

## Supplemental Information

### PARENT SURVEY

1. What is your relation to the child?

- Mother
- Father
- Legal guardian
- Other (Please fill in) \_\_\_\_\_

2. How old is your child? (Please fill in)

\_\_\_\_\_

3. What sex is your child?

- Male
- Female

4. What do you consider your child's weight?

- Underweight
- Normal weight
- Overweight
- Obese

5. How concerned are you about your child's weight?

- Very concerned
- Concerned
- Not really concerned
- Not at all concerned

6. Has a doctor ever expressed concern about your child's weight?

- Yes
- No

7. If yes, in what setting?

- Primary doctor's office
- Specialist's office
- Urgent care
- Emergency department
- During a previous hospital admission
- During this hospital admission

8. Would you want to be told if your child is overweight or obese during this hospital stay?

- Yes
- No

9. Who should tell you if your child is identified as overweight or obese during this hospital stay?

- Doctor
- Nurse

Social worker

Nutritionist

Other (Please fill in) \_\_\_\_\_

10. Would you be more worried about your child's weight if a doctor in the hospital expressed concern about it?

- Yes
- No

11. While your child is in the hospital, do you want to receive information on what you can do to improve your child's weight status?

- Yes
- No

12. If yes, in what form would the information be most useful?

- Talking
- Written handouts
- Videos
- Computer or Internet program
- Other (Please fill in) \_\_\_\_\_

13. If your child is identified as overweight or obese, do you think your child would want to know?

- Yes
- No
- Unsure

14. If yes, who should communicate it to your child?

- Health care provider
- You, the parent
- Social worker or counselor
- Nutritionist

15. In what form, do you think your adolescent child prefers to receive information?

- Talking
- Written handouts
- Videos
- Computer or Internet program
- Other (Please fill in) \_\_\_\_\_

16. Do you want your child's doctor(s) in the hospital to communicate with your

child's regular doctor about his or her weight status if there is concern?

- Yes
- No

17. What should the hospital offer to help overweight and obese children who are hospitalized? (Check all that apply)

- Low-fat diet
- Low-sugar drinks
- Nutrition counseling
- Referral to an outpatient nutritionist
- Referral to an outpatient specialist
- Referral to an outpatient weight program
- Nothing

Other (Please fill in) \_\_\_\_\_

Just for comparison purposes, we will ask you 4 questions about yourself.

18. What is your age?

- <20 years
- 20–29 years
- 30–39 years
- 40–49 years
- >50 years

19. What do you consider your weight?

- Underweight
- Normal weight
- Overweight
- Obese

20. What is highest level of education you have completed so far?

- Grade level (Please fill in) \_\_\_\_\_
- High school or general education diploma (GED)
- College
- Graduate school
- Other

21. How would you identify yourself regarding your race and ethnicity? (Please mark all that apply)

- White, non-Hispanic
- African American or non-Hispanic African American
- American Indian or Alaskan Native
- Asian American

- Hispanic, Latino, or of Spanish origin
- Native Hawaiian or other Pacific Islander
- Other

**ADOLESCENT SURVEY**

1. How old are you? (Please fill in) \_\_\_\_\_
2. What is your sex?
  - Male
  - Female
3. What do you consider your weight?
  - Underweight
  - Normal weight
  - Overweight
  - Obese
4. How concerned are you about your weight?
  - Very concerned
  - Concerned
  - Not really concerned
  - Not at all concerned
5. Has anyone ever been worried about your weight?
  - Yes
  - No
6. If yes, who? (Check all that apply)
  - Parent
  - Relative or family member
  - Friend
  - Doctor or nurse
  - Other (Please fill in) \_\_\_\_\_
7. Have you ever received advice on weight and nutrition from a health care provider or been in a formal weight program?
  - Yes
  - No
8. Would you want to be told if you are overweight or obese during this hospital stay?
  - Yes
  - No. If not, please explain why: \_\_\_\_\_
9. Who should tell you if you are overweight or obese during this hospital stay?

- Your parent
  - Doctor
  - Nurse
  - Social worker or counselor
  - Nutritionist
  - Other (Please fill in) \_\_\_\_\_
10. Would you be more worried about your weight if a doctor in the hospital was concerned about it?
    - Yes
    - No
  11. While you are in the hospital, do you want to receive information on what you can do to improve your weight status?
    - Yes
    - No
  12. If yes, in what form would the information be most useful?
    - Talking
    - Written handouts
    - Videos
    - Computer or Internet program
    - Other (Please fill in) \_\_\_\_\_
  13. How do you receive most of your care?
    - Pediatrician's office
    - School-based clinic
    - None
    - Other (Please fill in) \_\_\_\_\_
  14. Do you want your doctor(s) in the hospital to communicate with your primary health care site about your weight status if there is concern?
    - Yes
    - No
  15. What should the hospital offer to help overweight and obese children who are hospitalized? (Check all that apply)
    - Low-fat diet
    - Low-sugar drinks
    - Nutrition counseling
    - Referral to an outpatient nutritionist
    - Referral to an outpatient specialist
    - Referral to an outpatient weight program

- Nothing
  - Other (Please fill in) \_\_\_\_\_
16. What do you consider your mother's weight?
    - Underweight
    - Normal weight
    - Overweight
    - Obese
    - Unknown
  17. What do you consider your father's weight?
    - Underweight
    - Normal weight
    - Overweight
    - Obese
    - Unknown
  18. Are you more concerned about your weight because there are weight issues in your family?
    - Yes
    - No
    - Unsure
    - There are no weight issues in my family.
  19. What grade are you in? (Please fill in) \_\_\_\_\_
  20. How would you identify yourself regarding your race and ethnicity? (Please mark all that apply)
    - White, non-Hispanic
    - African American or non-Hispanic African American
    - American Indian or Alaskan Native
    - Asian American
    - Hispanic, Latino, or of Spanish origin
    - Native Hawaiian or other Pacific Islander
    - Other
- TO BE COMPLETED BY STUDY PERSONNEL**
- Weight (kg) \_\_\_\_\_
- Height (cm) \_\_\_\_\_
- BMI \_\_\_\_\_
- BMI percentile \_\_\_\_\_
- Age (to closest year and month) \_\_\_\_\_