

**Original PEAS as administered to the children**

How often did your parents do each of the following **IN THE PAST MONTH**, using the scale from “never” to “very often”.

<i>How often did your parents...</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
1. Offer sweets (candy, ice cream, cake) to you as a reward for good behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tell you to eat everything on your plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have to be especially careful to make sure you ate enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tried to get you to eat anyway, even if you said “I’m not hungry,”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
5. Regulated or guided your eating so that you would eat enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Limit the number of high-fat snacks you ate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Limit the amount of sugar-sweetened beverages like soda, Tampico, or Kool-aid that you drank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Limit the number of fruits and vegetables you ate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Praised you for eating a healthy snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
10. Encouraged you to try new fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Eat foods that they wanted you to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taught you to eat fruits and vegetables as snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents keep track of the...?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
13. High-fat foods that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sweet snacks (candy, ice cream, cake) that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never <sub>1</sub>	Almost never <sub>2</sub>	Some Times <sub>3</sub>	Often <sub>4</sub>	Very often <sub>5</sub>	DK <sub>6</sub>	REF <sub>99</sub>
15. Salty snack foods (potato chips, tortilla chips) that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fruits and vegetables that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sugar-sweetened drinks like soda, Tampico, Kool-Aid that you drank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents make you ask permission before...?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
18. Getting a second helping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Eating a snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Eating a fruit or vegetable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Drinking sugar-sweetened drinks: soda, Tampico, Kool-Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents discipline you for doing the following without their permission?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
22. Getting a second helping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Eating a snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Eating a fruit or vegetable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Drinking sugar-sweetened drinks: soda, Tampico, Kool-Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Modified PEAS for administration to the children per Soto et al 2017**

How often did your parents do each of the following **IN THE PAST MONTH**, using the scale from “never” to “very often”.

<i>How often did your parents...</i>	Never <sub>1</sub>	Almost never <sub>2</sub>	Some Times <sub>3</sub>	Often <sub>4</sub>	Very often <sub>5</sub>	DK <sub>6</sub>	REF <sub>99</sub>
1. Tell you to eat everything on your plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have to be especially careful to make sure you ate enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Tried to get you to eat anyway, even if you said "I'm not hungry,"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
4. Regulated or guided your eating so that you would eat enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Limit the number of high-fat snacks you ate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
6. Encouraged you to try new fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Eat foods that they wanted you to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Taught you to eat fruits and vegetables as snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents keep track of the...?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
9. High-fat foods that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sweet snacks (candy, ice cream, cake) that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
11. Salty snack foods (potato chips, tortilla chips) that you ate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sugar-sweetened drinks like soda, Tampico, Kool-Aid that you drank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents make you ask permission before...?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>
13. Getting a second helping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Eating a snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Drinking sugar-sweetened drinks: soda, Tampico, Kool-Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past month, how often did your parents discipline you for doing the following without their permission?</i>	<b>Never<sub>1</sub></b>	<b>Almost never<sub>2</sub></b>	<b>Some Times<sub>3</sub></b>	<b>Often<sub>4</sub></b>	<b>Very often<sub>5</sub></b>	<b>DK<sub>6</sub></b>	<b>REF<sub>99</sub></b>

16. Getting a second helping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eating a snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Eating a fruit or vegetable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Drinking sugar-sweetened drinks: soda, Tampico, Kool-Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Subscales for modified scale:**

- Monitoring: items 9-12 and 5
- Disciplining: items 16-19
- Control: items 1-4
- Permissiveness: items 13-15
- Reinforcing: items 6-8