

ID # _____

Recruiter# _____



PARENT Survey

- Please respond only about the adolescent who is participating
- Be as accurate as you can – there are no right or wrong answers
- All information is strictly confidential and we will not be sharing your answers with your child
- Please try not to skip any questions
- Provide only one answer for each question

For Office Use Only

Date survey received: _____

Date survey entered (1): _____ by _____

Date survey entered (2): _____ by _____



A. Reasons for Moving Here

| Please rate the importance of the following reasons for choosing your current neighborhood. Please circle one response for each item. | | | | | |
|---|----------------------|---|---------------------|---|----------------|
| | Not at all important | | Some-what important | | Very important |
| 1. Affordability/Value | 1 | 2 | 3 | 4 | 5 |
| 2. Closeness to open space (e.g., parks) | 1 | 2 | 3 | 4 | 5 |
| 3. Closeness to job | 1 | 2 | 3 | 4 | 5 |
| 4. Presence of other children in the neighborhood | 1 | 2 | 3 | 4 | 5 |
| 5. Closeness to public transportation | 1 | 2 | 3 | 4 | 5 |
| 6. Closeness to shops and services | 1 | 2 | 3 | 4 | 5 |
| 7. Ease of walking | 1 | 2 | 3 | 4 | 5 |
| 8. Sense of community | 1 | 2 | 3 | 4 | 5 |
| 9. Safety from crime | 1 | 2 | 3 | 4 | 5 |
| 10. Quality of schools | 1 | 2 | 3 | 4 | 5 |
| 11. Closeness to recreational facilities | 1 | 2 | 3 | 4 | 5 |
| 12. Closeness to good restaurants and food stores | 1 | 2 | 3 | 4 | 5 |
| 13. Access to freeways | 1 | 2 | 3 | 4 | 5 |
| 14. Closeness to healthcare facilities | 1 | 2 | 3 | 4 | 5 |
| 15. Closeness to cultural and entertainment choices | 1 | 2 | 3 | 4 | 5 |
| 16. Closeness to school | 1 | 2 | 3 | 4 | 5 |
| 17. Distance from busy street | 1 | 2 | 3 | 4 | 5 |
| 18. Other: | 1 | 2 | 3 | 4 | 5 |



B. Your Child's School

1. Does your child go to school outside your home? *If no, skip to Section C.*

1. Yes

0. No

2. If yes, what is the name of the school? _____

3. What is the address of the school?

- a) _____
Street
- b) _____ c) _____ d) _____
City State Zip code (if known)

C. Eating Behaviors: Think about your child’s eating over the PAST YEAR when answering these questions, unless otherwise specified. If your child’s eating has changed across the year (growth spurts, illness, etc.) think about his or her eating *on average*. Please circle one response for each item.

| | Never | Rarely | Some- times | Often | Always |
|--|-------|--------|----------------|-------|--------|
| 1. How often does your child eat while watching TV? | 0 | 1 | 2 | 3 | 4 |
| 2. How often does your child eat in his/her bedroom? | 0 | 1 | 2 | 3 | 4 |
| 3. How often does your child ask for or take a second helping? | 0 | 1 | 2 | 3 | 4 |
| 4. How often do you eat meals together as a family? | 0 | 1 | 2 | 3 | 4 |



D. Foods in the Home

| How often are the following foods/drinks available in your home? | | | | | |
|--|-------|--------|----------------|-------|--------|
| | Never | Rarely | Some- times | Often | Always |
| 1. Chocolate candy | 0 | 1 | 2 | 3 | 4 |
| 2. Other candy | 0 | 1 | 2 | 3 | 4 |
| 3. Raw fruit (e.g., apples, oranges) | 0 | 1 | 2 | 3 | 4 |
| 4. Cakes, brownies, muffins or cookies | 0 | 1 | 2 | 3 | 4 |
| 5. Regular chips or crackers | 0 | 1 | 2 | 3 | 4 |
| 6. Baked chips, low-fat crackers, pretzels | 0 | 1 | 2 | 3 | 4 |
| 7. Raw vegetables (e.g., carrots) | 0 | 1 | 2 | 3 | 4 |
| 8. 100% fruit juice | 0 | 1 | 2 | 3 | 4 |
| 9. Juice drinks (e.g., Sunny Delight) | 0 | 1 | 2 | 3 | 4 |

| | Never | Rarely | Sometimes | Often | Always |
|---|-------|--------|-----------|-------|--------|
| 10. Regular sodas with sugar | 0 | 1 | 2 | 3 | 4 |
| 11. Diet or sugar-free sodas | 0 | 1 | 2 | 3 | 4 |
| 12. Sports drinks (e.g., Gatorade) | 0 | 1 | 2 | 3 | 4 |
| 13. Fruit roll-ups or other dried fruit | 0 | 1 | 2 | 3 | 4 |
| 14. Regular or 2% milk | 0 | 1 | 2 | 3 | 4 |
| 15. 1% or fat-free milk | 0 | 1 | 2 | 3 | 4 |
| 16. Sweetened breakfast cereal | 0 | 1 | 2 | 3 | 4 |
| 17. Unsweetened breakfast cereal | 0 | 1 | 2 | 3 | 4 |

E. Food Shopping: Answer about the one store where your family shops for food most often.

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|--|-------------------|-------------------|---------|----------------|----------------|
| 1. Low-fat foods cost too much | 1 | 2 | 3 | 4 | 5 |
| 2. There is a large selection of fresh fruits and vegetables | 1 | 2 | 3 | 4 | 5 |
| 3. There is a large selection of low-fat products available | 1 | 2 | 3 | 4 | 5 |
| 4. The condition of fresh fruits and vegetables is poor | 1 | 2 | 3 | 4 | 5 |
| 5. Fruits and vegetables cost too much | 1 | 2 | 3 | 4 | 5 |

F. Food Stores in Your Neighborhood: The following questions apply to the food stores in your neighborhood, regardless of whether you shop at these stores.

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|--|-------------------|-------------------|---------|----------------|----------------|
| 1. There is a large selection of low-fat products available | 1 | 2 | 3 | 4 | 5 |
| 2. The fresh produce is usually of high quality | 1 | 2 | 3 | 4 | 5 |
| 3. There is a large selection of fresh fruits and vegetables | 1 | 2 | 3 | 4 | 5 |
| 4. Fruits and vegetables cost too much | 1 | 2 | 3 | 4 | 5 |
| 5. Low-fat foods cost too much | 1 | 2 | 3 | 4 | 5 |



G. Where You Shop

When you or the main food shopper in your home go food shopping, how often do you go to each of these types of stores?

| | Never | Rarely | Sometimes | Often | Always |
|--|-------|--------|-----------|-------|--------|
| 1. Large supermarket or discount warehouse | 0 | 1 | 2 | 3 | 4 |
| 2. Small to medium food store | 0 | 1 | 2 | 3 | 4 |
| 3. Convenience store | 0 | 1 | 2 | 3 | 4 |
| 4. Farmer's market/produce stand | 0 | 1 | 2 | 3 | 4 |
| 5. Other: _____ | 0 | 1 | 2 | 3 | 4 |

| Please tell us 3 of the stores where you shop most often for food, and circle how often you go there. This includes any of the options listed above. Please be as specific as possible. | Once a month or less | Two or three times per month | Once a week | 2-3 times per week | 4 or more times per week |
|---|----------------------|------------------------------|-------------|--------------------|--------------------------|
| 6. Food Store #1 _____ Name _____ Street Address or Nearest Intersection _____ City _____ Zip (If known) _____ | 1 | 2 | 3 | 4 | 5 |
| 7. Food Store #2 Name: _____ _____ Street Address or Nearest Intersection _____ City _____ Zip Code (If known) _____ | 1 | 2 | 3 | 4 | 5 |
| 8. Food Store #3 Name: _____ _____ Street Address or Nearest Intersection _____ City _____ Zip Code (If known) _____ | 1 | 2 | 3 | 4 | 5 |



H. Rules for Eating

| Do you have the following rules about your child's eating, whether you tell them often or not? | | |
|--|-----|-----|
| | (1) | (0) |
| 1. No second helpings at meals | Yes | No |
| 2. Limited portion sizes at meals | Yes | No |
| 3. No dessert until plate is cleaned | Yes | No |
| 4. No dessert except fruit | Yes | No |
| 5. No meals while watching TV | Yes | No |
| 6. No snacking while watching TV | Yes | No |
| 7. No sweet snacks | Yes | No |
| 8. No fried snacks at home (such as potato chips) | Yes | No |
| 9. Must eat dinner with family | Yes | No |
| 10. Must eat fruit every day | Yes | No |
| 11. Must eat vegetables every day | Yes | No |
| 12. Limited fast food | Yes | No |
| 13. Limited sugar-sweetened soda | Yes | No |

I. Activity Rules

| Do you have the following rules for your child, whether you tell them often or not? | | |
|---|-----|-----|
| | (1) | (0) |
| 1. Stay close to or within sight of home/parent | Yes | No |
| 2. Do not go into the street | Yes | No |
| 3. Come in before dark | Yes | No |
| 4. Do not go places alone | Yes | No |
| 5. Stay in the neighborhood | Yes | No |
| 6. Do not ride bike on the street | Yes | No |
| 7. Carry a cell phone or 2-way radio | Yes | No |
| 8. Do homework before going out | Yes | No |
| 9. Watch out for cars | Yes | No |
| 10. Check in frequently | Yes | No |

| | | |
|--|-----|----|
| 11. Stay on paths, trails or sidewalk | Yes | No |
| 12. Do not cross busy streets | Yes | No |
| 13. Wear hat and/or sunscreen in summer | Yes | No |
| 14. No TV/DVD/computer before homework | Yes | No |
| 15. Less than 2 hours TV/DVD/computer per day | Yes | No |
| 16. No internet use without permission | Yes | No |
| 17. Do not disrespect others (particularly adults) | Yes | No |
| 18. Do not fight with other kids | Yes | No |

J. Getting Around in Your Neighborhood

| Please circle the answer that best applies to you and your local neighborhood , which means within a 10-15 minute walk from your home. | | | | |
|---|-------------------|-------------------|----------------|----------------|
| | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
| 1. Parking is difficult in shopping areas | 1 | 2 | 3 | 4 |
| 2. Streets in my neighborhood are hilly, making it difficult to walk | 1 | 2 | 3 | 4 |
| 3. There <u>are not</u> many dead end streets | 1 | 2 | 3 | 4 |
| 4. There are many different routes for getting from place to place | 1 | 2 | 3 | 4 |
| 5. There are sidewalks on most streets | 1 | 2 | 3 | 4 |
| 6. Sidewalks are separated from the road/traffic by parked cars | 1 | 2 | 3 | 4 |
| 7. There is grass/dirt between the streets and the sidewalks | 1 | 2 | 3 | 4 |
| 8. There are trees along the streets | 1 | 2 | 3 | 4 |
| 9. There are many interesting things for my child to look at while walking | 1 | 2 | 3 | 4 |
| 10. There are many beautiful natural things to look at | 1 | 2 | 3 | 4 |
| 11. There are many buildings/homes that are nice to look at | 1 | 2 | 3 | 4 |
| 12. The traffic makes it difficult or unpleasant for my child to walk | 1 | 2 | 3 | 4 |
| 13. The speed of traffic on most streets is usually slow (30 mph or less) | 1 | 2 | 3 | 4 |
| 14. Most drivers go faster than the posted speed limits | 1 | 2 | 3 | 4 |

| | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
|--|-------------------|-------------------|----------------|----------------|
| 15. I'm afraid of my child being taken or hurt by a stranger in a local park | 1 | 2 | 3 | 4 |
| 16. Streets have good lighting at night | 1 | 2 | 3 | 4 |
| 17. Walkers and bikers can be easily seen by people in their homes | 1 | 2 | 3 | 4 |
| 18. There are crosswalks and signals on busy streets | 1 | 2 | 3 | 4 |
| 19. There is a high crime rate | 1 | 2 | 3 | 4 |
| 20. I'm afraid of my child being taken or hurt by a stranger on local streets | 1 | 2 | 3 | 4 |
| 21. I'm afraid of my child being taken or hurt by a stranger in my yard, driveway or common area | 1 | 2 | 3 | 4 |
| 22. I'm afraid of my child being taken or hurt by a known "bad" person (adult or child) in my neighborhood | 1 | 2 | 3 | 4 |



K. Distance to Locations

About how long would it take **you** to walk from your home to the nearest places listed below? Please circle the time it would take you to walk to each place, regardless of whether you or your child go there.

| | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | Don't know |
|---|---------|----------|-----------|-----------|---------|------------|
| 1. Convenience/corner store/small grocery store | 1 | 2 | 3 | 4 | 5 | 8 |
| 2. Supermarket | 1 | 2 | 3 | 4 | 5 | 8 |
| 3. Laundry or dry cleaners | 1 | 2 | 3 | 4 | 5 | 8 |
| 4. Library | 1 | 2 | 3 | 4 | 5 | 8 |
| 5. Post office | 1 | 2 | 3 | 4 | 5 | 8 |
| 6. Bank/credit union | 1 | 2 | 3 | 4 | 5 | 8 |
| 7. Pharmacy/drug store | 1 | 2 | 3 | 4 | 5 | 8 |
| 8. Any school | 1 | 2 | 3 | 4 | 5 | 8 |
| 9. Your child's school | 1 | 2 | 3 | 4 | 5 | 8 |
| 10. Fast food restaurant | 1 | 2 | 3 | 4 | 5 | 8 |
| 11. Coffee place | 1 | 2 | 3 | 4 | 5 | 8 |

| | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | Don't know |
|---|---------|----------|-----------|-----------|---------|------------|
| 12. Non-fast food restaurant | 1 | 2 | 3 | 4 | 5 | 8 |
| 13. Swimming pool | 1 | 2 | 3 | 4 | 5 | 8 |
| 14. Bus, subway or train stop | 1 | 2 | 3 | 4 | 5 | 8 |
| 15. Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts) | 1 | 2 | 3 | 4 | 5 | 8 |
| 16. Beach, lake, river or creek | 1 | 2 | 3 | 4 | 5 | 8 |
| 17. Bike/hiking/walking trails, paths | 1 | 2 | 3 | 4 | 5 | 8 |
| 18. Basketball court | 1 | 2 | 3 | 4 | 5 | 8 |
| 19. Other playing fields/courts (e.g., soccer, skate park) | 1 | 2 | 3 | 4 | 5 | 8 |
| 20. Small public park | 1 | 2 | 3 | 4 | 5 | 8 |
| 21. Large public park | 1 | 2 | 3 | 4 | 5 | 8 |
| 22. School with available recreation facilities | 1 | 2 | 3 | 4 | 5 | 8 |
| 23. Other: _____ | 1 | 2 | 3 | 4 | 5 | 8 |

Your Physical Activity Behaviors: The following questions ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

In answering the following questions:

- *Vigorous-intensity* activities are activities that require hard physical effort and cause large increases in breathing or heart rate and
- *Moderate-intensity* activities are activities that require moderate physical effort and cause small increases in breathing or heart rate.

L. Activity at Work

Think first about the time you spend doing work.

1. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate (like carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously?

1. Yes 0. No → If no, skip to question 4.

7. I do not currently work → If not working, skip to section M.

2. In a typical week, on how many days do you do vigorous-intensity activities as part of your work?
Number of days _____ per week
3. How much time do you spend doing vigorous-intensity activities at work on a typical day?
Hours _____ per day **OR** Minutes _____ per day
4. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate (such as brisk walking or carrying light loads) for at least 10 minutes continuously?
1. Yes 0. No → If no, skip to section M.
5. In a typical week, on how many days do you do moderate-intensity activities as part of your work?
Number of days _____ per week
6. How much time do you spend doing moderate-intensity activities at work on a typical day?
Hours _____ per day **OR** Minutes _____ per day

M. Travel To and From Places

The next questions ask you about the usual way you travel to and from places. For example, to work, stores, movies, and so on. Do not include the physical activities at work you have already mentioned.

1. Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?
1. Yes 0. No → If no, skip to section N.
2. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?
Number of days _____ per week
3. How much time do you spend walking or bicycling for travel on a typical day?
Hours _____ per day **OR** Minutes _____ per day

N. Recreational Activities

The next questions exclude the work and transport activities that you have already mentioned. The questions ask you about sports, fitness and recreational activities (leisure),

1. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate for at least 10 minutes continuously?
1. Yes 0. No → If no, skip to question 4.

2. In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?

Number of days _____ per week

3. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?

Hours _____ per day **OR** Minutes _____ per day

4. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increases in breathing or heart rate for at least 10 minutes continuously?

1. Yes 0. No **→** If no, skip to section O.

5. In a typical week, on how many days do you do moderate-intensity sports, fitness, or recreational (leisure) activities?

Number of days _____ per week

6. How much time do you spend doing moderate-intensity sports, fitness, or recreational (leisure) activities on a typical day?

Hours _____ per day **OR** Minutes _____ per day

O. Sedentary Behavior

The following questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, reading, or sitting or lying down to watch TV, playing cards, traveling in car, bus or train, or visiting friends. Do not include time spent sleeping.

1. How much time do you usually spend sitting or reclining on a typical day?

Hours _____ per day **OR** Minutes _____ per day

Please indicate how much time on a typical week day you do the following activities. Please think about the time from when you wake up until you go to bed. Please **DO NOT** include time when you are at work during regular hours. Do not include weekends.

| | None | 15 min per day | 30 min per day | 1 hour per day | 2 hours per day | 3 hours per day | 4 hours or more per day |
|--|------|----------------|----------------|----------------|-----------------|-----------------|-------------------------|
| 2. Watching television | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Playing sedentary computer or video games (like Nintendo or Xbox) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4. Using the internet, emailing or other electronic media for leisure | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Doing work (including reading, writing or using the computer) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Reading a book or magazine | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Riding in a car, bus, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

P. Fruits and Vegetables

1. In a typical day, how many servings of fruit do you eat? A serving is equal to:

- 1 medium piece of fresh fruit
- 1/2 cup of fruit salad
- 1/4 cup of raisins, apricots or other dried fruit
- 6 oz. of 100% orange, apple, or grapefruit juice
- Do not count fruit punch, lemonade, Gatorade or Sunny Delight

0 1 2 3 4 5 or more

2. In a typical day, how many servings of vegetables do you eat? A serving is equal to:

- 1 medium carrot or other fresh vegetable
- 1 small bowl of green salad
- 1/2 cup of fresh or cooked vegetables
- 3/4 cup of vegetable soup
- Do not count french fries, onion rings, potato chips or other fried vegetables

0 1 2 3 4 5 or more

3. In a typical day, how many servings of sugar-sweetened beverages do you drink? A serving is equal to: 12 oz. can of soda or sports drink.

0 1 2 3 4 5 or more

Q. General Information

1. Home street address:

_____ Apt./Suite

_____ City _____ State _____ Zip Code

2. Nearest cross-street to home: _____

3. Phone number: () _____ - _____
4. How long have you lived at your current address? _____ years and _____ months
5. How long have you lived in your neighborhood? _____ years and _____ months
6. What was your previous street address?
- a. _____
- | | | |
|---------------|-----------|----------|
| Number/Street | Apt/Suite | |
| | | |
| City | State | Zip Code |
| | | |
7. How long did you live at this previous address? _____ years and _____ months

R. Parent Demographics

1. Your age: _____
2. Your gender:
- 0. Male
 - 1. Female
3. Are you of Hispanic, Mexican or Latino ethnicity?
- 1. Yes
 - 0. No
4. Race (you can check one or more):
- 1. Caucasian
 - 2. African-American or Black
 - 3. Asian-American
 - 4. Pacific Islander
 - 5. American Indian or Alaskan Native
 - 6. Other _____
5. What was your highest education level you completed?
- 1. Less than 7th grade
 - 2. Junior high/middle school
 - 3. Some high school
 - 4. Completed high school
 - 5. Some college or vocational training
 - 6. Completed college or university
 - 7. Completed graduate or professional degree
6. How many hours per week do you (or your child's primary caregiver) work outside of the home?
- 1. None or less than part time (0-15 hours)
 - 2. Part-time (16-35 hours)
 - 3. Full-time (36+ hours)
7. Your height: _____ feet _____ inches
8. Your current weight: _____ pounds

9. Are you currently pregnant?

- 1. Yes
- 0. No
- 7. Not applicable

10. What is your marital status?

- 1. Married
- 2. Widowed/divorced/separated
- 3. Single and never married
- 4. Living with partner

S. Adolescent Demographics: Please respond to these questions for the child who is participating in the TEAN study.

1. How many days per week does your child live at your address? _____

2. Child's birth date: _____
Month Day Year

3. Child's gender:

- 0. Male
- 1. Female

4. Is your child of Hispanic, Mexican or Latino ethnicity?

- 1. Yes
- 0. No

5. Child's race (you can check one or more):

- 1. Caucasian
- 2. African-American or Black
- 3. Asian-American
- 4. Pacific Islander
- 6. American Indian or Alaskan Native
- 7. Other _____

6. Does your child have a valid driver's license?

- 1. Yes
- 0. No

7. Does your child have access to a car to drive?

- 1. Yes
- 0. No

8. In school, this child makes the following grades: (check one answer only)

- 1. Mostly A's and B's
- 2. Mostly C's
- 3. Mostly D's and F's

T. Household Information

1. How many people (including yourself) live in your household? _____ people
2. How many children under 18 live in your household? _____ children
3. What are the ages and genders (circle one) of all children living in your household?
a) _____ m / f b) _____ m / f c) _____ m / f
d) _____ m / f e) _____ m / f f) _____ m / f
4. What is the highest level of education among the most educated **adult** in your household?
 1. Less than 7th grade
 2. Junior high/middle school
 3. Some high school
 4. Completed high school
 5. Some college or vocational training
 6. Completed college or university
 7. Completed graduate or professional degree
5. What type of residence do you live in?
 1. Single family house
 2. Multi-family house
 3. Apartment
 4. Condominium/townhouse/row house
 5. Other _____
6. Do you rent or own your home?
 1. Own/buying
 2. Rent
7. Do you have a valid driver's license?
 1. Yes
 0. No
8. How many driveable motor vehicles (cars, motorcycles) are there at your household? _____
9. How many licensed drivers are in your household (including yourself)? _____
10. Approximate annual household income:
 1. <\$10,000
 2. \$10,000-\$19,000
 3. \$20,000-\$29,000
 4. \$30,000-\$39,000
 5. \$40,000-\$49,000
 6. \$50,000-\$59,000
 7. \$60,000-\$69,000
 8. \$70,000-\$79,000
 9. \$80,000-\$89,000
 10. \$90,000-\$99,000
 11. >\$100,000
11. What is today's date? _____



You're Finished!
Thank you for your time and effort!

Please take a moment to review your responses to make sure no questions were missed.

After you are finished with this survey and your child is finished wearing the meter and GPS (7 days), return the following items in the envelope provided:

- This survey
- Activity Meter and Log
- GPS unit and charger
- Your child's waist measurement tape
- Your child's survey in sealed envelope

If you don't have the envelope we provided, mail items to:

TEAN Study
3900 5th Ave, Suite 310
San Diego, CA 92103

Please feel free to give us a call if you have any questions at:
877-440-4832 (toll-free).

You can also email us at: teanstudy@projects.sdsu.edu