

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:

Watts A, Berge J, Loth K, Larson N, Neumark-Sztainer D. The transmission of family food and mealtime practices from adolescence to adulthood: longitudinal findings from Project EAT-IV. *J Nutr Educ Behav*. 2018;50(2):141-7.

Eisenberg M, Franz R, Berge J, Loth K, Neumark-Sztainer D. Significant others' weight-related comments and their associations with weight-control behavior, muscle-enhancing behavior, and emotional well-being. *Fam Syst Health*. 2017;35(4):474-85.

Berge J, Miller J, Watts A, Larson N, Loth K, Neumark-Sztainer D. Intergenerational transmission of family meal patterns from adolescence to parenthood: longitudinal associations with parents' dietary intake, weight-related and psychosocial well-being *Public Health Nutr*. 2018;21(2):299-308.

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

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Partners

EAT

Survey

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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.

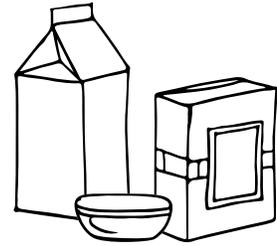
This survey takes about 30-45 minutes to complete and we will mail you a \$25 Target gift card as a “thank you” when we receive your completed survey. \$25 in less than one hour - - not bad!



Your EATING HABITS...

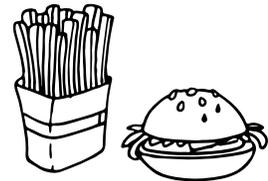
1. During the past week, how many days did you eat *breakfast*?

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



2. In the past week, how often did you eat something from a fast food restaurant (like McDonald's, Burger King, etc.)?

- 1 Never
- 2 1-2 times
- 3 3-4 times
- 4 5-6 times
- 5 7 times
- 6 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?

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

4. Have you gone on a diet to lose weight during the last year?

- 1 Yes
- 2 No

5. Are you a vegetarian now?

- 1 Yes
- 2 No

If no, then go to question #7



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

Yes No

- | | | |
|--------------------------------------|----------------------------|----------------------------|
| a. Eggs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Dairy food (such as milk, cheese) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Chicken | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Fish | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

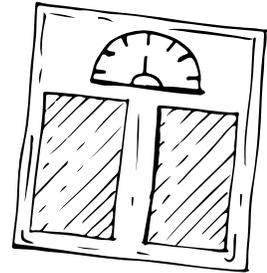
Now some questions about weight and shape....

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:

	<i>Very dissatisfied</i>				<i>Very satisfied</i>
a. Height	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Waist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Hips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Thighs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Stomach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Face	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Body build	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Shoulders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Chest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Overall body fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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.

- 1 Never
- 2 1-4 times
- 3 5-10 times
- 4 More than 10 times
- 5 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 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Ate very little food	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Took diet pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Made myself vomit (throw up)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Used laxatives	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Used diuretics (water pills)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Used food substitute (powder/special drink)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Skipped meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Smoked more cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>On a regular basis</i>
a. Exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ate more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Ate less high-fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Ate less sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Drank less soda pop (not including diet pop)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Watched my portion sizes (serving sizes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

15. How often have you done each of the following things in order to increase your muscle size or tone during the past year?

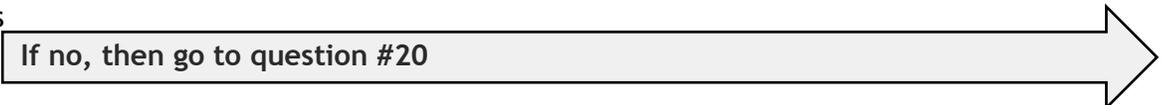
	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
a. Changed my eating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Exercised more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Used protein powder or shakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Used a pre-workout drink (such as Jack3D, Craze, OxyElite Pro, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Used steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Used another muscle-building substance (such as creatine, amino acids, hydroxyl methylbutyrate [HMB], DHEA, or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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?

- Yes, I currently have an eating disorder
- Yes, I used to have an eating disorder but I am recovered
- 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.

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Eating disorder not otherwise specified (EDNOS)
- Other (please specify): _____

22. Do you currently, or have you ever received treatment for your eating disorder?

- Yes, I am currently in treatment
- Yes, I have previously received treatment but am not currently in treatment
- 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.

Not stressed at all (1)

(10) Very stressed

1 2 3 4 5 6 7 8 9 10

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.

Ineffective (1)

(10) Effective

1 2 3 4 5 6 7 8 9 10

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)

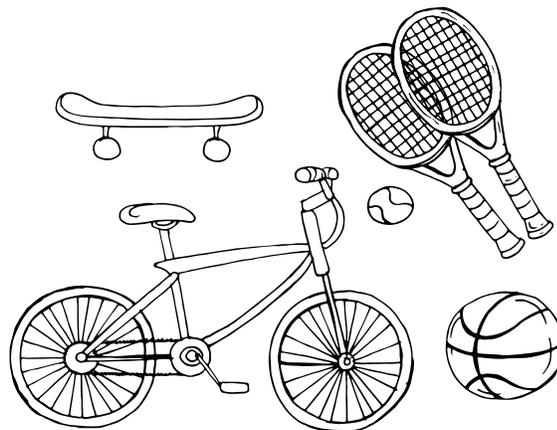
Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- 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

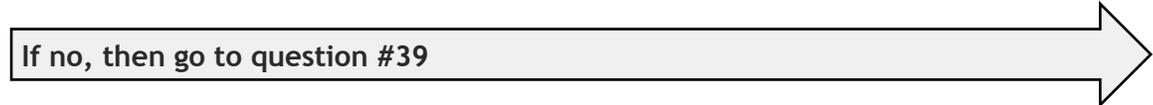
4 5 years

5 6-10 years

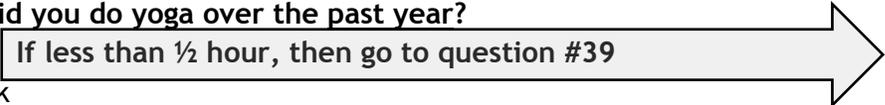
6 More than 10 years

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

Complete this page only if you practice yoga

33. What types of yoga do you usually do? (Mark all that apply)

- 1 Hatha
- 2 Vinyasa flow
- 3 Restorative/Yin
- 4 Hot yoga
- 5 Other (please specify): _____

34. How would you describe your yoga practice?

- 1 Mainly vigorous
- 2 Mainly gentle
- 3 Mixed vigorous/gentle

35. Where do you usually practice yoga? (You may choose more than one)

- 1 Gym or fitness center
- 2 Yoga studio
- 3 Home
- 4 Other (please specify): _____

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

	<i>Not important</i>	<i>A little important</i>	<i>Somewhat important</i>	<i>Very important</i>
a. Physical benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Spiritual benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Mental benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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?

Yes No Not sure

- | | | | |
|--------------------------|----------------------------|----------------------------|----------------------------|
| a. Your weight | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Your eating behaviors | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Your body image | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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?

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>
a. My significant other encourages me to diet to control my weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I encourage my significant other to diet to control his/her weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. My significant other listens to me when I need someone to talk to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I can state my feelings without my significant other getting defensive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I often feel distant from my significant other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. My significant other can really understand my hurts and joys	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I feel neglected at times by my significant other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I sometimes feel lonely when we're together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
a. I do not have enough time or energy to cook meals for my children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I find time to cook meals for my children even when I am busy or tired	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I do not have enough time or energy to feed my children "right"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I plan meals for my children at least 1 day in advance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I do not have enough time or energy to plan meals for my children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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)?

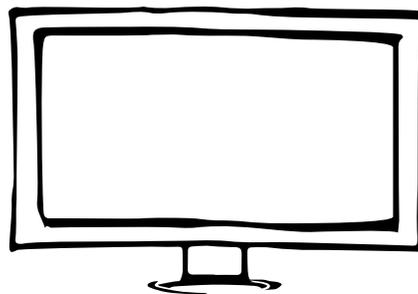
- 1 Not a student
- 2 Part-time student at a community or technical college
- 3 Full-time student at a community or technical college
- 4 Part-time student at a four-year college
- 5 Full-time student at a four-year college
- 6 Graduate student part-time or full-time

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!*

