



**PARENT SURVEY ABOUT TELEVISION VIEWING AND CHILDHOOD OBESITY**

If you are the parent or caregiver of at least one child, and the child is:  (a) aged 3–5 years old and, (b)  living at the same home as you for at least half the time we would be pleased if you could complete this survey. It should take no more than 10 minutes.

**SECTION 1—DETAILS ABOUT YOUR FAMILY AND YOUR TV ENVIRONMENT**

1.1 How many children in total are there in your family (and living with you at least half the time)?

1.2 What are the ages (in years) of all children in your family?      *Please add more boxes if necessary*

1.3 What is your postcode?

1.4 How many TV sets do you have in your home?

1.5 Your preschooler might watch TV on any of these sets. Please indicate which TV set your preschooler watches most often by numbering the sets in order of most frequent use.

	Family room	Lounge	Kitchen	Parent b'room	Child b'room	Sibling b'room	Other	Please specify
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<b>This is just an example:</b>	Family room	Lounge	Kitchen	Parent b'room	Child b'room	Sibling b'room	Other	Please specify
	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	Spare room

**SECTION 2—DETAILS ABOUT YOUR CHILD'S TV VIEWING** (For each question please tick one box only, the one that represents what happens most often)

2.1 (part a) **How much** television does your preschooler usually watch during the week, i.e. Monday to Friday? (Tick one box only for each question)

		None	Less than ½ hr	½–1 hr	1–2 hrs	Over 2 hrs	
<b>Monday to Friday</b>	2.1.1	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.2	10:00am–3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.3	3:30pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.4	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.5	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<b>Monday to Friday</b>

2.1 (part b) **How much** television does your preschooler usually watch on weekends (Saturday) (Tick one box only for each question)

		None	Less than ½ hr	½–1 hr	1–2 hrs	Over 2 hrs	
<b>Saturday</b>	2.1.6	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.7	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.8	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.9	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.10	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<b>Saturday</b>

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**SECTION 2—DETAILS ABOUT YOUR CHILD’S TV VIEWING (CONT.)** (For each question please tick one box only, the one that represents what happens most often)

**2.1 (part b, cont.) How much television does your preschooler usually watch on weekends (Sunday) (Tick one box only for each question)**

		None	Less than ½ hr	½–1 hr	1–2 hrs	Over 2 hrs		
<b>Sunday</b>	2.1.11	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sunday</b>
	2.1.12	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.1.13	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.1.14	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.1.15	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**2.2 (part a) Which channels does your preschooler spend the most time watching during the week, i.e. Monday to Friday? (Tick one box only for each question)**

		ABC	Ch. 7, 9 or 10	SBS	Pay TV	Videos/DVDs		
<b>Monday to Friday</b>	2.2.1	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Monday to Friday</b>
	2.2.2	10:00am–3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.3	3:30pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.4	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.5	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**2.2 (part b) Which channels does your preschooler spend the most time watching on the weekends? (Tick one box only for each question)**

		ABC	Ch. 7, 9 or 10	SBS	Pay TV	Videos /DVDs		
<b>Saturday</b>	2.2.6	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Saturday</b>
	2.2.7	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.8	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.9	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.10	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sunday</b>	2.2.11	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sunday</b>
	2.2.12	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.13	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.14	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.15	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 2—DETAILS ABOUT YOUR CHILD’S TV VIEWING (CONT.)** (For each question please tick one box only, the one that represents what happens **most often**)

**2.3 (part a) Who mainly decides what your preschooler watches on television during the week, i.e. Monday to Friday? ? (Tick one box only for each question)**

			Pre-schooler	Mother Or other adult female e.g. grandmother, carer	Father Or other adult male e.g. grandfather, carer	Older sibling	TV is just on	Other—please specify
<b>Monday to Friday</b>	2.3.1	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.2	10:00am–3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.3	3:30pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.4	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.5	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.3 (part b) Who mainly decides what your preschooler watches on television on weekends? ? (Tick one box only for each question)**

			Pre-schooler	Mother Or other adult female	Father Or other adult male	Older sibling	TV is just on	Other—please specify
<b>Saturday</b>	2.3.6	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.7	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.8	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.9	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.10	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sunday</b>	2.3.11	6:30am–10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.12	10:00am–2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.13	2:00pm–6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.14	6:00pm–7:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.15	7:30pm–9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3—IMPACT OF TELEVISION FOOD ADVERTISING IN YOUR HOUSEHOLD**

**Please tick (✓) how often the following situations occur in your household**

		Always	Very often	Sometimes	Rarely	Never
3.1	My children ask me to buy food that I know or assume they have seen advertised on TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	My children ask me to buy food that has pictures of TV or movie characters on the packaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	I give in to my children’s requests for food they see advertised, even if I know the foods aren’t healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	My children eat while they are watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please tick (✓) the response that best indicates the situation in your household**

		Fully agree	Agree to some extent	Don’t know	Disagree	Totally disagree
3.5	I believe that one or more children in our family tends to be or definitely is, overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	I am confident that I know which foods are good for my children, and which aren’t.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3—IMPACT OF TELEVISION FOOD ADVERTISING IN YOUR HOUSEHOLD (CONT.)**

Please tick (✓) the response that best indicates the situation in your household (cont.)

	<i>Fully agree</i>	<i>Agree to some extent</i>	<i>Don't know</i>	<i>Disagree</i>	<i>Totally disagree</i>
3.7 I think it is okay for my children to watch commercial TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 It is appropriate for me to control the amount of commercial TV my children watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 It is, or would be, too hard to set limits on how much commercial TV my children watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4—YOUR EFFORTS, IF ANY, TO REDUCE COMMERCIAL TV**

4.1 Have you tried to set limits on how much commercial TV your children watch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please indicate which of these steps you have tried, and how effective you believe they have been

	<i>Haven't tried</i>	<i>Effective</i>	<i>Effective to some extent</i>	<i>Not effective</i>
4.2 I switch off the TV when commercial programs begin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 I teach my preschooler about good and bad food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 I firmly say no when my preschooler asks for foods advertised on commercial TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 I select the ABC or put on a video / DVD for my preschooler, as an alternative to commercial TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 I limit the number of commercial programs my preschooler watches, and firmly say no to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Please write down if there is something else you have tried, and if so how effective you believe it has been.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5—YOUR VIEWS IN GENERAL ABOUT TELEVISION VIEWING AND CHILDHOOD OBESITY**

For each of the following questions, please tick (✓) the response that is most like your own opinion.

	<i>Fully agree</i>	<i>Agree to some extent</i>	<i>Don't know</i>	<i>Disagree</i>	<i>Totally disagree</i>
5.1 Childhood obesity and overweight is a major concern in Australia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Changing children's unhealthy eating habits will help reduce childhood obesity and overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Getting children to be more physically active will help reduce childhood obesity and overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Cutting down the amount of TV children watch will help reduce childhood obesity and overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Cutting down the number of food ads children watch will help reduce childhood obesity and overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Most food ads try to sell foods that are high in fat, sugar or salt and of low nutritional value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7 I would like food companies to stop selling unhealthy foods to my children through TV advertising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8 I would like the government to put more controls on TV food advertising to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9 I would like TV food advertising to children to be banned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.10 If you would like to make any other comments about television food advertising and childhood obesity, please do so in the space below.

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