

Healthy Eating and Activity in Youth

YOUTH QUESTIONS

PREAMBLE:

- ❖ This project is about learning how to help families take care of their bodies. Bodies come in all shapes and sizes and we think that all bodies are awesome.
- ❖ In order to do this, we want to understand what both youth and parents think, feel and want.
- ❖ We think it is unhelpful to try making any changes until family members are on the same page and agree on what, if anything, they would like to work on
- ❖ This interview is the first step to understanding the views of youth and their parents. The fun part is that we will be asking you about what YOU think and what you think your PARENT would say
- ❖ We want you to feel you can say what's really on your mind. So, everything you say in this interview is private! That means we won't tell your parent what you say.
- ❖ Do you have any questions?

WARM UP:

- How old are you? What grade are you in?
- What do you do in your free time? Hobbies? Sports? Extracurricular activities?

1. Favorite hobbies

Of all the things that you mentioned you like to do in your spare time (list) what is your favorite thing to do?

YOUR PARENT

A1 – What do you think your parent thinks about the amount of time that you spend on your favourite thing?

___ too little
___ about right
___ too much

B – How important/much does your parent care about the amount of time that you spend on your favourite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to increase the amount of time that you spend on your favourite thing, how hard would it be?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 – What do you think? From your perspective is the amount of time you spend on your favourite thing:

___ too little
___ about right
___ too much

B – How important/much do you care about the amount of time that you spend on your favourite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

2. Physical Activity

What sorts of physical activities do you do? (e.g., anything that involves movement [Wii counts!])

YOUR PARENT

A1 – What do you think your parent thinks about the amount of physical activity that you do?

too little
 about right
 too much

B – How important/much does your parent care about the amount of physical activity that you do?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to increase your physical activity, how hard would it be?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 – What do you think? From your perspective is the amount of physical activity that you do:

too little
 about right
 too much

B – How important/much do you care about the amount of physical activity that you do?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

3. Screen Time

What kinds of “screen time” activities do you participate in (e.g., TV, computer games, anything you do with a screen for fun [not homework])?

YOUR PARENT

A1 – What do you think your parent thinks about the amount of screen time in your life?

too little
 about right
 too much

B – How important/ much does your parent care about the amount of screen time in your life?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to decrease your screen time, how hard would it be?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 – What do you think? From your perspective is the amount of screen time:

too little
 about right
 too much

B – How important/ much do you care about the amount of screen time in your life?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

The next three questions are about eating. What is a typical day of eating for you?

4. Eating (“treat”) food

What types of food do you consider “treat” food? (e.g., fast food, candy, chips, chocolate, pizza, pop)

Do you eat some “treat” food? YES / NO

What kinds do you eat?

YOUR PARENT

YOU

A1 – What do you think your parent thinks about the amount of “treat” food that you eat? How often would your parent say you have treat food?

- 1 (rarely) _____ too little
2 (1-2 times/month) _____ just right
3 (1 time/week) _____ too much
4 (1 time/day)
5 (more than 1 time/day)

A1 – What do you think? From your perspective is the amount of “treat” food you eat? How often do you have treat food?

- 1 (rarely) _____ too little
2 (1-2 times/month) _____ just right
3 (1 time/week) _____ too much
4 (1 time/day)
5 (more than 1 time/day)

B – How important/much does your parent care about the amount of “treat” food that you eat?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

B – How important/much do you care about the amount of “treat” food that you eat?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to decrease the amount of “treat” food that you eat, how hard would it be?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

5. Overeating/Eating too much food

Are there times when you overeat and feel uncomfortably full? (e.g., eat more than is normal for you, wished you hadn’t eaten that much, felt you can’t stop eating)? YES / NO

Can you describe a time when you felt you ate too much?

YOUR PARENT

YOU

A2 – How often would your parent say you overeat?

- 1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

A2 – What do you think? From your perspective, how often do you think you overeat or eat too much?

- 1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

B – How important/much does your parent care about you overeating?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

B – How important/much do you care about you overeating?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to decrease the number of times you overeat / amount you overeat / how often you overeat, how hard would that be?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

6. Eating when not hungry (“emotional eating”, “mindless eating”)

Sometimes we eat when we’re hungry, because our stomach is empty and our body needs food, and sometimes we eat for other reasons, like when we are bored.

Do you ever eat when you’re not hungry but just feel like eating (e.g., noticing that food is gone, like a bag of chips)? YES / NO

Can you describe a time when you ate and weren’t hungry?

YOUR PARENT

YOU

A2 – How often would your parent say you eat when you’re not hungry?

- 1 (rarely)
- 2 (1-2 times/month)
- 3 (1 time/week)
- 4 (1 time/day)
- 5 (more than 1 time/day)

B – How important/much does your parent care about you eating when you’re not hungry?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C – If you decided to eat only when you’re hungry, how hard would it be?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

A2 – What do you think? From your perspective, how often do you eat when you’re not hungry?

- 1 (rarely)
- 2 (1-2 times/month)
- 3 (1 time/week)
- 4 (1 time/day)
- 5 (more than 1 time/day)

B – How important/much do you care about you eating when you’re not hungry?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

PARENT QUESTIONS

PREAMBLE:

- ❖ This project is about learning how to help families take care of their bodies.
- ❖ In order to do this, we want to understand what both children and parents experience and want.
- ❖ We think it is unhelpful to try making any changes until family members are on the same page and agree on what, if anything, they would like to work on.
- ❖ This interview is the first step to understanding the views of youth and their parents. The interesting part is that we will be asking you about what YOU think and what you think your CHILD would say.
- ❖ We want you to feel you can say what's really on your mind. So, everything you say in this interview is private. That means we won't tell your child what you say. Remember there are no right or wrong answers, and no judgment.
- ❖ Do you have any questions?

WARM UP:

- How many children do you have? Do you work outside the home?
- What do you like to do in your spare time?

1. Favorite Hobbies

What sorts of things does your child do in their spare time? One of your child's favourite activities is _____.

YOUR CHILD

A1 – What do you think your child thinks about the amount of time that he/she spends on his/her favourite thing?

- ___ too little
- ___ about right
- ___ too much

B – How important/much does your child care about the amount of time that he/she spends on his/her favourite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over the amount of time your child spends doing their favourite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. How confident are you that you can increase the amount of time your child spends doing their favorite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 – From your perspective, what do you think about the amount of time your child spends on his/her favourite thing:

- ___ too little
- ___ about right
- ___ too much

B – How important/much do you care about the amount of time that your child spends on his/her favourite thing?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

2. Physical Activity

What sorts of physical activity does your child do?

YOUR CHILD

A1 -- What do you think your child would say about the amount of physical activity that he/she does?

___ too little
___ about right
___ too much

B. How important / much do you think your child cares about the amount of physical activity he/she does?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over your child's level of physical activity?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. If you were to decide to, how confident are you that you can increase your child's level of physical activity?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 -- From your perspective, what do you think about the amount of physical activity in your child's life?

___ too little
___ about right
___ too much

B. How important / much do you care about the amount of physical activity your child does?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

3. Screen Time

What kind of "screen time" activities does your child participate in (e.g., TV, computer game, anything for fun involving a screen – not homework)?

YOUR CHILD

A1 -- What do you think your child would say about his /her amount of screen time?

___ too little
___ about right
___ too much

B. How important / much do you think your child cares about his/her screen time?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over your child's screen time?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. If you were to decide to, how confident are you that you can decrease your child's screen time?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 -- From your perspective, what do you think about the amount of screen time in your child's life?

___ too little
___ about right
___ too much

B. How important / much do you care about your child's screen time?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

Next 3 questions are about eating. CLARIFICATION: We consider healthy eating to be eating balanced meals, consisting of all food groups, in normal portions. Healthy eating and exercise does not mean dieting or speaking about weight loss or exercise for the purpose of burning calories.

4. Eating unhealthy (“treat”) foods

*Does your child eat some “treat” food? (e.g., fast food, candy, chips, chocolate, pizza, pop) YES / NO
What kinds?*

YOUR CHILD

A1 -- What do you think your child would say about the amount of “junk” food that he/she eats?

- 1 (rarely) _____ too little
2 (1-2 times/month) _____ just right
3 (1 time/week) _____ too much
4 (1 time/day)
5 (more than 1 time/day)

B. How important / much do you think your child cares about the amount of “treat” food she/he eats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over how much “treat” food your child eats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. If you were to decide to, how confident are you that you can decrease how much “treat” food your child eats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A1 -- From your perspective, what is the amount of junk food your child eats?

- 1 (rarely) _____ too little
2 (1-2 times/month) _____ just right
3 (1 time/week) _____ too much
4 (1 time/day)
5 (more than 1 time/day)

B. How important / much do you care about the amount of “treat” food your child eats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

5. Overeating / Eating too much food

Are there times when your child overeats or eats too much food (e.g. feels uncomfortably full, wished hadn't eaten that much, or more than would be normal for your child)? Can you describe a time when you felt your child ate too much?

YOUR CHILD

A2 -- What do you think your child would say about how often he/she overeats or eats too much?

- 1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

B. How important/ much do you think your child cares about how much he/she overeats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A2 -- How often do you think your child overeats?

- 1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

B. How important/much do you care about the amount your child overeats?

- 1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over how much your child overeats?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. If you were to decide to, how confident are you that you can decrease how much your child overeats?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

6. Eating when not hungry (“emotional eating”, “mindless eating”)
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Does your child ever eat when not hungry (eating when bored or upset)? Can you describe a time when you felt your child ate when he/she wasn't hungry?:

YOUR CHILD

A2 -- What do you think your child would say about how often he/she eats when not hungry?

1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

B. How important/ much do you think your child cares about eating when not hungry?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

C. How much influence do you have over how much your child eats when not hungry?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

D. If you were to decide to, how confident are you that you can decrease how much your child eats when not hungry?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)

YOU

A2 -- How often do you think your child eats when not hungry?

1 (rarely)
2 (1-2 times/month)
3 (1 time/week)
4 (1 time/day)
5 (more than 1 time/day)

B. How important/much do you care about your child eating when no hungry?

1 (not at all) 2 (a little) 3 (somewhat) 4 (very) 5 (extremely)