchases? (Please X one answer only.)

- None                       Some                       A lot

17. How much influence does the child have regarding his/her own **CELL/SMARTPHONE** selection? (Please X one answer only.)

- None                       Some                       A lot

**SHOPPING-CHILDREN'S CLOTHING STORES**

1. Did you shop for the child's clothing, shoes or accessories in any of the following stores in the last 6 months? (Please X all that apply.)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Burlington Coat Factory | <input type="checkbox"/> Kmart       |
| <input type="checkbox"/> Carter's                | <input type="checkbox"/> Kohl's      |
| <input type="checkbox"/> Children's Place        | <input type="checkbox"/> Macy's      |
| <input type="checkbox"/> Claire's                | <input type="checkbox"/> Old Navy    |
| <input type="checkbox"/> Disney Store            | <input type="checkbox"/> OshKosh     |
| <input type="checkbox"/> GapKids                 | <input type="checkbox"/> Ross Stores |
| <input type="checkbox"/> Gymboree                | <input type="checkbox"/> Sears       |
| <input type="checkbox"/> JCPenny                 | <input type="checkbox"/> Target      |
| <input type="checkbox"/> Justice                 | <input type="checkbox"/> Walmart     |

2. How important is it to you to dress your children in the latest fashion trend?

- Very Important  
 Somewhat Important  
 Not very Important  
 Not Important at all

## **PURCHASE INTENT**

1. **In the next 12 months, which of the following items, if any, do you plan to purchase for the child?**  
(Please X all that apply.)
- |   |  |
|---|--|
| <input type="checkbox"/> Tablet (such as Apple iPad)      | <input type="checkbox"/> Digital Camera    |
| <input type="checkbox"/> E-reader (such as Amazon Kindle) | <input type="checkbox"/> Video Game System |
| <input type="checkbox"/> Portable MP3 Player              | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cell/Smartphone                  |  |
2. **In the next 12 months, how likely are you to purchase a computer for the child/children of the household to use?**  
(Please X one answer only.)
- Very Likely  
 Somewhat Likely  
 Not Very Likely  
 Not at all Likely
3. **In the next 12 months, how likely are you or someone in your household to buy or lease a new vehicle (such as a car, truck or SUV)?** (Please X one answer only.)
- Very Likely  
 Somewhat Likely  
 Not Very Likely  
 Not at all Likely
4. **In the next 12 months, how likely are you or someone in your household to travel to a theme park?**  
(Please X one answer only.)
- Very Likely  
 Somewhat Likely  
 Not Very Likely  
 Not at all Likely

## **STRESSES**

1. **As a parent/caregiver to the child, what are the situations, if any, that often cause you to feel “stressed”?**  
(Please X all that apply.)
- The child’s amount of school work  
 Standardized testing  
 The child’s performance/grades in school  
 Your relationship with the child  
 Another adult’s (in the household) relationship with the child  
 Another adult’s (out of the household) relationship with the child  
 The child’s relationship with siblings  
 The child’s relationship with friends  
 Issues with money  
 Whether the child gets enough sleep  
 Whether the child eats healthy food  
 The child’s body image  
 The child’s weight  
 Other issues regarding the child’s physical health  
 Issues with your or your family’s physical health  
 Issues with child’s mental health  
 Issues with the child being bullied/cyber bullied  
 Whether you’re spending enough time with the child  
 Something else  
 None

**CHARACTERS**

**Q. 1**  
**In the past 12 months**  
**did you purchase any products**  
**with these characters?**

**IF "YES" IN Q. 1 ANSWER Q. 2**

**Q.2**  
**AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS**

**\$1 - \$49      \$50 - \$99      \$100 - \$199      \$200 - \$299      \$300+**

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Captain America . . . . .                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hulk . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Iron Man . . . . .                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thor . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other "Avengers" characters . . . . .        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lightning McQueen . . . . .                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mater . . . . .                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other "Cars" characters . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Batman . . . . .                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Superman . . . . .                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wonder Woman . . . . .                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other DC characters . . . . .                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cinderella . . . . .                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elsa (Frozen) . . . . .                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapunzel . . . . .                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other "Disney Princess" characters . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finding Nemo/Finding Dory . . . . .          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mickey Mouse . . . . .                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minnie Mouse . . . . .                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Incredibles . . . . .                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toy Story . . . . .                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Zootopia . . . . .                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Disney/Pixar characters . . . . .      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardians of the Galaxy . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spider-Man . . . . .                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Marvel characters . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SpongeBob SquarePants . . . . .              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teenage Mutant Ninja Turtles . . . . .       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Power Rangers . . . . .                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Nickelodeon characters . . . . .       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cookie Monster . . . . .                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elmo . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Sesame Street characters . . . . .     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BB8 . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Darth Vader . . . . .                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rey . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yoda . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Star Wars characters . . . . .         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **BIRTHDAYS**

1. **Where did the child have his or her birthday party in the last 12 months that included friends?** *(Please X one answer only.)*
- At home or at someone else's home
  - At an activity-type center *(such as batting cages, bowling, skating, lazer tag, etc.)*
  - At a restaurant
  - At a public place *(such as a beach, park, or school)*
  - Other: \_\_\_\_\_  
*(Write In)*
  - The child did not have a birthday party with friends in the last 12 months**
2. **What did you give your child for his/her last birthday?** *(Please X all that apply.)*
- |   |   |
|---|---|
| <input type="checkbox"/> Money                                | <input type="checkbox"/> Clothes                |
| <input type="checkbox"/> Video Games                          | <input type="checkbox"/> Toys/Games             |
| <input type="checkbox"/> Cell/smartphone, iPod, or MP3 player | <input type="checkbox"/> Books/Comics/Magazines |
| <input type="checkbox"/> Tablet                               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Other electronics                    | <input type="checkbox"/> <b>Nothing</b>         |
| <input type="checkbox"/> Dolls/Action figures                 |   |
3. **Have you purchased any of the following party decorations or supplies in the last 12 months?**  
*(Please X all that apply.)*
- Characters theme (from TV Shows, movies, books or games)
  - Non-character theme (e.g., sports, butterflies or dinosaurs)
  - Colors or patterns
  - Non-theme

## **ABOUT YOU**

1. **Are you...**
- Male       Female
2. **What is your age?**
- |                                   |                                  |                                  |                                     |
|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 65 - 69    |
| <input type="checkbox"/> 18 - 20  | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 70 - 74    |
| <input type="checkbox"/> 21 - 24  | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 75 or over |
| <input type="checkbox"/> 25 - 29  | <input type="checkbox"/> 45 - 49 |                                  |                                     |

**To be eligible for a prize of one of twenty-five \$100 Amazon gift cards, please complete the form below. Please be assured that this information is being used only for prize notification and delivery.**

|                |
|----------------|
| Name: _____    |
| Address: _____ |
| City: _____    |
| Zip: _____     |
| Phone #: _____ |

**For a complete description of the drawing terms and conditions, turn to the back cover of this questionnaire.**

|   |
|---|
| <b>Thank you! We appreciate your help. Please return this survey along with the Kids questionnaire(s) in the reply envelope <i>(no postage necessary)</i>. If you have any comments or questions regarding the survey please call 1-800-378-0628.</b> |
|---|

# American Kids Study Household Drawing

## Official Rules

- There will be 25 (twenty-five) winners.
- Each winning household will receive a \$100 Amazon gift card.
- Every household participating in the American Kids Study is eligible.
- Eligible households may enter the Prize Drawing by completing the Entry Form found at the bottom of page 13 in the Parent Questionnaire.
- Entry forms may be returned to GfK Mediamark Research & Intelligence, LLC in the postage-paid return envelope enclosed or by mailing the completed entry form to American Kids Study, GfK Mediamark Research & Intelligence, LLC, 200 Liberty Street, 4th Floor, NY, NY 10281.
- Entries to the Drawing must be post-marked on or before July 14, 2017.
- Employees of GfK Mediamark Research & Intelligence, LLC and its affiliates and their immediate family are not eligible to enter. No one under the age of 18 may enter the Prize Drawing.
- Eligible households can only enter the Drawing once.
- In case of multiple entries, only the first entry from an eligible household will be considered.
- GfK Mediamark is not responsible for issues that are out of its control, e.g., if the U.S. Mail fails to deliver your drawing entry.
- The odds of winning the Drawing cannot be calculated because the odds depend on the number of entries received. This cannot be determined until the survey is concluded.
- Winners will be notified via U.S. Mail or telephone.
- A cash substitute prize will not be available.
- The value of the prize may be taxable to the winner as income.
- Drawing entrants may obtain a list of winners by writing to GfK Mediamark Research & Intelligence, LLC, 200 Liberty Street, 4th Floor, NY, NY 10281.