

MEND 7-13

Healthy Growth Check 1

(Pre-Program)

Pack





Dear Parents and Caregivers,

The MEND 7-13 Program is a healthy lifestyle Program designed to improve the health and fitness of 7-13 year old children. You and your child will be required to attend two sessions each week for 10 weeks. It is essential that once you have joined the Program, you participate in all sessions until the end. This will give you the best chance of success for you and your child.

In order to participate in the Program, your child will need to obtain clearance from your physician or Primary Care Provider (PCP). It is important that you **obtain clearance from your PCP** by asking them to **review and sign the medical questionnaire** and complete the exam form. MEND cannot accept your child without a signed medical clearance form and your family cannot take part in the Program until this is completed. MEND 7-13 also requires a parent or caregiver to attend with the child and **no child will be allowed to continue the Program without an accompanying adult at every session.**

Below you can find an outline of MEND 7-13 sessions:

Session Name	Date
Meet the Leaders & Healthy Growth Check 1	TBD
Introduction	TBD
Fitter, Healthier , Happier	TBD
Goals and Rewards*	TBD
Refined versus Unrefined	TBD
Goals and Rewards	TBD
Fats and Sugars	TBD
External triggers*	TBD
How to be a MEND Detective	TBD
Modeling*	TBD
“Ready, Steady, Eat...” The MEND Way	TBD
Internal Triggers*	TBD
Supermarket Tour	TBD
Who wants to be a “Healthionaire”?	TBD
MEND’s Fabulous Food Fest!	TBD
Problem solving*	TBD
MEND’s Survival Guide to Parties, Eating Out and other Tempting Occasions	TBD
Good things about me	TBD
Healthy Growth Check 2	TBD
Farewell & Graduation Ceremony	TBD
Post-Program → Graduate Activities and Healthy Growth Checks 3+	TBD

*Parent or caregiver only session. Children are exercising during this session.

Your child should wear comfortable clothing and sneakers. If your Program includes swimming, you will be notified by your Program Manager or Program Leader at the first session. Your child will also need to bring a bottle of water and always wear a MEND t-shirt (both provided during the “Introduction” session).

The Meet the Leaders & Healthy Growth Check 1 session will allow us to meet you both and individually, take some basic measurements, and answer any questions you may have.



Details of the “Meet the Leaders & Healthy Growth Check 1” session:

Date : TBD
Appointment : 6:00 PM
Venue : TBD

This session will only take an hour. The information collected will enable us to assess your child’s individual needs and will be used to track their improvement during the program. You will be provided with a report of their improvement at the end of the Program. We will also use this data as part of our effort to continuously improve the effectiveness of MEND 7-13.

- **Please complete the enclosed questionnaires and return them to the MEND team at the “Meet the Leaders & Healthy Growth Check 1” session.** All the data we collect is necessary to help your child. We value your time and appreciate the effort you are taking to fill in these forms. MEND has very strict data protection and privacy policies (www.mendfoundation.org)¹.
- **Please also bring 2 photos of your child.** We will use these for special posters and activities throughout the Program.

We are very excited to be starting MEND 7-13 and look forward to seeing you and your child at the Meet the Leaders & Healthy Growth Check session 1.

Best wishes!

Kelly Child
MEND Theory Leader
720.652.4733

¹ If you don’t want us to use your child’s data after the Program, please email us at info@mendfoundation.org or write to us: MEND Foundation, 72-11 Austin Street, #390, Forest Hills, NY 11375.



Dear Parent and/or Caregiver,

Please find enclosed some questionnaires for you and your child to complete and return to us.

These questionnaires are important as they help us to monitor the MEND 7-13 Program to ensure standards of delivery are high and to help us make sure that families are getting the right sort of support and benefitting fully.

Most children who attend MEND 7-13 are happy but some overweight children really struggle with the way that they think and feel about their bodies and their weight. We want to understand the extent to which children feel this way about themselves so that we can help them feel better.

MEND 7-13 takes the health and well-being of its participants very seriously. For this reason we ask all families to complete questionnaires on the way that children think and feel about their bodies, themselves in general as well as parents' views of the well-being of their children. These questionnaires are completed at the beginning and end of the Program and help us to make sure that the Program is being delivered effectively and safely. MEND 7-13 Program Leaders can use these before and after scores to identify any families that might require further support.

These questionnaires have been developed by leading experts in the field of child health and have been tested on thousands of children to make sure that they cause no distress or ill effects. You may find that some questions do not apply to your child and it may not always be obvious as to why we have asked certain things. However, it is important that you encourage your child to fill out as much of the questionnaire as they can. If you or your child leaves out any questions, it will mean that we cannot score the questionnaire. This means that we will not be able to monitor your child's progress. Many families have told us that they have a better understanding of how their child thinks and feels about their weight after having done the questionnaire.

None of these questionnaires are compulsory but we do strongly encourage families to fill them out. Your Program Manager will be able to help you explore any concerns that you have about filling in these questionnaires.

Remember:

- Let your child fill out the questionnaire by themselves wherever possible, and/or discuss it with them afterwards.
- When helping your child fill out the questionnaire, try to let them answer with their own thoughts and feelings.
- Make sure that the **same** parent or caregiver fills out the questionnaires before and after the Program.

Welcome to the MEND experience and I hope that you will find MEND 7-13 fun, inspiring and helpful!

Yours sincerely,
Dr. Paul Chadwick
Clinical Director, Co-Founder of MEND 7-13



Release of Liability and Disclaimer

I, THE PARENT/GUARDIAN LISTED BELOW, IN CONSIDERATION of myself and my child (who is under the age of 18 and listed below) ("Child") being given the opportunity to participate in any activity (the "Activities") designed by the MEND Foundation, MEND Central Ltd. and their affiliates ("MEND"), and presented and supervised by _____ (the "Facility"), for myself, and for my Child, and for my and my Child's personal representatives, assigns, heirs, and next of kin (collectively "Representatives"):

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activities, and that I and my Child are in good health, and in proper physical condition to participate in such activities.

2. FULLY UNDERSTAND that:

(a) participation in the Activities INVOLVE RISKS AND DANGERS of property damage, illness, serious bodily injury, including permanent disability, paralysis and death ("Risks");

(b) these Risks and dangers may be caused by (i) my or my Child's own actions, or inactions, (ii) the actions or inactions of others participating in the activities, (iii) the conditions in which the Activities takes place, or (iv) the negligence of the Releasees named below;

(c) there may be other risks, and social and economic losses that I either do not know or cannot easily foresee at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur arising out of my and my Child's participation in the Activities.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I and my Child take part, and the conditions in which such Activities take place. If I see any condition that I think is unacceptably dangerous, I will notify the Facility and will refuse to take part in the Activity until I am satisfied that the condition has been corrected and is no longer unacceptably dangerous.

4. HEREBY RELEASE, discharge, and promise not to sue:

(a) MEND,

(b) the Facility, and

(c) their respective administrators, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and if applicable, any owners and lessors of premises on which the Activities takes place (each of MEND, the Facility and any of the foregoing a "Releasee"),

from all liability, claims, demands, losses or damages on my or my Child's account arising out of the Activities and/or caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations (collectively, "Claims").

I further agree that if, despite this release, I, my Child, a Representative, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost in connection with any Claims, to the fullest extent permitted by law. I understand that MEND and the Facility are not responsible for providing financial or other



assistance, including without limitation medical, health or disability insurance in connection with the Risks.

I have read this agreement, fully understand its terms, and have had an opportunity to ask, and have answered, any questions I may have about this agreement. I understand that I and my Child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance shall continue in full force and effect.

Printed Name of Child:

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Date: _____

PARENTAL/GUARDIAN CONSENT:

I, the parent and/or legal guardian of my Child, understand the nature of the Activities and the Child's experience and capabilities and believe the Child to be qualified to participate in the Activities. In exchange for the opportunity for the Child to attend and/or participate in the Activities, I hereby restate the waivers and declarations listed above on behalf of and with respect to my Child. I represent that I am at least 18 years of age, that I own and control all of the rights that I am giving up by signing this waiver and that I have the power and the capacity to give up such rights. I understand and agree that this waiver shall be binding upon my Child, and my and my Child's heirs, assignees, executors and administrators.

TESTIMONIAL RELEASE AND ASSIGNMENT:

By checking this box I hereby confirm that I have read, understand and agree to the terms set forth on EXHIBIT A, attached hereto.

GENERAL DISCLAIMER: The Activities are designed to support and promote exercise, fitness and a healthy lifestyle. MEND and the Facility are not engaged in rendering medical advice or professional services, and the Activities are not a substitute for professional diagnosis, treatment, cure or prevention of any health problem or disease. **IF YOUR CHILD HAS ANY HEALTH PROBLEM, OR IF YOU THINK THAT YOUR CHILD HAS ANY HEALTH PROBLEM, THE CHILD SHOULD NOT PARTICIPATE IN THE ACTIVITIES UNLESS YOUR DOCTOR TELLS YOU IT IS SAFE FOR YOUR CHILD.** Please let the Facility know if you have any questions or concerns.

I also understand and agree that this waiver authorizes MEND and/or the Facility to release to my Child's physician any and all records in MEND's and/or the Facility's possession, custody, or control concerning my Child's medical and psychological



conditions, including but not limited to, the results of any mental health screening tests administered by MEND and the Facility to my Child

Printed Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Date: _____

Parent/Guardian Signature: _____



EXHIBIT A

Testimonial Release and Assignment

In consideration of the willingness of the MEND Foundation ("MEND") to accept my Testimonial (as such term is defined below) regarding MEND's programs, and on behalf of myself and, if applicable, my children, I hereby irrevocably grant and assign to MEND, MEND Central Ltd. and their affiliates, in perpetuity, permission and the absolute right to publish, re-publish, distribute, display, license, and otherwise use or re-use (collectively, "Use") in any media now known or hereafter developed, and throughout the world, for purposes including illustrative, artistic, promotional, commercial, advertising, merchandising or other trade purposes, my statements regarding the services and MEND's programs, including without limitation statements regarding my family and children, and any photographic portraits, pictures and/or likenesses of me, my family and children, and any reproductions thereof in any medium, now known or hereafter developed and provided by me to MEND (such statements and images collectively referred to as my "Testimonial"), and hereby irrevocably grant and assign to MEND all other rights, including without limitation copyrights, in and to my Testimonial, which MEND may secure exclusively in its name or that of any designee.

I understand that my Testimonial may be combined with other statements, photographs and/or other materials. I hereby waive any right of myself or my children to inspect and/or approve the statements, photographs or any of the materials in which my Testimonial may be embodied, as well as all claims, however denominated, arising out of the rights granted herein and agree to hold harmless MEND and all persons acting on its behalf, including MEND's successors, representatives, affiliates, licensees and assigns for the exercise of any or all such rights.

I expressly represent that I am over the age of eighteen, that I have the full legal capacity and authority to enter into this Testimonial Release and Assignment for myself and, if applicable, my children, and that I have not conveyed, and shall not hereafter convey or purport to convey, to any other person or entity, any of the rights granted or assigned hereunder. I understand that nothing contained herein shall be construed to create a partnership or joint venture between me and MEND. The validity, interpretation and legal effect of this Testimonial Release and Assignment shall be governed by the laws of the State of New York without regard to all conflicts of law provisions.

I have read and fully understand the foregoing. I understand that I am not obligated to agree to this Testimonial Release and Assignment, and that the programs promoted by MEND will in no way be affected regardless of whether I agree or do not agree to this Testimonial Release and Assignment.



Participant Information Form

This form should be completed by the participating child's **parent or caregiver**.

Participant information			
We will use the information you provide here to contact you. It is very important that we have at the very least your contact mobile number. We will not give your personal information to anyone without asking your permission first.			
MEND has very strict data protection and privacy policies (www.mendfoundation.org)			
Please provide any missing information and correct any mistakes.			
Child's name			
Date of birth		Gender	
School name		Grade in school	
Parent/caregiver name		Relationship to the child	
Address		Zip code	
Cell phone number		Home number	
Contact email			
Child's Dr information			
Dr name & practice			
Address			
Zip code		Phone	



Social Data

This form should be completed by the participating child's **parent or caregiver**. MEND is committed to reaching all groups, irrespective of gender, location, social class or ethnicity. The information you provide will help to ensure we are reaching all sections of the community.

We therefore request that you answer all the following questions.

Remember this information is strictly confidential (www.mendfoundation.org)

A. Do you consider yourself a single parent?	Yes	No	Refused	
B. Is your child of Hispanic, Latino, or Spanish origin? Please <i>circle</i> one box: NOTE: Please answer BOTH Question B about Hispanic origin and Question C about race. For this questionnaire, Hispanic origins are not races.				
1	No, not of Hispanic, Latino, or Spanish origin			
2	Yes, Mexican, Mexican American, Chicano			
3	Yes, Puerto Rican			
4	Yes, Cuban			
5	Yes, another Hispanic, Latino, or Spanish origin – Please specify: _____			
6	Refused			
C. What is your child's race? Please <i>circle</i> one or more boxes				
1	White			
2	Black, African American, or Negro			
3	American Indian or Alaska Native (Please specify tribe: _____)			
4	Asian Indian			
5	Chinese			
6	Filipino			
7	Japanese			
8	Korean			
9	Vietnamese			
10	Other Asian (Please specify: _____)			
11	Native Hawaiian			
12	Guamanian or Chamorro			
13	Samoan			
14	Other Pacific Islander (Please specify: _____)			
15	Some other race (Please specify: _____)			
16	Refused			
D. Does your family speak a language other than English at home?		Yes	No	Refused



E. If yes, what language?		Please specify: _____		Refused
F. Do you own your accommodation?			Yes	No
Refused				
G. Please circle the number that applies to your situation:				
1	Owner occupied: owned outright			
2	Owner occupied: owned with mortgage or loan			
3	Owner occupied: shared ownership			
4	Public Housing: rented from government entity			
5	Private rented: private landlord or leasing agency			
6	Refused			
H. Is the primary earner of the household (please circle)				
Employed		Unemployed		Refused
I. What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the past 12 months? (12 months is the period from today's date to one year ago) Income can come from various sources such as from wages, salary, commissions, bonuses, tips, self-employment, non-farm and farm businesses, proprietorships, partnerships, interest, dividends, net rental income, royalty income, estates and trusts. Please circle the appropriate income level:				
1	\$0- 9,999			
2	\$10,000- 19,999			
3	20,000- 29,999			
4	30,000- 39,999			
5	40,000- 49,999			
6	50,000- 59,999			
7	60,000- 69,999			
8	70,000- 79,999			
9	80,000-89,999			
10	90,000-99,000			
11	100,000 +			
12	Refused			
J. Highest year of school completed (please circle)				
1	Some high school			
2	HS Diploma/GED			
3	Some college			



4	Associates Degree
5	Bachelor's Degree
6	Master's Degree
7	Doctorate
8	Post Doctorate
9	Refused

K. Occupation (please circle)

1	Science, Engineering and Computer Professionals
2	Management, Business and Financial Workers
3	Healthcare Practitioner Professionals
4	Other professional Workers
5	Technicians
6	Sales Workers
7	Administrative Support Workers
8	Construction and Extractive Craft Workers
9	Installation, Maintenance and Repair Craft Workers
10	Protective Service Workers
11	Production Operative Workers
12	Transportation and Material Moving Operative Workers
13	Laborers and Helpers
14	Other (please indicate _____)
15	Refused

L. Health Insurance Status (please circle)

1	Employer based health insurance
2	Privately/self funded health insurance
3	Medicare/Medicaid
4	Other public/government sponsored health insurance
5	No health insurance
6	Refused

M. Health Insurance Provider - please write an appropriate answer below:

1	Who is your health insurance provider (for example Blue Cross and Blue Shield, Kaiser Permanente, Amerigroup): _____	Refused
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N. Do you consider yourself underinsured? (please circle appropriate answer)	Yes	No	Refused
Q. How many children and adults live in your household? (please count yourself as an adult and the baby you carry -if pregnant- as a child)	<input type="checkbox"/> children	<input type="checkbox"/> adults	Refused
P. Are you pregnant? (please circle appropriate answer)	Yes	No	Refused
Q. IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program. (please circle appropriate answer)	Yes	No	Refused



MEND 7-13 Medical Questionnaire & MEND Participation Form

Child: Last Name	First Name		Grade	Date of Birth	Sex	
Street Address (No P.O. Boxes)		City		Zip		Home Phone
Guardian's Name		Employer	Work Phone	Alternate Contact Number		Relationship to child
Additional Guardian's Name		Employer	Work Phone	Alternate Contact Number		Relationship to child
Emergency Contact Name		Home Phone	Alternate Contact Number		Relationship to child	

Participating child's guardian should complete pages 1 and 2 of this form. Explain "Yes" answers in the space provided on page 2. Circle questions you don't know the answers to. Then have the child's primary care provider review the entire form and complete page 3. We will send a letter to your child's doctor informing them of your child's participation in the MEND Program. Written clearance from a physician or their designee is required before any participation in MEND.

1. Has your child had a medical illness or injury in the last year?	YES	NO
2. Answer each of the following:		
a. Has your child been hospitalized overnight in the past year?	YES	NO
b. Has your child ever had surgery?	YES	NO
3. Is your child currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?	YES	NO
4. Answer each of the following:		
a. Has your child ever passed out during or after exercise?	YES	NO
b. Has your child ever been dizzy during or after exercise?	YES	NO
c. Does your child ever lose consciousness or his/her balance because of dizziness?	YES	NO
d. Has your child ever had chest pain during or after exercise?	YES	NO
e. In the past month, has your child felt pain in his/her chest when NOT doing physical activity?	YES	NO
f. Does your child get tired more quickly than his/her friends do during exercise?	YES	NO
g. Has your child ever had racing of his/her heart or skipped heartbeats?	YES	NO
h. Has your child had high blood pressure or high cholesterol?	YES	NO
i. Has your child ever been told he/she has a heart murmur?	YES	NO
j. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	YES	NO
k. Has any family member been diagnosed with enlarged heart, Marfan's syndrome, hypertrophic cardiomyopathy, long QT syndrome, or abnormal heart rhythm?	YES	NO
l. Has your child had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	YES	NO
m. Has the doctor ever said that you need to check with them before your child participates in any type of physical activity?	YES	NO
n. Has your child ever had a seizure?	YES	NO
o. Does your child have frequent or severe headaches?	YES	NO
5. Has your child ever become ill from exercising in the heat?	YES	NO
6. Answer each of the following:		
a. Has your child ever gotten unexpectedly short of breath with exercise?	YES	NO
b. Does your child cough, wheeze, or have trouble breathing during or after activity?	YES	NO
c. Does your child have asthma?	YES	NO
7. Does your child have any hearing or visual disabilities?	YES	NO
8. Does your child use any special protective or corrective equipment or devices (for example, knee brace, special neck roll, foot orthotics, hearing aid)?	YES	NO



9. Answer each of the following:		
a. Does your child have any previous or current injuries to muscles, bones, or joints?	YES	NO
b. Does your child have any difficulty participating in physical activity/PE at school?	YES	NO
c. Can you think of any reason why your child should not do physical activity?	YES	NO
10. Does your child want to weigh more or less than he/she does now?	YES	NO
11. Does your child feel stressed out?	YES	NO
12. Is your child awaiting any tests to be taken or on results from any tests completed to rule out any possible medical condition(s)?	YES	NO
13. Is your child currently following a special diet prescribed by a registered dietitian?	YES	NO
14. Has your child ever been diagnosed with diabetes?	YES	NO
15. Has your child ever needed to see a psychiatrist, psychologist, or counselor?	YES	NO
16. Has your child been diagnosed with any type of behavioral or psychological problem?	YES	NO
17. Has your child ever been diagnosed with an eating disorder?	YES	NO
For Females only		
18. Has your child started menstrual cycles?	YES	NO
19. Are the menstrual cycles very irregular or unpredictable?	YES	NO

If you answered **YES** to any of the questions on pages 1-2, please explain:

Can your child swim? YES NO

If yes, at what level can your child swim (circle one): Beginner Intermediate Advanced

Note: Not being able to swim will not stop them from participating in MEND because we use the shallow end of the pool. Also, water-based activity is not always available. Please check with your MEND Leader for details.

If after completing this questionnaire, you have any doubts about attending the MEND Program, please inform your MEND Leader and/or contact your doctor.
 Our signatures indicate we have read, understand, and agree with the entire document, and have discussed it with our primary care practitioner.

Child Signature: _____

Parent/Guardian Signature: _____ Date: _____



PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Child Name _____ Sex _____ Age _____

Date of Birth _____

Height _____ Weight _____ BMI (optional) _____ Pulse _____ BP ____/____(____/____,____/____)

This **Physical Examination Form** must be completed prior to participation.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart- Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only



Children who participate in MEND should be able to participate safely in moderately vigorous physical activity. The physical effort required will gradually increase as children become more physically fit. Please be sure the child has no conditions, such as respiratory, cardiac, or orthopedic conditions, **that would prevent safe participation. Overweight and obese children may be at increased risk for depression, eating disorders, or other mental health conditions. Such children may require individual counseling about weight. Please consider whether these conditions are present.**

CLEARANCE

- Cleared
- Not cleared for:

Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician or their designee.

Name (print/type): _____ Date of _____

Examination: _____

Address: _____ Phone _____

Number(s): _____

Signature: _____



Physical Activity Questionnaire

This form should be completed by the participating child's **parent or caregiver**. Please ask your child to **help you** fill out this form. Please only record activities that last **more than 0.5 hour (30 minutes) per week**. For activities lasting less than half hour please put 0.

*Please make sure you enter the time spent in **hours/week***

Q1. On average, how much time does your child spend participating in the following activities in a typical week (including weekdays and weekends)?

Activities at school

1. Physical Education/Physical Fitness/Gym at school (excluding school swimming): _____ **hours/week**
2. School swimming: _____ **hours/week**

Activities outside school time

3. Other sports teams, activities or classes (including private gym membership, or MEND). Please record specific type and time spent doing each:
 - a. School sports teams: Type _____ **hours/week:** _____
 - b. Other classes (including private gym membership or MEND):
Type _____ **hours/week:** _____
 - c. Other sports teams (like public recreation/town teams) or clubs (girl scouts/boy scouts, MEND¹): Type _____ **hours/week:** _____
4. Active play (e.g., during school recess, after-school teams, swimming with friends, weekend activities): _____ **hours/week**
5. Biking/Cycling (e.g., to school, to the park, around the neighborhood with friends): _____ **hours/week**
6. Walking (e.g., to school and back, to the store, to friends' houses): _____ **hours/week**
7. Watching TV, DVDs, video or playing on the computer or with video games: _____ **hours/week**

Q2. In your opinion, how active is your child compared to other children of his/her age? (Please circle)

- Much less active
- Less active
- Same
- More active
- Much more active

Q3. How many days a week does your child take part in moderate physical activity (i.e. building up a sweat, becoming flushed or breathing deeply) for **1 hour (60 minutes) or more? _____ day(s) a week.**

Q4. Has your child started any new sports in the last month (other than attending the MEND sessions¹)?

- Yes (Please specify type: _____)
- No, but he/she is planning to (Please specify type: _____)
- No

Thank you for completing this questionnaire

¹If this is a Pre-Program questionnaire, please ignore reference to MEND



MEND 7-13 Parents' Questionnaire 1: Strengths and Difficulties (7-10 years)

This form should be completed by the participating child's **parent or caregiver**. For each item, please mark the box for **Not True**, **Somewhat True** or **Certainly True**. It will help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Please make sure the **same person** completes this questionnaire at the end of the program

		Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Restless, overactive, cannot sit still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Shares readily with other children (treats, toys, pencils etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Gets along better with adults than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire



MEND 7-13 Parents' Questionnaire 1: Strengths and Difficulties (11-14 years)

This form should be completed by the participating child's **parent or caregiver**. For each item, please mark the box for **Not True**, **Somewhat True** or **Certainly True**. It will help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Please make sure the same person completes this questionnaire at the end of the program				
		Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thank you for completing this questionnaire				



MEND 7-13 Parents' Questionnaire 2: About your child

This form should be completed by the participating child's **parent or caregiver**.

Instructions: The following questions are regarding your child's quality of life and your perceptions of how their weight/ shape/ size impacts their day-to-day activities. *Please answer all of the questions.* There are no right or wrong answers. If you are unsure how to answer a particular question, please choose the response that seems to best fit your child's situation.

Has your child been on vacation, out of school, or had any major changes (e.g. moving, starting a new school) during the past month? **NO** **YES**

Please indicate how your child has been feeling within the past MONTH regarding their weight/ shape/ size by checking the box that best fits your child.

<i>During the past month, indicate how often your child:</i>		Never	Sometimes	Often	Always
1	Had difficulty participating in physical activities (e.g. sports) because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Was teased by peers because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Chose to not go to school because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Felt sad because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Had to make changes to surroundings (e.g. furniture, school desks) because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Argued about when, what and how much to eat...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Chose not to participate in gym/ recess/ physical education at school because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Felt frustrated because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Avoided dressing or undressing in front of others because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Kept their body clean and fresh...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Felt worried because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Felt left out because of their weight/ shape/ size (e.g. no one talks or sits with them)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Felt mad because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Was teased by others when physically active because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Seen as having a good sense of humour...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Felt concerned about their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Perceived as healthy by others...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Became upset at mealtimes (e.g. cried, fussed, argued)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Had difficulty keeping up with other children because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Felt successful in daily activities...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Became out of breath and had to slow down because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Had low self-esteem because of their weight/ shape/ size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MEND 7-13 Parents' Questionnaire 3: About you

We would like to keep track of how you feel and how well you are able to do your usual activities. Answer every question by placing a checkmark on the line in front of the appropriate answer. If you are unsure about how to answer a question, please give the best answer you can answer.

1	In general, would you say your health is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?							
2	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf:	<input type="checkbox"/> Yes, limited a lot	<input type="checkbox"/> Yes, limited a little	<input type="checkbox"/> No, not limited at all			
3	Climbing several flights of stairs:	<input type="checkbox"/> Yes, limited a lot	<input type="checkbox"/> Yes, limited a little	<input type="checkbox"/> No, not limited at all			
During the past 4 weeks have you had any of the following problems with your work or other regular activities as a result of your physical health ?							
4	Accomplished less than you would like:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
5	Were limited in the kind of work or other activities:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
During the past 4 weeks , were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?							
6	Accomplished less than you would like:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
7	Didn't do work or other activities as carefully as usual:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
8	During the past 4 weeks , how much did pain interfere with your normal work (including both work outside the home and housework)?	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little bit	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely	
The next 3 questions are about how you feel and how things have been during the past 4 weeks . For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -							
9	Have you felt calm and peaceful?	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> A good bit of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time
10	Did you have a lot of energy?	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> A good bit of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time
11	Have you felt downhearted and blue?	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> A good bit of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time
12	During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	<input type="checkbox"/> All of the time		<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> A little of the time	<input type="checkbox"/> None of the time



MEND 7-13 Nutrition Questionnaire

This form should be completed by the participating child's **parent or caregiver**.

This questionnaire allows us to measure your child's food and drink intake before MEND 7-13. It will be repeated at the end of the Program and you will be given the results of this in your child's personalized report which you will receive when the program has finished.

Please answer the following questions about your child and/or family:

1. How often does your child eat breakfast?				
Rarely <input type="checkbox"/>	A few times a month <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Most days of the week <input type="checkbox"/>	Everyday <input type="checkbox"/>
2. How many cups of fluids (water or other drinks) does your child have per day?				
Less than 2 <input type="checkbox"/>	2-4 <input type="checkbox"/>	4-6 <input type="checkbox"/>	6-8 <input type="checkbox"/>	More than 8 <input type="checkbox"/>
3. My child drinks sugar-sweetened soft drinks				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>
4. How many portions of fruit and vegetables does your child eat per day?				
None <input type="checkbox"/>	Less than 2 <input type="checkbox"/>	2-4 <input type="checkbox"/>	4-5 <input type="checkbox"/>	More than 5 <input type="checkbox"/>
5. My child eats white bread				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>
6. My child eats whole wheat or wholegrain bread				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>
7. My child eats potato chips				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>

8. My child eats candy or chocolate				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>
9. My child eats fast food or takeout food e.g. burgers, Chinese, pizza etc				
Rarely <input type="checkbox"/>	Once a week <input type="checkbox"/>	A few times a week <input type="checkbox"/>	Once a day <input type="checkbox"/>	A few times a day <input type="checkbox"/>
10. Can you understand the nutrition labels on foods and drinks?				
Rarely <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
11. How often do you cook from scratch at home?				
Rarely <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
12. My family eats meals together at the table				
Rarely <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
13. What type of milk does your child have at home?				
Fat-free (or Skim) <input type="checkbox"/>	Low-fat (1%) or Plain Soy, Rice (no-added sugar, unflavored, enriched with calcium) <input type="checkbox"/>	2% milk <input type="checkbox"/>	Whole milk or Flavored "milk-style" drinks (milkshakes, soy, or rice) <input type="checkbox"/>	My child does not drink milk <input type="checkbox"/>
14. I am happy with the variety (types) of foods my child eats				
Not at all <input type="checkbox"/>	Somewhat <input type="checkbox"/>		Very <input type="checkbox"/>	
Thank you for completing this questionnaire				

MEND 7-13 Children's Questionnaires

This form should be completed by the **child**.

1. About my body			
<u>Instructions</u>			
We want to know how you feel about the way you look.			
Please read each sentence. Check the 'yes' box if the sentence describes what you think about yourself. Check the 'no' box if the sentence does not describe what you think about yourself.			
Please answer all questions		Yes	No
1	I like what I look like in pictures	<input type="checkbox"/>	<input type="checkbox"/>
2	Kids my own age like my looks	<input type="checkbox"/>	<input type="checkbox"/>
3	I'm pretty happy about the way I look	<input type="checkbox"/>	<input type="checkbox"/>
4	Most people have a nicer body than I do	<input type="checkbox"/>	<input type="checkbox"/>
5	My weight makes me unhappy	<input type="checkbox"/>	<input type="checkbox"/>
6	I like what I see when I look in the mirror	<input type="checkbox"/>	<input type="checkbox"/>
7	I wish I were thinner	<input type="checkbox"/>	<input type="checkbox"/>
8	There are lots of things I'd change about my looks if I could	<input type="checkbox"/>	<input type="checkbox"/>
9	I'm proud of my body	<input type="checkbox"/>	<input type="checkbox"/>
10	I really like what I weigh	<input type="checkbox"/>	<input type="checkbox"/>
11	I wish I looked better	<input type="checkbox"/>	<input type="checkbox"/>
12	I often feel ashamed of how I look	<input type="checkbox"/>	<input type="checkbox"/>
13	Other people make fun of the way I look	<input type="checkbox"/>	<input type="checkbox"/>
14	I think I have a good body	<input type="checkbox"/>	<input type="checkbox"/>
15	I'm looking as nice as I'd like to	<input type="checkbox"/>	<input type="checkbox"/>
16	It's pretty tough to look like me	<input type="checkbox"/>	<input type="checkbox"/>
17	I wish I were fatter	<input type="checkbox"/>	<input type="checkbox"/>
18	I often wish I looked like someone else	<input type="checkbox"/>	<input type="checkbox"/>
19	My classmates would like to look like me	<input type="checkbox"/>	<input type="checkbox"/>
20	I have a high opinion about the way I look	<input type="checkbox"/>	<input type="checkbox"/>
21	My looks upset me	<input type="checkbox"/>	<input type="checkbox"/>
22	I'm as nice looking as most people	<input type="checkbox"/>	<input type="checkbox"/>
23	My parent(s) like my looks	<input type="checkbox"/>	<input type="checkbox"/>
24	I worry about the way I look	<input type="checkbox"/>	<input type="checkbox"/>
Thank you for completing this questionnaire			

2. About me

Instructions:

There are 6 statements below and each statement has been broken into 2 parts. Read both parts and then pick which one is most like you. Once you have done this, pick whether it's Sort of True for you or Really True for you.
Pick ONLY 1 of the 4 options that you feel best describes you and how you feel.

Really True for me	Sort of True for me	Only one box should be checked per line			Sort of True for me	Really True for me
<input type="checkbox"/>	<input type="checkbox"/>	1. Some kids are often unhappy with themselves	BUT	1. Other kids are pretty pleased with themselves	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Some kids don't like the way they are leading their life	BUT	2. Other kids do like the way they are leading their life	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Some kids are happy with themselves as a person	BUT	3. Other kids are often not happy with themselves	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. Some kids like the kind of person they are	BUT	4. Other kids often wish they were someone else	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Some kids are very happy being the way they are	BUT	5. Other kids wish they were different	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Some kids are not happy with the way they do a lot of things	BUT	6. Other kids think the way they do things is fine	<input type="checkbox"/>	<input type="checkbox"/>

3. About my life

Instructions:

Below is a list of things that may be a problem for you. Please tell us how much of a problem each one has been for you during the past **one** month by **circling: 0** if it is **never** a problem

1 if it is **almost never** a problem

2 if it is **sometimes** a problem

3 if it is **often** a problem

4 if it is **almost always** a problem

There are no right or wrong answers. If you do not understand a question, please ask for help.

In the past **one month**, how much of a problem has this been for you:

About my health and activities (problems with...)		Never	Almost Never	Sometimes	Often	Almost Always
1	It is hard for me to walk more than one block	0	1	2	3	4
2	It is hard for me to run	0	1	2	3	4
3	It is hard for me to do sports activity or exercise	0	1	2	3	4
4	It is hard for me to lift something heavy	0	1	2	3	4
5	It is hard for me to take a bath or shower by myself	0	1	2	3	4
6	It is hard for me to do chores around the house	0	1	2	3	4
7	I hurt or ache	0	1	2	3	4
8	I have low energy	0	1	2	3	4



About my feelings (problems with...)		Never	Almost Never	Sometimes	Often	Almost Always
1	I feel afraid or scared	0	1	2	3	4
2	I feel sad or blue	0	1	2	3	4
3	I feel angry	0	1	2	3	4
4	I have trouble sleeping	0	1	2	3	4
5	I worry about what will happen to me	0	1	2	3	4
How I get along with others (problems with...)		Never	Almost Never	Sometimes	Often	Almost Always
1	I have trouble getting along with other kids	0	1	2	3	4
2	Other kids do not want to be my friend	0	1	2	3	4
3	Other kids tease me	0	1	2	3	4
4	I cannot do things that other kids my age can do	0	1	2	3	4
5	It is hard for me to keep up when I play with other kids	0	1	2	3	4
About school (problems with...)		Never	Almost Never	Sometimes	Often	Almost Always
1	It is hard to pay attention in class	0	1	2	3	4
2	I forget things	0	1	2	3	4
3	I have trouble keeping up with my school work	0	1	2	3	4
4	I miss school because of not feeling well	0	1	2	3	4
5	I miss school to go to the doctor or hospital	0	1	2	3	4
Thank you for completing this questionnaire						

4. What I Think About Myself

Instructions

Children can think that they are good at some things and not so good at other things. We want to know what you think about yourself.

Below are some sentences that describe what children think about themselves. Read these sentences and check the box that describes if the sentence is a **lot** like you, a **little** like you, **not** like you, or **not at all** like you.

Please answer all questions		A lot like me	A little like me	Not like me	Not at all like me
1	I am satisfied (happy) with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	At times, I feel I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel there are a number of good things about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I do things as well as most other children my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that I am as good as everyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I wish I liked myself more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I tend to feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have a positive (good) view of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire



Dear Doctor,

This child has been offered a position to participate in the MEND 7-13 Program which will be running twice per week for 10 weeks. In order to participate the child must submit a physician clearance form and so we are writing to provide you with more information on the MEND Program and to provide you with contact details for your local MEND team.

The MEND 7-13 Program is one of the world's largest community-centered, family-focused obesity interventions and is currently offered at over 350 locations in the United Kingdom, Australia, New Zealand, Denmark, and recently in the US. This multi-component Program was developed by child obesity researchers in the United Kingdom at the University College London Institute of Child Health and Great Ormond Street Hospital for Children. The American Dietetic Association recommends family-based multi-component programs that include the promotion of physical activity, parent training, behavioral counseling and nutrition education for the management of child obesity (J Am Diet Assoc, 2006). The MEND 7-13 Program meets the ADA guidelines for community-based programs for overweight and obese children. The level of physical activity in the MEND program is similar to that of a school physical education class.

A Randomized Controlled Trial (RCT) evaluating the MEND program has shown significant improvements in BMI, waist circumference, cardiovascular fitness and self-esteem (*Sacher et al, 2010 – in press*) and the Program has been fully adapted to US nutrition guidelines. A US research partnership has been formed between the MEND Foundation and the Michael & Susan Dell Center for the Advancement of Healthy Living, Baylor College of Medicine and RTI International to replicate a large-scale UK RCT that will examine the longer-term benefits of this promising intervention.

If you have any concerns about this child participating in this program, please contact me immediately. For more information on your local MEND 7-13 Program or to discuss any other issues or concerns you might have relating to the clearance of this child, please contact me at 720.652.4733. If you need any further information on the MEND 7-13 Program, please visit the MEND Foundation website (www.mendfoundation.org).

Yours sincerely,
Kelly Child
MEND Theory Leader
Longmont YMCA
720.652.4733
KellyNChild@Gmail.com



MEND 7-13 US Measurement Sheet

Please make sure you enter the measurements using the units described

Measurement date	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
Weight	<input type="text"/> kg or <input type="text"/> pounds (8 ounces = 0.5 pound)
Height	<input type="text"/> cm or <input type="text"/> feet <input type="text"/> inches (decimal = 1/8 th inch, e.g. 0.2 = 2/8 th)
Waist circumference	<input type="text"/> cm or <input type="text"/> inches (decimal = 1/8 th inch)
Recovery heart rate (beats per minute)	<input type="text"/> bpm (beats per minute)

Parent or caregiver measurements

Is this the child's primary caregiver? ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to the child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <input type="checkbox"/>
Is this the same person who was measured at HGC 1 (Pre-Program)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (HGC1) <input type="checkbox"/>
Parent or primary caregiver's age (years)	<input type="text"/> years Refused <input type="checkbox"/>
Parent or primary caregiver's weight	<input type="text"/> kg or <input type="text"/> pounds (8 ounces = 0.5 pound)
Parent or primary caregiver's height	<input type="text"/> cm or <input type="text"/> feet <input type="text"/> inches (decimal = 1/8 th inch, e.g. 0.2 = 2/8 th)

MEND Checklist³

	Data collection	Data entry
1. Testimonial Release and Assignment (only for HGC 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Release of Liability (only for HGC 1)	<input type="checkbox"/>	<input type="checkbox"/>
3. Participant information (only for HGC 1)	<input type="checkbox"/>	<input type="checkbox"/>
4. Social data (only for HGC 1)	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical questionnaire (only for HGC 1)	<input type="checkbox"/>	<input type="checkbox"/>
6. Physical activity questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
7. Nutrition questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
8. Parent's questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
9. Children's questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
10. Attendance (from attendance sheet) (only for HGC 2)	<input type="checkbox"/>	<input type="checkbox"/>
11. Feedback form – Children (only for HGC 2)	<input type="checkbox"/>	<input type="checkbox"/>
12. Feedback form – Parents (only for HGC 2)	<input type="checkbox"/>	<input type="checkbox"/>

² Primary caregiver is someone who is responsible for the child and lives with them for most of the time (> 50%).

³ Please use this checklist during data collection and data entry, to ensure that you have entered all the necessary information for report generation.