

### Supplement 1. Eligibility Verification Questions

Do you have a child that that is 6-11 years old?

☐ YES ☐ NO, STOP

Are you able to participate in English/Spanish language classes that will be going over a variety of topics related to health, nutrition, and physical activity?

☐ YES ☐ NO, STOP

Are you available to participate in this study each week at \_\_\_\_\_ (time) on \_\_\_\_\_ (day)?

☐ YES ☐ NO, STOP

Do you have a medical condition that requires you to follow a specific diet?

☐ YES ☐ NO, STOP

Are you currently participating in a diet modification program?

☐ YES ☐ NO, STOP

Are you currently pregnant?

☐ YES ☐ NO, STOP

Do you consume more than 5 servings of fruits and vegetables daily?

☐ YES ☐ NO, STOP

**Is patient eligible for participation?**

**YES** ☐

**NO** ☐ (STOP)