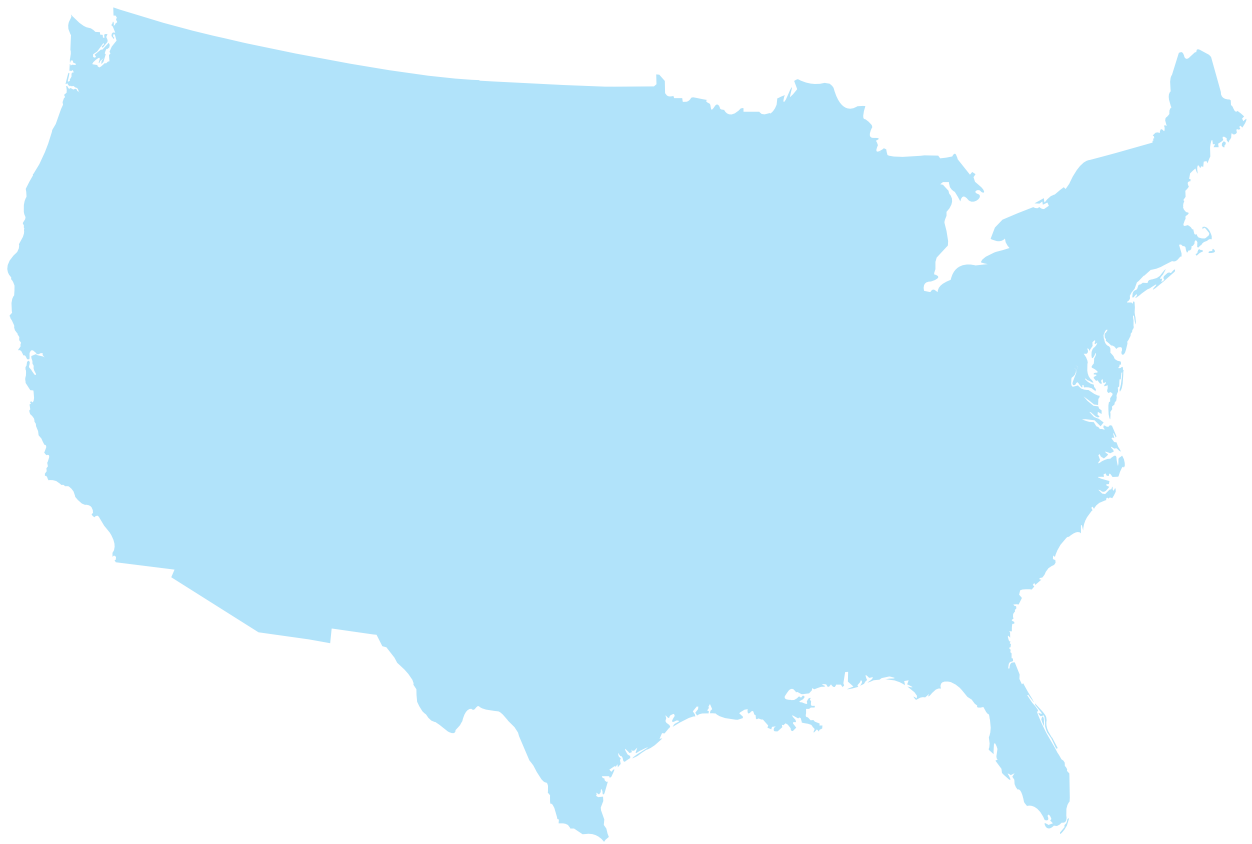


PARENT QUESTIONNAIRE



**2009
AMERICAN
KIDS
STUDY**

GENERAL INFORMATION

1. How many children between the ages of 6 and 11 do you have living in your household? (Please X one answer only.)

- One
- Two
- Three
- Four
- Five or more
- None ➔ (skip to question one in the About You section on page 11)

Please answer the following questions about the child between 6 to 11 years of age in your household who has the next birthday.

2a) Is the child a...

- Male
- Female

2b) How old is the child?

- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old

2c) In what grade in school is the child?

- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- Other: _____
(Write In)

3. What is your relationship to the child? (Please X one answer only.)

- Mother or stepmother
- Father or stepfather
- Grandmother
- Grandfather
- Older sister or aunt
- Older brother or uncle
- Guardian or other primary caregiver (female)
- Guardian or other primary caregiver (male)
- Other: _____
(Write In)

ACTIVITIES

1. During the school year, in which of the following activities does the child participate at least every two weeks?
(Please X all that apply.)

- After-school daycare
- Arts or crafts groups
- Book, reading or library groups
- Boys' or Girls' Clubs
- Clubs (like science, computer, or chess clubs, etc.)
- Dance
- Drama/theater
- Music lessons or music groups (like bands, choral groups, etc.)
- Private tutoring
- Organized sports teams/leagues (like Basketball, Little League, Soccer, etc.)
- Recreational sports activities
- Religious instruction or religious youth groups
- Scouts (like Brownies, Cub Scouts, Girl Scouts, Boys Scouts, Campfire, etc.)
- Volunteering/community work
- Y activities (like YMCA/YMHA/YWHA/YWCA, etc.)
- Other: _____
(Write In)
- None of the above

2. During the school year, on average, how many days a week (out of 7) does the child participate in organized after-school and/or weekend activities? (Please X one answer only.)

- None
- 1 to 2 days
- 3 to 5 days
- 6 to 7 days

3. On a typical **SCHOOL DAY**, please mark approximately how much time, if any, the child spends doing the following activities.

| | <u>No Time</u> | <u>½ Hour</u> | <u>1 Hour</u> | <u>1½ Hours</u> | <u>2 Hours</u> | <u>2½ Hours</u> | <u>3 Hours or More</u> | <u>I am not sure/ I don't know</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Watching TV..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing video games..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using the Internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing with friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading for fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Studying/doing homework..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing physical activities like playing sports or exercising..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. On a typical **WEEKEND DAY**, please mark approximately how much time, if any, the child spends doing the following activities.

| | <u>No Time</u> | <u>½ Hour</u> | <u>1 Hour</u> | <u>1½ Hours</u> | <u>2 Hours</u> | <u>2½ Hours</u> | <u>3 Hours or More</u> | <u>I am not sure/ I don't know</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Watching TV..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing video games..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using the Internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing with friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading for fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Studying/doing homework..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing physical activities like playing sports or exercising..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Where did the child have his or her birthday party in the last 12 months that included friends? (Please X one answer only.)
- At home or at someone else's home
 - At an activity-type center (such as batting cages, bowling, skating, lazer tag, etc.)
 - At a restaurant
 - At a public place (such as a beach, park, or school)
 - Other: _____
(Write In)
 - The child did not have a birthday party with friends in the last 12 months

MAGAZINES

1. Does anyone in your household subscribe to or receive any of these MAGAZINES? (Please X all that apply.)
- American Girl
 - Boys' Life
 - J-14
 - M
 - National Geographic Kids
 - Nickelodeon
 - Nintendo Power
 - Official Xbox
 - Sports Illustrated for Kids
 - Twist
 - WWE Kids
 - None of the above
2. How frequently do you or other adults, age 18+, in the household read magazines with the child?
(Please X one answer only.)
- Often
 - Seldom
 - Never

TELEVISION

1. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend watching TV with the child on a typical SCHOOL DAY.

| | <u>No Time</u> | <u>1/2 Hour</u> | <u>1 Hour</u> | <u>1 1/2 Hours</u> | <u>2 Hours</u> | <u>More than 2 hours</u> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school and before dinner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After dinner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please indicate below approximately how much time, if any, you or other adults, age 18+, in the household spend watching TV with the child on a typical WEEKEND DAY.

| | <u>No Time</u> | <u>1/2 Hour</u> | <u>1 Hour</u> | <u>1 1/2 Hours</u> | <u>2 Hours</u> | <u>More than 2 hours</u> |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before Noon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between Noon and 6pm..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6pm and Bedtime..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. On a typical **SCHOOL DAY**, how much time, if any, does the child spend watching TV **alone**? (Please X one answer only.)
- No time
 - About ½ hour
 - About 1 hour
 - About 1½ hours
 - About 2 hours
 - More than 2 hours
4. On a typical **WEEKEND DAY**, how much time, if any, does the child spend watching TV **alone**? (Please X one answer only.)
- No time
 - About ½ hour
 - About 1 hour
 - About 1½ hours
 - About 2 hours
 - More than 2 hours
5. Does your household subscribe to cable or satellite? (Please X one answer only.)
- Yes, cable only
 - Yes, satellite only
 - Yes, both satellite and cable
 - No
 - I don't know/I am not sure
6. Does your household currently have a digital video recorder or DVR (such as TiVo)? (Please X one answer only.)
- Yes
 - No
 - I don't know/I am not sure
7. Does your household have Video On Demand (VOD) services or capabilities? (Please X one answer only.)
- Yes
 - No
 - I don't know/I am not sure

INTERNET

1. Does your household have access to the Internet at home?
- Yes
 - No ➡ (skip to question one in the Rules section on the next page)
 - I don't know ➡ (skip to question one in the Rules section on the next page)
2. Which, if any, of the following Internet service providers (ISPs) does your household subscribe to? (Please X all that apply.)
- | | |
|---|--|
| <input type="checkbox"/> America Online (AOL) | <input type="checkbox"/> MSN (Microsoft Network) |
| <input type="checkbox"/> AT&T | <input type="checkbox"/> NetZero/Juno |
| <input type="checkbox"/> AT&T Yahoo! | <input type="checkbox"/> Qwest |
| <input type="checkbox"/> Cablevision | <input type="checkbox"/> Road Runner (Time Warner Cable) |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Verizon Online |
| <input type="checkbox"/> Comcast | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cox | <input type="checkbox"/> None |
| <input type="checkbox"/> Earthlink | <input type="checkbox"/> I don't know/I am not sure |

RULES

1. Which rules, if any, do you have about the TV PROGRAMS/CHANNELS or VIDEOS the child watches? (Please X all that apply.)

- The child does not watch TV or videos.
- None - I trust the child to choose wisely.
- None - I think the child should be able to watch whatever she/he wants.
- None - The child will watch what she/he wants, regardless of what I think.
- We use a V-Chip to control what the child watches.
- The child can only watch certain channels when she/he is alone.
- There are some shows I do not let the child watch at all.
- The child can only watch videos we rent or own.
- The child can only watch where and when I can see and hear what is playing.
- I limit the amount of time the child can watch television or videos.
- The child can only watch television or videos on weekends.
- Other

2. Which rules, if any, do you have about the VIDEO GAMES the child plays? (Please X all that apply.)

- The child does not play video games.
- None - I trust the child to choose wisely.
- None - I think the child should be able to play whatever she/he wants.
- None - The child will play what she/he wants, regardless of what I think.
- The child can only play the games I let her/him buy.
- The child can only play games of a certain rating or better.
- I look over all the new games she/he gets.
- I limit the amount of time the child can play video games.
- Other

3. What, if any, are the ratings of the video or computer games that the child plays? (Please X all that apply.)

- The child does not play video or computer games.
- EC (*Early Childhood*)
- E (*Everyone*)
- E 10+ (*Everyone 10 and older*)
- T (*Teen*)
- M (*Mature 17+*)
- Other: _____
(Write In)
- I don't know/ I am not sure

4. Which rules, if any, do you have about the MOVIES the child sees in a theater? (Please X all that apply.)

- The child does not go to the movies.
- None - I trust the child to choose wisely.
- None - I think the child should be able to watch whatever she/he wants.
- None - The child will watch what she/he wants, regardless of what I think.
- The child can only go with an adult.
- The child can only watch G or PG-rated movies.
- The child can only watch G-rated movies.
- The child can only watch movies at the movie theaters I let her/him go to.
- Other

5. Which rules or controls, if any, do you have about the child's INTERNET use? (Please X all that apply.)

- The child does not have access to the Internet at home.
- None - I trust the child to use the Internet wisely.
- None - I think the child should be able to visit whatever websites she/he wants.
- None - The child will visit whatever websites she/he wants, regardless of what I think.
- I rely on an Internet company's parent controls or kid portal (like those offered by AOL, MSN, YAHOO, etc) to limit the sites she/he can go to.
- I use my own parental-control program (like NetNanny, Norton Parental Controls, etc.) to lock out certain sites.
- I use a program that keeps a record of all the sites the child visits so I can review where she/he has been.
- The child is not allowed to go on the web without adult supervision.
- I limit the amount of time the child can use the Internet.
- Other

MEALS & SNACKS

1. On a typical **SCHOOL DAY**, do you usually ... (Please X all that apply.)

- eat breakfast with the child
- eat lunch with the child
- eat dinner with the child
- have a snack with the child
- None of the above**

2. On a typical **WEEKEND DAY** during the school year, do you usually ... (Please X all that apply.)

- eat breakfast with the child
- eat lunch with the child
- eat dinner with the child
- have a snack with the child
- None of the above**

3. In a typical **WEEK** during the school year, how many meals does the child eat at **FAST FOOD RESTAURANTS** (like McDonald's or Taco Bell)? (Please X one answer only.)

- None
- 1 to 2 meals
- 3 or more meals

4. In a typical **WEEK** during the school year, how many meals does the child eat at **FAMILY-STYLE RESTAURANTS** (like Applebee's or Red Lobster)? (Please X one answer only.)

- None
- 1 to 2 meals
- 3 or more meals

5. In a typical **WEEK** during the school year, how many **TAKE-OUT/HOME-DELIVERY** meals does the child eat? (Please X one answer only.)

- None
- 1 to 2 meals
- 3 or more meals

6. Which rules or techniques, if any, do you have to manage the child's eating habits? (Please X all that apply.)

- None - I trust the child to choose wisely.
- None - I think the child should be able to eat whatever she/he wants.
- None - There is not much I can do - the child will eat what she/he wants.
- I insist that the child eats breakfast.
- I insist that the child eats lunch.
- I insist that the child eats everything she/he is served.
- I make sure there are mostly healthy foods and snacks in the house.
- I try to buy low-calorie foods.
- I buy a lot of organic foods.
- I give the child vitamins everyday.
- I only buy sugar-free soft drinks.
- I only buy sugarless gum.
- I think a certain amount of candy is OK every week.
- The hardest thing is just getting the child to eat enough.
- The hardest thing is just getting the child to stop eating.
- I don't keep any junk food in the house.
- I only buy caffeine-free soft drinks.
- I view my own eating habits as a model for the child.
- I encourage my child to read the nutrition labels.
- I always keep fresh fruits or vegetables on hand for snacking.
- I try to limit the amount of candy the child eats.
- Other

7. In a typical week during the school year, what does your child usually do for lunch? (Please X all that apply.)

- Buy lunch at school
- Bring lunch from home
- Other

8. In a typical week during the school year, if your child takes lunch to school, who decides what will be packed in his/her lunch box/bag? (Please X all that apply.)

- My child decides by his/herself
- An adult decides
- My child and an adult decide together
- Other

9. Is your child allergic to any of the following? (Please X all that apply.)

- Eggs
- Wheat/gluten
- Milk/lactose
- Soy
- Fish/shellfish
- Penicillin
- Peanuts
- Other nuts

SHOPPING

1. When you go shopping for **ELECTRONICS** (TVs, Computers, Cell Phones, etc.), how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

2. When you go shopping for **GROCERIES** the child will be consuming, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

3. When you go shopping for **TOYS** (excluding video games) for the child, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

4. When you go shopping for **VIDEO GAMES** for the child, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

5. When you go shopping for **BOOKS, MUSIC OR VIDEOS** for the child, how often does the child go with you?

(Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

6. When you go shopping for the child's **CLOTHING OR ACCESSORIES**, how often does the child go with you?

(Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

7. When you go shopping for an **AUTOMOBILE**, how often does the child go with you? (Please X one answer only.)

- Never or almost never
- Some of the time (*less than half*)
- Most of the time (*more than half*)

PURCHASE INFLUENCE

1. How much influence does the child have regarding **SOFT DRINK** purchases? (Please X one answer only.)

- None
- Some
- A lot

2. How much influence does the child have regarding **BREAKFAST FOOD** purchases? (Please X one answer only.)

- None
- Some
- A lot

3. How much influence does the child have regarding **LUNCH** purchases? (Please X one answer only.)

- None
- Some
- A lot

4. How much influence does the child have regarding **DINNER** purchases? (Please X one answer only.)

- None
- Some
- A lot

5. How much influence does the child have regarding **VIDEO GAME** purchases? (Please X one answer only.)

- None
- Some
- A lot

6. How much influence does the child have regarding **CLOTHING** purchases? (Please X one answer only.)

- None
- Some
- A lot

7. How much influence does the child have regarding **COMPUTER** purchases? (Please X one answer only.)

- None
- Some
- A lot

8. How much influence does the child have regarding the choice of what **FAMILY-STYLE RESTAURANTS** (like Applebee's or Red Lobster) you go to? (Please X one answer only.)

- None Some A lot

9. How much influence does the child have regarding the choice of what **FAST FOOD RESTAURANTS** (like McDonald's or Taco Bell) you go to? (Please X one answer only.)

- None Some A lot

10. How much influence does the child have regarding the choice of what **FAMILY VACATION TRIPS** you take? (Please X one answer only.)

- None Some A lot

11. How much influence does the child have regarding the choice of **AUTOMOBILES** the family buys? (Please X one answer only.)

- None Some A lot

12. How much influence does the child have regarding the choice of **TOYS** (excluding video games)? (Please X one answer only.)

- None Some A lot

13. How much influence does the child have regarding **SCHOOL SUPPLIES** purchases? (Please X one answer only.)

- None Some A lot

14. How much influence does the child have regarding **DVD** purchases? (Please X one answer only.)

- None Some A lot

PURCHASE INTENT

1. In the next 12 months, which of the following items, if any, do you plan to purchase for the child? (Please X all that apply.)

- Portable MP3 Player
 Cellular Phone
 Digital Camera
 Video Game System
 None of the above

2. In the next 12 months, how likely are you to purchase a computer for the child/children of the household to use? (Please X one answer only.)

- Very Likely
 Somewhat Likely
 Not Very Likely
 Not at all Likely

3. In the next 12 months, how likely are you or someone in your household to buy or lease a new vehicle (such as a car, truck or SUV)? (Please X one answer only.)

- Very Likely
- Somewhat Likely
- Not Very Likely
- Not at all Likely

4. In the next 12 months, how likely are you or someone in your household to travel to a theme park? (Please X one answer only.)

- Very Likely
- Somewhat Likely
- Not Very Likely
- Not at all Likely

ABOUT YOU

1. Are you...

- Male
- Female

2. What is your age?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 - 49 |
| <input type="checkbox"/> 18 - 20 | <input type="checkbox"/> 50 - 54 |
| <input type="checkbox"/> 21 - 24 | <input type="checkbox"/> 55 - 59 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 60 - 64 |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 65 - 69 |
| <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 70 - 74 |
| <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 75 or over |

To be eligible for a prize of one of ten Apple iPod MP3/Video Players, please complete the form below. Please be assured that this information is being used only for prize notification and delivery.

| |
|----------------|
| Name: _____ |
| Address: _____ |
| City: _____ |
| Zip: _____ |
| Phone #: _____ |

For a complete description of the drawing terms and conditions, turn to page 12 of this questionnaire.

Thank you! We appreciate your help. Please return this survey along with the Kids questionnaire(s) in the reply envelope (no postage necessary). If you have any comments or questions regarding the survey please call 1-800-310-3305 ext. 9240.

American Kids Study Household Drawing

Official Rules

- There will be 10 (ten) winners.
- Each winning household will receive an Apple iPod MP3/Video Player.
- Every household participating in the American Kids Study is eligible.
- Eligible households may enter the Prize Drawing by completing the Entry Form found at the bottom of page 11 in the Parent Questionnaire.
- Entry forms may be returned to Mediamark Research & Intelligence, LLC in the postage-paid return envelope enclosed or by mailing the completed entry form to American Kids Study, Mediamark Research & Intelligence, LLC, 75 9th Ave., 5th Floor, NY, NY 10011.
- Entries to the Drawing must be post-marked on or before July 15, 2009.
- Employees of Mediamark Research & Intelligence, LLC and its affiliates and their immediate family are not eligible to enter. No one under the age of 18 may enter the Prize Drawing.
- Eligible households can only enter the Drawing once.
- In case of multiple entries, only the first entry from an eligible household will be considered.
- Mediamark is not responsible for issues that are out of its control, e.g., if the U.S. Mail fails to deliver your drawing entry.
- The odds of winning the Drawing cannot be calculated because the odds depend on the number of entries received. This cannot be determined until the survey is concluded.
- Winners will be notified via U.S. Mail or telephone.
- A cash substitute prize will not be available.
- The value of the prize may be taxable to the winner as income.
- Drawing entrants may obtain a list of winners by writing to Mediamark Research & Intelligence, LLC, 75 9th Ave., 5th Floor, NY, NY 10011.

