

Thank you for your interest in the **Project EAT-II Survey for High School Students**. This 5-year follow-up survey was completed by participants who were in middle adolescence at EAT-II. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Wall M, Guo J, Story M, Haines J, Eisenberg M. Obesity, disordered eating, and eating disorders in a longitudinal study of adolescents: How do dieters fare five years later? *Journal of the American Dietetic Association*. 2006;106:559-568.

Neumark-Sztainer D, Wall M, Haines J, Story M, Sherwood NE, van den Berg P. Shared risk and protective factors for overweight and disordered eating in adolescents. *American Journal of Preventive Medicine*. 2007;33:359-369.

Larson NI, Neumark-Sztainer D, Story M, Burgess-Champoux T. Whole-grain intake correlates among adolescents and young adults: Findings from Project EAT. *Journal of the American Dietetic Association*. 2010;110:230-237.

You can also visit the Project EAT website at <http://www.sph.umn.edu/eat> for additional information about Project EAT. The psychometric properties of measures can be found in published manuscripts posted at the website; however, only limited support is available for assistance with the survey.

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This survey explores issues related to eating patterns and weight concerns among teenagers. It follows up on a survey that you and thousands of other teenagers completed nearly five years ago. The information you provided is helping us to develop health and nutrition programs for youth. Your help with this project is greatly appreciated.

Please answer every question carefully. Your name will NOT be on the survey, so no one will know who you are. Please be as honest as you can in your responses.

### **MARKING DIRECTIONS:**

- Mark your answers with a pencil
- Make dark marks that fill the circle
- Erase cleanly any answer you want to change
- Make NO stray marks anywhere on the booklet

Examples:

Correct Mark

Incorrect Marks



**THANK YOU** *for completing*

*the Project EAT survey.*

*Return your completed surveys to us in the enclosed postage-paid envelope TODAY and you will receive \$20 within 2 weeks!*

# Let's *START* with some *GENERAL* QUESTIONS about YOU

1. What is today's date?      /      /       
                                  mo    day    yr

2. Are you . . . ?

1  male

2  female

30-35

36

3. What is the name of the school you went to during the 1998-1999 school year?

\_\_\_\_\_

4. What is your age?

1  11 or younger

2  12

3  13

4  14

5  15

6  16

7  17

8  18 or older

5. What grade are you in?

1  9th

2  10th

3  11th

4  12th

5  not in school

37

38

6. Do you think of yourself as . . . (You may choose more than one.)

1  White

2  Black or African American

3  Hispanic or Latino

4  Asian American

5  Hawaiian or Pacific Islander

6  American Indian or Native American

39-44

# YOUR EATING HABITS . . .

## When, Why, and What?

7. During the past week, how many days did you eat *breakfast*?
- 1  never  
 2  1-2 days  
 3  3-4 days  
 4  5-6 days  
 5  every day
8. During the past week, how many days did you eat *lunch*?
- 1  never  
 2  1-2 days  
 3  3-4 days  
 4  5-6 days  
 5  every day
9. During the past week, how many days did you eat *dinner*?
- 1  never  
 2  1-2 days  
 3  3-4 days  
 4  5-6 days  
 5  every day
10. In the past week, how often did you eat something from a fast food restaurant (like McDonald's, Burger King, Hardee's etc.)?
- 1  never  
 2  1-2 times  
 3  3-4 times  
 4  5-6 times  
 5  7 times  
 6  more than 7 times
11. How many times did you snack (eat in-between meals) yesterday?
- 1  none  
 2  1 time  
 3  2-3 times  
 4  4-5 times  
 5  more than 5 times
12. How much do you care about . . .
- |                                | <i>Not at all</i>       | <i>A little bit</i>     | <i>Somewhat</i>         | <i>Very much</i>        |    |
|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----|
| a. eating healthy food?        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 50 |
| b. controlling your weight?    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    |
| c. staying fit and exercising? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    |
| d. being healthy?              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    |
| e. how you look?               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    |
| f. doing well in sports?       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    |
| g. doing well in school?       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 56 |

**13. How strongly do you agree with the following statements?**

**The types of food I eat affect:**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. my health	1 ○	2 ○	3 ○	4 ○	57
b. how I look	1 ○	2 ○	3 ○	4 ○	
c. my weight	1 ○	2 ○	3 ○	4 ○	
d. how well I do in sports	1 ○	2 ○	3 ○	4 ○	
e. how well I do in school	1 ○	2 ○	3 ○	4 ○	61

**14. How strongly do you agree with the following statements?**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. I like the taste of potato chips and other salty snack foods	1 ○	2 ○	3 ○	4 ○	62
b. Milk tastes good to me	1 ○	2 ○	3 ○	4 ○	
c. Most unhealthy foods taste better than healthy foods	1 ○	2 ○	3 ○	4 ○	
d. I think a lot about being thinner	1 ○	2 ○	3 ○	4 ○	
e. I am too busy to eat healthy foods	1 ○	2 ○	3 ○	4 ○	
f. I like the taste of most fruits	1 ○	2 ○	3 ○	4 ○	
g. I am worried about gaining weight	1 ○	2 ○	3 ○	4 ○	
h. I am too rushed in the morning to eat a healthy breakfast	1 ○	2 ○	3 ○	4 ○	
i. I don't have time to think about eating healthy	1 ○	2 ○	3 ○	4 ○	
j. I like the taste of dark bread (e.g., whole wheat)	1 ○	2 ○	3 ○	4 ○	
k. I like the taste of fast foods (e.g., McDonald's)	1 ○	2 ○	3 ○	4 ○	72

**15. How strongly do you agree with the following statements?**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. Teenagers don't need to be concerned about their eating habits	1 ○	2 ○	3 ○	4 ○	73
b. At this point in my life, I am not very concerned about my health	1 ○	2 ○	3 ○	4 ○	
c. Teenagers don't need to worry about their health	1 ○	2 ○	3 ○	4 ○	
d. Eating healthy meals just takes too much time	1 ○	2 ○	3 ○	4 ○	
e. Most vegetables taste bad	1 ○	2 ○	3 ○	4 ○	
f. I sometimes skip meals since I am concerned about my weight	1 ○	2 ○	3 ○	4 ○	
g. Most healthy foods just don't taste that great	1 ○	2 ○	3 ○	4 ○	
h. I weigh myself often	1 ○	2 ○	3 ○	4 ○	
i. Foods from fast food restaurants are generally unhealthy	1 ○	2 ○	3 ○	4 ○	81

**16. How often are the following true?**

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. Fruits and vegetables are available in my home	1 ○	2 ○	3 ○	4 ○	82
b. Vegetables are served at dinner in my home	1 ○	2 ○	3 ○	4 ○	
c. We have 'junk food' in my home	1 ○	2 ○	3 ○	4 ○	
d. Fruit juice is available in my home	1 ○	2 ○	3 ○	4 ○	
e. Milk is served at meals in my home	1 ○	2 ○	3 ○	4 ○	
f. Potato chips or other salty snack foods are available in my home	1 ○	2 ○	3 ○	4 ○	
g. Chocolate or other candy is available in my home	1 ○	2 ○	3 ○	4 ○	
h. Soda pop is available in my home	1 ○	2 ○	3 ○	4 ○	
i. Dark bread (e.g., whole wheat) is available in my home	1 ○	2 ○	3 ○	4 ○	90

**17. If you wanted to, how sure are you that you could eat healthy foods when you are . . .**

	<i>Not at all sure</i>					<i>Very sure</i>	
a. stressed out	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	91
b. feeling down	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
c. bored	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	93

**18. How confident are you that you could change or maintain your eating patterns to . . .**

	<i>Not at all confident</i>					<i>Very confident</i>	
a. eat at least two servings per day of fruit	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	94
b. eat at least three servings per day of vegetables	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
c. eat at least three servings per day of dairy foods (e.g., milk, cheese, yogurt)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
d. eat at least three servings per day of whole grains (e.g., dark bread, cereals like Cheerios)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
e. limit soda pop to one can per day or less	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	
f. limit eating at fast food restaurants to once per week or less	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	99

19. How often have you gone on a diet during the last year? By 'diet' we mean changing the way you eat so you can lose weight.

- 1  never
- 2  1-4 times
- 3  5-10 times
- 4  more than 10 times
- 5  I am always dieting

20. Are you currently trying to:

- 1  lose weight
- 2  stay the same weight
- 3  gain weight
- 4  I am not trying to do anything about my weight

100  
101

21. Have you ever intentionally lost 10 pounds or more and kept it off for at least 6 months?

- 1  yes
- 2  no

102

22. Have you done any of the following things in order to lose weight or keep from gaining weight during the past year?

	Yes	No
a. exercised	1 <input type="radio"/>	2 <input type="radio"/>
b. fasted	1 <input type="radio"/>	2 <input type="radio"/>
c. ate very little food	1 <input type="radio"/>	2 <input type="radio"/>
d. took diet pills	1 <input type="radio"/>	2 <input type="radio"/>
e. made myself vomit (throw up)	1 <input type="radio"/>	2 <input type="radio"/>
f. used laxatives	1 <input type="radio"/>	2 <input type="radio"/>
g. used diuretics (water pills)	1 <input type="radio"/>	2 <input type="radio"/>
h. used food substitute (powder/special drink)	1 <input type="radio"/>	2 <input type="radio"/>
i. skipped meals	1 <input type="radio"/>	2 <input type="radio"/>
j. ate more fruits and vegetables	1 <input type="radio"/>	2 <input type="radio"/>
k. ate less high-fat foods	1 <input type="radio"/>	2 <input type="radio"/>
l. ate less sweets	1 <input type="radio"/>	2 <input type="radio"/>
m. smoked more cigarettes	1 <input type="radio"/>	2 <input type="radio"/>
n. followed a high protein/low carbohydrate diet (e.g., Atkins)	1 <input type="radio"/>	2 <input type="radio"/>
o. limited food from fast food restaurants	1 <input type="radio"/>	2 <input type="radio"/>

103

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23. In the past year, have you had any of the following eating disorders? (Mark all that apply.)

- 1  anorexia nervosa
- 2  bulimia nervosa
- 3  binge eating disorder
- 4  none of the above

118-121

24. Has a doctor ever told you that you have an eating disorder such as anorexia nervosa, bulimia nervosa, or binge eating disorder?

- 1  yes
- 2  no

122

25. In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating)?

1  yes

123

2  no **If your answer is NO, GO to question #29 on the next page**

26. During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?

1  yes

124

2  no

27. How often, on average, did you have times when you ate this way - that is, large amounts of food plus the feeling that your eating was out of control?

1  nearly every day

125

2  a few times a week

3  a few times a month

4  less than once a month

28. In general, how upset were you by overeating (eating more than you think is best for you)?

1  not at all

126

2  a little

3  some

4  a lot



**29. How important is it to you that your food is:**

	<i>Not at all important</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very important</i>	
a. organic	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	127
b. not processed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. locally grown	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. not genetically modified	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	130

**30. Have you ever been a vegetarian?**

- 1  no
- 2  yes, but for less than one month
- 3  yes, for longer than one month

131

**31. Are you a vegetarian now?**

- 1  yes

2  no **If your answer is NO, GO to question #35 on the next page**

132

**32. About how long have you been a vegetarian?**

- 1  less than one month
- 2  less than 1 year (but more than 1 month)
- 3  1-2 years
- 4  3-4 years
- 5  5 years or more

133

**33. As a vegetarian, do you eat any of the following?**

	<i>Yes</i>	<i>No</i>	
a. eggs	1 <input type="radio"/>	2 <input type="radio"/>	134
b. dairy food (such as milk, cheese)	1 <input type="radio"/>	2 <input type="radio"/>	
c. chicken	1 <input type="radio"/>	2 <input type="radio"/>	
d. fish	1 <input type="radio"/>	2 <input type="radio"/>	137

**34. What are your main reason(s) for eating a vegetarian diet? (Mark all that apply.)**

- 1  to lose weight or keep from gaining weight
- 2  want a healthier diet
- 3  to help the environment
- 4  religious reasons
- 5  do not want to kill animals
- 6  a family member is a vegetarian
- 7  I don't like the taste of meat
- 8  other (please specify) \_\_\_\_\_

138-145

# FAMILY and FRIENDS may affect your eating habits, so we'd like to know more about them.

**35. During the past seven days, how many times did all, or most, of your family living in your house eat a meal together?**

- 1  never
- 2  1-2 times
- 3  3-4 times
- 4  5-6 times
- 5  7 times
- 6  more than 7 times

**36. Are your parents:**

- 1  married
- 2  divorced
- 3  separated
- 4  my parents were never married
- 5  one or both of my parents has died

146  
147

**37. Which of these statements best describes the food eaten in your home in the last 12 months:**

- 1  Often we don't have enough to eat
- 2  Sometimes we don't have enough to eat
- 3  We have enough to eat but not always the kinds of food we want
- 4  We always have enough to eat and the kinds of food we want

**38. How often during the last 12 months have you been hungry because your family couldn't afford more food?**

- 1  almost every month
- 2  some months but not every month
- 3  only one or two months
- 4  I have not been hungry for this reason

148  
149

**39. Do you qualify for free or low-cost lunch?**

- 1  yes
- 2  no
- 3  I don't know

**40. Does your family get public assistance (welfare, food stamps, or other assistance)?**

- 1  yes
- 2  no
- 3  I don't know

150  
151

**41. Do you have one or more close friends who you can talk to about your problems?**

- 1  yes, always
- 2  yes, sometimes
- 3  no

152

**42. Many of my friends . . .**

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	<i>I don't know</i>	
a. care about eating healthy food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	153
b. care about staying fit and exercising	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. diet to lose weight or keep from gaining weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	155

**43. How far in school did your mother go?** (Indicate the highest level.) 156

1  did not finish high school  
 2  finished high school or got GED  
 3  did some college or training after high school  
 4  finished college  
 5  Master's degree or PhD  
 6  I don't know

**44. Does your mother . . .** 157

1  work full-time for pay  
 2  work part-time for pay  
 3  not work for pay  
 4  I don't know

**45. How much do you feel you can talk to your mother about your problems?** 158

1  not at all  
 2  a little  
 3  somewhat  
 4  quite a bit  
 5  very much

**46. How much do you feel your mother cares about you?** 159

1  not at all  
 2  a little  
 3  somewhat  
 4  quite a bit  
 5  very much

**47. Compared to other mothers, how strict would you say your mother is with you?** 160

1  much less strict  
 2  somewhat less strict  
 3  about the same  
 4  somewhat more strict  
 5  much more strict

**48. My mother . . .** 161

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>
a. cares about eating healthy food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. cares about staying fit and exercising	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. diets to lose weight or keep from gaining weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. encourages me to eat healthy foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. encourages me to be physically active	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. encourages me to diet to control my weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

166

49. **How far in school did your father go?** (Indicate the highest level.)
- 1  did not finish high school
  - 2  finished high school or got GED
  - 3  did some college or training after high school
  - 4  finished college
  - 5  Master's degree or PhD
  - 6  I don't know
- 167

50. **Does your father . . .**
- 1  work full-time for pay
  - 2  work part-time for pay
  - 3  not work for pay
  - 4  I don't know
- 168

51. **How much do you feel you can talk to your father about your problems?**
- 1  not at all
  - 2  a little
  - 3  somewhat
  - 4  quite a bit
  - 5  very much
- 169

52. **How much do you feel your father cares about you?**
- 1  not at all
  - 2  a little
  - 3  somewhat
  - 4  quite a bit
  - 5  very much
- 170

53. **Compared to other fathers, how strict would you say your father is with you?**
- 1  much less strict
  - 2  somewhat less strict
  - 3  about the same
  - 4  somewhat more strict
  - 5  much more strict
- 171

54. **My father . . .**

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	
a. cares about eating healthy food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	172
b. cares about staying fit and exercising	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. diets to lose weight or keep from gaining weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. encourages me to eat healthy foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. encourages me to be physically active	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. encourages me to diet to control my weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	177

**55. How strongly do you agree with the following statements about mealtimes in your family?**

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. In my family, it is important that the family eat at least one meal a day together	1 ○	2 ○	3 ○	4 ○	178
b. In my family, there are rules at mealtimes that we are expected to follow	1 ○	2 ○	3 ○	4 ○	
c. In my family, mealtime is a time for talking with other family members	1 ○	2 ○	3 ○	4 ○	
d. In my family, it is often difficult to find a time when family members can sit down to a meal together	1 ○	2 ○	3 ○	4 ○	
e. In my family, dinnertime is about more than just getting food; we all talk with each other	1 ○	2 ○	3 ○	4 ○	
f. In my family, we often watch TV while eating dinner	1 ○	2 ○	3 ○	4 ○	
g. I enjoy eating meals with my family	1 ○	2 ○	3 ○	4 ○	
h. In my family, we are expected to be home for dinner	1 ○	2 ○	3 ○	4 ○	
i. Manners are important at our dinner table.	1 ○	2 ○	3 ○	4 ○	
j. I am often just too busy to eat dinner with my family	1 ○	2 ○	3 ○	4 ○	
k. In my family, different schedules make it hard for us to eat meals together	1 ○	2 ○	3 ○	4 ○	
l. In my family, eating brings people together in an enjoyable way	1 ○	2 ○	3 ○	4 ○	
m. In my family, a child should eat all the foods served even if he/she doesn't like them	1 ○	2 ○	3 ○	4 ○	
n. In my family, we don't have to eat meals at the kitchen/dining room table	1 ○	2 ○	3 ○	4 ○	
o. In my family, it is OK for a child to make something else to eat if he/she doesn't like the food being served	1 ○	2 ○	3 ○	4 ○	192

**56. How strongly do you agree with the following statements?**

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. It is hard to find time to sit down and eat a meal	1 ○	2 ○	3 ○	4 ○	193
b. I tend to "eat on the run"	1 ○	2 ○	3 ○	4 ○	
c. Regular meals are important to me	1 ○	2 ○	3 ○	4 ○	
d. I eat meals at about the same time every day	1 ○	2 ○	3 ○	4 ○	196

# We'd like to know more about your HEALTH & WEIGHT

57. How would you describe your health?

- 1  poor
- 2  fair
- 3  good
- 4  excellent

197

58. How tall are you?     \_\_\_ feet     \_\_\_ \_\_\_ inches

198

59. How much do you weigh?     \_\_\_ \_\_\_ \_\_\_ pounds

201

60. At what weight do you think you would look best?     \_\_\_ \_\_\_ \_\_\_ pounds

204

61. How satisfied are you with your:

*Very dissatisfied*

*Very satisfied*

	<i>Very dissatisfied</i>				<i>Very satisfied</i>	
a. height	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	207
b. weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. body shape	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
d. waist	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
e. hips	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
f. thighs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
g. stomach	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
h. face	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
i. body build	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
j. shoulders	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	216

62. During the past six months, how important has your weight or shape been in how you feel about yourself?

217

- 1  weight and shape were not very important
- 2  weight and shape played a part in how I felt about myself
- 3  weight and shape were among the main things that affected how I felt about myself
- 4  weight and shape were the most important things that affected how I felt about myself

63. At this time, do you feel that you are . . .

218

- 1  very underweight
- 2  somewhat underweight
- 3  about the right weight
- 4  somewhat overweight
- 5  very overweight

64. Do you have a physical or health condition that makes it hard for you to do some things other kids your age do? (like concentrating in school, doing sports, or eating like other teenagers)

219

- 1  yes
- 2  no

# What kinds of **SPORTS** do you participate in? What else do you do in your **FREE TIME**?

In a usual week, how many hours do you spend doing the following activities:

65. **Strenuous exercise (heart beats rapidly) Examples: Biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, lacrosse, tennis, cross-country skiing, soccer, basketball, football** 220
- 1  none
  - 2  less than  $\frac{1}{2}$  hour a week
  - 3   $\frac{1}{2}$  - 2 hours a week
  - 4   $2\frac{1}{2}$  - 4 hours a week
  - 5   $4\frac{1}{2}$  - 6 hours a week
  - 6  6+ hours a week
66. **Moderate exercise (not exhausting) Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding** 221
- 1  none
  - 2  less than  $\frac{1}{2}$  hour a week
  - 3   $\frac{1}{2}$  - 2 hours a week
  - 4   $2\frac{1}{2}$  - 4 hours a week
  - 5   $4\frac{1}{2}$  - 6 hours a week
  - 6  6+ hours a week
67. **Mild exercise (little effort) Examples: Walking slowly (to school, to friend's house, etc.), bowling, golf, fishing, snowmobiling, yoga** 222
- 1  none
  - 2  less than  $\frac{1}{2}$  hour a week
  - 3   $\frac{1}{2}$  - 2 hours a week
  - 4   $2\frac{1}{2}$  - 4 hours a week
  - 5   $4\frac{1}{2}$  - 6 hours a week
  - 6  6+ hours a week
68. **Are you in a sport or activity where it's important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?** 223
- 1  Yes
  - 2  No
69. **During the past 12 months, on how many sports teams did you play?** 224
- 1  0 teams
  - 2  1 team
  - 3  2 teams
  - 4  3 or more teams

70. In your free time on an average weekday (Monday-Friday), how many hours do you spend . . .

	0 hr	1/2 hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. watching TV & videos	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	225
b. reading & doing homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
c. using a computer (not for homework)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	227

71. On an average weekend day (Saturday or Sunday), how many hours do you spend . . .

	0 hr	1/2 hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. watching TV & videos	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	228
b. reading & doing homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
c. using a computer (not for homework)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	230

72. How often do you read magazine articles in which dieting or weight loss are discussed?

- 1  never
- 2  hardly ever
- 3  sometimes
- 4  often

73. Do you have a television in the room where you sleep?

- 1  yes
- 2  no

231  
232

74. How often do you watch television while eating meals?

- 1  always
- 2  usually
- 3  sometimes
- 4  rarely
- 5  never

75. How often do you snack while watching TV?

- 1  always
- 2  usually
- 3  sometimes
- 4  rarely
- 5  never

233  
234

76. How much do you agree or disagree with the following?

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. I compare my body to the bodies of TV and movie stars	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	235
b. I compare my body to the bodies of people who appear in magazines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. I would like my body to look like the people who are on TV	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. I would like my body to look like the models who appear in magazines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	238



# **SOMETIMES, other THINGS GOING ON IN YOUR LIFE can affect the way you eat.**

**Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.**

**77. During the past 12 months, how often have you been bothered or troubled by...**

	<b>Not at all</b>	<b>Somewhat</b>	<b>Very much</b>	
a. feeling too tired to do things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	239
b. having trouble going to sleep or staying asleep	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
c. feeling unhappy, sad, or depressed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
d. feeling hopeless about the future	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
e. feeling nervous or tense	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
f. worrying too much about things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
g. changes in your appetite	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	245

**78. Have you ever thought about killing yourself?**

- 1  yes, during the past year 246
- 2  yes, more than a year ago
- 3  no

**79. Have you ever tried to kill yourself?**

- 1  yes, during the past year 247
- 2  yes, more than a year ago
- 3  no

**80. How often do any of the following things happen?**

	<i>Never</i>	<i>Less than once a year</i>	<i>A few times a year</i>	<i>A few times a month</i>	<i>At least once a week</i>	
a. you are treated with less respect than other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	248
b. people act as if they're better than you are	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. you are called names or insulted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
d. you are teased about your appearance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
e. you are teased about your weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
f. you have teased others about their appearance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
g. you have teased others about their weight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	254

**81. How often have you used the following during the past year (12 months)?**

	<i>Never</i>	<i>A few times</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>	
a. cigarettes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	255
b. beer, wine, hard liquors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. marijuana	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
d. drugs other than marijuana (acid, cocaine, crack, ecstasy, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	258

**82. How often have you used steroids in order to gain muscle, during the past year (12 months)?**

- 1  never
  - 2  a few times
  - 3  monthly
  - 4  weekly
  - 5  daily
- 259

**83. Indicate how strongly you agree with the following statements.**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. On the whole, I am satisfied with myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	260
b. I feel that I have a number of good qualities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. At times I think I am no good at all	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. I am able to do things as well as most other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. I wish I could have more respect for myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. I certainly feel useless at times	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	265

**84. Which of the following best describes your sexual orientation?**

- 1  attracted to opposite gender
  - 2  attracted to same gender
  - 3  attracted to both genders
  - 4  questioning
- 266

**We'd like to end with some**

**more questions about YOU**

**85. How many children do you have (including step-children or adopted children)?**

- 1  none
- 2  one
- 3  two
- 4  three or more

**86. If you are female, are you currently pregnant or breastfeeding?**

- 1  no
- 2  yes, pregnant
- 3  yes, breastfeeding

267  
268

**87. How do you feel about going to school?**

- 1  I am not in school
- 2  I don't like school at all
- 3  I don't like school very much
- 4  I like school about half the time
- 5  I like school most of the time
- 6  I like school all the time

**88. Mark the two grades you get most often.**

- 1  I am not in school
- 2  A
- 3  B
- 4  C
- 5  D
- 6  F or incomplete

269  
270-271

**89. How many hours do you work for pay in a typical week during the school year?**

- 1  none
- 2  1-4 hours a week
- 3  5-9 hours a week
- 4  10-20 hours a week
- 5  over 20 hours a week

272

**90. In what religion were you raised? (Mark all that apply.)**

- 1  none
- 2  Buddhism
- 3  Catholicism
- 4  Islam
- 5  Judaism
- 6  Protestantism (e.g., Lutheran, Methodist, Baptist, etc.)
- 7  Shamanism
- 8  other \_\_\_\_\_

**91. How important is your religion to you?**

- 1  very
- 2  moderately
- 3  somewhat
- 4  not very
- 5  not at all

273-280  
281

**92. How often do you attend religious services?**

- 1  never
- 2  rarely
- 3  once or twice a month
- 4  about once a week or more

282

**THANK YOU**  
**for completing the**  
**Project EAT survey!**

**RETURN your completed surveys to us in the enclosed postage-paid envelope TODAY and you will receive \$20 within 2 weeks.**