Thank you for your interest in the **Project EAT-I Survey**. This baseline survey was completed by participants attending middle school and high school. 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.

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School of Public Health  
University of Minnesota  
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Minneapolis, MN 55454  
E-mail: neu mark@epi.umn.edu
The Project EAT Survey

Eating Among Teens

PROJECT EAT

UNIVERSITY OF MINNESOTA
THANKS!
For agreeing to fill out this survey!

The questionnaire you are about to complete is very important. The information you share with us will be used to develop health and nutrition programs for youth. Please answer every question carefully. Do not spend too much time on any one question. If something is not clear, please ask for an explanation. Your help with this project is greatly appreciated.

This is NOT a test. 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
          O ● O          O O O
1. What is your age?
   1. O 11 or younger
   2. O 12
   3. O 13
   4. O 14
   5. O 15
   6. O 16
   7. O 17
   8. O 18 or older

2. What grade are you in?
   1. O 7th
   2. O 8th
   3. O 9th
   4. O 10th
   5. O 11th
   6. O 12th

3. Are you ...?
   1. O Male
   2. O Female

4. Do you think of yourself as...
   (You may choose more than one)
   a. O White
   b. O Black or African American
   c. O Hispanic or Latino
   d. O Asian American
   e. O Hawaiian or Pacific Islander
   f. O American Indian or Native American

5. Were you born in the United States?
   1. O Yes
   2. O No: In what country?

6. Is your background any of the following? (mark one)
   1. O Hmong
   2. O Cambodian
   3. O Vietnamese
   4. O Laotian
   5. O Somali
   6. O Ethiopian
   7. O Other: 
   8. O None of the above

7. Your EATING HABITS...
   When, why, and how do you eat what you eat?
   During the past week, how many days did you eat breakfast?
   1. O Never
   2. O 1-2 days
   3. O 3-4 days
   4. O 5-6 days
   5. O Every day

8. During the past week, how many days did you eat lunch?
   1. O Never
   2. O 1-2 days
   3. O 3-4 days
   4. O 5-6 days
   5. O Every day

9. During the past week, how many days did you eat dinner?
   1. O Never
   2. O 1-2 days
   3. O 3-4 days
   4. O 5-6 days
   5. O 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. Where did you usually eat dinner last week? (mark only one)
   1. ○ At home
   2. ○ At a fast food restaurant
   3. ○ At another type of restaurant
   4. ○ At someone else’s house
   5. ○ I did not eat dinner

12. In the past week, how many times did you help prepare food for dinner?
   1. ○ None
   2. ○ 1-2 times
   3. ○ 3-4 times
   4. ○ 5-6 times
   5. ○ 7 times

13. In the past week, how many times did you help to shop for groceries?
   1. ○ Never
   2. ○ One time
   3. ○ More than one time

14. 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 five times

15. In the past month, how often did you eat any type of salty snack food (such as potato chips, tortilla chips, cheese curls, etc.)?
   1. ○ Never
   2. ○ 1-3 times a month
   3. ○ 1 time a week
   4. ○ 2-4 times a week
   5. ○ 5 or more times a week

16. In the past month, how often did you eat any salty snack foods made with the fat substitute Olestra or Olean, such as Wow® brand chips?
   1. ○ Never
   2. ○ 1-3 times a month
   3. ○ 1 time a week
   4. ○ 2-4 times a week
   5. ○ 5 or more times a week
   6. ○ I don’t know
How do you feel about
THE FOOD YOU EAT?

17. 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>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>b. Controlling your weight?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>c. Staying fit and exercising?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>d. Being healthy?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>e. How you look?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>f. Doing well in sports?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>g. Doing well in school?</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
</tbody>
</table>

18. For each question below, please select the food you think is better for your health:

<table>
<thead>
<tr>
<th></th>
<th>O(^1): Pretzels</th>
<th>O(^2): Potato chips</th>
<th>O(^3): Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. 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. My health</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>b. How I look</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>c. My weight</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>d. How well I do in sports</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
<tr>
<td>e. How well I do in school</td>
<td>0(^1)</td>
<td>0(^2)</td>
<td>0(^3)</td>
<td>0(^4)</td>
</tr>
</tbody>
</table>
20. 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.</td>
<td>I like the taste of potato chips and other salty snack foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Milk tastes good to me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Most unhealthy foods taste better than healthy foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>I think a lot about being thinner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>I am too busy to eat healthy foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>I like the taste of most fruits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>I am worried about gaining weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>I am too rushed in the morning to eat a healthy breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>I don’t have time to think about eating healthy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. 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.</td>
<td>Teenagers don’t need to be concerned about their eating habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>At this point in my life, I am not very concerned about my health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Teenagers don’t need to worry about their health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Eating healthy meals just takes too much time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Most vegetables taste bad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>I sometimes skip meals since I am concerned about my weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Most healthy foods just don’t taste that great</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>I weigh myself often</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. How often are the following true?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Fruits and vegetables are available in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Vegetables are served at dinner in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>We have ‘junk food’ in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>We have fruit juice in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Milk is served at meals at my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Potato chips or other salty snack foods are available in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Chocolate or other candy is available in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Soda pop is available in my home</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. If you wanted to, how sure are you that you could eat healthy foods when you are...

<table>
<thead>
<tr>
<th></th>
<th>Not at all Sure</th>
<th></th>
<th>Very Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At the mall</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>b. Hungry after school</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>c. With your friends</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>d. Stressed out</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>e. Feeling down</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>f. Bored</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>g. At a fast food restaurant</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>h. Alone</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>i. Eating dinner with your family</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
</tbody>
</table>

24. During the past year have you done anything to try to lose weight or keep from gaining weight?

1. O Yes
2. O No

25. 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. O Never
2. O 1-4 times
3. O 5-10 times
4. O More than 10 times
5. O I am always dieting

26. Are you currently trying to:

1. O Lose weight
2. O Stay the same weight
3. O Gain weight
4. O I am not trying to do anything about my weight

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

1. O Yes
2. O No
28. During the past week, did you do any of the following to lose weight or keep from gaining weight?
   
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c.</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

29. Have you done any of the following things in order to lose weight or keep from gaining weight during the past year?
   
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>h.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>i.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>j.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>k.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>l.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>m.</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
30. 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. O Yes
2. O No

If your answer is NO

31. 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. O Yes
2. O No

32. 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. O Nearly every day
2. O A few times a week
3. O A few times a month
4. O Less than once a month

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

1. O Not at all
2. O A little
3. O Some
4. O A lot
34. Are you a vegetarian?
   1. O Yes
   2. O No

If your answer is NO
   Go to question 38 on the next page

35. About how long have you been a vegetarian?
   1. O Less than one month
   2. O Less than 1 year (but more than 1 month)
   3. O 1-2 years
   4. O 3-4 years
   5. O 5 years or more

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dairy food (such as milk, cheese)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Chicken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Fish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. What are your main reason(s) for eating a vegetarian diet? (Mark all that apply)
   a. O: To lose weight or keep from gaining weight
   b. O: Want a healthier diet
   c. O: To help the environment
   d. O: Religious reasons
   e. O: Do not want to kill animals
   f. O: A family member is a vegetarian
   g. O: I don’t like the taste of meat
   h. O: Other: ____________
FAMILY AND FRIENDS
May affect your EATING HABITS, so we'd like to know more about them.

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

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

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

1. O Almost every month
2. O Some months but not every month
3. O Only one or two months
4. O I have not been hungry for this reason

40. Are your parents:

1. O Married
2. O Divorced
3. O Separated
4. O My parents were never married
5. O One or both of my parents has died

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

1. O Never
2. O 1-2 times
3. O 3-4 times
4. O 5-6 times
5. O 7 times
6. O More than 7 times

42. On how many of the past seven days was at least one of your parents in the room with you when you ate dinner?

1. O Never
2. O 1-2 days
3. O 3-4 days
4. O 5-6 days
5. O Every day

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

1. O Yes
2. O No
3. O I don’t know

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

1. O Yes
2. O No
3. O I don’t know

45. If you had a serious decision to make, whose opinions would you value most?

1. O My parents’ opinion
2. O My friends’ opinion

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

1. O Yes, always
2. O Yes, sometimes
3. O No
47. How far in school did your mother 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

48. Does your mother...
   1. ○ Work full-time for pay
   2. ○ Work part-time for pay
   3. ○ Not work for pay
   4. ○ I don’t know

49. How much do you feel you can talk to your mother about your problems?
   1. ○ Not at all
   2. ○ A little
   3. ○ Somewhat
   4. ○ Quite a bit
   5. ○ Very much

50. How much do you feel your mother cares about you?
   1. ○ Not at all
   2. ○ A little
   3. ○ Somewhat
   4. ○ Quite a bit
   5. ○ Very much

51. Compared to other mothers, how strict would you say your mother is with you?
   1. ○ Much less strict
   2. ○ Somewhat less strict
   3. ○ About the same
   4. ○ Somewhat more strict
   5. ○ Much more strict

52. My mother...

   Not at all  A little bit  Somewhat  Very Much

   a. Cares about eating healthy food
   b. Cares about staying fit and exercising
   c. Diets to lose weight or keep from gaining weight
   d. Encourages me to eat healthy foods
   e. Encourages me to be physically active
   f. Encourages me to diet to control my weight
53. How far in school did your father go? (Indicate the highest level)
   1. O Did not finish high school
   2. O Finished high school or got GED
   3. O Did some college or training after high school
   4. O Finished college
   5. O Master's degree or PhD
   6. O I don't know

54. Does your father...
   1. O Work full-time for pay
   2. O Work part-time for pay
   3. O Not work for pay
   4. O I don't know

55. How much do you feel you can talk to your father about your problems?
   1. O Not at all
   2. O A little
   3. O Somewhat
   4. O Quite a bit
   5. O Very much

56. How much do you feel your father cares about you?
   1. O Not at all
   2. O A little
   3. O Somewhat
   4. O Quite a bit
   5. O Very much

57. Compared to other fathers, how strict would you say your father is with you?
   1. O Much less strict
   2. O Somewhat less strict
   3. O About the same
   4. O Somewhat more strict
   5. O Much more strict

58. My father...

   a. Cares about eating healthy food
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
   b. Cares about staying fit and exercising
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
   c. Diets to lose weight or keep from gaining weight
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
   d. Encourages me to eat healthy foods
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
   e. Encourages me to be physically active
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
   f. Encourages me to diet to control my weight
      Not at all  O 1  A little bit  O 2  Somewhat  O 3  Very Much  O 4
59. How strongly do you agree with the following statements about mealtimes in your family?

<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. In my family, it is important that the family eat at least one meal a day together</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 173</td>
</tr>
<tr>
<td>b. In my family, there are rules at mealtimes that we are expected to follow</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 174</td>
</tr>
<tr>
<td>c. In my family, mealtime is a time for talking with other family members</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 175</td>
</tr>
<tr>
<td>d. In my family, it is often difficult to find a time when family members can sit down to a meal together</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 176</td>
</tr>
<tr>
<td>e. In my family, dinner time is about more than just getting food; we all talk with each other</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 177</td>
</tr>
</tbody>
</table>

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

<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. In my family, we often watch TV while eating dinner</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 178</td>
</tr>
<tr>
<td>b. I enjoy eating meals with my family</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 179</td>
</tr>
<tr>
<td>c. In my family, we are expected to be home for dinner</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 180</td>
</tr>
<tr>
<td>d. Manners are important at our dinner table</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 181</td>
</tr>
<tr>
<td>e. I am often just too busy to eat dinner with my family</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 182</td>
</tr>
</tbody>
</table>

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

<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. In my family, different schedules make it hard for us to eat meals together</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 183</td>
</tr>
<tr>
<td>b. In my family, eating brings people together in an enjoyable way</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 184</td>
</tr>
<tr>
<td>c. In my family, a child should eat all the foods served even if he/she doesn't like them</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 185</td>
</tr>
<tr>
<td>d. In my family, we don't have to eat meals at the kitchen/dining room table</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 186</td>
</tr>
<tr>
<td>e. 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</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4 187</td>
</tr>
</tbody>
</table>
62. Is there an adult at home at the following times?  

<table>
<thead>
<tr>
<th></th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>b.</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>c.</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>d.</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
</tr>
</tbody>
</table>

63. Many of my friends ...  

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</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>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>b. Care about staying fit and exercising</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>c. Diet to lose weight or keep from gaining weight</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
</tbody>
</table>

64. How would you describe your health?  

1. O Poor  
2. O Fair  
3. O Good  
4. O Excellent  

65. How tall are you?  

feet □ □ inches □ □  

66. How much do you weigh?  

pounds □ □ □  

67. At what weight do you think you would look best?  

pounds □ □ □  

68. How would you best describe your weight as a young child (up to age 7)?  

1. O Very underweight  
2. O Underweight  
3. O Just about right  
4. O Overweight  
5. O Very overweight  

We’d like to know more about your HEALTH & WEIGHT.
69. Which of the following best describes your biological mother's weight?

1. O Very underweight
2. O Underweight
3. O Just about right
4. O Overweight
5. O Very overweight
6. O I don't know my biological mother.

70. Which of the following best describes your biological father's weight?

1. O Very underweight
2. O Underweight
3. O Just about right
4. O Overweight
5. O Very overweight
6. O I don't know my biological father

71. How satisfied are you with your:

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Height</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>b. Weight</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>c. Body shape</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>d. Waist</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>e. Hips</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>f. Thighs</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>g. Stomach</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>h. Face</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>i. Body build</td>
<td>O1</td>
<td>O2</td>
</tr>
<tr>
<td>j. Shoulders</td>
<td>O1</td>
<td>O2</td>
</tr>
</tbody>
</table>

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

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

73. At this time, do you feel that you are:

1. O Very underweight
2. O Somewhat underweight
3. O About the right weight
4. O Somewhat overweight
5. O Very overweight
74. Are you lactose intolerant or allergic to dairy foods?

1. ○ Yes
2. ○ No
3. ○ I don’t know

75. 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)

1. ○ Yes
2. ○ No

76. How frequently does this condition affect any of your activities?

1. ○ Every day
2. ○ A few times a week
3. ○ A few times a month
4. ○ Once a month or less
5. ○ I don’t have a health condition

77. Are you taking medication for this condition?

1. ○ Yes, daily
2. ○ Yes, but not daily
3. ○ No
4. ○ I don’t have a health condition

78. Does this condition have any effect on the food you can eat?

1. ○ Always
2. ○ Sometimes
3. ○ Not at all
4. ○ I don’t have a health condition
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:

79. **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. O None
   2. O Less than ½ hour a week
   3. O ½ - 2 hours a week
   4. O 2½ - 4 hours a week
   5. O 4½ - 6 hours a week
   6. O 6+ hours a week

80. **Moderate exercise (not exhausting)**
   Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

   1. O None
   2. O Less than ½ hour a week
   3. O ½ - 2 hours a week
   4. O 2½ - 4 hours a week
   5. O 4½ - 6 hours a week
   6. O 6+ hours a week

81. **Mild exercise (little effort)**
   Examples: Walking slowly (to school, to friend’s house, etc.), bowling, golf, fishing, snowmobiling, yoga

   1. O None
   2. O Less than ½ hour a week
   3. O ½ - 2 hours a week
   4. O 2½ - 4 hours a week
   5. O 4½ - 6 hours a week
   6. O 6+ hours a week
82. Are you in a sport or activity where it's important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?
   1. ☐ Yes
   2. ☐ No

83. During the past *12 months*, on how many sports teams did you play?
   1. ☐ 0 teams
   2. ☐ 1 team
   3. ☐ 2 teams
   4. ☐ 3 or more teams

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

<table>
<thead>
<tr>
<th>0 hr</th>
<th>30 min</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
</table>
   a. Watching TV & videos | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
   b. Reading & doing homework | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
   c. Using a computer (not for homework) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

<table>
<thead>
<tr>
<th>0 hr</th>
<th>30 min</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
</table>
   a. Watching TV & videos | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
   b. Reading & doing homework | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
   c. Using a computer (not for homework) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

86. How often do you read magazine articles in which dieting or weight loss are discussed?
   1. ☐ Never
   2. ☐ Hardly Ever
   3. ☐ Sometimes
   4. ☐ Often
SOMETIMES
how you FEEL or
WHAT YOU DO
can affect the way you eat.
Remember, your responses will be kept
CONFIDENTIAL,
so please answer as honestly as possible.

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

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Feeling too tired to do things</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Having trouble going to sleep or staying asleep</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Feeling unhappy, sad, or depressed</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. Feeling hopeless about the future</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. Feeling nervous or tense</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f. Worrying too much about things</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g. Changes in your appetite.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

88. Have you ever thought about killing yourself?

1. O Yes, during the past year
2. O Yes, more than a year ago
3. O No

89. Have you ever tried to kill yourself?

1. O Yes, during the past year
2. O Yes, more than a year ago
3. O No
90. How often do any of the following things happen to you?

<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>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>b. People act as if they're better than you are</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>c. You are called names or insulted</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>d. You are teased about your appearance</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
<tr>
<td>e. You are teased about your weight</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
<td>O 4</td>
<td>O 5</td>
</tr>
</tbody>
</table>

91. Have you ever been teased or made fun of by other kids because of your weight?

1. O No
2. O Yes

92. If yes, how much did this bother you?

1. O I have not been teased because of my weight by other kids
2. O Not at all
3. O A little bit
4. O Somewhat
5. O Very much

93. Have you ever been teased or made fun of by family members because of your weight?

1. O No
2. O Yes

94. If yes, how much did this bother you?

1. O I have not been teased because of my weight by family members
2. O Not at all
3. O A little bit
4. O Somewhat
5. O Very much
95. 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></td>
<td>1</td>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>b. Beer, wine, hard liquors</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>c. Marijuana</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>d. Drugs other than marijuana (acid, cocaine, crack, etc.)</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

96. 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

97. Indicate how strongly you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</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</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I feel that I have a number of good qualities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. At times I think I am no good at all</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I am able to do things as well as most other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. I wish I could have more respect for myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. I certainly feel useless at times</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
We'd like to end with some questions about SCHOOL & WORK

98. How do you feel about going to school?
   1. O I don’t like school at all
   2. O I don’t like school very much
   3. O I like school about half the time
   4. O I like school most of the time
   5. O I like school all the time

99. Mark the two grades you get most often.
   a. O A
   b. O B
   c. O C
   d. O D
   e. O F or incomplete

100. How many hours do you work for pay in a typical week during the school year?
    1. O None
    2. O 1-4 hours a week
    3. O 5-9 hours a week
    4. O 10-20 hours a week
    5. O Over 20 hours a week

THANK YOU for completing the PROJECT EAT SURVEY!