

Thank you for your interest in the **EAT 2010 Survey**. This survey about eating, physical activity, and weight-related behaviors was completed by young people attending middle school or high school during the 2009-2010 school year. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Wall M, Larson N, Story M, Fulkerson JA, Eisenberg ME, Hannan PJ. Secular trends in weight status and weight-related attitudes and behaviors in adolescents from 1999-2010. *Preventive Medicine*. 2012;54:77-81.

Berge JM, Wall M, Larson N, Loth KA, Neumark-Sztainer D. Family functioning: Associations with weight status, eating behaviors, and physical activity in adolescents. *Journal of Adolescent Health*. 2013;52(3):351-7.

Eisenberg ME, Wall M, Shim JJ, Bruening M, Loth K, Neumark-Sztainer D. Associations between friends' disordered eating and muscle-enhancing behaviors. *Social Science and Medicine*. 2012;75(12):2242-9.

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.sph.umn.edu/epi/research/eat/> for additional information about EAT 2010. 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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**Project  
EAT 2010  
Survey**

**EAT**

UNIVERSITY OF MINNESOTA

# THANKS

## For agreeing to fill out this survey!

- The survey you are about to complete is very important. The information you share with us will be used to develop health and nutrition programs for teens. 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.
- This is NOT a test. There are not right or wrong answers to the questions.
- Your name will be kept separate from your answers to the questions, so please be as honest as you can in your responses.

### *MARKING DIRECTIONS:*

- 1) Mark your answers with a pencil.*
- 2) Place a check in the box for your answer or completely fill in the box.*
- 3) Please completely erase any answer you want to change.*

**PROJECT  
EAT**

*Let's START with some GENERAL QUESTIONS about you*

1. Are you ...? 30  
1  Male  
2  Female
2. What is your birthdate? 31-36  
|\_\_|\_\_| / |\_\_|\_\_| / 19|\_\_|\_\_|  
*Month Day Year*
3. What grade are you in? 37  
1  6<sup>th</sup>  
2  7<sup>th</sup>  
3  8<sup>th</sup>  
4  9<sup>th</sup>  
5  10<sup>th</sup>  
6  11<sup>th</sup>  
7  12<sup>th</sup>
4. Do you think of yourself as...? (You may choose more than one) 38  
1  White 39  
2  Black or African American 40  
3  Hispanic or Latino 41  
4  Asian American 42  
5  Native Hawaiian or other Pacific Islander 43  
6  American Indian or Native American 44  
7  Other: \_\_\_\_\_
5. Is your background any of the following? 45  
1  Hmong 46  
2  Cambodian 47  
3  Vietnamese 48  
4  Laotian 49  
5  Somali 50  
6  Ethiopian 51  
7  Other: \_\_\_\_\_ 52  
8  None of the above
6. Were you born in the United States? 53-54  
1  Yes  
2  No: In what country? \_\_\_\_\_
7. About how long have you been in the United States? 55  
1  Less than 1 year  
2  1 to less than 5 years  
3  5 to less than 10 years  
4  10 years or more  
5  Always
8. What language is usually spoken in your home? 56-57  
1  English  
2  A language other than English: What other language? \_\_\_\_\_  
3  English and another language about equally: What other language? \_\_\_\_\_

## *Your EATING HABITS... when, why, how, and what?*

9. 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

58

10. 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

59

11. 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

60

12. 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

61

13. Are you a vegetarian?

- 1  Yes
- 2  No (If no, then go to question #15 on the next page)

62

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

	<i>Yes</i>	<i>No</i>	
a. Eggs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	63
b. Dairy food (such as milk, cheese)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	64
c. Chicken	1 <input type="checkbox"/>	2 <input type="checkbox"/>	65
d. Fish	1 <input type="checkbox"/>	2 <input type="checkbox"/>	66

15. In the past year, how many times did you usually drink ....

	<i>Never or less than once per month</i>	<i>1-3 per month</i>	<i>1 per week</i>	<i>2-4 per week</i>	<i>5-6 per week</i>	<i>1 per day</i>	<i>2 or more per day</i>	
a. an energy drink (such as Red Bull, Full Throttle, Rockstar, etc)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	67
b. a sports drink (such as Gatorade, Powerade, etc)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	68

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. Milk tastes good to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	69
b. I like the taste of most fruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	70
c. I like the taste of whole wheat bread	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	71
d. Most vegetables taste bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	72
e. Most healthy foods just don't taste that great	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	73
f. Eating healthy just costs too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	74
g. I am a picky eater	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	75
h. I like to cook	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	76
i. I am worried about gaining weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	77
j. I think a lot about being thinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	78
k. I weigh myself often	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	79

17. Which of the following best describes your eating behavior?

	<i>Hardly ever</i>	<i>Sometimes</i>	<i>Much of the time</i>	<i>Almost always</i>	
a. I stop eating when I feel full	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	80
b. I eat everything that is on my plate, even if I'm not that hungry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	81
c. I trust my body to tell me how much to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	82

18. How often are the following true?

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. Fruits and vegetables are available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	83
b. Vegetables are served at dinner in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	84
c. I have 'junk food' in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	85
d. I have fruit juice in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	86
e. Milk is served at meals in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	87
f. Potato chips or other salty snack foods are available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	88
g. In my home, there is fresh fruit on the counter, table or somewhere where I can easily get it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	89
h. Chocolate or other candy is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	90
i. Soda pop is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	91
j. In my home, there are cut-up vegetables in the fridge for me to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	92
k. Whole wheat bread is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	93

19. In the past month, how often did you eat something from the following types of restaurants (include take-out and delivery)?

	<i>Never/ rarely</i>	<i>1-3 times per month</i>	<i>1-2 times per week</i>	<i>3-4 times per week</i>	<i>5-6 times per week</i>	<i>1+ times per day</i>	
a. Traditional "burger-and-fries" fast food restaurant (such as McDonalds, Burger King, Wendy's, or Culvers)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	94
b. Mexican fast food restaurant (such as Taco Bell, Taco Johns, or Chipotle)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	95
c. Fried chicken (such as KFC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	96
d. Sandwich or sub shop (such as Subway, Panera, or Quiznos)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	97
e. Pizza place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	98
f. Sit-down restaurant (where wait-staff brings food to your table)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	99



## *Now some questions about weight....*

20. Are you currently trying to:

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

100

21. 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

101

22. 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

102

23. 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"/>	103
b. Ate very little food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	104
c. Took diet pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	105
d. Made myself vomit (throw up)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	106
e. Used laxatives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	107
f. Used diuretics (water pills)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	108
g. Used food substitute (powder/special drink)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	109
h. Skipped meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	110
i. Smoked more cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	111
j. Followed a high protein/low carbohydrate diet (e.g., Atkins or other)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	112

24. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	113
b.	Ate more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	114
c.	Ate less high-fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	115
d.	Ate less sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	116
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"/>	117
f.	Watched my portion sizes (serving sizes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	118

25. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	119
b.	Exercised more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	120
c.	Used protein powder or shakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	121
d.	Used steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	122
e.	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"/>	123

26. 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 124  
 2  No (If no, then go to question #30 on the next page)

27. 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 125  
 2  No

28. 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 126  
 3  A few times a month  
 4  Less than once a month

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

- 1  Not at all  
 2  A little 127  
 3  Some  
 4  A lot

# *Your PHYSICAL ACTIVITY habits and other things you like to do...*

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

**30. Strenuous exercise (heart beats rapidly)**

Examples: biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, lacrosse, tennis, cross-country skiing, soccer, basketball, football

- 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

128

**31. Moderate exercise (not exhausting)**

Examples: walking quickly, baseball, gymnastics, 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

129

**32. Mild exercise (little effort)**

Examples: walking slowly (to school, to friend's house, etc.), bowling, golf, fishing, snowmobiling, yoga

- 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

130

33. In your free time on an average weekday (Monday-Friday), how many hours do you spend doing the following activities?

	0 hr	½ hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. Watching TV/DVDs/videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131
b. Using a computer (not for homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132
c. Xbox/Play-station/other electronic games that you play when sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133
d. Interactive video games such as Wii Sport, Wii Fit, and Dance Dance Revolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134

34. In your free time on an average weekend day (Saturday or Sunday), how many hours do you spend doing the following activities?

	0 hr	½ hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. Watching TV/DVDs/videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135
b. Using a computer (not for homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136
c. Xbox/Play-station/other electronic games that you play when sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137
d. Interactive video games such as Wii Sport, Wii Fit, and Dance Dance Revolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138

35. How often do you snack while watching TV?

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never

139

36. Thinking about the TV shows you've watched in the past year, please list up to 3 of your favorite shows.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

140

141

142

If you don't regularly watch TV, please check here

143

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

- 1  Never
- 2  Hardly ever
- 3  Sometimes
- 4  Often

144

38. What is the name of the magazine that you read most often?

If you don't regularly read any magazine, please check here

145

146

39. How often do you read this magazine?

- 1  Don't regularly read magazines
- 2  Less than once a month
- 3  1 to 3 times a month
- 4  At least once a week

147

40. How often was each of these things true for you in the LAST MONTH?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very often</i>	
a. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	148
b. I set goals to do physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	149
c. I make backup plans to be sure I get my physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	150

41. How often do these things keep you from being physically active?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very often</i>	
a. The weather is bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	151
b. I don't have time to do physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	152
c. It would take time away from my school work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	153
d. I'm embarrassed about how I look when I'm active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	154

42. I can be physically active during my free time on most days...

	<i>Disagree a lot</i>	<i>Disagree a little</i>	<i>Agree a little</i>	<i>Agree a lot</i>	
a. no matter how busy my day is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	155
b. even if it is very hot or cold outside	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	156
c. even if I have to stay at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	157

43. Please choose the answer that best applies to you and the neighborhood where you lived for the majority of the past year.

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. The crime rate in my neighborhood makes it unsafe to go on walks <u>during the day</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	158
b. The crime rate in my neighborhood makes it unsafe to go on walks <u>at night</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	159

44. When I am physically active...

	<i>Disagree a lot</i>	<i>Disagree a little</i>	<i>Agree a little</i>	<i>Agree a lot</i>	
a. I feel bored	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	160
b. I dislike it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	161
c. it frustrates me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	162

45. Listed below are statements about people's exercise habits. How often are the following true?

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. When I miss my scheduled exercise, I may feel tense, irritable, or depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	163
b. If I feel I have overeaten I will try to make up for it by increasing the amount I exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	164
c. When I don't exercise, I feel guilty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	165

*You're doing great!*

*Your responses are important so please  
keep on going...*

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

46. How tall are you? |\_\_| feet |\_\_|\_\_| inches 166-168

47. How much do you weigh? |\_\_|\_\_|\_\_| pounds 169-171

48. 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
- 172

49. 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"/>	173
b. weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	174
c. body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	175
d. waist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	176
e. hips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	177
f. thighs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	178
g. stomach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	179
h. face	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	180
i. body build	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	181
j. shoulders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	182
k. muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	183
l. chest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	184
m. overall body fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	185

50. Please indicate if you have ever been diagnosed with the following conditions:

	<i>No</i>	<i>Yes</i>	
a. Anorexia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>	186
b. Asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	187
c. Binge Eating Disorder	1 <input type="checkbox"/>	2 <input type="checkbox"/>	188
d. Bulimia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>	189
e. Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	190
f. Diabetes (Type 1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	191
g. Diabetes (Type 2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	192
h. Other (please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	193

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

51. Many of my friends...

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	<i>I don't know</i>	
a. think it is important to eat healthy foods like fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	194
b. diet to lose weight or keep from gaining weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	195

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. My friends often play sports or do something active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	196
b. My friends think it is important to be physically active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	197
c. My friends and I like to do active things together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	198

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

- 1  Yes, always
  - 2  Yes, sometimes
  - 3  No
- 199



54. Which adults do you live with? (Mark all that apply)

- 1  my mother 200
- 2  my father 201
- 3  sometimes with my mother, sometimes with my father (they have separate homes) 202
- 4  stepmother 203
- 5  stepfather 204
- 6  my grandparent(s) 205
- 7  other relative(s) 206
- 8  an adult or adults I am not related to (other than stepparents) 207
- 9  other: \_\_\_\_\_ 208-209

55. How strongly do you agree with the following statements? For these questions, think about your family in general (including your parents and your brothers and sisters).

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. Family members are accepted for who they are	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	210
b. Making decisions is a problem for the family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	211
c. We don't get along well together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	212
d. We can express feelings to each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	213
e. Planning family activities is difficult because we misunderstand each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	214
f. We confide in each other (By 'confide' we mean to trust your family members enough to tell them something that is important to you.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	215

56. How strongly do you agree with the following statements? For these questions, think about your family in general (including your parents and your brothers and sisters).

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. My family and I do active things together (for example, going on bike rides or walks)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	216
b. My family supports me in being physically active (for example, enrolling me in sports, watching me perform, providing transportation to places to be active)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	217

## ***EATING TOGETHER with your FAMILY and FOOD in your HOME***

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

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

218

58. During the past seven days, how many times did all, or most, of your family living in your house eat...

	<i>0 days</i>	<i>1-2 days</i>	<i>3-4 days</i>	<i>5-6 days</i>	<i>7 days</i>	
a. breakfast together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	219
b. lunch together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220
c. dinner or supper together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	221

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. I enjoy eating meals with my family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	222
b. In my family, we often watch TV while eating dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	223

60. In the past week, how many times did all, or most, of your family living in your household eat out together at a restaurant?

- 1  Never
- 2  1 time
- 3  2 times
- 4  3 or more times

224

61. In the past week, how many times did you help make dinner or supper for your family?

- 1  None
- 2  1-2 times
- 3  3-4 times
- 4  5-6 times
- 5  7 times

225

62. Does your family get public assistance (like food support/stamps, EBT, WIC, TANF, SSI or MFIP)?

- 1  No
- 2  Yes
- 3  I don't know

226

63. Do you qualify for free or reduced-price school lunch?

- 1  No
- 2  Yes
- 3  I don't know

227

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

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

228

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

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

229

*The next few pages ask about your mother and father. It's okay to leave some items blank if you do not have a mother or father involved in your life.*

**YOUR MOTHER....**

66. How far in school did your mother go? (Mark 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  Advanced degree (e.g., Master's degree, PhD, MD)
- 6  I don't know

230

67. 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

231

68. 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

232

69. 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

233

70. How much does your mother REALLY know...

*Doesn't know      Knows a little      Knows a lot*

- |  | <i>Doesn't know</i>        | <i>Knows a little</i>      | <i>Knows a lot</i>         |
|--|----------------------------|----------------------------|----------------------------|
| a. who your friends are?                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. where you go at night?                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. where you are most afternoons after school? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

234

235

236

71. My mother is a person who...

*Not like her      Somewhat like her      A lot like her*

- |   | <i>Not like her</i>        | <i>Somewhat like her</i>   | <i>A lot like her</i>      |
|---|----------------------------|----------------------------|----------------------------|
| a. is always trying to change how I feel or think about things. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. brings up past mistakes when she criticizes me.              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. is less friendly with me if I do not see things her way.     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

237

238

239

72. My mother...

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very Much</i>	
a. diets to lose weight or keep from gaining weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	240
b. encourages me to eat healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	241
c. encourages me to diet to control my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	242
d. talks about her weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	243
e. makes comments about other people's weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	244

73. My mother...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>On a regular basis</i>	
a. eats a lot of fruit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	245
b. eats vegetables at dinner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	246
c. drinks milk at dinner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	247
d. is physically active in her free time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	248

**YOUR FATHER....**

74. How far in school did your father go? (Mark 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  Advanced degree (e.g., Master's degree, PhD, MD)
  - 6  I don't know
- 249

75. Does your father...

- 1  Work full-time for pay
  - 2  Work part-time for pay
  - 3  Not work for pay
  - 4  I don't know
- 250

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

- 1  Not at all
  - 2  A little
  - 3  Somewhat
  - 4  Quite a bit
  - 5  Very much
- 251

77. How much do you feel your father cares about you?

- 1  Not at all
  - 2  A little
  - 3  Somewhat
  - 4  Quite a bit
  - 5  Very much
- 252

78. How much does your father REALLY know...

*Doesn't know*      *Knows a little*      *Knows a lot*

	<i>Doesn't know</i>	<i>Knows a little</i>	<i>Knows a lot</i>	
a. who your friends are?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	253
b. where you go at night?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	254
c. where you are most afternoons after school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	255

79. My father is a person who...

*Not like him*      *Somewhat like him*      *A lot like him*

	<i>Not like him</i>	<i>Somewhat like him</i>	<i>A lot like him</i>	
a. is always trying to change how I feel or think about things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	256
b. brings up past mistakes when he criticizes me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	257
c. is less friendly with me if I do not see things his way.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	258

80. My father...

*Not at all*      *A little bit*      *Somewhat*      *Very Much*

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very Much</i>	
a. diets to lose weight or keep from gaining weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	259
b. encourages me to eat healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	260
c. encourages me to diet to control my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	261
d. talks about his weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	262
e. makes comments about other people's weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	263

81. My father...

*Never*      *Rarely*      *Sometimes*      *On a regular basis*

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>On a regular basis</i>	
a. eats a lot of fruit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	264
b. eats vegetables at dinner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	265
c. drinks milk at dinner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	266
d. is physically active in his free time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	267

*Almost there...you're nearly done!*

**SOMETIMES, other THINGS GOING ON IN YOUR LIFE can affect your eating and activity.**

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

82. Mark the two grades you get most often.

- 1  A
- 2  B
- 3  C
- 4  D
- 5  F or incomplete

268-269

83. On an average weekday (Monday-Friday):

*Please check A.M. or P.M.  
(Midnight is 12:00 A.M.)*

a. What time do you go to bed (to go to sleep)?

A.M.  
 P.M.

270-274

b. What time do you get out of bed (to start your day)?

A.M.  
 P.M.

275-278

84. On an average weekend day (Saturday or Sunday):

*Please check A.M. or P.M.  
(Midnight is 12:00 A.M.)*

a. What time do you go to bed (to go to sleep)?

A.M.  
 P.M.

279-282

b. What time do you get out of bed (to start your day)?

A.M.  
 P.M.

283-286

85. In the room where you sleep, do you have a...

**Yes      No**

a. electronic game console (for example, Playstation, XBOX)?

1       2

287

b. television?

1       2

288

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

**Not at all      Somewhat      Very much**

a. feeling too tired to do things

1       2       3

289

b. having trouble going to sleep or staying asleep

1       2       3

290

c. feeling unhappy, sad, or depressed

1       2       3

291

d. feeling hopeless about the future

1       2       3

292

e. feeling nervous or tense

1       2       3

293

f. worrying too much about things

1       2       3

294

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

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. On the whole, I am satisfied with myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	295
b. I feel that I have a number of good qualities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	296
c. At times I think I am no good at all	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	297
d. I am able to do things as well as most other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	298
e. I wish I could have more respect for myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	299
f. I certainly feel useless at times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	300

88. How often do any of the following things happen?

	<i>Never</i>	<i>Less than once a year</i>	<i>A few times a year</i>	<i>A few times a month</i>	<i>At least once a week</i>	
a. You are teased or harassed about your race	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	301
b. You are teased or harassed about your family's financial situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	302
c. You are teased or harassed in a sexual way (e.g., grabbing/pinching, sexual comments, unwanted touching, etc...)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	303
d. You are teased about your weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	304
e. You are teased about your appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	305

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

- 1  Yes 306  
 2  No

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

- 1  Yes 307  
 2  No

91. How often do family members make comments to you about your weight or your eating that make you feel bad?

- 1  Never  
 2  Less than once a year 308  
 3  A few times a year  
 4  A few times a month  
 5  A few times a week



92. Have you ever deliberately hurt yourself, such as by cutting, scratching or burning, but not with the goal of ending your life?

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

309

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

*Never      A few      Monthly      Weekly      Daily*  
*times*

a. Cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	310
b. Beer, wine, hard liquors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	311
c. Marijuana	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	312

*The final questions are about changes that may be happening to your body.  
These changes happen to different people at different ages.*

*If YOU are FEMALE, answer question 94 (skip the question if you are male):*

94. Have you begun to menstruate (started to have your period)?

- 1  No
- 2  Yes → If yes, how old were you when you started to menstruate? \_\_\_\_\_

313-315

*If YOU are MALE, answer questions 95 and 96 (skip them if you are female):*

95. Have you noticed a deepening of your voice?

- 1  No
- 2  Yes → If yes, how old were you when you noticed your voice deepening? \_\_\_\_\_

316-318

96. Have you begun to grow hair on your face?

- 1  No
- 2  Yes → If yes, how old were you when you begun to grow hair on your face? \_\_\_\_\_

319-321

*THANK YOU for completing the Project EAT  
survey!*