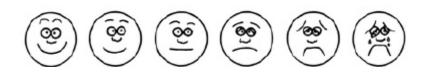
Your feelings matter. Please circle the faces that best describe how you feel.

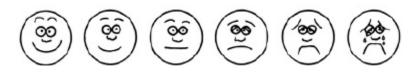
How do you feel about mealtime?



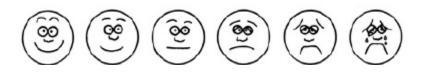
How do you feel about what your child eats?



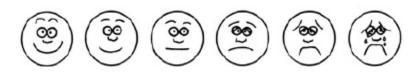
How do you feel about your child's activity?



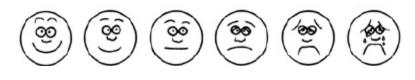
How do you feel about your role as a parent?



How do you feel about your child's health?



How do you feel about your child's growth?



How do you feel about the amount and types of food you have in the house?

