

Thank you for your interest in the **EAT 2018 Survey**. This survey was completed by young people ages 19-26 years at follow-up approximately eight years after they were enrolled in the 2009-2010 school year while attending middle school or high school. 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.

Larson N, MacLehose R, Fulkerson JA, Berge JM, Story M, Neumark-Sztainer D. Eating breakfast and dinner together as a family: associations with sociodemographic characteristics and implications for diet quality and weight status. *J Acad Nutr Diet*. 2013;113(12):1601-9.

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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# **Project EAT**

## **2017 Survey**

**EAT**  
**2010-2018**  
Eating and Activity over Time



SCHOOL OF  
**PUBLIC HEALTH**  
UNIVERSITY OF MINNESOTA

Division of Epidemiology  
and Community Health



# **Project EAT 2017 Survey**

*THANK YOU for your help with the last EAT Survey in 2009-2010. Your participation helped to increase national attention on what is needed to make healthy eating and being physically activity easier for young people and their families.*

*As technology, trends and your own life keep on changing, we are asking for your help again now to update what we learned and build support for achieving HEALTHY FUTURES.*

*This survey takes about one hour to complete and we will mail you a \$50 gift card as a “thank you” when we receive your completed survey. \$50 in one hour - - not bad!*

*If you have any questions about the survey, please contact us at [eatstaff@umn.edu](mailto:eatstaff@umn.edu), 612-626-3655 or 1-800-353-8636.*

# Your *EATING HABITS*...

## when, where, why, how, and what?

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. 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"/>

3. How often do you do the following while eating meals?

	<i>Never or rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
a. Watch television or movies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Talk on the phone or use smartphone for texting, emailing, running apps, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Use computer, laptop, or tablet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Listen to music with headphones	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. 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"/>
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"/>
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"/>
d. I eat so quickly that I don't taste what I'm eating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I snack without noticing that I am eating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Before I eat I take a moment to appreciate the colors and smells of my food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I taste every bite of food that I eat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

5. 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 as 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"/>

6. How do you use calorie information when it is available in a restaurant? Please consider all types of restaurants (such as a coffee shop, fast food restaurant, fast casual restaurant, or sit-down restaurant) and mark all that apply.

- 1  I do not use the calorie information
- 2  I use the information to avoid ordering high calorie menu items
- 3  I use the information to avoid ordering something that would leave me hungry
- 4  I use the information to decide on a smaller portion size
- 5  I use the information to decide on a larger portion size
- 6  Other (please specify): \_\_\_\_\_

7. 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"/>

## Now some questions about weight....

8. 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

9. 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

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

	<b>Yes</b>	<b>No</b>
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"/>

11. How often have you done each of the following things in order to lose weight or keep from gaining weight during the past year?

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>On a regular basis</b>
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"/>

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

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

13. How satisfied are you with your:

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

14. 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 item #16 on the next page)

15. 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?***

**16. 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

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

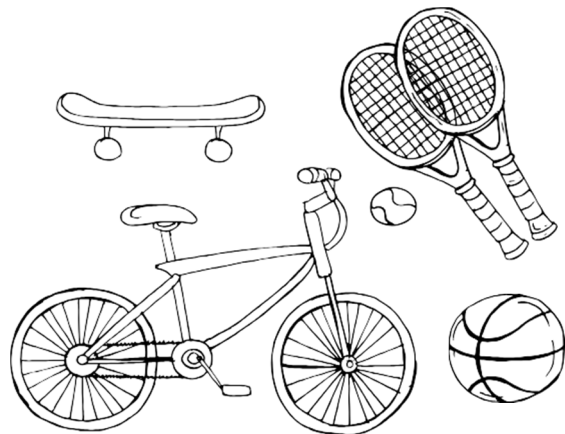
Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- 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

**18. 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



19. 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 session, I may feel tense, irritable, or depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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"/>
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"/>

20. How much do you care about staying fit and exercising?

- 1  Not at all
- 2  A little bit
- 3  Somewhat
- 4  Very much

21. 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"/>
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"/>

22. Did you do yoga over the past year?

- 1  Yes
- 2  No (If no, then go to question #25 on the next page)

23. On average, how frequently did you do yoga over the past year?

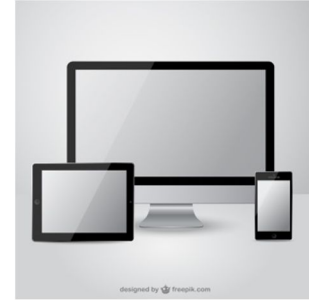
- 1  Less than ½ hour/week (if less than ½ hour, then go to question #25 on the next page)
- 2  ½ hour to less than 1 hour/week
- 3  1 hour to less than 2 hours/week
- 4  2-3 hours/week
- 5  4-6 hours/week
- 6  7-9 hours/week
- 7  10+ hours/week

24. 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

25. **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



26. **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

27. **In the past week, on average, approximately how many total minutes per day have you spent using social media (for example, Facebook, Twitter, Instagram, Reddit, Pinterest or Snapchat)?**

- 1  I do not use social media
- 2  Less than 10 minutes a day
- 3  10-30 minutes a day
- 4  31-60 minutes a day
- 5  1-2 hours a day
- 6  2-3 hours a day
- 7  3+ hours a day

28. **In the past month, how often did you spend time reading articles, websites, posts, or blogs in which dieting or weight loss are discussed? Please think about both online and print sources.**

- 1  Never
- 2  A few times in the past month
- 3  Every week
- 4  A few times per week
- 5  Every day
- 6  More than once a day

29. In the past year, did you use a mobile app, tracker device (such as Fitbit), or web-based programs to help you...

	Yes	No
a. make healthy eating choices?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. be physically active?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. manage your weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

30. Thinking about the mobile apps, tracker devices, and web-based programs you've used in the past year to help you manage your eating, activity or weight, please list up to 3 and tell us how often you currently use them.

Please check here if you don't use any apps or software for managing your eating, activity, or weight

<i>Name of app/device/ web-based program:</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
a. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

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

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

33. 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

34a. What year were you born? (enter as YYYY, for example -1996) |\_\_|\_\_|\_\_|\_\_|

34b. Are you ...

- 1  Male (If male, then go to question #35)
- 2  Female
- 3  Different identity (please specify): \_\_\_\_\_

34c. Are you currently pregnant or breastfeeding? (Mark all that apply)

- 1  no
- 2  yes, pregnant
- 3  yes, breastfeeding

35. How many children do you currently have? (Do not count brothers, sisters, or the children of other people living in your household) |\_\_\_\_|

## ***Now some questions about your education...***

- 36. What is the highest level of education that you have completed?**
- 1  Middle school or junior high
  - 2  Some high school
  - 3  High school graduate or GED
  - 4  Some college
  - 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): \_\_\_\_\_
- 37. Which of the following best describes your student status (for the majority of the past year)?**
- 1  Not a student (If not a student, then go to question #43 on page #12)
  - 2  Full-time student in high school or postsecondary enrollment option
  - 3  Part-time student at a community or technical college
  - 4  Full-time student at a community or technical college
  - 5  Part-time student at a four-year college
  - 6  Full-time student at a four-year college
  - 7  Graduate student part-time or full-time
- 38. In the past school year, how many total hours did you spend on campus (for example, for a class, job, recreation, eating) in a typical 7-day week?**
- 1  0 hours a week (Go to question #43 on page #12)
  - 2  1-9 hours a week (Go to question #43 on page #12)
  - 3  10-19 hours a week
  - 4  20-29 hours a week
  - 5  30-39 hours a week
  - 6  40+ hours a week
- 39. Are you on a college dining plan (for example, residence hall, fraternity/sorority)?**
- 1  No
  - 2  Yes, for some meals
  - 3  Yes, for most meals
  - 4  Yes, for all meals

**Complete this page only if you spend 10+ hours on your college/university campus in a typical week**

40. Do campus dining facilities on your college/university campus have...

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. nutrition information on the menu board?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. signs to highlight healthful menu items?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. signs to encourage healthful eating?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. combo meals that are less expensive than purchasing individual menu items?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

41. How strongly do you agree with the statements below about your college/university campus?

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
a. Fruits and vegetables are readily available on or near campus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Fruits and vegetables are reasonably priced on or near campus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Fast food is readily available on or near campus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. It is easy to be physically active on or near campus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

42. Please indicate which of these items are available on your college/university campus.

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Refrigerated drinking water fountain with a bottle filler	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Exercise facilities (for example, workout room/gym, exercise equipment, walking path or trail) that are free or low cost	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Shower facilities that you can use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

## Your work situation...

43. 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): \_\_\_\_\_

Go to question #49 on page 14

44. How many hours a week do you currently work for pay?

- 1  1-9 hours a week (Go to question #49 on page #14)
- 2  10-19 hours a week
- 3  20-29 hours a week
- 4  30-39 hours a week
- 5  40 hours a week
- 6  More than 40 hours a week

45. The next few questions are about *work places*. How many paid jobs do you have where you spend at least 10 hours per week at a location other than your own home?

- 1  0 (Go to question #49 on page #14)
- 2  1
- 3  2 or more

46. How many hours in an average week do you spend in the *work place* for your job? If you have more than one job, think about the *work place* location where you spend the most time.

- 1  10-19 hours a week
- 2  20-29 hours a week
- 3  30-39 hours a week
- 4  40 hours a week
- 5  More than 40 hours a week

**Complete this page only if you spend 10+ hours at a work place other than your own home during a typical week.**

47. Please indicate which of these items are available at the *work place* where you spend the most time.

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Refrigerated drinking water fountain with a bottle filler	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. A water cooler or bottled water available to employees free of charge at all times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Low-calorie beverages other than tap water (for example, tea and coffee) are available to employees free of charge at all times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Exercise facilities (for example, workout room/gym, exercise equipment, walking path or trail) that are free or low cost	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

48. Please continue to think about the *work place* where you spend the most time. How strongly do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not applicable</i>
a. It is easy to be physically active at or around my <i>work place</i> .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Many of my coworkers think it is important to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Many of my coworkers care about eating healthy food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. It is easy to buy healthy food at or around my <i>work place</i> .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. At my <i>work place</i> , coworkers or visitors frequently bring high-calorie foods (such as baked goods, donuts, candy) to share with the employees.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



*The next few pages ask about your mother and father. (It's okay to skip some questions if a mother or father is not involved in your life.)*

**YOUR MOTHER....**

49. How much do you feel you can talk to your mother about your problems?

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

50. How much do you feel your mother cares about you?

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

51. In the past year, on average, how often were you in touch with your mother...

	<i>Never/ rarely</i>	<i>Occasionally (1-3 times per year)</i>	<i>One time per month</i>	<i>A few times a month</i>	<i>A few times per week</i>	<i>Daily</i>
a. in-person	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. by phone	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. by text message or email	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. by video conferencing (such as Skype, Google Chat)	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. by social media (such as Snapchat, Instagram, Twitter, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

52. My mother is a person who...

	<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"/>

**53. 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"/>
b. cares about staying fit and exercising.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. cares about eating healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. encourages me to eat healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. encourages me to diet to control my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. talks about her weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. talks to me about my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. makes comments about other people's weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

***YOUR FATHER....***

**54. 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

**55. 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

56. In the past year, on average, how often were you in touch with your father...

	<i>Never/ rarely</i>	<i>Occasionally (1-3 times per year)</i>	<i>One time per month</i>	<i>A few times a month</i>	<i>A few times per week</i>	<i>Daily</i>
a. in-person	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. by phone	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. by text message or email	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. by video conferencing (such as Skype, Google Chat)	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. by social media (such as Snapchat, Instagram, Twitter, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

57. My father is a person who...

	<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"/>
b. brings up past mistakes when he 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 his way.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

58. My father...

	<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"/>
b. cares about staying fit and exercising.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. cares about eating healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. encourages me to eat healthy foods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. encourages me to diet to control my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. talks about his weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. talks to me about my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. makes comments about other people's weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

***SIGNIFICANT OTHERS AND FRIENDS can affect eating and activity habits, so we'd like to know more about these important people who are part of your life... Please complete this page if you have a SIGNIFICANT OTHER (for example, boyfriend/girlfriend, spouse, partner). All of your responses are CONFIDENTIAL.***

***If you do not have a significant other, then check the box below and go to page 19.***

I do not have a significant other.

**59. To help us keep track of the important people in your life, please write your significant other's initials here.**

\_\_\_\_\_  
Significant other's initials

**59a. Please tell us if your significant other is ....?**

- 1  Male
- 2  Female
- 3  Different identity (please specify): \_\_\_\_\_

**59b. What is your relationship status? (Mark one.)**

- 1  Casually dating
- 2  Committed dating relationship or engaged
- 3  Married
- 4  Domestic partner

**59c. When did your romantic relationship with this person begin?**

- 1  Less than one year ago
- 2  1-5 years ago
- 3  6+ years ago

**59d. How strongly do you agree with the following statements about your significant other?**

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>
a. My significant other and I do active things together (for example, go on bike rides or walks).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My significant other encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Complete this page only if you have a SIGNIFICANT OTHER.**

59e. How often does your significant other...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. eat fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eat at fast food restaurants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. drink sugar-sweetened beverages?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

59f. How often does your significant other...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. talk about ways 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"/>
b. talk about concerns regarding their own weight or body shape?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. comment on other people's weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. encourage you to diet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

59g. Does your significant other do any of the following to lose weight or keep from gaining weight?

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Go on a diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Take diet pills, vomit, use laxatives, or use diuretics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

59h. How often does your significant other do the following things to increase muscle size or tone?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. Use protein powder, shakes, or a pre-workout drink (such as Jack3D, Cellucor C4 or JYM)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Use steroids or another muscle-building substance (such as creatine or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**We are also interested in knowing about up to 3 of your friends. Please think about your closest friend (Friend #1) when answering the next questions.**

**If you do not have a close friend, then check the box below and go to page 25.**

I do not have a close friend.

**60. Please write the initials of your closest friend here. The initials will help us to keep track as we ask you about a few of the other important people in your life.**

\_\_\_\_\_ Friend #1 initials

**60a. Please tell us if this friend is ....?**

- 1  Male
- 2  Female
- 3  Different identity (please specify): \_\_\_\_\_

**60b. Is this friend any of the following? (Mark all that apply.)**

- 1  Family member (for example, brother, sister, cousin)
- 2  Co-worker (current)
- 3  Roommate/housemate (current)
- 4  None of the above

**60c. When did your friendship with this friend begin?**

- 1  Less than one year ago
- 2  1-5 years ago
- 3  6+ years ago

**60d. In the past year, on average, how often were you in touch with this friend...**

	<i>Never/ rarely</i>	<i>Occasionally (1-3 times per year)</i>	<i>One time per month</i>	<i>A few times a month</i>	<i>A few times per week</i>	<i>Daily</i>
a. in-person	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. by phone	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. by text message or email	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. by video conferencing (such as Skype, Google Chat)	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. by social media (such as Snapchat, Instagram, Twitter, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Keep thinking about Friend #1 when answering questions on this page.**

60e. How strongly do you agree with the following statements?

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>
a. This friend and I do active things together (for example, go on bike rides or walks).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. This friend encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

60f. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. eat fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eat at fast food restaurants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. drink sugar-sweetened beverages?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

60g. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. talk about ways 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"/>
b. talk about concerns regarding their own weight or body shape?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. comment on other people's weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. encourage you to diet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

60h. Does this friend do any of the following to lose weight or keep from gaining weight?

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Go on a diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Take diet pills, vomit, use laxatives, or use diuretics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

60i. How often does this friend do the following things to increase muscle size or tone?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. Use protein powder, shakes, or a pre-workout drink (such as Jack3D, Cellucor C4 or JYM)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Use steroids or another muscle-building substance (such as creatine or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

***We are interested in knowing about another friend if applicable. Think about your next closest friend (Friend #2) when answering the next questions. Remember, your responses are confidential.***

61. Please write the initials of your next closest friend here.

\_\_\_\_\_   
 Friend #2 initials

61a. Please tell us if this friend is ....?

- 1  Male
- 2  Female
- 3  Different identity (please specify): \_\_\_\_\_

61b. Is this friend any of the following? (Mark all that apply.)

- 1  Family member (for example, brother, sister, cousin)
- 2  Co-worker (current)
- 3  Roommate/housemate (current)
- 4  None of the above

61c. When did your friendship with this friend begin?

- 1  Less than one year ago
- 2  1-5 years ago
- 3  6+ years ago

61d. In the past year, on average, how often were you in touch with this friend...

	<i>Never/ rarely</i>	<i>Occasionally (1-3 times per year)</i>	<i>One time per month</i>	<i>A few times a month</i>	<i>A few times per week</i>	<i>Daily</i>
a. in-person	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. by phone	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. by text message or email	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. by video conferencing (such as Skype, Google Chat)	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. by social media (such as Snapchat, Instagram, Twitter, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



**Keep thinking about Friend #2 when answering questions on this page.**

61e. How strongly do you agree with the following statements?

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>
a. This friend and I do active things together (for example, go on bike rides or walks).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. This friend encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

61f. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. eat fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eat at fast food restaurants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. drink sugar-sweetened beverages?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

61g. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. talk about ways 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"/>
b. talk about concerns regarding their own weight or body shape?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. comment on other people's weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. encourage you to diet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

61h. Does this friend do any of the following to lose weight or keep from gaining weight?

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Go on a diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Take diet pills, vomit, use laxatives, or use diuretics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

61i. How often does this friend do the following things to increase muscle size or tone?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. Use protein powder, shakes, or a pre-workout drink (such as Jack3D, Cellucor C4 or JYM)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Use steroids or another muscle-building substance (such as creatine or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Please think about your next closest friend (Friend #3) when answering the next questions.**

62. Please write the initials of your third close friend here.

\_\_\_\_\_   
 Friend #3 initials

62a. Please tell us if this friend is ....?

- 1  Male  
 2  Female  
 3  Different identity (please specify): \_\_\_\_\_

62b. Is this friend any of the following? (Mark all that apply.)

- 1  Family member (for example, brother, sister, cousin)  
 2  Co-worker (current)  
 3  Roommate/housemate (current)  
 4  None of the above

62c. When did your friendship with this friend begin?

- 1  Less than one year ago  
 2  1-5 years ago  
 3  6+ years ago

62d. In the past year, on average, how often were you in touch with this friend...

	<i>Never/ rarely</i>	<i>Occasionally (1-3 times per year)</i>	<i>One time per month</i>	<i>A few times a month</i>	<i>A few times per week</i>	<i>Daily</i>
a. in-person	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. by phone	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. by text message or email	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. by video conferencing (such as Skype, Google Chat)	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. by social media (such as Snapchat, Instagram, Twitter, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Keep thinking about Friend #3 when answering questions on this page.**

62e. How strongly do you agree with the following statements?

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>
a. This friend and I do active things together (for example, go on bike rides or walks).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. This friend encourages me to be physically active.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

62f. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. eat fruits and vegetables?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eat at fast food restaurants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. drink sugar-sweetened beverages?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

62g. How often does this friend...

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. talk about ways 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"/>
b. talk about concerns regarding their own weight or body shape?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. comment on other people's weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. encourage you to diet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

62h. Does this friend do any of the following to lose weight or keep from gaining weight?

	<i>Yes</i>	<i>No</i>	<i>I don't know</i>
a. Go on a diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Take diet pills, vomit, use laxatives, or use diuretics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

62i. How often does this friend do the following things to increase muscle size or tone?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>I don't know</i>
a. Use protein powder, shakes, or a pre-workout drink (such as Jack3D, Cellucor C4 or JYM)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Use steroids or another muscle-building substance (such as creatine or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

***YOUR HOUSEHOLD and FOOD in your HOME may affect your eating and activity habits, so we'd like to know more about them.....***

**63. How often are the following true for the place where you live? (Please think about the apartment, house, dorm room, or other space where you lived for the majority of the time for the past year.)**

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
a. Fruits and vegetables are available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Vegetables are part of the dinner meal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. There is fresh fruit on the counter, table or somewhere else where I can easily get it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. There are ready-to-eat vegetables in the fridge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Whole wheat bread is available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**64. Please indicate how confident you feel about doing each of the activities below.**

	<i>Not at all confident</i>	<i>Not very confident</i>	<i>Neither confident nor unconfident</i>	<i>Confident</i>	<i>Extremely confident</i>
a. Plan meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Follow a recipe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Prepare a meal from items on hand (such as items in cupboards and refrigerator)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Use basic cooking techniques	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Stay within a food budget	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**65. During the past seven days, how many times did you eat a dinner or supper meal that you or another household member cooked at home?**

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

**66. Who is currently the primary food shopper(s) for the food you eat at home? The primary food shopper(s) is the person(s) who does the grocery shopping most often. (Mark all that apply)**

- 1  I am
- 2  Spouse or significant other
- 3  We take turns
- 4  We go together
- 5  My parent(s)
- 6  Someone else (please specify): \_\_\_\_\_

67. During the past year, where did you live for the majority of the time?

- 1  Rented apartment or house
- 2  Home of parent or other relative
- 3  Residence hall
- 4  Fraternity/sorority
- 5  My own house
- 6  Other (please specify): \_\_\_\_\_

68. During the past year, with whom did you live the majority of the time? (Mark all that apply)

- 1  I live alone (Go to question #70 on page 27)
- 2  My parent(s)
- 3  Roommates, friends
- 4  My husband/wife
- 5  My domestic partner
- 6  My child(ren), including any step-children or adopted children
- 7  My brothers/sisters
- 8  Other (please specify): \_\_\_\_\_

69. 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

## ***Personal and Household Resources***

70. What is your current monthly (OR yearly) income before taxes and deductions? Please do not include the income of others in your household.
- 1  None
  - 2  Under \$400 (under \$5,000 per year)
  - 3  \$400-1,249 (\$5,000-\$14,999 per year)
  - 4  \$1,250-\$2,099 (\$15,000-\$24,999 per year)
  - 5  \$2,100-\$2,499 (\$25,000-\$29,999 per year)
  - 6  \$2,500-\$3,299 (\$30,000-\$39,999 per year)
  - 7  \$3,300-\$4,199 (\$40,000-\$49,999 per year)
  - 8  \$4,200-\$6,249 (\$50,000-\$74,999 per year)
  - 9  \$6,250-\$8,299 (\$75,000-\$99,999 per year)
  - 10  \$8,300 or above (\$100,000 or above per year)
71. How difficult is it for you to get by financially right now?
- 1  Not at all difficult
  - 2  Somewhat difficult
  - 3  Very difficult or can barely get by
  - 4  Extremely difficult or impossible
72. In the past year, did you or any member of your household receive WIC (Women, Infants, and Children Program) benefits or SNAP (Supplemental Nutrition Assistance Program or Food Stamp Program) benefits?
- 1  No
  - 2  Yes
  - 3  I don't know
73. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
- 1  No
  - 2  Yes
  - 3  I don't know
74. In the last 12 months, were you ever hungry but didn't eat because there was not enough money for food?
- 1  No
  - 2  Yes
  - 3  I don't know

**Other THINGS GOING ON IN YOUR LIFE NOW can also affect your eating and activity ... Remember, your responses are CONFIDENTIAL.**

75. Have any of the following life events or problems happened to you? (Mark all that apply.)

	<i>Yes, in the past year</i>	<i>Yes, more than a year ago</i>	<i>No</i>
a. Had problems with the police	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Been hit, shoved, held down or had some other physical force used against you by a spouse or someone you were dating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Been forced to touch a dating partner or spouse sexually or had some type of sexual behavior forced on you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Been attacked, beaten, or mugged ( <u>not</u> including events that involved a parent, caretaker, spouse, or dating partner)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Had a close family member or friend die violently, for example in a serious car crash, mugging, homicide, or suicide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Witnessed a situation in which someone was seriously injured or killed, or in which you feared someone would be seriously injured or killed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

	<i>Never</i>	<i>A few times</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>
a. Cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. E-cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Beer, wine, hard liquors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Marijuana	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other drugs (cocaine, heroin, meth, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

77. Think back over the last two weeks. How many times have you had five or more drinks at a sitting? (A drink is defined as: a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)

- 1  I do not drink alcohol
- 2  None
- 3  Once
- 4  Twice
- 5  3-5 times
- 6  6-9 times
- 7  10 or more times

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

	<i>Not at all</i>	<i>Somewhat</i>	<i>Very much</i>
a. feeling too tired to do things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. having trouble going to sleep or staying asleep	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. feeling unhappy, sad, or depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. feeling hopeless about the future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. feeling nervous or tense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. worrying too much about things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**79. 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"/>
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"/>
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"/>
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"/>
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"/>
f. I certainly feel useless at times.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**80. For each statement below, please indicate how often you behave as described.**

	<i>Almost never</i> 1	2	3	4	<i>Almost always</i> 5
a. I try to be understanding and patient towards those aspects of my personality I don't like.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I'm kind to myself when I'm experiencing suffering.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. When I'm going through a very hard time, I give myself the caring and tenderness I need.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I'm tolerant of my own flaws and inadequacies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I try to be loving toward myself when I'm feeling emotional pain.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**81. 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"/>
b. You are teased or harassed about your financial situation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. You are teased or harassed in a sexual way (such as 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"/>
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"/>
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"/>



**SOMETIMES, things that happened when YOU WERE GROWING UP can affect your eating and activity... Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.**

82. Prior to your 18<sup>th</sup> birthday, did the following things ever happen?

	No	Yes
a. <u>Someone in your family</u> touched you in a sexual way against your wishes or forced you to touch them in a sexual way	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. <u>Someone outside your family</u> touched you in a sexual way against your wishes or forced you to touch them in a sexual way (do not include events that involved a dating partner)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. You lived with someone who was a problem drinker or alcoholic, who used street drugs, or who abused prescription drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. A household member was depressed, mentally ill, or attempted suicide	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. A household member went to prison	1 <input type="checkbox"/>	2 <input type="checkbox"/>

83. Prior to your 18<sup>th</sup> birthday, how often were the following statements true?

	Never	Rarely	Sometimes	Often	Very often
a. An adult in my family said hurtful or insulting things to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. An adult in my family hit me so hard it left me with bruises or marks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

84. To what extent do you agree or disagree with the following statements about your **CURRENT work or school situation?**

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
a. There is pressure to be thin and not gain weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. People of all sizes are equally accepted.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. People are treated differently because of their weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. There are people of all shapes and sizes in leadership roles.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I have been treated unfairly at work or school because of my weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. People at work or school have made comments about my body shape or size.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

85. In your day-to-day life, how often have any of the following things happened to you?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week
a. You are treated with less respect or courtesy than other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. You receive poorer service than other people in restaurants and stores.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. People act as if they think you are not smart or clever.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

86. 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  2  3  4  5  6  7  8  9  10

87. 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  2  3  4  5  6  7  8  9  10

88. 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.
- b. What time do you get out of bed (to start your day)? :   A.M.  P.M.

89. 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.
- b. What time do you get out of bed (to start your day)? :   A.M.  P.M.

90. What is today's date? |\_\_|\_\_| / |\_\_|\_\_| / 20|\_\_|\_\_|  
Month Day Year