

California Sources of Weight-Related Surveillance Data
NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY, and SEDENTARY BEHAVIOR

Name and contacts for survey/surveillance system	Survey/Surveillance System Description
<p>1. Behavioral Risk Factor Surveillance System (BRFSS) Adults only</p> <p>Cancer Surveillance Section Survey Research Group http://www.surveymethods.com/clients.asp?ID=9</p> <p>Scientific Contact: Holly Hoegh, Ph.D. Cancer Surveillance Section 1700 Tribute Road, Suite 100 Sacramento, CA 95815-4402 (916) 779-0338 holly@ccr.ca.gov</p>	<p>BRFSS is an annual year-round survey used to monitor the national and state-level prevalence of personal health practices that are related to premature morbidity and mortality. The basic philosophy is to collect data on actual behaviors, rather than attitude or knowledge, which would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. The survey has been conducted annually since 1984. Modules to assess fruit and vegetable consumption were added in 1990.</p> <p>Method: Random-digit dial CATI (computer assisted telephone interview). There is a core module of questions common to all states, but each state can also add additional sets of questions about state-specific issues. Interviews are administered in English and Spanish.</p> <p>Time Period: Ongoing, year-round</p> <p>Population Monitored: 4,000 adults, aged 18+, in each state</p> <p>Data access: Public use data sets are available through written request on agency letterhead. You will need to supply (1) your name, (2) your company or organization name, (3) your email address, (4) your telephone number and (5) your intended use/research of the survey literature. Upon receiving this information you will be issued a user I.D. and password. Weights provided with the dataset adjust for gender, age, and race/ethnicity to correct discrepancies between the sample and the California adult population.</p> <p>Query system: An interactive query system is available on the national website. Prevalence data by total state population, gender, age, race, income, or education. Trend data for total state—can compare to nation or another state. http://apps.nccd.cdc.gov/brfss/</p> <p>Reports/Publications: http://www.surveymethods.com/publications.asp—Points of Interest 2002, Points of Interest 2001, Points of Interest 2000, Healthy People 2000 Objectives</p> <p>Geographic Unit of Analysis: National and state-level only through query system. The data set could be used to do limited county-level analysis for larger counties.</p> <p>Weight-related variables: Anthropometric measures (height, weight, calculated BMI), weight control practices, health status (selected measures), cholesterol screening practices, awareness and treatment, fruit and vegetable consumption, physical activity; in California, a</p>

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	food security module will be administered in 2003.
<p>2. California Women's Health Survey (CWHS) Adult women</p> <p>Cancer Surveillance Section Survey Research Group http://www.surveyyresearchgroup.com/clients.asp?ID=11 (916) 779-0338</p> <p>Scientific Contact: Marta Induni Cancer Surveillance Section 1700 Tribute Road, Suite 100 Sacramento, CA 95815-4402 (916) 779-0338 marta@ccr.ca.gov</p>	<p>The CWHS is an annual population-based, year-round survey designed to gather information about health-related attitudes and behaviors and access to health care services among California women. The survey began in March 1997 and is a collaborative effort between the California Department of Health Services (DHS), Department of Mental Health, Department of Alcohol and Drug Programs, Department of Social Services, California Medical Review Inc. (now Lumetra), and the Public Health Institute (PHI), with the DHS Office of Women's Health (OWH) serving as the coordinating program. The CWHS was established to provide information to policymakers and health professionals about women's health, and to serve as a catalyst for innovative solutions that will impact the health of women and girls in California.</p> <p>Method: Random-digit dial CATI. A core set of questions is asked annually, supplemented by questions of interest to participating programs that vary from year to year. Interviews are administered in English and Spanish.</p> <p>Time Period: Ongoing, year-round</p> <p>Population Monitored: 4,000 adult women aged 18+, throughout California</p> <p>Data set access: To obtain a copy of the CWHS Survey Instrument, Technical Documentation, or Data sets contact the Survey Research Group at srg@ccr.ca.gov. Weights provided with the dataset adjust for age and race/ethnicity to correct discrepancies between the sample and the California adult population using the most recent population estimates from the California Department of Finance, i.e., Baseline 1997 Population Projection Series, 1990-1996.</p> <p>Reports/Publications: Selected findings from the 1997, 1998, and 1999-2000 CWHS are available as Issues 1, 2, and 3 of Data Points on the OWH website at http://www.dhs.cahwnet.gov/director/owh/html/whs.htm</p>

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	<p>Geographic Unit of Analysis: State-level for OWH-issued Data Points results. The data set could be used to do limited county-level analysis for larger counties.</p> <p>Weight/nutrition-related Variables: BMI (height/weight), weight control practices, body image, insurance status, insurance coverage for nutrition/weight loss, dietary quality and beliefs (fruit/vegetable), physical activity behavior and beliefs, access to health care, prenatal care, nutrition, breastfeeding, folate knowledge, hunger, food insecurity, use of food assistance programs.</p> <p>Limitations: Self-reported data. Some questions are administered only once or infrequently. Not all questions are validated.</p>
<p>3. California Health Interview Survey (CHIS) Adults, teens, and children UCLA Center for Health Policy Research www.chis.ucla.edu (866) 275-2447</p> <p>Scientific Contact: Charles DiSogra, Dr.P.H. Director, California Health Interview Survey UCLA Center for Health Policy Research 10911 Weyburn Ave.,</p>	<p>The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. It is a collaborative project of the University of California, Los Angeles (UCLA) Center for Health Policy Research, DHS, and PHI. CHIS is conducted biennially and was first administered in 2001. Since CHIS interviews a large sample every two years, it provides health planners, policymakers a fuller picture of health and health care needs at both the state and local level and for major race/ethnic groups. The sample is cross-sectional, independently drawn each cycle. Respondents available for follow-back studies.</p> <p>Method: Random-digit dial CATI interviews are administered in English, Spanish, Mandarin Chinese, Cantonese Chinese, Vietnamese, Korean, and Khmer (Cambodian).</p> <p>Time Period: Every two years, six to seven months across the year. Starting month may vary.</p> <p>Population Monitored: Over 55,000 adults, 5,800 teens, and 12,592 children participated in the first CHIS survey in 2001. CHIS will provide statewide estimates for California's overall population, its major racial and ethnic groups, and a number of smaller ethnic groups. An adult proxy responds for children under 12.</p> <p>Data set access: For public use data files— http://www.chis.ucla.edu/main/default.asp?page=puf. Contains demographic variables, but not substate identifiers (county, city, ZIP code). All detailed data, including sensitive variables and local level information, available through DHS Center for Health Statistics or</p>

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<p>Suite 300 Los Angeles, CA 90024-2887 (310) 794.0946 cdisogra@ucla.edu</p>	<p>UCLA (see http://www.chis.ucla.edu/pdf/DAC_FS_092002.pdf).</p> <p>Query system: The CHIS website contains the interactive system, AskCHIS. AskCHIS lets you select health topics that interest you and then quickly see the results in tables and graphs. These data can be queried for the whole state or for a single county (33 counties), county group (eight groups of the smallest counties), or regional group of counties. There is no cost, but you are required to register, obtain a password, and login.</p> <p>Reports/Publications: A report on the Food Security 2001 CHIS data can be found on the CHIS website, with additional information at http://www.cfpa.net/hungerrelease.htm</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations. County-level data for counties with population of 100,000 or more, but sample size may result in unstable estimates for some groups.</p> <p>Weight-related Variables: The adult survey provides information regarding demographics, health status, BMI, fruit/vegetable intake (2001), physical activity (2001), access to health care, public program eligibility, and food insecurity. The adolescent survey includes information on BMI; fruit, vegetable, soda, and milk consumption; and physical activity and sedentary pursuits (TV/video/computer for fun). The child survey includes BMI, the same dietary variables as for teens (but only for the time the child spent not in school/day care) and time spent on TV/video/computer games.</p> <p>Limitations: Self-reported data. Varies by age group. Questions about children's dietary intake include only the period child was not at home or at school. Diet and physical activity questions not asked in 2003.</p>
<p>4. California Dietary Practices Survey (CDPS) Adults</p> <p>CDHS; Cancer Prevention and Nutrition Section Division of Chronic Disease and Injury Control</p>	<p>The CDPS is the most comprehensive population-based dietary survey conducted in California. Developed to address dietary and physical activity monitoring of a representative sample of California adults, the CDPS has been conducted every other year since 1989. Results help track changes and provide direction in the development of health promotion campaigns and programs.</p> <p>Method: Random-digit dial CATI (computer assisted telephone interview). Interviews are administered in English and Spanish.</p> <p>Time Period: Mid-summer to mid-fall (about July–October) in odd-numbered years.</p>

Cancer Prevention and Nutrition Section, Research and Evaluation Unit; California Obesity Prevention Initiative, Surveillance Workgroup

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<p>www.dhs.ca.gov/cpns/research/index.html (916) 449-5400</p> <p>Scientific Contact: Sara Cook, M.P.H., C.H.E.S. Cancer Prevention and Nutrition Section (916) 449-5390 scook1@dhs.ca.gov</p>	<p>Population Monitored: This survey tracks the dietary and physical activity habits and patterns of Californians age 18+ and usually includes 1,000 general population respondents. In many years, a disparities-related over sample of 400-700 is included. Analysis is conducted by gender, gender by age group, race/ethnicity, education and household income after data are weighted for California for income by ethnicity by age per the 1990 U.S. Census.</p> <p>Data set access: Public use data sets not available.</p> <p>Publications/Reports: Seven major reports include trends findings, findings specific to low-income Californians, detailed findings related to fruit/vegetable consumption, attitudes, etc. The most recent research report on ten-year trends in fruit and vegetable consumption: http://www.phi.org/publications/researchreport.pdf. For a list of other available reports and copies of the survey instruments see http://www.dhs.ca.gov/cpns/research/rea_surveys.html.</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Weight-related Variables: The foundation of the survey is a simplified, structured 24-hour recall identifying fruits, vegetables, and other selected high- and low-nutrient foods consumed on the day prior to the interview; daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; out of home eating; minutes of physical activity; motivations for and barriers to physical activity; other knowledge, attitudes, and behaviors about physical activity; food security (beginning 2001).</p> <p>Limitations: Self-reported, seasonal data. Findings are not available at the county level.</p>
<p>5. California Teen Eating, Exercise, and Nutrition Survey</p>	<p>The California Teen Eating, Exercise, and Nutrition Survey is the most comprehensive diet and physical activity survey conducted among California adolescents. Although socio-economic status (SES) is not collected from the adolescents, surrogate SES measures were added to the 2002 survey.</p> <p>Method: Random-digit dial CATI interviews are administered in English and Spanish.</p>

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<p>(CaTEENS)</p> <p><u>CDHS, Cancer Prevention and Nutrition Section</u> Division of Chronic Disease and Injury Control www.dhs.ca.gov/cpns/research/index.html (916) 449-5400</p> <p>Scientific Contact: Sharon Sugerman, M.S., R.D., L.D., F.A.D.A. Cancer Prevention and Nutrition Section (916) 449-5406 ssugerma@dhs.ca.gov</p>	<p>Time Period: Spring to mid-summer (March–late June) in even-numbered years, beginning in 1998.</p> <p>Population Monitored: A random sample of California teenagers, age 12–17, with a sample size of about 1,200. Analysis is conducted by gender, gender by age group (12-13, 14-15, 16-17), race/ethnicity, body weight status, physical activity status, and smoking status after data are weighted for California by age, gender, and race/ethnicity per the 1990 U.S. Census.</p> <p>Data set access: Public use data sets not available.</p> <p>Reports/publications: <i>1998 California Teenage Eating, Exercise, and Nutrition Survey (CaITEENS)</i> Full Technical Report with Survey Instrument and Data Tables. Contact research@dhs.ca.gov for report and copies of the survey instruments.</p> <p>Weight-related Variables: The foundation of the survey is a simplified, structured 24-hour recall identifying fruits, vegetables, and other selected high- and low-nutrient foods consumed on the day prior to the interview; daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; consumption of fast food; minutes of physical activity; motivations for and barriers to physical activity; participation in school and extracurricular physical activity; other knowledge, attitudes, and behaviors about physical activity; school environment; tobacco usage.</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Limitations: Self-reported, seasonal data. Findings are not available at the county level. The African-American sample is small.</p>

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<p>6. California Children’s Healthy Eating and Exercise Practices Survey (CalCHEEPS)</p> <p>DHS, Cancer Prevention and Nutrition Section Division of Chronic Disease and Injury Control www.dhs.ca.gov/cpns/research/index.html (916) 449-5400</p> <p>Scientific Contact: Angie Jo Keihner, M.S. Cancer Prevention and Nutrition Section (916) 449-5389 akeihner@dhs.ca.gov</p>	<p>This survey fills a gap in monitoring children's eating and activity habits in California, since there is no other in-depth statewide survey about eating and exercise practices of California’s children. Because the potential population represents only 12 percent of California households, the sample is drawn from a market research pool that identifies qualified households that contain a child in the correct age range. The market research method eliminates the logistics and costs of collecting data through in-class or field-based surveys.</p> <p>Method: Unlike the Cancer Prevention and Nutrition Section adult and teen telephone surveys, this survey consists of a mailed two-day food and physical activity diary completed by the child, with parental assistance. A follow-up telephone survey about attitudes, beliefs, and knowledge is conducted with the child alone to encourage free expression of ideas. This survey is implemented in the English-language only.</p> <p>Time Period: Mid-spring to mid-summer (April–late June) in odd-numbered years.</p> <p>Population Monitored: About 800 children age 9-11 years old, in California. Analysis is conducted by gender, race/ethnicity, body weight status, physical activity status, participation in federal school meal programs, household income, and participation in classes on physical activity and on nutrition after data are weighted for California household income, gender, and race/ethnicity per the most recent Current Population Survey of California.</p> <p>Data set access: Public use data sets are not available.</p> <p>Reports/Publications: Three 6-page reports; contact research@dhs.ca.gov for more information or to obtain a copy of the survey instruments.</p>

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	<ul style="list-style-type: none"> • <i>Special Report to the American Cancer Society—Are Californians Meeting ACS Nutrition Guidelines for Cancer Prevention? Findings from Three Statewide Surveys of Children, Teens, and Adults (2001)</i> • <i>A Special Report on Policy Implications from the 1999 California Children's Healthy Eating and Exercise Practices Survey (2001)</i> • <u><i>Special Report to the American Cancer Society—1999 California Children's Eating and Exercise Practices Survey: Fruits and Vegetables, A Long Way to Go (2000)</i></u> <p>Weight-related Variables: Daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; consumption of fast food; minutes of physical activity; motivations for and barriers to physical activity; participation in school and extracurricular physical activity; other knowledge, attitudes, and behaviors about physical activity.</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Limitations: Self-reported, seasonal data. Findings not available at the county level. Does not include non-English-speaking children. Only about half the children who finish the diary take part in the telephone survey. The African-American sample is small.</p>
<p>7. California High School Fast Food Survey</p> <p>California Project LEAN (Leaders Encouraging Activity and Nutrition) Division of Chronic Disease and Injury Control http://www.californiaprojectlean.org</p>	<p>Due to concern about the record levels of teen obesity, the California High School Fast Food Survey was conducted with district level food service directors in 2000 in order to examine the presence of fast foods on California high school campuses.</p> <p>Method: Mailed a self-administered survey to all (323) district-level public school food service directors with a high school in their district, and a follow-up phone interview with 50 food service directors who responded to the survey.</p> <p>Time Period: Single administration, March 1999.</p> <p>Population Monitored: N=171 responded, representing California's 345 high schools.</p>

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<p>Scientific Contact: Amanda Purcell, M.P.H. apurcell@dhs.ca.gov (916) 552-9955</p>	<p>Data set access: Public use data sets are not available.</p> <p>Reports/Publications: Survey report and additional information available on the website, http://www.californiaprojectlean.org/consumer/hsffsurvey.html.</p> <p>Weight-related Variables: Types of fast foods being sold on California high school campuses, factors that influence fast food sales, economic and policy issues associated with these sales.</p> <p>Geographic Unit of Analysis: State-level.</p> <p>Limitations: Self-reported/administered; voluntary participation; not representative of all school districts; public schools only.</p>
<p>County Survey Example:</p> <p>8. Los Angeles County Health Survey</p> <p>Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services–Public Health</p>	<p>The Los Angeles County Health Survey provides population-based health information about Los Angeles County adults and children. Survey topics include demographics, health behaviors, health status, access to and use of health care services, among other health-related issues. The survey was conducted in 1997 and in 1999-2000, and most recently in 2002-2003, by the Field Research Corporation for the Los Angeles County Health Department.</p> <p>Method: Random-digit dial CATI; Interviews are offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese.</p>

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<p>www.lapublichealth.org (213) 240-7785</p> <p>Scientific Contact: Cheryl Wold Los Angeles County Department of Health Services Los Angeles, CA 94234-7320 cwold@dhs.co.la.ca.us</p>	<p>Time Period: Administered annually during the fall and winter, when funding is available.</p> <p>Population Monitored: Representative sample of over 8,000 adults and 6,000 children who live in LA County. Child data is collected from the parent about child living in household; one child is randomly selected in those households where multiple children are eligible.</p> <p>Data set access: Available upon request.</p> <p>Reports/Publications: <i>Meeting the Data Needs of a Local Health Department: The Los Angeles County Health Survey</i> http://www.ajph.org/cgi/reprint/91/12/1950.pdf; All reports and additional tables are available on the Los Angeles County Department of Health Services website: www.lapublichealth.org/ha. Nutrition-related reports include <i>Hunger and Food Insecurity in Los Angeles</i> http://www.weingart.org/institute/research/facts/pdf/JustTheFact_Hunger_LA.pdf; Report by The Los Angeles County Task Force on Children and Youth Physical Fitness.</p> <p>Weight-related Variables: Fruit and vegetable consumption (adults), body weight (adults), physical activity and sedentary behavior (adults); breastfeeding (child), fast food consumption (child), food security (households <300% FPL), access to parks/recreational space (child), hours of TV watching (child); use of WIC services (child).</p> <p>Geographic Unit of Analysis: County-level, Service Planning Areas (eight), some analysis available by health districts.</p> <p>Limitations: Self-reported data, limited to households with telephones; limited data on adolescents</p>
<p>Maternal and Child Health Surveillance Measures</p>	

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<p>9. Maternal and Infant Health Assessment (MIHA) Recently pregnant women</p> <p>DHS, Maternal and Child Health Branch, Epidemiology and Evaluation Section http://www.mch.dhs.ca.gov/epidemiology.htm (916) 657-0324</p> <p>Moreen Libet 1615 Capitol Avenue Sacramento, CA 95814-5015 Phone: (916) 650-0393 E-mail: mllibet@dhs.ca.gov</p>	<p>The MIHA is a collaborative project of the DHS Maternal and Child Health Branch and the University of California, San Francisco, developed to monitor issues relating to pre- and post-natal health and to pregnancy.</p> <p>Method: Self-administered surveys are mailed to women 10-14 weeks after giving birth. Birth outcomes are provided through linkage with birth certificate data. Questions may be rotated into and out of MIHA depending on data needs and emerging issues.</p> <p>Time Period: Annual, first administered in 1999.</p> <p>Population Monitored: A stratified random sample of about 5,000 women, over age 15, delivering live births in California during February through May; about 3,500 complete the survey. Non-responders are sent several additional mailings. After this, telephone follow-up is attempted for the remaining non-responders. There is an African-American over sample. Surveys are available in English and Spanish.</p> <p>Data set access: Contact Moreen Libet.</p> <p>Reports/Publications: The website contains a number of electronic reports relating to pre- and post-natal issues and pregnancy. See also DHS Maternal and Child Health compiled data below.</p> <p>Weight-related Variables: Breastfeeding through about age four months; barriers to breastfeeding; risk behaviors before and during pregnancy including use of folic acid supplementation; history of low infant birth weight; maternal weight gain during pregnancy; food security-related food deficit.</p> <p>Geographic Unit of Analysis: Statewide.</p> <p>Limitations: Self-reported; no Asian language surveys.</p>
<p>10. DHS Maternal and Child Health compiled data</p>	<p>Not a single survey, this is compiled data from a variety of sources, organized for ready reference and comparison of rankings for counties. Many data sources are used, including, perinatal data, the California Birth Statistical Master file and the California Department of</p>

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<p>www.mch.dhs.ca.gov (916) 650-0323</p> <p>Carrie Florez, BSW cflorez@dhs.ca.gov</p> <p>10. DHS Maternal and Child Health compiled data (cont'd)</p>	<p>Finance data. In addition to perinatal data, findings are presented for childhood injury/death and assaultive injury/death of women.</p> <p>Population Monitored: For perinatal data, pregnant and childbearing women and newborn infants in California.</p> <p>Data set access: Does not apply.</p> <p>Reports/Publications: <i>California Maternal and Child Health Data Book</i>—http://www.ucsf.edu/fhop/mch-data.htm. All downloadable files are .pdf files. Two files are available for each county and for Berkeley, Long Beach, and Pasadena. One file contains perinatal data; the other contains injury data</p> <p>Weight-related variables: Breastfeeding at the time of hospital discharge, percent very low birth weight, percent low birth weight.</p>
<p>11. Integrated Statewide Information System (ISIS) Women and children < 5 years old, low-income</p> <p>DHS; Women Infants and Children (WIC) Supplemental Nutrition Program; Primary Care and Family Health http://www.wicworks.ca.gov/default.asp</p>	<p>ISIS is a transactional database intended to identify if persons who apply for WIC services are eligible for WIC. ISIS data is collected from women as part of their client assessment when they apply for WIC services and entered into an automated system. ISIS data are also collected regarding the infants and children who apply for WIC, whether or not their mother is also applying for WIC services. For example, a father could have custody of a child, and that child (or infant) could be enrolled in WIC for services.</p> <p>Method: Items are typically self-reported, except for height, weight, hemoglobin, and hematocrit, which are provided by a third party, usually a physician or clinic—sometimes the actual WIC clinic. Examples of self-reported data are: nutritional risk information (also called Risk Codes) and demographic data such as, ethnicity, age, education, and residence information.</p>

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<p>(916) 928-8746</p> <p>Scientific Contact: Earnestine Black, Chief Research & Evaluation Unit (916) 928-8580 eblack@dhs.ca.gov</p>	<p>Time Period: Ongoing, year-round.</p> <p>Population Monitored: 1.4 million low-income women and children monthly who take part in the WIC program.</p> <p>Data set access: Public data set is not available.</p> <p>Reports/Publications: Contact the Chief of the Research and Evaluation Unit.</p> <p>Weight-related variables: Weight is collected for each individual and can be reported by category (breastfeeding women, nonbreastfeeding women, infant, child, and pregnant woman). Also available is weight information by infant feeding choice, breastfeeding (exclusively, partially, not at all), various demographics (such as age, ethnicity, residence, language spoken, country of birth, etc.), and source of medical care or social services profile (TANF, Food Stamps, etc.).</p> <p>Geographic Unit of Analysis: State level, clinic-level, zip code, and agency-level.</p> <p>Limitations: In the past, weight categories for analysis have not matched standard BMI cut points and the National Center for Health Statistics Growth Chart designations of BMI for age and gender for classification of overweight; variable protocols for measuring height/weight among physicians; consistent standards when measured by WIC nutritionists.</p>
<p>12. Pediatric Nutrition Surveillance System (PedNSS) Children and adolescents, low-income</p>	<p>The purpose of PedNSS is to monitor simple key indicators of nutritional status among low income, high risk infants, children, and adolescents who participate in publicly funded health programs. In California, data is collected from the Child Health and Disability Prevention (CHDP) Program screening appointments. Nationwide, PedNSS has been conducted continuously since 1973. In California participation has been since 1988. Data is compiled annually. The Children's Medical Services (CMS) Branch provides PedNSS data to the</p>

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<p>DHS Children's Medical Services (CMS) Primary Care and Family Health</p> <p>Scientific Contact: Susan Mattingly, M.S., R.D. Nutrition Consultant State PedNSS Coordinator Children's Medical Services Branch MS 8102 P.O. Box 997413 Sacramento, CA 95899-7413 (916) 322-8785 smatting1@dhs.ca.gov</p>	<p>CHDP programs in each county on an annual basis. CMS staff provide technical assistance in interpretation of the data for local CHDP programs.</p> <p>Population Monitored: Low income, high risk children, birth through 19 years of age with an emphasis on birth to five years of age. For PedNSS, most states collect data only for age birth up to five. California collects data on children up through age 19.</p> <p>Method: In-person, clinical examination and laboratory tests.</p> <p>Time Period: Ongoing, year-round.</p> <p>Data set access: Public data sets are not available.</p> <p>Reports/Publications: A 2001 national report is available on the Centers for Disease Control and Prevention website, http://www.cdc.gov/nccdphp/dnpa/pednss.htm. The 2002 Pediatric Nutrition Surveillance Report and data tables for the nation, state, and counties/health jurisdictions are available on the CMS Branch website (http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/informationnotices/2003/chdpin03q/contents.htm). Data is presented separately for age birth to less than five and for age five to 19, as well as selected age sub-groups.</p> <p>Weight-related variables: Low or high birth weight, anemia (low hemoglobin or low hematocrit), underweight, overweight, at risk for overweight (age two–19 only), and short stature.</p> <p>Geographic Unit of Analysis: National, state, and county-level.</p> <p>Limitations: Low-income children only; No national PedNSS data for children age five to 19.</p>
<p>California Department of Education and Other School-Based Surveillance Measures</p>	

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Name and contacts for survey/surveillance system	Survey/Surveillance System Description
<p>13. California Healthy Kids Survey (CHKS) Fifth, seventh, ninth, and eleventh grade children</p> <p>Healthy Kids Program Office California Department of Education</p> <p>Mr. Robin Rutherford rrutherf@cde.ca.gov</p> <p>Scientific Contact: Greg Austin, Ph.D. WestEd 4665 Lampson Ave. Los Alamitos, CA 90720 (562) 598-7661, Ext. 5155 gaustin@wested.org</p>	<p>The CHKS is a comprehensive youth health risk behavior and resilience survey funded primarily by the California Department of Education (CDE); some cost, about \$.25/pupil, is covered by the school administering the test. CHKS provides school districts with an instrument to assess an array of health indicators related to academic success and well being. It is a flexible, modular survey designed to be easily customized to meet local needs. Questions of local interest can be added. The Core module of the secondary school survey includes questions about height and weight, physical activity, diet, and asthma diagnosis and must be administered by all participants. In addition, it includes one item that assesses the reliability of answers. A Resilience and Youth Development Module assesses environmental assets in the school, community, home, and peer group, as well as individual assets. Module E, Physical Health, provides detailed information on physical activity in and out of school, body image, behaviors related to weight loss or maintenance, physical risks associated with sports and motor vehicles, and general health, including doctor visits. Starting in the 2003-04 school year, all school districts that receive funds under the federal Safe and Drug Free Schools and Communities Act and state Tobacco Use Prevention Education grants are required to administer the Core module and the school asset questions every two years. All other modules are optional. There is a fee for the addition and reporting of custom questions. The elementary school survey provides baseline data to support the implementation of comprehensive, developmentally appropriate K-12 prevention and health programs. With its other questions, it provides a comprehensive overview to health-related behavior and attitudes, and meets the requirements of the No Child Left Behind Act.</p> <p>Methods: Voluntary, self-report cross-sectional survey administered in the classroom by school staff; it is anonymous and confidential. Written parental consent is required. Core must be administered by all participating districts; selected Resilience Module questions will be required of all participants beginning 2003-04. Can be adapted for longitudinal studies tracking students.</p> <p>Time Period: Implemented in 1998; annual; biennial requirement starting 2003-04, but can be administered more frequently (higher fees apply); ongoing, district selects time of administration.</p> <p>Population Monitored: California fifth, seventh, ninth, and eleventh graders in school districts that agreed to administer the survey, as well as all students in nontraditional (alternative) secondary school settings. The elementary instrument may also be administered to students in grades four and six. The sample size is large, with much ethnic diversity. Representative district-wide sample, selected by contractor; targets 900 students/grade; school-level surveys optional. School sample: If there are over ten schools</p>

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<p>13. California Healthy Kids Survey (cont'd)</p>	<p>per grade in the district, schools are randomly sampled (only 13 districts). Student sample: For districts with 900 or fewer students per grade, all students are surveyed. For larger districts, classrooms totaling 900 students are randomly selected (15 percent of districts). For the 2001–02 CHKS, the sample participating in the CHKS Core was Grade seven: 102,941, Grade nine: 82,528, Grade 11: 68,352, and nontraditional (mostly continuation): 11,777. A schedule of survey administration since 1998 by district and county is available at the survey website www.wested.org/hks.</p> <p>Data set access: Aggregated county-level datasets can be obtained by the County Office of Education generally through the Safe and Drug Free Schools and/or Health Education and Prevention program for those counties that met participation criteria (\$150/module for each printed report; \$50 fee for basic SPSS data file. An MOU must be signed guaranteeing no survey results will ever be released that identify a school or district by name or enable such identification in any other way without district approval. An aggregated state database is not available at this time to users outside of CDE, but a comparison of statewide results is available for the required questions from the biennial California Student Survey.</p> <p>Reports/Publications: The CHKS survey instruments, background information, sample reports, administration guidelines, and other support materials, and a report on the relationship between risk factors and academic performance index scores can be found at: http://www.wested.org/hks/chkshome.htm; 2001 Youth Risk Behavioral Survey (YRBS) results of comparable weight/nutrition/physical activity questions for San Diego, San Bernardino, and San Francisco counties can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm. County-level data tables and local Technical and Key Findings reports can be obtained as indicated above under “Data set access.”</p> <p>Weight-related Variables: Elementary school survey: body image, dieting, frequency of physical activity; middle and high school surveys: consumption of milk, soda pop, fruits/vegetables, breakfast; participation in moderate, vigorous, and strengthening physical activity; feeling of safety in one’s neighborhood. Beginning with the 2002-03 middle and high school surveys, self-reported height and weight was added to the Core. Questions are based on the California Student Survey and the California Independent Tobacco Evaluation Survey, as well as the national YRBS, which has not been administered statewide since 1999.</p> <p>Geographic Unit of Analysis: The survey is conducted at the school district level, so all school districts receive findings at that level. For about 85 percent of districts, representative</p>

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	<p>data are also available at the school level. County-level data are available through the County Office of Education. For spring 1998–spring 2002, the aggregated state database contains over one million student records from 75 percent of school districts, representing 92 percent of California enrollment. Representative statewide data are provided by the biennial California Student Survey, which now incorporates all the required items from the CHKS.</p> <p>Limitations: Self report. The results of this survey are not representative of California as it is only administered selectively at the discretion of individual school districts. In any given year, not all districts in a county may have conducted the survey and the findings may not be representative of the county as a whole. Data are primarily from public schools; the test is not administered by trained surveyors; the student may not feel his/her results are confidential since the survey is administered in a public setting; data are better for generating hypotheses than for answering questions.</p>
<p>14. California Student Survey (CSS) Seventh, ninth, and eleventh grade children</p> <p>Office of the Attorney General Department of Alcohol and Drug Programs</p> <p>California Department of Education Healthy Kids Program Office</p>	<p>This biennial survey, legislatively mandated since 1991, is administered by the office of the Attorney General of California and is designed to provide current and long-term information on alcohol, tobacco, and other drug use and related attitudes. For the 8th CSS, in 1999 the core CHKS questions, including physical activity, nutrition, and resilience measures, were added to provide additional state-representative data in those topic areas.</p> <p>Methods: Repeated, cross-sectional, voluntary, self-report survey administered in the classroom by surveyors trained by the contractor; it is anonymous and confidential. Written parental consent is required.</p> <p>Time Period: Conducted biennially since 1985, fall-winter odd years.</p> <p>Population Monitored: California youth in grades seven, nine, and eleven. For 2001-02, the total sample participating in the CSS was 8,238; Sample: representative statewide sample, selected by contractor; target 2,500 students/grade; School sample: random sample of about 125 public and private schools statewide—high schools and paired feeder</p>

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Name and contacts for survey/surveillance system	Survey/Surveillance System Description
<p>Department of Health Services Office of AIDS</p> <p>Scientific Contact: Greg Austin, Ph.D. WestEd 4665 Lampson Ave. Los Alamitos, CA 90720 (562) 598-7661, Ext. 5155 gaustin@wested.org</p>	<p>middle schools; Student sample: up to three randomly selected classrooms in required courses per grade/school.</p> <p>Data set access: Contact Greg Austin, Ph.D.</p> <p>Reports/Publications: Downloadable 2001-02 CSS survey instruments that include the CHKS comparable core nutrition and physical activity questions can be found at http://www.wested.org/hd/css/. Data tables for the 2001-02 CHKS comparison variables are available on the website, http://www.wested.org/hks/css2001.pdf.</p> <p>Weight-related Variables: Consumption of: milk, soda, fruits/vegetables, breakfast; participation in moderate, vigorous, and strengthening physical activity; feeling of safety in one's neighborhood; includes all items in CHKS Core Module A., middle/high school. Comparable to YRBS and national Monitoring the Future Survey. Height and weight questions were added in 2003.</p> <p>Geographic Unit of Analysis: Aggregated state-level findings.</p> <p>Limitations: Self report; data is primarily from public schools. The student may not feel his/her results are confidential, since the survey is administered in a public setting.</p>
<p>15. California Physical Fitness Test (FITNESSGRAM) Fifth, seventh, and ninth</p>	<p>The California Physical Fitness Test is a statewide student physical fitness test directed by AB 265 in 1995 to be administered at least once every two years. Beginning in spring 2001, CDE determined to collect and report data every year. The physical fitness test is a required element of the School Accountability Report Card. The State Board of Education designated the <i>FITNESSGRAM</i> as the required physical performance test to be administered to California students.</p>

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<p>grade students</p> <p>http://www.cde.ca.gov/statetests/pe/pe.html</p> <p>California Department of Education www.cde.ca.gov</p> <p>Debbie Vigil Standards and Assessment Division California Department of Education 1430 N Street, Suite 5408 Sacramento, CA 94244-2720 (916) 319-0341 dvigil@cde.ca.gov</p>	<p>Method: <i>FITNESSGRAM</i> is not a survey instrument; it is a set of measured physical fitness tests. Local districts administer the <i>FITNESSGRAM</i> according to the test administration directions included in the <i>Fitnessgram</i> test administration manual and report the results of the test to CDE.</p> <p>Time Period: Annually during the months of February, March, April, or May.</p> <p>Population Monitored: California fifth, seventh, and ninth graders are tested. Although the test is mandated, the extent of testing has been affected by logistical and fiscal issues. Approximately 46 percent and 70 percent of California students were tested in 1997 and 1999, respectively. Approximately 92 percent of school districts submitted data in 2002, an increase of two percent from 2001.</p> <p>Data sets available: Contact Debbie Vigil.</p> <p>Publications/Reports: State, county, district, and school level results are available on the website for 1998-99, 2000-01, and 2001-02 school years at http://data1.cde.ca.gov/dataquest/ by choosing "Physical Fitness Results" as the subject and the appropriate level. Subgroup data is also available by gender and race-ethnicity. Background and test administration information is available at http://www.cde.ca.gov/statetests/pe/pe.html.</p> <p>(A state assembly-district level report on overweight and lack of aerobic capacity "unfitness" can be found at http://www.publichealthadvocacy.org/policy_briefs/study_documents/Policy_Brief1.pdf; with additional information, district-specific fact sheets, and an interactive map at http://www.publichealthadvocacy.org/policy_briefs/overweight_and_unfit.html; State senate district level planned. NOTE: These district-level reports were done by the California Center for Public Health Advocacy and not CDE.)</p> <p>Weight-related Variables: Six fitness tests: aerobic capacity, body composition (usually by BMI, but could be by skin fold), abdominal strength, trunk strength, upper body strength, and flexibility.</p> <p>Geographic Unit of Analysis: State, county, district, and school-level data available are on the CDE website. state assembly district level (and state senate district level will be available soon) available via the California Center for Public Health Advocacy. (NOTE: CDE will not be collecting this data.)</p> <p>Limitations: Standardized training for test administrators is lacking, which impacts inter-</p>

California Sources of Weight-Related Surveillance Data
NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY, and SEDENTARY BEHAVIOR

Name and contacts for survey/surveillance system	Survey/Surveillance System Description
	and intra-tester reliability and validity. Knowledge, attitudes, and beliefs are not examined.

Summary of Types of Available California State and Local Weight-Related Surveillance Data

Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
<p><i>Behavioral Risk Factor Surveillance System (BRFSS)</i> http://www.surveymethods.com/clients.asp?ID=9</p> <p>Adults 18+ Self reported</p>	<p>Non-quantified six questions, usual FV intake</p> <p>Knowledge and belief questions</p> <p>1990-91, 1994, 1996, 1998, 2001-03</p>	<p>BMI</p> <p>1984-2003</p>	<p>Usual exercise in a week—moderate and vigorous (seven questions)</p> <p>1985-89, 1991-92, 1994, 1996, 1998, 2001-03</p>	<p>Any physical activity in the last 30 days</p> <p>1984-92, 1995-96, 1998, 2000-2003</p>	<p>USDA six-question brief food security module</p> <p>beginning in 2003 (California)</p>	<p>Milk consumption 1994</p>
<p>California Women’s Health Survey (CWS)</p> <p>http://www.surveymethods.com/clients.asp?ID=11</p> <p>Adult Women 18+ Self reported</p>	<p>Semi-quantified single question, usual servings FV intake</p> <p>Single question FV belief</p> <p>2000-03</p>	<p>Belief question about healthy weight</p> <p>Weight loss and dieting questions (# varies)</p> <p>BMI</p> <p>1997-2003</p>	<p>Past 30 days any physical activity</p> <p>Usual exercise in a week—moderate and vigorous</p> <p>1998-99 2001-03</p> <p>Also belief in 2001/02</p> <p>Stair climbing-98</p>	<p>Time spent sitting (one question) 1998, 2001</p>	<p>USDA six-question brief food security module and multiple questions about use of food assistance programs</p> <p>1997-98 2000-03</p>	<p>Breastfeeding 1997-2001</p> <p>Milk consumption</p>
<p>California Health Interview Survey (CHIS) Adult</p> <p>www.chis.ucla.edu</p> <p>Adults 18+ Self reported</p> <p>2001, 2003</p>	<p>Non-quantified, usual FV intake, frequency, past month, eight questions</p> <p>(only 2001)</p>	<p>BMI</p>	<p>Activity/exercise for transportation</p> <p>Over the past 30 days, frequency and duration of moderate and vigorous exercise (only 2001)</p> <p>Over the past 30 days, strength exercise questions</p>	<p>Non free time activity level (only 2001)</p>	<p>USDA six-question brief food security module, only asked of adults below 200 percent of poverty</p>	

Summary of Types of Available California State and Local Weight-Related Surveillance Data

Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
			(only 2001)			
<p>California Health Interview Survey (CHIS) Adolescent www.chis.ucla.edu</p> <p>Adolescents 12-17 Self reported</p> <p>2001, 2003</p>	<p>Non-quantified four questions, FV servings yesterday (only two questions in 2003)</p>	<p>BMI</p>	<p>Past seven days frequency and duration of moderate and vigorous exercise</p> <p>Past seven days frequency and duration of strength exercises</p> <p>Sports team participation (only 2001)</p>	<p>On a typical weekday, number of hours watching television and number of hours using computer <u>not</u> for school work, two questions (only 2001)</p> <p>On the weekend number of hours watching television and using computer <u>not</u> for school work, two questions (only 2001)</p>		<p>Questions on glasses of milk (one question) and soda (one question), servings yesterday</p>
<p>California Health Interview Child www.chis.ucla.edu</p> <p>Children Under 12 Parent reported</p> <p>2001, 2003</p>	<p>Non-quantified four questions, FV servings yesterday (only two questions in 2003)</p> <p>Only when child is not in school or day care</p>	<p>BMI</p>		<p>On a typical weekday, number of hours watching television and number of hours using computer <u>not</u> for school work (only 2001)</p> <p>On the weekend number of hours</p>		<p>Glasses of milk yesterday</p> <p>Glasses of soda yesterday</p>

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Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
				watching television and using computer <u>not</u> for school work (only 2001)		
California Dietary Practices Survey (CDPS) www.dhs.ca.gov/cpns/research/index.html Adults 18+ Self reported 1989-2003 biennial	Semi quantified, limited structured 24 hour recall (FV intake yesterday) Many questions on knowledge, attitude and belief	BMI, beginning in 1999 Weight loss and dieting questions	Past week frequency and duration of moderate and vigorous physical activity Many knowledge, attitude, and belief questions	Time spent watching TV yesterday (2003)	USDA six-question brief food security module, beginning in 2001	Household income Other foods; out of home eating Diet-disease relationship knowledge (will not be asked in 2003)
California Teen Eating, Exercise, and Nutrition Survey (CaITEENS) www.dhs.ca.gov/cpns/research/index.html Adolescents 12-17 Self reported 1998, 2000, 2002	Semi quantified, limited structured 24 hour recall (FV intake yesterday) Many questions on knowledge, attitude and belief	BMI Body image and dieting questions	Past 30 days frequency and duration of moderate and vigorous physical activity Many knowledge, attitude, and beliefs questions	Frequency and duration of time spent watching television and using the computer <u>not</u> for school work		Socio-Economic surrogates Participation in school meals School Environment Other foods; fast food; meals
California Children's Healthy Eating and Exercise Practices Survey (CaICHEEPS) www.dhs.ca.gov/cpns/research/index.html Children 9-11	Two-day diary and telephone interview Many questions on knowledge, attitude, and beliefs	BMI from parent	Two-day diary: type of activity, length of time, and intensity Questions on knowledge,	Two-day diary: length of time spent watching TV/videos or playing computer/video	Household food stamp usage	Family income Participation in school meals Other foods; fast food; meals

Summary of Types of Available California State and Local Weight-Related Surveillance Data

Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
Parent-assisted, self reported (diary); Self reported (phone interview) 1999, 2001, 2003			attitude, and beliefs Days per week and length of time spent in physical education classes at school	games for fun. Preference: time spent watching television or being physically active Environment: parents limiting time spent on sedentary activities (2001 and 2003)		
California High School Fast Food Survey http://www.californiaprojectlean.org High school students 2000						Fast Food availability on high school campuses
Los Angeles County Health Survey www.lapublichealth.org Adults 18+ Self reported Adult Questionnaire 2002-03	Non-quantified, single question, FV servings yesterday Single question FV beliefs	BMI	In a usual week, frequency and duration of moderate and vigorous physical activity		Food insecurity with and without hunger; Participation in supplemental food program and food stamps	
Los Angeles County Health Survey www.lapublichealth.org Children 0-17			Number of days in a typical week spent participating in	Number of hours spent watching television on a	Participation in WIC (during pregnancy and after child was	Breastfeeding Breakfast yesterday

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Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
Parent reported Parent Questionnaire for Child 2002-03			organized sports Access to parks/ recreational space	typical day	born)	Fast food yesterday
Pediatric Nutrition Surveillance System (PedNSS) smatting@dhs.ca.gov Measured 1988-2002		Overweight (>95 th percentile) At risk for overweight (85 th –95 th percentile)				Underweight Short stature Anemia
California Healthy Kids Survey (CHKS) http://www.wested.org/hks/css2001.pdf Grades 5, 7, 9, & 11 Self reported Annual 1999-2003 California Student Survey (CSS) Grades 7, 9, & 11 Self reported Annual	Middle school: non-quantified four questions, 24 hour recall (yesterday) High school: non-quantified four questions, 24 hour recall (yesterday)	Elementary: two questions about body image, one question on dieting Middle: height and weight; 3 questions about body image/dieting High school: height and weight; three questions about body image/dieting	Elementary: number of days you exercise per week Middle: past seven days vigorous, moderate, and strengthening exercises, and participation in organized sports High school: past seven days vigorous and strengthening exercises, and	Elementary: Number of hours spent watching television or played video games yesterday Middle: On an average school day, number of hours spent watching television or playing video games (CHKS only)		Elementary: breakfast today and milk yesterday Middle: any breakfast today and milk yesterday High school: breakfast today and milk yesterday CSS includes alcohol and drug use questions

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Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
<p>1989-1999</p> <p>Surveys used the same set of questions (except for the sedentary behavior questions, which are in the CHKS module but not included in the CSS module.)</p>			<p>participation in organized sports</p>	<p>High school: On an average school day, number of hours spent watching television or playing video games (CHKS only)</p>		
<p>Youth Risk Behavior Survey (YRBS) http://www.cdc.gov/nccdphp/dash/yrebs/index.htm</p> <p>Grades 9-12</p> <p>Self reported</p> <p>1991-2003</p> <p>Conducted in; San Diego, San Francisco, Los Angeles (no longer administered in California; succeeded by CHKS and CSS)</p>	<p>Non-quantified six questions, intake over the past seven days</p>	<p>BMI</p> <p>Weight loss and diet questions</p>	<p>Frequency of moderate (30+ minutes) and/or vigorous (20+ minutes) exercise in the past seven days</p> <p>Strength exercises in the last seven days</p> <p>Participation in PE classes and organized sports</p>	<p>Watched less than two hours of television</p>		<p>Glasses of milk over the past seven days</p>
<p>California Physical Fitness Test, FitnessGram http://www.cde.ca.gov/statetests/pe/pe.html</p> <p>Grades five, seven, and nine Measured</p> <p>1998-99, 2000-01, 2001-02</p>		<p>Body composition as measured by BMI or skin fold—usually BMI</p>	<p>Five Performance Tests:</p> <ul style="list-style-type: none"> • Aerobic Capacity • Trunk extension • Abdominal Strength • Upper Body Strength 			

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Name of survey/surveillance system	Fruit and Vegetable (FV)	Body Weight/ BMI	Physical Activity	Sedentary Behavior	Food Insecurity	Other
			<ul style="list-style-type: none"> • Overall Flexibility 			
<p>Maternal and Infant Health Assessment</p> <p>Women aged 15+ who recently gave birth Self-reported</p>		<p>Weight before pregnancy; weight gain during pregnancy; height</p>			<p>Multiple questions about financially caused restrictions on food amount and sufficiency, and nutritional balance</p>	<p>Breastfeeding, folic acid, history of low infant birth weight, supplementation</p>

Summary of Types of Available California State and Local Weight-Related Surveillance Data

Cancer Prevention and Nutrition Section, Research and Evaluation Unit; California Obesity Prevention Initiative, Surveillance Workgroup

State of California
Department of Health Services