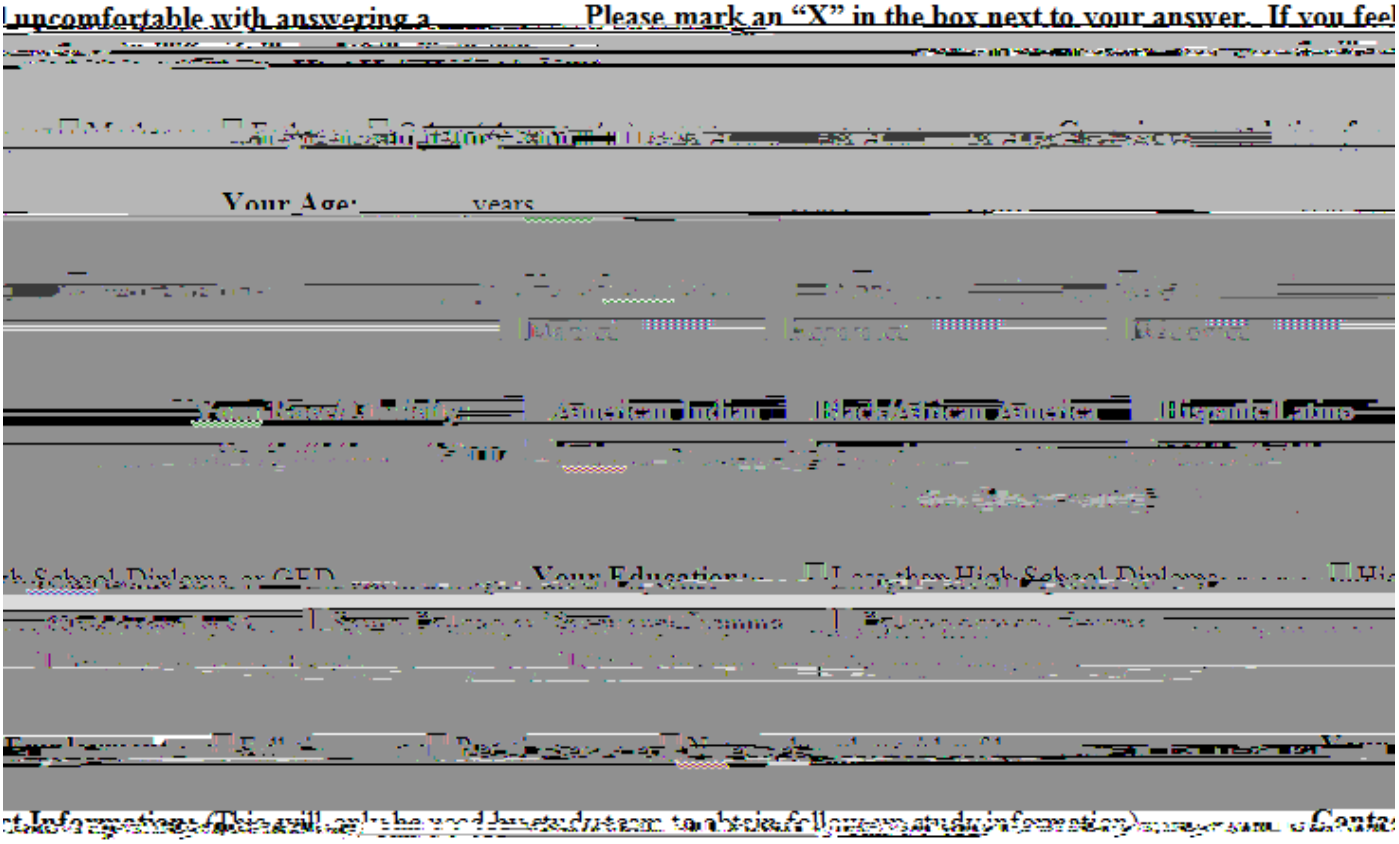
For office use only:
**Child ID** _____ __ **Child's Initials** __ __ __

# MAYO CLINIC FAMILY DEMOGRAPHIC SURVEY

[illegible] uncomfortable with answering a [illegible] Please mark an "X" in the box next to your answer. If you feel



[illegible] Your Age: _____ years [illegible]

[illegible] Your Education: [illegible]

[illegible] Information: (This will only be used to contact you to obtain follow-up study information) [illegible] Contact

[illegible] (First) _____ (Last) _____

**Your Name**: Mr. ☐ Mrs. ☐ Ms. ☐ (First) _____ (Last) _____

**Your Email Address**: _____

[illegible] Your Phone Number: (_____) _____ [illegible]

[illegible]

(City, State & ZIP Code) _____

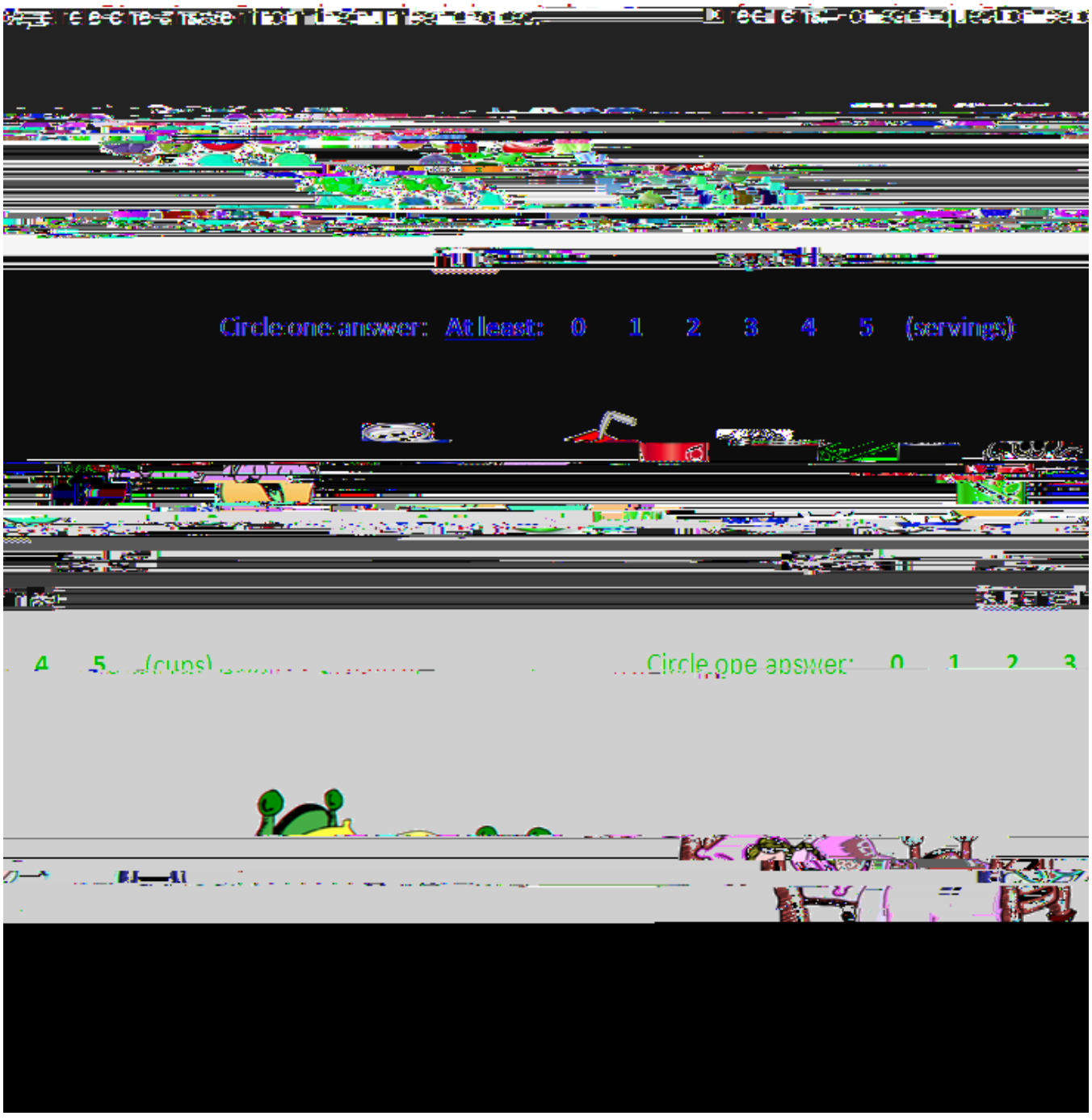
[illegible]

For office use only: Survey date: ____-____-_____

Visit: ___Initial ___6 month ___12 month

Child ID _____ Child's Initials _____

# Ways I Can Stay Healthy

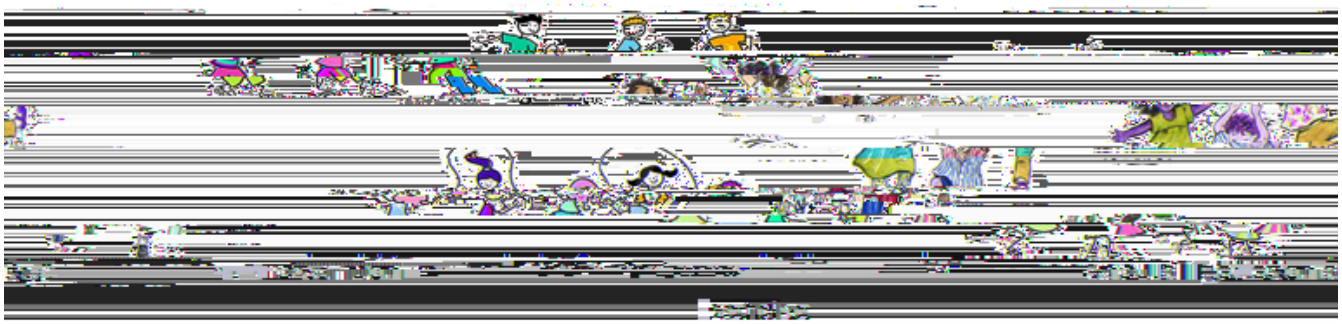


For office use only: Survey date: ____-____-_____

Visit: ___ Initial ___ 6 month ___ 12 month

Child ID _____ Child's Initials _____

(Survey continued)



Circle one answer: **At least: 0 1 2 3 4 5** (hours)

[redacted]

Child ID ___ ___ ___ Child's Initials ___ ___ ___

does your child eat a day?
*e palm of your child's hand.*

more

1 2 3 4 5 6 7 or more

any times a week does your child eat breakfast?

1 2 3 4 5 6 7

0 1 2 3 4 5 6 7 or more

1. How many servings of fruits or vegetables
*One serving is most easily identified by the size of t*

0 1 2 3 4 5 or

0

3. How m

0

| | | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 or more |
| rinks | 0 | 1 | 2 | 3 | 4 | 5 or more |
| | 0 | 1 | 2 | 3 | 4 | 5 or more |
| | 0 | 1 | 2 | 3 | 4 | 5 or more |

100% Juice

Fruit drinks or sports

Soda or punch

Water

4 5 or more

Nonfat or reduced fat milk 0 1 2 3

0 2 3 4 5 6 7 or more

For office use only:

Child ID _____ __ Child's Initial's __ __ __

Today's date: __ __/ __ __/ __ __ __ __