Thank you for your interest in the Project EAT-II Survey for Young Adults. This 5-year follow-up survey was completed by participants who were 18-23 years at EAT-II. If you use items from this survey in your work, the following citations are recommended:


You can also visit the Project EAT website at [http://www.sph.umn.edu/eat](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.

Dianne Neumark-Sztainer, PhD, MPH, RD
Professor
Division of Epidemiology and Community Health
School of Public Health
University of Minnesota
1300 South Second Street Suite 300
Minneapolis, MN 55454
E-mail: neumark@epi.umn.edu
This survey explores issues related to eating patterns and weight concerns among young people. 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 30-35
1 ○ male
2 ○ female

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

4. What is your age?
1 ○ 16
2 ○ 17
3 ○ 18
4 ○ 19
5 ○ 20
6 ○ 21
7 ○ 22
8 ○ 23 or older

5. 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

6. During the past year, where did you live for the majority of the time?
1 ○ rent or share rent
2 ○ parent’s home
3 ○ residence hall
4 ○ fraternity/sorority
5 ○ own a house
6 ○ other (please specify) ____________

7. During the past month, where did you live for the majority of the time?
1 ○ rent or share rent
2 ○ parent’s home
3 ○ residence hall
4 ○ fraternity/sorority
5 ○ own a house
6 ○ other (please specify) ____________
8. During the past year, with whom did you live the majority of the time? (Mark all that apply.)
   1 ☐ I live alone
   2 ☐ my parent(s)
   3 ☐ roommates, friends
   4 ☐ my husband/wife
   5 ☐ my partner of the opposite sex
   6 ☐ my partner of the same sex
   7 ☐ my child(ren)
   8 ☐ my brothers/sisters
   9 ☐ other _______________

9. During the past month, with whom did you live for the majority of the time? (Mark all that apply.)
   1 ☐ I live alone
   2 ☐ my parent(s)
   3 ☐ roommates, friends
   4 ☐ my husband/wife
   5 ☐ my partner of the opposite sex
   6 ☐ my partner of the same sex
   7 ☐ my child(ren)
   8 ☐ my brothers/sisters
   9 ☐ other _______________

10. How many hours a week do you work for pay?
    1 ☐ 0 hours
    2 ☐ 1-9 hours
    3 ☐ 10-19 hours
    4 ☐ 20-29 hours
    5 ☐ 30-39 hours
    6 ☐ 40 hours
    7 ☐ more than 40 hours

11. Which of the following best describes your student status over the past 12 months?
    1 ☐ not a student
    2 ☐ part-time student at a community or technical college
    3 ☐ full-time student at a community or technical college
    4 ☐ part-time student at a four-year college
    5 ☐ full-time student at a four-year college

12. Are you on a college dining plan (e.g., residence hall, fraternity/sorority)?
    1 ☐ no
    2 ☐ yes, for some meals
    3 ☐ yes, for most meals
    4 ☐ yes, for all meals

13. What is the highest level of education that you have completed?
    1 ☐ middle school or junior high
    2 ☐ some high school
    3 ☐ high school graduate or GED
    4 ☐ some college
    5 ☐ technical school degree
    6 ☐ college graduate
Your EATING HABITS...

When, why, how, and what?

14. 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

15. 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

16. 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

17. In the past week, where did you eat dinner most often? (Mark only one.)
   1. my own home/apartment
   2. my parents’ home
   3. dining or residence hall (e.g., dorm, fraternity house)
   4. fast food restaurant
   5. another type of restaurant
   6. car or other transportation
   7. other _____________

18. 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

19. 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

20. How adequate is/are your...

   a. cooking skills?  
     - Very inadequate  1  
     - Inadequate  2  
     - Adequate  3  
     - Very adequate  4

   b. money to buy food?  
     - Very inadequate  1  
     - Inadequate  2  
     - Adequate  3  
     - Very adequate  4

   c. appliances for food preparation (e.g., stove, oven, fridge)?  
     - Very inadequate  1  
     - Inadequate  2  
     - Adequate  3  
     - Very adequate  4

   d. the selection of foods in stores near you?  
     - Very inadequate  1  
     - Inadequate  2  
     - Adequate  3  
     - Very adequate  4

   e. time available to prepare food?  
     - Very inadequate  1  
     - Inadequate  2  
     - Adequate  3  
     - Very adequate  4

EPI/EAT 011 02/03 ver 1

YA 5
21. During the past 12 months, about how often have you . . .

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1-2 times past year</th>
<th>4-5 times past year</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. bought fresh vegetables at the grocery store?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
<td>6 ☐</td>
</tr>
<tr>
<td>b. written a grocery list before shopping?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
<td>6 ☐</td>
</tr>
<tr>
<td>c. prepared a green salad?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
<td>6 ☐</td>
</tr>
<tr>
<td>d. prepared a dinner with chicken or fish or vegetables?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
<td>6 ☐</td>
</tr>
<tr>
<td>e. prepared an entire dinner for 2 or more people?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
<td>6 ☐</td>
</tr>
</tbody>
</table>

22. How often during the last 12 months have you been hungry because you 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

23. Do you receive public assistance (such as welfare or food stamps)?
   1 ☐ yes
   2 ☐ no
   3 ☐ I don’t know

24. How much do you care about . . .

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. eating healthy food?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>b. controlling your weight?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>c. staying fit and exercising?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>d. being healthy?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>e. how you look?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
</tbody>
</table>

25. How strongly do you agree with the following statements?
The types of food I eat affect:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. my health</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>b. how I look</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>c. my weight</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
</tbody>
</table>
26. **How strongly do you agree with the following statements?**

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

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. People my age don’t need to be concerned about their eating habits</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>b. At this point in my life, I am not very concerned about my health</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>c. People my age don’t need to worry about their health</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>d. Eating healthy meals just takes too much time</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>e. Most vegetables taste bad</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>f. I sometimes skip meals since I am concerned about my weight</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>g. Most healthy foods just don’t taste that great</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>h. I weigh myself often</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>i. Foods from fast food restaurants are generally unhealthy</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
</tbody>
</table>
### 28. How often are the following true?

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fruits and vegetables are available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Vegetables are served at dinner where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. We have ‘junk food’ where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Fruit juice is available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Milk is served at meals where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Potato chips or other salty snack foods are available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Chocolate or other candy is available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Soda pop is available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Dark bread (e.g., whole wheat) is available where I live</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### 29. If you wanted to, how sure are you that you could eat healthy foods when you are . . .

<table>
<thead>
<tr>
<th>Situation</th>
<th>Not at all sure</th>
<th>Very sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. stressed out</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>b. feeling down</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>c. bored</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

### 30. How confident are you that you could change or maintain your eating patterns so that you could . . .

<table>
<thead>
<tr>
<th>Change in Eating Patterns</th>
<th>Not at all confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. eat at least two servings per day of fruit</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>b. eat at least three servings per day of vegetables</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>c. eat at least three servings per day of dairy foods (e.g., milk, cheese, yogurt)</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>d. eat at least three servings per day of whole grains (e.g., dark bread, cereals like Cheerios)</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>e. limit soda pop to one can per day or less</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>f. limit eating at fast food restaurants to once per week or less</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>
31. 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

32. 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

33. Have you ever intentionally lost 10 pounds or more and kept it off for at least 6 months?
   1 ○ yes
   2 ○ no

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

   a. exercised 1 ○ 2 ○
   b. fasted 1 ○ 2 ○
   c. ate very little food 1 ○ 2 ○
   d. took diet pills 1 ○ 2 ○
   e. made myself vomit (throw up) 1 ○ 2 ○
   f. used laxatives 1 ○ 2 ○
   g. used diuretics (water pills) 1 ○ 2 ○
   h. used food substitute (powder/special drink) 1 ○ 2 ○
   i. skipped meals 1 ○ 2 ○
   j. ate more fruits and vegetables 1 ○ 2 ○
   k. ate less high-fat foods 1 ○ 2 ○
   l. ate less sweets 1 ○ 2 ○
   m. smoked more cigarettes 1 ○ 2 ○
   n. followed a high protein/low carbohydrate diet (e.g., Atkins or other) 1 ○ 2 ○
   o. limited food from fast food restaurants 1 ○ 2 ○

35. 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

36. 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
37. 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
   2 ○ no If no, then go to question #41

38. 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
   2 ○ no

39. 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
   2 ○ a few times a week
   3 ○ a few times a month
   4 ○ less than once a month

40. In general, how upset were you by overeating (eating more than you think is best for you)?
   1 ○ not at all
   2 ○ a little
   3 ○ some
   4 ○ a lot
41. How important is it to you that your food is:  
   Not at all | A little | Somewhat | Very important
   a. organic  | 1 | 2 | 3 | 4
   b. not processed  | 1 | 2 | 3 | 4
   c. locally grown  | 1 | 2 | 3 | 4
   d. not genetically modified  | 1 | 2 | 3 | 4

42. Have you ever been a vegetarian?  
   1. no
   2. yes, but less than one month
   3. yes, for longer than one month

43. Are you a vegetarian now?  
   1. yes
   2. no  
   **If no, then go to question #47**

44. 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

45. As a vegetarian, do you eat any of the following?  
   Yes | No
   a. eggs | 1 | 2
   b. dairy food (such as milk, cheese) | 1 | 2
   c. chicken | 1 | 2
   d. fish | 1 | 2

46. 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) _____________
**FAMILY & FRIENDS may affect your eating habits, so we'd like to know more about them.**

Some questions in this section ask about your mother or your father. If you do not have a mother or father, it is okay to skip those questions.

### 47. My mother . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cares about eating healthy food</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>b. cares about staying fit and exercising</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>c. diets to lose weight or keep from gaining weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>d. encourages me to eat healthy foods</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>e. encourages me to be physically active</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>f. encourages me to diet to control my weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
</tbody>
</table>

### 48. My father . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cares about eating healthy food</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>b. cares about staying fit and exercising</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>c. diets to lose weight or keep from gaining weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>d. encourages me to eat healthy foods</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>e. encourages me to be physically active</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>f. encourages me to diet to control my weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
</tbody>
</table>

### 49. How much do you feel you can talk to your mother about your problems?

1 0 not at all  
2 0 a little  
3 0 somewhat  
4 0 quite a bit  
5 0 very much  

### 50. How much do you feel you can talk to your father about your problems?

1 0 not at all  
2 0 a little  
3 0 somewhat  
4 0 quite a bit  
5 0 very much  

### 51. How much do you feel your mother cares about you?

1 0 not at all  
2 0 a little  
3 0 somewhat  
4 0 quite a bit  
5 0 very much  

### 52. How much do you feel your father cares about you?

1 0 not at all  
2 0 a little  
3 0 somewhat  
4 0 quite a bit  
5 0 very much
53. Many of my friends . . .

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. care about eating healthy food</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. care about staying fit and exercising</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. diet to lose weight or keep from gaining weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

54. My significant other (e.g., boyfriend/girlfriend, spouse, partner) . . .

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cares about eating healthy food</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. cares about staying fit and exercising</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. diets to lose weight or keep from gaining weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is hard to find time to sit down and eat a meal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I tend to “eat on the run”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Regular meals are important to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I eat meals at about the same time every day</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

57. How strongly do you agree with the following statements?

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I enjoy sitting down with family or friends and eating a meal together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. It is important to sit down and eat at least one meal a day with other people (family or friends)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I usually eat dinner with other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
WE'D LIKE TO KNOW MORE
about your HEALTH & WEIGHT

58. How would you describe your health?
   1  ☐ poor
   2  ☐ fair
   3  ☐ good
   4  ☐ excellent

59. How tall are you?   ____ feet   ____ ____ inches

60. How much do you weigh?   ____ ____ ____ pounds

61. At what weight do you think you would look best?   ____ ____ ____ pounds

62. How satisfied are you with your:

   Very dissatisfied         Very satisfied

   a. height   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   b. weight   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   c. body shape 1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   d. waist    1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   e. hips     1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   f. thighs   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   g. stomach 1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   h. face     1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   i. body build 1 ☐   2 ☐   3 ☐   4 ☐   5 ☐
   j. shoulders 1 ☐   2 ☐   3 ☐   4 ☐   5 ☐

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

64. At this time, do you feel that you are:
   1  ☐ very underweight
   2  ☐ somewhat underweight
   3  ☐ about the right weight
   4  ☐ somewhat overweight
   5  ☐ very overweight

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

66. **Strenuous exercise (heart beats rapidly)**
   Examples: Biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, lacrosse, tennis, cross-country skiing, soccer, basketball, football
   1 ○ none
   2 ○ less than 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

67. **Moderate exercise (not exhausting)**
   Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding
   1 ○ none
   2 ○ less than 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

68. **Mild exercise (little effort)**
   Examples: Walking slowly (to school, to friend’s house, etc.), bowling, golf, fishing, snowmobiling, yoga
   1 ○ none
   2 ○ less than 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

69. **Are you in a sport or activity where it’s important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?**
   1 ○ yes
   2 ○ no
70. In your free time on an average weekday (Monday-Friday), how many hours do you spend . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 hr</th>
<th>1/2 hr</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV &amp; videos</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
<tr>
<td>Reading &amp; doing homework</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
<tr>
<td>Using a computer (not for homework)</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 hr</th>
<th>1/2 hr</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV &amp; videos</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
<tr>
<td>Reading &amp; doing homework</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
<tr>
<td>Using a computer (not for homework)</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
<td>6 O</td>
<td>7 O</td>
</tr>
</tbody>
</table>

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

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

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

1 O yes
2 O no

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

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

75. How often do you snack while watching TV?

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

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I compare my body to the bodies of TV and movie stars</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>I compare my body to the bodies of people who appear in magazines</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>I would like my body to look like the people who are on TV</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>I would like my body to look like the models who appear in magazines</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
</tbody>
</table>
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. Have you experienced any of the following in the past 12 months? (Mark all that apply.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ being diagnosed as having a serious physical illness</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>☐ serious physical illness of someone very close to you</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>☐ termination of a long personal relationship</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>☐ a serious automobile accident</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>☐ being arrested</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>☐ failing a class</td>
<td>12</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>feeling too tired to do things</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>having trouble going to sleep or staying asleep</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>feeling unhappy, sad, or depressed</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>feeling hopeless about the future</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>feeling nervous or tense</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>worrying too much about things</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>changes in your appetite</td>
<td></td>
</tr>
</tbody>
</table>

79. Have you ever thought about killing yourself?

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

80. Have you ever tried to kill yourself?

1 ☐ yes, during the past year
2 ☐ yes, more than a year ago
3 ☐ no
81. How often do any of the following things happen?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than once a year</th>
<th>A few times a year</th>
<th>A few times a month</th>
<th>At least once a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You are treated with less respect than other people</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>b. People act as if they’re better than you are</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>c. You are called names or insulted</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>d. You are teased about your appearance</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>e. You are teased about your weight</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>f. You have teased others about their appearance</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>g. You have teased others about their weight</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>A few times</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cigarettes</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>b. beer, wine, hard liquors</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>c. marijuana</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
<tr>
<td>d. drugs other than marijuana (acid, cocaine, crack, ecstasy, etc.)</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
<td>5 O</td>
</tr>
</tbody>
</table>

83. 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

84. Indicate how strongly you agree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. On the whole, I am satisfied with myself</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>b. I feel that I have a number of good qualities</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>c. At times I think I am no good at all</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>d. I am able to do things as well as most other people</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>e. I wish I could have more respect for myself</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
<tr>
<td>f. I certainly feel useless at times</td>
<td>1 O</td>
<td>2 O</td>
<td>3 O</td>
<td>4 O</td>
</tr>
</tbody>
</table>
85. 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

86. Describe your most recent sexual partner (select one).
   1 ○ not applicable—I am not sexually active
   2 ○ a stranger
   3 ○ a casual acquaintance
   4 ○ a close but not exclusive partner
   5 ○ an exclusive dating partner
   6 ○ fiancé, spouse, or spousal equivalent
   7 ○ other (please specify) ____________________

87. During the past 12 months, how many sexual partners have you had?

<table>
<thead>
<tr>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>female partners</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>male partners</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
</tbody>
</table>

88. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy and/or sexually transmitted infections? (Mark all that apply.)
   1 ○ I have never had sexual intercourse
   2 ○ no method was used to prevent pregnancy or sexually transmitted infections
   3 ○ birth control pills
   4 ○ condoms
   5 ○ Depo-Provera (injectable birth control)
   6 ○ withdrawal
   7 ○ other method _________________
   8 ○ not sure

89. Have you ever been hit, shoved, held down or had some other physical force used against you by someone you were dating? (Mark all that apply.)
   1 ○ no
   2 ○ yes, in the past year
   3 ○ yes, more than a year ago

90. In a dating relationship, have you ever been forced to touch your date sexually or have they forced some type of sexual behavior on you? (Mark all that apply.)
   1 ○ no
   2 ○ yes, in the past year
   3 ○ yes, more than a year ago
91. Mark the two grades you get most often.  
(Mark two.)  
1 ○ I am not in school  
2 ○ A  
3 ○ B  
4 ○ C  
5 ○ D  
6 ○ F or incomplete  

92. 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 _________________  

93. How important is your religion to you?  
1 ○ very important  
2 ○ somewhat important  
3 ○ a little important  
4 ○ not at all important  

94. How often do you attend religious services?  
1 ○ never  
2 ○ rarely  
3 ○ once or twice a month  
4 ○ about once a week or more  

95. What is your relationship status? (Mark one.)  
1 ○ single or casually dating  
2 ○ committed dating relationship or engaged  
3 ○ married  
4 ○ same sex domestic partner  
5 ○ separated or divorced  
6 ○ widowed  

96. How many children do you have (including step-children or adopted children)?  
1 ○ none  
2 ○ one  
3 ○ two  
4 ○ three or more  

97. If you are female, are you currently pregnant or breastfeeding?  
1 ○ no  
2 ○ yes, pregnant  
3 ○ yes, breastfeeding  

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!