

**Boy Scouts – 5 A Day & Fit for Life Achievement Badges
Children’s Nutrition Research Center
Baylor College of Medicine**

Parent’s name: _____ BADGE: _____

Address: _____ City: _____ ZIP _____

Son’s Name: _____ I _____ D#: _____

Parent’s work #: _____ Home #: _____

Date Called: / / : : Result: _____
MON DAY YR AM / PM

Date Called: / / : : Result: _____
MON DAY YR AM / PM

Date Called: / / : : Result: _____
MON DAY YR AM / PM

Date Called: / / : : Result: _____
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Date Called: / / : : Result: _____
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Date Called: / / : : Result: _____
MON DAY YR AM / PM

Date Called: / / : : Result: _____
MON DAY YR AM / PM

Comments: _____

Opening Script – All Parent Interviews

Hello, my name is (*FIRST, LAST NAME*) from the Children’s Nutrition Research Center at Baylor College of Medicine. May I please speak with [*NAME OF PARENT FROM ABOVE*]?

IF PARENT OR GUARDIAN NOT AVAILABLE:

When is [he/she] usually at this number? (*wait for response*). _____

Thank you very much. I appreciate your help! I will call back then.

IF INTERVIEWER REACHES PARENT OR GUARDIAN:**SON IN 5 A DAY ACHIEVEMENT BADGE PROGRAM:**

Your son, _____ and his Boy Scout Troop # _____ participated in the Baylor "5 A Day" Scout Achievement Badge program. I would like to ask you some questions about his participation. The questions will help us evaluate how well the "5 A Day" badge program worked. There are no right or wrong answers to any of the questions. We're just interested in learning how you feel about your son's experience with the 5 A Day Achievement Badge program.

SON IN FIT FOR LIFE ACHIEVEMENT BADGE PROGRAM:

Your son, _____ and his Boy Scout Troop # _____ participated in the Baylor "Fit for Life" Boy Scout Achievement Badge program. I would like to ask you some questions about his participation. The questions will help us evaluate how well the "Fit for Life" badge program worked. There are no right or wrong answers to any of the questions. We're just interested in learning how you feel about your son's experience with the Fit for Life Achievement Badge program.

The call will take about 15-20 minutes. You or your son will receive a \$10 check as a thank you for your time. May I ask you the questions now?

Yes

Thank you for agreeing to answer the questions. Your responses are completely confidential and your name will not appear in any reports. Would you like the \$10 check made out to your son or you?

Son 1

Parent 2

In order for us to send you the \$10 check, I need your social security number.

PARENT'S SS# _____ / _____ / _____ [SEE BELOW]

(If this is the SS# they gave for their son, explain that this is the number we have on file for their son's SS#. Ask if this is their SS# or their son's SS#. Also explain that if they want a check for themselves, we need to get their son's SS# in addition to theirs since the Baylor system will not allow 2 names with one SS#)

In order for us to send your son the \$10 check, I need verify the social security number we have on file for him.

SON'S SS# _____ / _____ / _____

Is this correct?

The address the check will be sent to is: (*Verify address to send check*) Is this correct?

ADDRESS:

CITY, ZIP:

Not a good time

When would it be convenient for me to call back? [*SCHEDULE DATE AND TIME*].

DATE/DAY/TIME: _____ PHONE #: _____

Let me repeat the DAY and TIME to make sure I understood correctly. I will call you back at (*repeat the phone number*) ON [*DATE*] AT [*TIME*].

Is this correct? Yes 1 No 2

IF NO: (*Obtain correct information, and repeat*).

Thank you for agreeing to answer the questions. I will speak with you again on [*DATE*]. Have a terrific [*DAY/EVENING*].

IF YES:

Thank you for agreeing to answer the questions. I will speak with you again on [*DATE*]. Have a terrific [*DAY/EVENING*].

No

Thank you so much for your time. Have a good [*DAY/EVENING*].
(*END THE CALL*). Follow post interview procedures.

Son didn't participate

Can you tell me why your son didn't participate?

Yes 1 No 2 (SKIP TO next question)

Why? _____

Is there anything we could have done to make it more likely that he would have participated?

Yes 1 No 2 (SKIP TO next question)

What? _____

Would you be willing to answer some general questions about your families' **diet and physical activities**?

IF YES:

Go to **PAGE 4** and answer the General questions 1-8.

IF NO:

Thank you so much for your time. Have a good [*DAY/EVENING*].
(*END THE CALL*). Follow post interview procedures.

GENERAL QUESTIONS - ASK OF ALL PARENTS:**Let's begin with Question #1.**

1. In the last **2 weeks** have you had these 100% fruit juice or fruit in your home...

- | | | | |
|--------------------------------|--------------------------------|-------------------------------|---------------------------------------|
| 100% orange juice | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| 100% apple juice | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| other 100% juice | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| bananas | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| apples | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| cantaloupe or musk melon | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| grapes | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| oranges | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| pears | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| plums..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| kiwi | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| strawberries..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| pineapple..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| grapefruit..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| fruit cocktail | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| applesauce..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| watermelon..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| raisins..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| dried fruit | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| peaches..... | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |

2. In the last **2 weeks** have you had these vegetables in your home

- | | | | |
|--|--------------------------------|-------------------------------|---------------------------------------|
| carrots | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| celery | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| greens, (like collards, mustard greens, or
spinach) | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| French fries | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| potato salad | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| other white potatoes | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| corn | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| green peas (English peas) | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| tomatoes | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| broccoli | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| lettuce | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| green beans | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| cucumbers | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| jalapenos | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| salsa or pico de gallo | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| bell peppers (green, yellow, orange, red) | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| Cooked beans (like pinto, black-eyed peas,
red beans, pork & beans) | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| sweet potatoes | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| cabbage | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |
| okra | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | Don't Know <input type="checkbox"/> 3 |

3. In the last **2 weeks** did you have any....
- ...fresh fruit visible on the kitchen counter, table or somewhere else in your home? Yes 1 No 2 Don't Know 3
- ...raisins, or other dried fruit visible on the kitchen counter, table or somewhere else in your home? Yes 1 No 2 Don't Know 3
- ...100% fruit juice at the front of the refrigerator shelf? Yes 1 No 2 Don't Know 3
- ...cut-up or ready-to-eat fresh vegetables at the front of the refrigerator shelf? Yes 1 No 2 Don't Know 3
- ...cut-up fresh fruit at the front of the refrigerator shelf? Yes 1 No 2 Don't Know 3
- ...100% fruit juice available for your son to drink? Yes 1 No 2 Don't Know 3
4. Which of these pieces of sporting or physical activity equipment are in your home and available for your son to use?...
- FootballYes 1 No 2 Don't Know 3
- Baseball or softballYes 1 No 2 Don't Know 3
- Baseball or softball batYes 1 No 2 Don't Know 3
- Baseball or softball gloveYes 1 No 2 Don't Know 3
- Soccer ballYes 1 No 2 Don't Know 3
- VolleyballYes 1 No 2 Don't Know 3
- BasketballYes 1 No 2 Don't Know 3
- Basketball goal or hoopYes 1 No 2 Don't Know 3
- BikeYes 1 No 2 Don't Know 3
- Skates / roller bladesYes 1 No 2 Don't Know 3
- SkateboardYes 1 No 2 Don't Know 3
- TreadmillYes 1 No 2 Don't Know 3
- Exercise bikeYes 1 No 2 Don't Know 3
- Free weightsYes 1 No 2 Don't Know 3
- Swimming poolYes 1 No 2 Don't Know 3
- Other exercise equipmentYes 1 No 2 Don't Know 3
(please specify _____)
5. Do you have a yard or outdoor space at your home where your son can play? Yes 1 No 2
6. Are there playgrounds, parks or gyms close to your home that your son can easily walk to and use? Yes 1 No 2
7. Is it safe for your son to walk, jog or play in your neighborhood during the day? Yes 1 No 2
(skip to next section) ↓
8. Is it difficult for your son to walk or jog in your neighborhood because of things like traffic, lack of sidewalks or other safety concerns? Yes 1 No 2

**IF SON IN FIT FOR LIFE ACHEIVEMENT BADGE PROGRAM,
GO TO PAGE 8, QUESTION #F1:**

**IF SON IN 5 A DAY ACHEIVEMENT BADGE PROGRAM,
CONTINUE HERE WITH QUESTION #D1:**

1. During the badge program, did your son ask you to buy fruit, 100% juice, or vegetables for a snack, when it wasn't available at home?

Yes 1 CONTINUE No 2 (SKIP TO Q.2) Don't remember 3 (SKIP TO Q.2)

About how many times did he ask? __ __ times NA

2. During the badge program, did your son ask you to buy fruit, 100% juice, or vegetables for a meal, when it wasn't available at home?

Yes 1 CONTINUE No 2 (SKIP TO Q.3) Don't remember 3 (SKIP TO Q.3)

About how many times did he ask? __ __ times NA

3. Did your son show you a handout explaining the 5 A Day web site and how to log on?

Yes 1 CONTINUE No 2 (SKIP TO Q.4) Don't remember 3 (SKIP TO Q.4)

Did you read It?

Yes 1 CONTINUE No 2 (SKIP TO Q.4) NA

How much of it did you read:

- All of it
- Most of it
- About half of it.....
- Less than half of it.....
- Not applicable

4. Did your son talk about going to the 5 A Day web site to set or record his goals to eat more fruit, 100% juice, or vegetables?

Yes 1 No 2 Don't know 3

If yes, what did he say?: _____

5. About how many 5 A Day badge goals did your son set during the badge program?

__ __ goals Don't know 3

About how many of these 5 A Day badge goals did your son achieve?

Achieved __ __ goals Don't know 3

IF SON IN FIT FOR LIFE ACHIEVEMENT BADGE PROGRAM, BEGIN HERE:

1. During the badge program, did your son ask you or anyone in your family to participate with him in any sport or physical activity?

Yes 1 CONTINUE **No** 2 (SKIP TO Q.2) **Don't remember** 3 (SKIP TO Q.2)

↓
About how many times did he ask? __ __ times NA

2. During the badge program, did your son ask you or someone in your family to drive him to play any sport or physical activity?

Yes 1 CONTINUE **No** 2 (SKIP TO Q.3) **Don't remember** 3 (SKIP TO Q.3)

↓
About how many times did he ask? __ __ times NA

3. Did your son show you a handout explaining the Fit for Life web site and how to log on?

Yes 1 CONTINUE **No** 2 (SKIP TO Q.4) **Don't remember** 3 (SKIP TO Q.4)

↓
Did you read It?

Yes 1 CONTINUE No 2 (SKIP TO Q.4) NA

↓
How much of it did you read:

All of it

Most of it

About half of it.....

Less than half of it.....

Not applicable

4. Did your son talk about going to the Fit for Life web site to set or record his physical activity goals?

Yes 1 **No** 2 (SKIP TO Q5) **Don't remember** (SKIP TO Q5)

↓
If yes, what did he say?: _____

5. About how many Fit for Life badge goals did your son set during the badge program?

__ __ goals Don't know 3

About how many of those Fit for Life badge goals did your son achieve?

Achieved __ __ goals Don't know 3

6. Did your son earn the Fit for Life Achievement badge?

Yes 1 No 2 Don't know 3

7. Did your son show you a "Fit for Life Drills" booklet?

Yes 1 No 2 Don't know 3
Continue (skip to #9) (skip to #9)



8. Was the Fit for Life drill booklet easy to understand?

Yes 1 No 2 Don't Know 3

9. Did your son practice the activities in the Fit for Life Drills booklet?

Yes 1 No 2 Don't Know
Continue (skip to #10) (skip to #10)



How often did he practice the activities:

- Less than once a week..... 01
- Once a week..... 03
- Twice a week..... 05
- Three times a week..... 07
- More than 3 times a week ... 10

10. Did you know that your son received a pedometer as part of the Fit for Life program?

Yes 1 No 2

11. Did you ever see your son use his pedometer during the Fit for Life badge program?

Yes 1 No 2 Don't Know 3
Continue (skip to #12) (skip to #12)



When did you see him use it?: _____

12. Do you think that the pedometer helped your son be more physically active?

Yes 1 No 2 Don't Know 3

13. Would you say your son talked about the Fit for Life Program - frequently, somewhat or not at all?

Frequently 1 Somewhat 2 Not at All 3

14. Do you think your son enjoyed taking part in the Fit for Life troop sessions?

Yes 1 No 2 Don't Know 3

What did he most like or dislike about it?: _____

CONTINUE ON PAGE 9, GENERAL QUESTION #9

FINAL QUESTIONS:

We are on the last 3 questions.

12. What is your marital status?

- | | | | |
|------------------------|----------------------------|-----------------------------|----------------------------|
| Married | <input type="checkbox"/> 1 | Single, never married | <input type="checkbox"/> 5 |
| Living with partner .. | <input type="checkbox"/> 2 | Other | <input type="checkbox"/> 6 |
| Divorced | <input type="checkbox"/> 3 | Refused | <input type="checkbox"/> 8 |
| Separated | <input type="checkbox"/> 4 | | |

13. Are you working at this time?

- | | | | |
|------------------------|----------------------------|--|----------------------------|
| Working full-time | <input type="checkbox"/> 1 | Going to school | <input type="checkbox"/> 5 |
| Working part-time ... | <input type="checkbox"/> 2 | Unable to work, disabled, or ill | <input type="checkbox"/> 6 |
| Unemployed | <input type="checkbox"/> 3 | Other | <input type="checkbox"/> 7 |
| Stay at home | <input type="checkbox"/> 4 | Refused | <input type="checkbox"/> 8 |

14. Do you rent or own your own home?

- | | |
|--------------------|----------------------------|
| Rent | <input type="checkbox"/> 1 |
| Own home | <input type="checkbox"/> 2 |
| Other: _____ | <input type="checkbox"/> 3 |
| Refused | <input type="checkbox"/> 8 |

CLOSING SCRIPT

That's the last question. Thank you so much for taking the time to answer these questions. Your comments will help us to evaluate the effectiveness of the **[5 A Day / Fit for Life]** Achievement Badge program for scouts. Is there anything else you would like to add before we close?

Again, thank you so much for taking the time to answer our questions. We appreciate your time! Have a terrific **[DAY/EVENING]!**

Quality of the Interview: High Moderate, but acceptable Low, unacceptable

Comments about interview:

SIGN AND DATE THE QUESTIONNAIRE:

INTERVIEWER

DATE

Immediately after phone call:

- Sign and date the questionnaire
- Update phone log to indicate call completed
- File completed interview with Janice Baranowski
- If no changes on the Reimbursement forms
 - Have interviewer sign their name at bottom
 - Make a photocopy of reimbursement form and staple photocopy to completed questionnaire
 - Give originals Camille to enter for payment
- If any changes need to be made to the reimbursement forms, make the changes directly on the form and give the original with its corrections to Patricia so she can print out a new form.
 - Scout's Name and ID#
 - Correct parent name, address and zip code
 - Correct social security #