Thank you for your interest in the Partners EAT (Partners in Eating and Activity Together) Survey. This survey was completed by significant others of the young adult cohort members as part of the 15-year follow-up assessment. If you use items from this survey in your work, the following citations are recommended:


The psychometric properties of measures can be found in published manuscripts posted at the Project EAT website; however, only limited support is available for assistance with the survey.

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Partners EAT Survey

UNIVERSITY OF MINNESOTA
This survey asks questions about eating, physical activity and weight concerns.

Your help with this project is MUCH appreciated and will lead to the development of better health programs and services for people your age.

We understand that your eating and activity patterns may change from time to time, but ask that you answer the questions for the time period that is specified.

This survey takes about 30-45 minutes to complete and we will mail you a $25 Target gift card as a “thank you” when we receive your completed survey. $25 in less than one hour - - not bad!
Your EATING HABITS...

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

2. In the past week, how often did you eat something from a fast food restaurant (like McDonald’s, Burger King, etc.)?
   - □ Never
   - □ 1-2 times
   - □ 3-4 times
   - □ 5-6 times
   - □ 7 times
   - □ More than 7 times

3. During the past seven days, how many times did all, or most, of the people living in your household eat a meal together?
   - □ Never
   - □ 1-2 times
   - □ 3-4 times
   - □ 5-6 times
   - □ 7 times
   - □ More than 7 times

4. Have you gone on a diet to lose weight during the last year?
   - □ Yes
   - □ No

5. Are you a vegetarian now?
   - □ Yes
   - □ No If no, then go to question #7

6. As a vegetarian, do you eat any of the following?
   - □ Yes □ No
   a. Eggs
   b. Dairy food (such as milk, cheese)
   c. Chicken
   d. Fish
Now some questions about weight and shape....

7. How tall are you? |___| feet |___|___| inches

8. How much do you weigh? |___|___|___| pounds

9. 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

10. How satisfied are you with your:

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Height</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Weight</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. Body shape</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. Waist</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. Hips</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f. Thighs</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>g. Stomach</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>h. Face</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>i. Body build</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>j. Shoulders</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>k. Muscles</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>l. Chest</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>m. Overall body fat</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

11. How often do you weigh yourself?
   1. Less than once a month
   2. Every month
   3. A few times per month
   4. Every week
   5. A few times per week
   6. Every day
   7. More than once a day
12. 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.
   - □ Never
   - □ 1-4 times
   - □ 5-10 times
   - □ More than 10 times
   - □ I am always dieting

13. 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. Fasted
   - □ 1
   - □ 2
   b. Ate very little food
   - □ 1
   - □ 2
   c. Took diet pills
   - □ 1
   - □ 2
   d. Made myself vomit (throw up)
   - □ 1
   - □ 2
   e. Used laxatives
   - □ 1
   - □ 2
   f. Used diuretics (water pills)
   - □ 1
   - □ 2
   g. Used food substitute (powder/special drink)
   - □ 1
   - □ 2
   h. Skipped meals
   - □ 1
   - □ 2
   i. Smoked more cigarettes
   - □ 1
   - □ 2

14. How often have you done each of the following things in order to lose weight or keep from gaining weight during the past year?
   - Never
   - Rarely
   - Sometimes
   - On a regular basis
   a. Exercise
   - □ 1
   - □ 2
   b. Ate more fruits and vegetables
   - □ 1
   - □ 2
   c. Ate less high-fat foods
   - □ 1
   - □ 2
   d. Ate less sweets
   - □ 1
   - □ 2
   e. Drank less soda pop (not including diet pop)
   - □ 1
   - □ 2
   f. Watched my portion sizes (serving sizes)
   - □ 1
   - □ 2

15. How often have you done each of the following things in order to increase your muscle size or tone during the past year?
   - Never
   - Rarely
   - Sometimes
   - Often
   a. Changed my eating
   - □ 1
   - □ 2
   b. Exercised more
   - □ 1
   - □ 2
   c. Used protein powder or shakes
   - □ 1
   - □ 2
   d. Used a pre-workout drink (such as Jack3D, Craze, OxyElite Pro, etc)
   - □ 1
   - □ 2
   e. Used steroids
   - □ 1
   - □ 2
   f. Used another muscle-building substance (such as creatine, amino acids, hydroxyl methylbutyrate [HMB], DHEA, or growth hormone)
   - □ 1
   - □ 2
16. 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 #20

17. 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

18. 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

19. 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
20. Do you currently or have you ever had an eating disorder?
   1. Yes, I currently have an eating disorder
   2. Yes, I used to have an eating disorder but I am recovered
   3. No, I have never had an eating disorder
      If no, then go to question #23

21. What type of eating disorder(s) have you struggled with? Please check all current and previous types of eating disorders.
   1. Anorexia nervosa
   2. Bulimia nervosa
   3. Binge eating disorder
   4. Eating disorder not otherwise specified (EDNOS)
   5. Other (please specify): _____________________

22. Do you currently, or have you ever received treatment for your eating disorder?
   1. Yes, I am currently in treatment
   2. Yes, I have previously received treatment but am not currently in treatment
   3. No, I have never received treatment for my eating disorder
How you manage STRESS in YOUR life may affect your health.........

23. On a scale from one to ten, with one being not stressed at all and ten being very stressed, how would you rate your average level of stress in the past 30 days? Please mark the appropriate number corresponding with your average level of stress.

<table>
<thead>
<tr>
<th>Not stressed at all (1)</th>
<th>(10) Very stressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □</td>
<td></td>
</tr>
</tbody>
</table>

24. On a scale from one to ten, with one being ineffective and ten being effective, how would you rate your ability to manage stress in the past 30 days? Please mark the appropriate number corresponding with your effectiveness in managing stress.

<table>
<thead>
<tr>
<th>Ineffective (1)</th>
<th>(10) Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □</td>
<td></td>
</tr>
</tbody>
</table>
Your PHYSICAL ACTIVITY HABITS...

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

25. Strenuous exercise (heart beats rapidly)
   Examples: biking fast, aerobics, jogging, basketball, swimming laps, soccer, rollerblading
   □ None
   □ Less than ½ hour a week
   □ ½ -2 hours a week
   □ 2 ½ -4 hours a week
   □ 4 ½ -6 hours a week
   □ 6+ hours a week

26. Moderate exercise (not exhausting)
   Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding
   □ None
   □ Less than ½ hour a week
   □ ½ -2 hours a week
   □ 2 ½ -4 hours a week
   □ 4 ½ -6 hours a week
   □ 6+ hours a week

27. Mild exercise (little effort)
   Examples: walking slowly, bowling, golf, fishing, snowmobiling
   □ None
   □ Less than ½ hour a week
   □ ½ -2 hours a week
   □ 2 ½ -4 hours a week
   □ 4 ½ -6 hours a week
   □ 6+ hours a week
28. **Have you ever done yoga?**
   1. Yes
   2. No [If no, then skip to question #39]

29. **When did you first do yoga?**
   1. Less than 1 year ago
   2. 1-2 years ago
   3. 3-4 years ago
   4. 5 years ago
   5. 6-10 years ago
   6. More than 10 years ago

30. **For how many years have you practiced yoga?**
   1. Less than 1 year
   2. 1-2 years
   3. 3-4 years
   4. 5 years
   5. 6-10 years
   6. More than 10 years

31. **Did you do yoga over the past year?**
   1. Yes
   2. No [If no, then go to question #39]

32. **On average, how frequently did you do yoga over the past year?**
   1. Less than ½ hour/week [If less than ½ hour, then go to question #39]
   2. ½-less than 1 hour/week
   3. 1 hour to less than 2 hours/week
   4. 2-3 hours/week
   5. 4-6 hours/week
   6. 7-9 hours/week
   7. 10+ hours/week
33. What types of yoga do you usually do? (Mark all that apply)
   □ Hatha
   □ Vinyasa flow
   □ Restorative/Yin
   □ Hot yoga
   □ Other (please specify): __________________

34. How would you describe your yoga practice?
   □ Mainly vigorous
   □ Mainly gentle
   □ Mixed vigorous/gentle

35. Where do you usually practice yoga? (You may choose more than one)
   □ Gym or fitness center
   □ Yoga studio
   □ Home
   □ Other (please specify): __________________

36. People practice yoga for many reasons. How important are the following reasons for you with regard to practicing yoga?

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>A little important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Spiritual benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Mental benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Complete this page only if you practice yoga

37. Please indicate your main reasons for practicing yoga. *(You may choose more than one)*
1. Enhanced physical fitness (e.g., strength, flexibility)
2. Weight control
3. Health benefits (e.g., decrease lower back pain, lower blood pressure)
4. Make my body look better
5. Helps me feel better about my body
6. Stress reduction and relaxation
7. Helps me be in the present moment
8. Greater awareness of myself
9. Enhanced spirituality
10. Other (please specify): ______________________

38. Has your yoga practice influenced any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Your eating behaviors</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Your body image</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SIGNIFICANT OTHERS may affect your eating & activity habits, so we’d like to know more about them……

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My significant other encourages me to diet to control my weight</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>b. I encourage my significant other to diet to control his/her weight</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

40. In general, how strongly do you agree with the following statements about your relationship?

<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. My significant other listens to me when I need someone to talk to</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>b. I can state my feelings without my significant other getting defensive</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>c. I often feel distant from my significant other</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>d. My significant other can really understand my hurts and joys</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>e. I feel neglected at times by my significant other</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
<tr>
<td>f. I sometimes feel lonely when we’re together</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

41. How often does your significant other make comments to you that make you feel good about your body shape or size?

1 □ Never
2 □ Less than once a year
3 □ A few times a year
4 □ A few times a month
5 □ A few times a week
6 □ Most days of the week
7 □ Multiple times a day

42. How often does your significant other make comments to you that make you feel bad about your body shape or size?

1 □ Never
2 □ Less than once a year
3 □ A few times a year
4 □ A few times a month
5 □ A few times a week
6 □ Most days of the week
7 □ Multiple times a day
Your current HOUSEHOLD and FAMILY (e.g., spouse/partner, children) may also affect your eating & activity habits......

43. Who usually prepares food for your household? (Choose more than one if the task is split evenly.)
   1. Me
   2. Spouse/partner
   3. Child/children
   4. Other adult in the home
   5. Other (please describe): ______________________

44. If you have one or more child, how often are the following statements true?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>I do not have enough time or energy to cook meals for my children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>I find time to cook meals for my children even when I am busy or tired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c.</td>
<td>I do not have enough time or energy to feed my children “right”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d.</td>
<td>I plan meals for my children at least 1 day in advance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.</td>
<td>I do not have enough time or energy to plan meals for my children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Almost finished...just a few more questions about you and your household resources

45. Are you...?
   1. ☐ Male
   2. ☐ Female

46. When you were a teenager, how many times per week did your family eat a meal together?
   1. ☐ Less than weekly
   2. ☐ 1-2 times
   3. ☐ 3-4 times
   4. ☐ 5-6 times
   5. ☐ 7 times
   6. ☐ More than 7 times

47. If you are female, are you currently pregnant or breastfeeding?
   1. ☐ No
   2. ☐ Yes, pregnant
   3. ☐ Yes, breastfeeding

48. What is your birthdate?  |___|___| / |___|___| / 19|___|___|
   Month       Day       Year

49. 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. ☐ Native Hawaiian or other Pacific Islander
   6. ☐ American Indian or Native American
   7. ☐ Other: ______________________

50. Is your background any of the following?
   1. ☐ Hmong
   2. ☐ Cambodian
   3. ☐ Vietnamese
   4. ☐ Laotian
   5. ☐ Somali
   6. ☐ Ethiopian
   7. ☐ Other: ______________________
   8. ☐ None of the above
51. What is the highest level of education that you have completed?
   1. Elementary school or less
   2. Middle school or junior high
   3. Some high school
   4. High school graduate or GED
   5. Vocational, technical, trade or other certification program
   6. Associate degree
   7. Bachelor degree
   8. Graduate or professional degree (MS, MBA, MD, PhD, etc)
   9. Other (please specify): ______________________________

52. Which of the following best describes your student status (for the majority of the past year)?
   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
   6. Graduate student part-time or full-time

53. Which of the following best describes your current work situation?
   1. Working full-time
   2. Working part-time
   3. Stay at home caregiver
   4. Currently unemployed, but actively seeking work
   5. Not working for pay (for example, unable to work, student, seasonal worker)
   6. Other (please specify): ______________________________

54. Thinking of the past month, on average, how many hours of recreational screen (television, computer, video games) time do you have a day? This is in addition to work or school related screen time.
   1. 0 hours
   2. ½ hour
   3. 1 hour
   4. 2 hours
   5. 3 hours
   6. 4 hours
   7. 5+ hours
Thank you!

for completing the
Partners EAT survey!