

Thank you for your interest in the **Friends of EAT 2018 Survey**. This survey was completed in 2017-2018 by the friends of a longitudinal cohort sample of young people ages 19-26 years. The friends were invited to participate after the cohort member completed their own 8-year follow-up survey and, as part of the survey, provided contact information for up to three friends. If you use items from this survey in your work, the following citations are recommended:

Eisenberg ME, Puhl R, Areba EM, Neumark-Sztainer D. Family weight teasing, ethnicity and acculturation: Associations with well-being among Latinx, Hmong, and Somali Adolescents. *J Psychosom Res.* 2019 Jul;122:88-93.

Miller JM, Wolfson J, Laska MN, Nelson TF, Pereira MA, Neumark-Sztainer D. Factor analysis test of an ecological model of physical activity correlates. *Am J Health Behav.* 2019;43(1):57-75.

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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# **Friends of EAT**

## **2017-2018**

### **Survey**

Friends of  
**EAT**



SCHOOL OF  
**PUBLIC HEALTH**  
UNIVERSITY OF MINNESOTA

Division of Epidemiology  
and Community Health

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

1. 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 sitting down with family or friends and eating a meal together.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. It is important to sit down and eat at least one meal a day with family or friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I usually eat dinner with other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Mealtime is a time for talking with family or friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. 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"/>
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"/>
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"/>
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"/>
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"/>
f. Asian fast food restaurant (such as Leeann Chin or Panda Express)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Coffee shop (such Starbucks or Caribou Coffee)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. 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"/>
i. Other fast food or sit-down restaurant (please specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

3. Thinking back over the past week, how many servings of fruit did you usually eat on a typical day? (A serving is half a cup of fruit or 100% fruit juice or a medium piece of fruit)
- 1  0 servings per day
  - 2  Less than 1 serving per day
  - 3  1 serving per day
  - 4  2 servings per day
  - 5  3 servings per day
  - 6  4 servings per day
  - 7  5 or more servings per day
4. Thinking back over the past week, how many servings of vegetables did you usually eat on a typical day? (A serving is half a cup of cooked vegetables or 1 cup of raw vegetables)
- 1  0 servings per day
  - 2  Less than 1 serving per day
  - 3  1 serving per day
  - 4  2 servings per day
  - 5  3 servings per day
  - 6  4 servings per day
  - 7  5 or more servings per day
5. Thinking back over the past week, how often did you drink sugar-sweetened beverages (regular soda or pop, Kool-Aid)?
- 1  Less than once per week
  - 2  1 drink per week
  - 3  2-4 drinks per week
  - 4  5-6 drinks per week
  - 5  1 per day
  - 6  2 or more per day
6. Thinking back over the past week, on average, about how many cups (1 cup=8 oz) of bottled or tap water did you drink each day?
- 1  None
  - 2  1-3 cups a day
  - 3  4-7 cups a day
  - 4  8 or more cups a day

## Now some questions about your health and body weight.

7. How tall are you? |\_\_| feet |\_\_|\_\_| inches

8. How much do you weigh? |\_\_|\_\_|\_\_| pounds

9. How satisfied are you with your:

	<i>Very dissatisfied</i>				<i>Very satisfied</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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"/>

10. 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

11. 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 think a lot about being thinner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I am worried about gaining weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I weigh myself often.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. 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

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

	<i>Yes</i>	<i>No</i>
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. Drank more water	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Watched my portion sizes (serving sizes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other (please describe):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

15. Have you done any of the following things in order to increase your muscle size or tone during the past year?

	<i>Yes</i>	<i>No</i>
a. Used protein powder or shakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Used a pre-workout drink (such as Jack3D, Cellucor C4, JYM, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Used steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. 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"/>

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 #18 on the next page)

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

# *Your PHYSICAL ACTIVITY HABITS...*

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

**18. 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

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

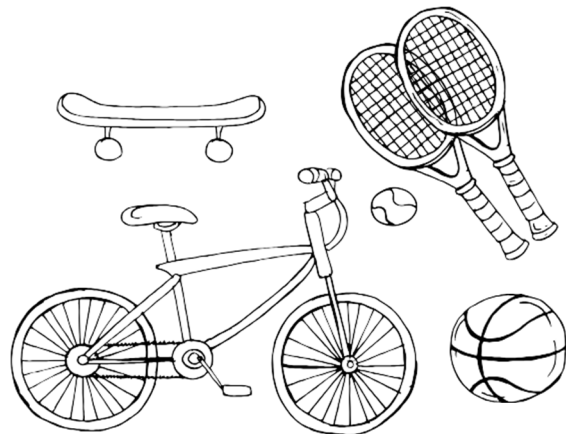
Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- 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

**20. 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





## ***You are almost done! Just a few more questions.***

21. **On an average weekday (Monday-Friday)**, how many hours of recreational screen time (for example, television, computer, social media, video games, smartphone or tablet) do you have a day? Do not include activities you do for work or school.

- 1  0 hours a day
- 2  ½ hour a day
- 3  1 hour a day
- 4  2 hours a day
- 5  3 hours a day
- 6  4 hours a day
- 7  5+ hours a day

22. **On an average weekend day (Saturday or Sunday)**, how many hours of recreational screen time (for example, television, computer, social media, video games, smartphone or tablet) do you have a day? Do not include activities you do for work or school.

- 1  0 hours a day
- 2  ½ hour a day
- 3  1 hour a day
- 4  2 hours a day
- 5  3 hours a day
- 6  4 hours a day
- 7  5+ hours a day

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 at all  
stressed*

*Very  
stressed*

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"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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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*

*Effective*

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"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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## ***THANK YOU for completing the Friends of EAT survey!***