

SUPPLEMENTARY MATERIALS

Supplementary Material 1: Demographic Questionnaire: Exploring Access to Healthy Food Study

EAT Healthy Food: Exploring Access to Healthy Food

DEMOGRAPHICS QUESTIONNAIRE

Date of Birth

___/___/_____
month / day / year

Marital Status (check one)

- Single/Never Married
- Married
- Widowed
- Divorced
- Separated
- Remarried
- With a Partner

Education (check one)

- Some High School or less
- High School Diploma/GED
- Vocational School
- Some College
- College Degree
- Professional or Graduate Degree

Gender Male Female**Racial Background** (check one)

- Caucasian
- African American
- Hispanic
- Asian or Pacific Islander
- Native American or Native Alaskan
- Other, please specify _____
- Prefer not to answer

Current Work/School Status (check one)

- Attending school outside home
- Taking educational courses at home
- Working full or part time (either outside the home of at a home-based business)
- Full time homemaker
- Not attending school or working due to health
- Not working for other reasons

How many adults live in your home? _____

How many children live in your home? _____

Has a Doctor ever told you that you have any of the following health concerns? (check all that apply)

- Asthma
- Diabetes
- Food Allergies
- High Blood Pressure
- High Cholesterol

Have you been to the Doctor for a regular check up in the last year? Yes or No
(circle one)

Supplementary Material 2: Eating Habits Survey: Exploring Access to Healthy Food Study

Thank you for agreeing to speak with me today. We are going to ask you some questions to start the interview. These questions are about your household and the foods that you feed your child who goes to Head Start.

Thinking about your child who goes to Head Start, how much of the following foods does s/he eat at home?				
	None	A Little	Some	A Lot
FRUITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEGETABLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTS & SEEDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OLIVE OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARED/PREPACKAGED FOODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, I am going to read some statements about vegetables that might tell us why you do or don't feed them to your child who goes to Head Start.

Please say whether you strongly agree, agree, feel neutral, disagree, or strongly disagree with each statement. Remember, there are no rights or wrong answers to these questions.

OPINIONS ABOUT VEGETABLES	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Vegetables cost too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables go bad before we have a chance to eat them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My stores have vegetables for sale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My stores have low quality vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to prepare vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is too much work or time to cook vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPINIONS ABOUT VEGETABLES	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I will not eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Head Start child will not eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, I am going to read some statements about eating habits. We want to know how often these statements are true for you and your child who goes to Head Start. Remember, there are no right or wrong answers to these questions.

	All the time	Most of the time	Some of the time	Rarely	Never
I have healthy eating habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Head Start child has healthy eating habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat 5 servings of fruits and vegetables every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Head Start child eats 5 servings of fruits and vegetables every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family eats most meals together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family watches TV while eating meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat healthier because I have a health problem like diabetes or high cholesterol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use sweets to reward my Head Start child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, I am going to ask you about snacks you would feed to your child who goes to Head Start. Remember, there are no rights or wrong answers to these questions.

Buying vegetables instead of chips, candy, or cakes as a snack for my child would be

- Very easy to do regularly.
- Somewhat difficult to do regularly.
- Very difficult to do regularly.
- Impossible for me to do regularly.

Giving my child vegetables as a snack would be

- Very easy to do regularly.
- Somewhat difficult to do regularly.
- Very difficult to do regularly.
- Impossible for me to do regularly.

Giving my child vegetables as a snack instead of chips, candy, or cakes would be

- Very easy to do regularly.
- Somewhat difficult to do regularly.
- Very difficult to do regularly.
- Impossible for me to do regularly.

Encouraging my child to try new vegetables would be

- Very easy to do regularly.
- Somewhat difficult to do regularly.
- Very difficult to do regularly.
- Impossible for me to do regularly.

If you wanted to buy a snack for your child, which would you choose?

- Potato chips
- Fresh fruit
- Tasty cake

If you had to prepare a quick snack for your child, which would you choose?

- Potato chips
- Tater tots
- Vegetables with low-fat or nonfat dressing

Supplementary Materials 3: Interview Guide Questions - Exploring Access to Healthy Food Study

Managing Child Behavior
<ul style="list-style-type: none">• How do you encourage your child to eat healthy food?• How does your child react when asked to try new foods?• How do you handle requests for junk food?• How do you feel about limiting junk food?• How can you eliminate junk or unhealthy food from diet or household?• What kind of healthy foods are you buying more? Eating more?
Health Beliefs and Goals
<ul style="list-style-type: none">• What do you like about your family's eating?• What are recent changes you made?• What was the biggest motivator?• What was difficult? What got in the way?• How can you do more?• What are your goals for your families eating habits?• What would you like to see change?<ul style="list-style-type: none">➤ Why haven't you yet?➤ What is/will be the biggest challenge?➤ What do you think would help your family's make changes?• Do you believe that health is important to quality and quantity of life?<ul style="list-style-type: none">➤ Why?• Do you believe that what you eat affects your health?<ul style="list-style-type: none">➤ How?➤ Why?• What connection, if any, do you see in your family's eating habits and their health?
Knowledge
<ul style="list-style-type: none">• What are your thoughts about learning more about healthy eating and health habits?• What would you like to learn from a study on healthy eating?
Desired Interventions:
<ul style="list-style-type: none">• What do you think would help family's make changes to their eating habits?• What would you like to see in an intervention?• What would not work?• What would be your biggest challenge in changing the way your family eats?