

Supplemental Table 1: Survey items assessing 10 discrete diet and physical activity behaviors

Behavior	Measure	Questions and answer choices*
1. Intake of water (servings of water per week)	1 item adapted from the Beverage Intake Questionnaire (Hedrick et al., 2010).	<p>Stem question: <i>Do you drink water?</i> If yes...</p> <p><b>How often did you drink water in the past month?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never or less than 1 time per week</li> <li><input type="checkbox"/> 1 time per week</li> <li><input type="checkbox"/> 2-3 times per week</li> <li><input type="checkbox"/> 4-6 times per week</li> <li><input type="checkbox"/> 1 time per day</li> <li><input type="checkbox"/> 2 times per day</li> <li><input type="checkbox"/> 3+ times per day</li> </ul>
2. Intake of sugar-sweetened beverages (servings per week)	8 items adapted from the Beverage Intake Questionnaire (Hedrick et al., 2010) assessing intake of: <ul style="list-style-type: none"> <li>1) 100% fruit juice,</li> <li>2) sweetened juice, 3)</li> <li>3) regular soda,</li> <li>4) sweetened tea</li> <li>5) sweetened coffee</li> <li>6) meal replacement shakes</li> <li>7) energy drinks</li> <li>8) Gatorade</li> </ul>	<p>Sample stem question: <i>Do you drink...?</i> If yes...</p> <p><b>How often did you drink ___ in the past month?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never or less than 1 time per week</li> <li><input type="checkbox"/> 1 time per week</li> <li><input type="checkbox"/> 2-3 times per week</li> <li><input type="checkbox"/> 4-6 times per week</li> <li><input type="checkbox"/> 1 time per day</li> <li><input type="checkbox"/> 2 times per day</li> <li><input type="checkbox"/> 3+ times per day</li> </ul>
3. Intake of fast food (servings per week)	1 item adapted from the Massachusetts Childhood Obesity Research Demonstration (MA-CORD) project (Davison et al., 2015)	<p>Stem questions: <i>Do you eat fast food, like from McDonald's, Burger King, Taco Bell, Dunkin Donuts or a pizza place? What fast food restaurants do you go to?</i></p> <p><b>How often did you usually eat something from ___ in The past month?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than once per week</li> <li><input type="checkbox"/> Once per week</li> <li><input type="checkbox"/> 2-4 times per week</li> <li><input type="checkbox"/> Nearly daily or daily</li> <li><input type="checkbox"/> 2-4 times per day</li> <li><input type="checkbox"/> 5 or more times per day</li> </ul>
4. Intake of fruit (servings per week)	1 item adapted from the MA-CORD project (Davison et al., 2015).	<p>Stem questions: <i>Do you eat fruit? What fruit do you eat? (This includes all cooked, raw, fresh, frozen or canned fruit)</i></p> <p><b>How often did you usually eat ___ in the past month?</b> [Note to Interviewer: Name the fruits mentioned]</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than once per week</li> <li><input type="checkbox"/> Once per week</li> <li><input type="checkbox"/> 2-4 times per week</li> </ul>

		<input type="checkbox"/> Nearly daily or daily <input type="checkbox"/> 2-4 times per day <input type="checkbox"/> 5 or more times per day
5. Intake of vegetables (servings per week)	1 item adapted from the MA-CORD project (Davison et al., 2015).	<p>Stem questions: <i>Do you eat vegetables? What vegetables do you eat? (This includes all cooked and uncooked vegetables or salads, without French fries, fried potatoes, or potato chips)</i></p> <p><b>How often did you usually eat ___ in the past month?</b>  [Note to Interviewer: Name the vegetables mentioned]</p> <input type="checkbox"/> Never <input type="checkbox"/> Less than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> 2-4 times per week <input type="checkbox"/> Nearly daily or daily <input type="checkbox"/> 2-4 times per day <input type="checkbox"/> 5 or more times per day
6. Intake of healthy snacks (servings per week)	2 items adapted from the Beverage and Snack Questionnaire II (Neuhouser et al., 2009) asking about fruit and vegetables consumed as snacks	<p>Sample stem question: <i>The following questions are about snacks that you eat at home. Here are pictures of some kinds of vegetables such as carrots or celery, but there might be others that you eat at home. What kinds do you eat when you are at home?</i></p> <p><b>How many times did you eat ___ when you were at home this past week?</b> [Note to Interviewer: Name the kinds mentioned.]</p> <input type="checkbox"/> Never or less than 1 per week <input type="checkbox"/> 1 per week <input type="checkbox"/> 2-4 per week <input type="checkbox"/> 5-6 per week <input type="checkbox"/> 1 per day <input type="checkbox"/> 2-3 per day <input type="checkbox"/> 4+per day
7. Intake of unhealthy snacks (servings per week)	8 items adapted from the Beverage and Snack Questionnaire II (Neuhouser et al., 2009), asking about unhealthy snacks 1) regular chips, 2) salty snacks, 3) candy, 4) doughnuts/ breakfast pastries, 5) cookies/ pies/cakes, 6) regular ice cream 7) low fat/nonfat chips, 8) lowfat nonfat frozen desserts	<p>Sample stem question: <i>The following questions are about snacks that you eat at home. Here are pictures of some kinds of regular chips, but there might be others that you eat at home. What kinds do you eat when you are at home? If yes...</i></p> <p><b>How many times did you eat ___ when you were at home this past week?</b> [Note to Interviewer: Name the kinds mentioned.]</p> <input type="checkbox"/> Never or less than 1 per week <input type="checkbox"/> 1 per week <input type="checkbox"/> 2-4 per week <input type="checkbox"/> 5-6 per week

		<input type="checkbox"/> 1 per day <input type="checkbox"/> 2-3 per day <input type="checkbox"/> 4+per day
8.Sedentary activity (hrs/week)	2 investigator-developed items assessing common sitting to 1) watch TV/DVDs, 2) play video games.	<p>Sample stem question: <i>During the past week, did you sit while watching TV/DVDs/movies, not including videogames? If yes...</i></p> <p><b>How much time did you sit while _____:</b></p> Monday    Hours: Minutes: Tuesday    Hours: Minutes: Wednesday Hours: Minutes: Thursday    Hours: Minutes: Friday      Hours: Minutes: Saturday    Hours: Minutes: Sunday      Hours: Minutes:
9.Utilitarian walking (hrs/week)	4-investigator-developed items assessing time walking to the 1) store, 2) bus stop, 3) school, 4) after-school program.	<p>Sample stem question: <i>During the past week, did you walk to the store, library, or other places? If yes...</i></p> <p><b>How much time did you walk to go to ____:</b></p> Monday    Hours: Minutes: Tuesday    Hours: Minutes: Wednesday Hours: Minutes: Thursday    Hours: Minutes: Friday      Hours: Minutes: Saturday    Hours: Minutes: Sunday      Hours: Minutes:
10. Exercise (hrs/week)	4-items adapted from the Physical Activity Questionnaire (PAQ-C) (Kowalski et al., 1997) assessing time for 1) walking for exercise, 2) swimming, 3) running/jogging, 4) playing a sport	<p>Sample stem question: <i>During the past week, did you walk for exercise? [In other words, did you plan to go walking for at least 10 minutes in order to get some exercise?]]If yes...</i></p> <p><b>How much time did you ____ on:</b></p> Monday    Hours: Minutes: Tuesday    Hours: Minutes: Wednesday Hours: Minutes: Thursday    Hours: Minutes: Friday      Hours: Minutes: Saturday    Hours: Minutes: Sunday      Hours: Minutes:
<p>* Scored survey questions are noted in bold letters. Participants were shown pictures of foods/beverages in each category. If the participant answered that they consume foods in that category, the assessor then named these foods/beverages in the question. All measures were verbally administered in English and Spanish. Answers were analyzed by category.</p>		

Supplemental Table 2: Differences in Parent Behavior Changes in the Healthy Kids & Families Intervention versus the Control Condition: Adjusted 24-Month Results (N=225).

	Difference in change from baseline-24 Months			
	Coef.	95% CI Lower	95% CI Upper	P-Value
Number of positive behavior changes	0.13	-0.47	0.73	0.676
Servings of Water (per week)	-2.09	-3.83	-0.36	0.018
Servings of sugar sweetened beverages (per week)	-1.68	-4.66	1.31	0.271
Fast Food (per week)	-0.15	-0.63	0.33	0.544
Servings of Fruit (per week)	1.01	-0.5	2.52	0.19
Servings of Vegetables (per week)	0.37	-0.97	1.71	0.589
Healthy Snacks (per week)	0.53	-1.44	2.5	0.599
Unhealthy Snacks (per week)	0.85	-0.97	2.68	0.359
Sedentary Activity (hrs/week)	-1.29	-4.49	1.91	0.431
Utilitarian Walking (hrs/week)	-0.17	-0.88	0.53	0.631
Exercise (hrs/week)	0.78	-1.52	3.08	0.508