

Prefix variable names with either M1 (mother) or F1 (father)

TCID \_\_\_\_\_

Your Name \_\_\_\_\_ Mother Father (please circle)

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

### TELEVISION VIEWING QUESTIONNAIRE FOR PARENTS

For numbers 1 and 2, please circle the best answer to the question. For Number 3, please write in your answer.

1. a) How often does your child watch television during the week (Sunday through Friday)? G1

- 1) 1 hour or less per day
- 2) 2 to 3 hours per day
- 3) 4 or more hours per day

b) How often do you and your child watch television together during the week? G2

- 1) 1 hour or less
- 2) 2 to 3 hours
- 3) 4 or more hours

2. a) How often does your child watch television on Saturday? G3

- 1) 1 hour or less
- 2) 2 to 3 hours
- 3) 4 or more hours

b) How often do you and your child watch television together on Saturday? G4

- 1) rarely
- 2) occasionally
- 3) frequently

3. What are your child's three favorite television programs?

- 1) G5
- 2) G6
- 3) G7