Thank you for your interest in the **EAT Gen2 Adolescent Survey**. This survey was completed by the adolescent children (12-18 years) of young adult cohort members as part of the 15-year follow-up assessment. If you use items from this survey in your work, the following citations are recommended:

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

Additional information about Project EAT is available at the study website. There is only limited support available for assistance with the survey.

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You can also visit the Project EAT website at http://www.sphresearch.umn.edu/epi/project-eat/ for additional information about Project EAT. There is only limited support available for assistance with the survey.

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EAT Gen2 Survey

UNIVERSITY OF MINNESOTA

12-18 years

EAT Gen2 Survey

UNIVERSITY OF MINNESOTA

12-18 years

THANKS

For agreeing to fill out this survey!

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

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

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

This survey takes about one hour to complete and we will mail you a $25 Target gift card as a "thank you" when we receive your completed survey. $25 in one hour - - not bad!

EAT Gen2

Let's START with some GENERAL QUESTIONS about you

1. Are you …?

1 ☐ Male
2 ☐ Female

2. What is your birthdate? |___|___| / |___|___| / |___|___|___|___|
Month *Day* *Year*

3. What grade are you in?

1 ☐ 5th
2 ☐ 6th
3 ☐ 7th
4 ☐ 8th
5 ☐ 9th
6 ☐ 10th
7 ☐ 11th
8 ☐ 12th
9 ☐ Other (please describe): _____
10 ☐ I am not in school

4. Do you think of yourself as…? (You may choose more than one)

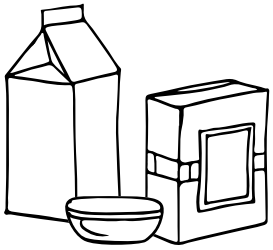
1 ☐ White
2 ☐ Black or African American
3 ☐ Hispanic or Latino
4 ☐ Asian American
5 ☐ Native Hawaiian or other Pacific Islander
6 ☐ American Indian or Native American
7 ☐ Other: _____

5. Is your background any of the following?

1 ☐ Hmong
2 ☐ Cambodian
3 ☐ Vietnamese
4 ☐ Laotian
5 ☐ Somali
6 ☐ Ethiopian
7 ☐ Other: _____
8 ☐ None of the above

Your EATING HABITS…
when, why, how, and what?

6. During the <u>past week</u>, how many days did you eat *breakfast?*



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

7. How many times did you snack (eat in-between meals) <u>yesterday</u>*?*

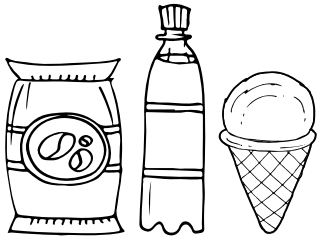
1 ☐ None
2 ☐ 1 time
3 ☐ 2-3 times
4 ☐ 4-5 times
5 ☐ More than 5 times

8. During the past year, how many snacks (food or drinks) did you eat on an average <u>school day</u>?

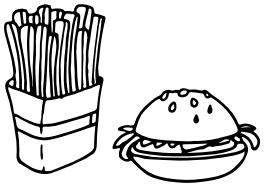
		None	*1*	*2*	*3*	*4 or more*
a.	Between breakfast and lunch	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	After lunch, before dinner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	After dinner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

9. During the past year, how many snacks (food or drinks) did you eat on an average <u>vacation/weekend day</u>?

		None	*1*	*2*	*3*	*4 or more*
a.	Between breakfast and lunch	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	After lunch, before dinner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	After dinner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐



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



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

11. Are you a vegetarian?

1 ☐ Yes
2 ☐ No **If no, then go to question #13**

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

		Yes	*No*
a.	Eggs	1 ☐	2 ☐
b.	Dairy food (such as milk, cheese)	1 ☐	2 ☐
c.	Chicken	1 ☐	2 ☐
d.	Fish	1 ☐	2 ☐

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	I stop eating when I feel full	1 ☐	2 ☐	3 ☐	4 ☐
b.	I trust my body to tell me how much to eat	1 ☐	2 ☐	3 ☐	4 ☐

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	I think a lot about being thinner	1 ☐	2 ☐	3 ☐	4 ☐
b.	I am worried about gaining weight	1 ☐	2 ☐	3 ☐	4 ☐
c.	I weigh myself often	1 ☐	2 ☐	3 ☐	4 ☐
d.	I sometimes skip meals since I am concerned about my weight	1 ☐	2 ☐	3 ☐	4 ☐

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

		Never/ rarely	*1-3 times per month*	*1-2 times per week*	*3-4 times per week*	*5-6 times per week*	*1+ times per day*
a.	Traditional "burger-and-fries" fast food restaurant (such as McDonald's, Burger King, Wendy's, or Culver's)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b.	Mexican fast food restaurant (such as Taco Bell, Taco John's, or Chipotle)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c.	Fried chicken (such as KFC)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d.	Sandwich or sub shop (such as Subway, Panera, or Quiznos)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e.	Pizza place	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f.	Asian fast food restaurant (such as Leeann Chin or Panda Express)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g.	Sit-down restaurant (where waitstaff brings food to your table)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h.	Other fast food or sit-down restaurant (please specify: _____)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

16. In the <u>past month</u>, have you noticed any calorie information while purchasing a meal or snack in any type of restaurant (such as a coffee shop, fast food restaurant, fast casual restaurant, or sit-down restaurant)?

1 ☐ Yes

2 ☐ No (**If no, then go to question #18 on the next page)**

17. How did you use that calorie information in a restaurant when deciding what to order? Please mark all that apply.

1 ☐ I did not use the calorie information

2 ☐ I used the information to avoid ordering high calorie menu items

3 ☐ I used the information to avoid ordering something that would leave me hungry

4 ☐ I used the information to decide on a smaller portion size

5 ☐ I used the information to decide on a larger portion size

6 ☐ Other (please specify): _____

18. How often do you use the Nutrition Facts panel (or other part of the food label: ingredient list, serving size or health claims information) before buying or choosing to eat a food product for the first time?

Nutrition Facts
Serving Size 5 oz. (120g)
Servings Per Container 4

Amount Per Serving	
Calories	33
Calories from Fat	0
Total Fat 0g	% Daily Value*
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 25mg	0%
Total Carbohydrate 16g	1%
Dietary Fiber 0g	5%
Sugars 1g	0%
Protein 2g	

Vitamin A 180%	•	**Vitamin C** 15%
Calcium 5%	•	**Iron** 2%

Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

	Calories	2,000	2,500
Total Fat	Less Than	65g	80g
Sat Fat	Less Than	20g	25g
Cholesterol	Less Than	300mg	300mg
Sodium	Less Than	2,400 mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

1 ☐ Never
2 ☐ Rarely
3 ☐ Sometimes
4 ☐ Most of the time
5 ☐ Always

19. How much money do you spend on <u>snacks and drinks for yourself</u> on a typical day? (Please do not include the cost of foods or drinks that other people buy for you.)

1 ☐ I do not usually buy snacks or drinks for myself **(Go to question #23)**
2 ☐ Less than $1
3 ☐ $1
4 ☐ $2
5 ☐ $3
6 ☐ $4
7 ☐ $5
8 ☐ $6
9 ☐ $7
10 ☐ $8
11 ☐ $9
12 ☐ $10 or more

20. When do you usually buy snacks or drinks for yourself? (Mark all that apply.)

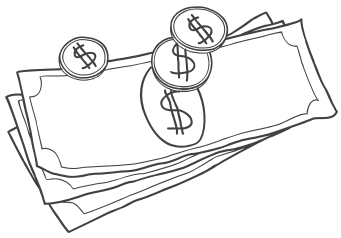
1 ☐ On my way to school in the morning
2 ☐ At school before class starts
3 ☐ For lunch at school
4 ☐ At school between classes
5 ☐ At school after class ends
6 ☐ After school, somewhere other than on school grounds
7 ☐ In the evening
8 ☐ On weekends

21. Think about all the places where you bought food, snacks, or drinks for yourself during the last week. How often did you use your own money to buy food, snacks, or drinks from each of the following places?

		Never	*1 time*	*2-3 times*	*4-6 times*	*7+ times*
a.	Supermarket or grocery store (like Cub Foods or Rainbow Foods)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Convenience store, gas station (like SuperAmerica) or pharmacy (like Walgreens)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Fast food restaurant or carry-out	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	At school (for example, from the cafeteria, vending machine, or snack bar)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	Other (please specify): _____	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

22. The last time you used your own money to buy food, snacks, or drinks for yourself at a convenience store, gas station or pharmacy, what did you buy? (Mark all that apply.)

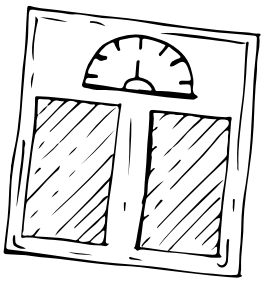
1 ☐ Regular soda, sports drink, or energy drink
2 ☐ Fruit drink, punch, or lemonade
3 ☐ Diet soda or other diet drink
4 ☐ Coffee drink
5 ☐ Water
6 ☐ Fruit or 100% fruit juice (like Welch's)
7 ☐ Baked sweets (like cakes or cookies)
8 ☐ Salty snacks (like chips, crackers, or pretzels)
9 ☐ Chocolate, candy bar, or other candy
10 ☐ Milk or yogurt
11 ☐ Dried fruit, nuts, or seeds (like sunflower seeds)
12 ☐ Prepared food (like sandwiches, pizza, or hot dogs)
13 ☐ Other (please specify): _____



Now some questions about weight….

23. Are you <u>currently</u> trying to:

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



24. 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

25. Have you gone on a diet to lose weight during the <u>last year</u>?

1 ☐ Yes
2 ☐ No

26. How often did you go on a diet during the <u>last year</u>?

1 ☐ Never
2 ☐ 1-4 times
3 ☐ 5-10 times
4 ☐ More than 10 times
5 ☐ I am always dieting

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

		Yes	*No*
a.	Fasted	1 ☐	2 ☐
b.	Ate very little food	1 ☐	2 ☐
c.	Took diet pills	1 ☐	2 ☐
d.	Made myself vomit (throw up)	1 ☐	2 ☐
e.	Used laxatives	1 ☐	2 ☐
f.	Used diuretics (water pills)	1 ☐	2 ☐
g.	Used food substitute (powder/special drink)	1 ☐	2 ☐
h.	Skipped meals	1 ☐	2 ☐
i.	Smoked more cigarettes	1 ☐	2 ☐

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

		Never	*Rarely*	*Sometimes*	*On a regular basis*
a.	Exercise	1 ☐	2 ☐	3 ☐	4 ☐
b.	Ate more fruits and vegetables	1 ☐	2 ☐	3 ☐	4 ☐
c.	Ate less high-fat foods	1 ☐	2 ☐	3 ☐	4 ☐
d.	Ate less sweets	1 ☐	2 ☐	3 ☐	4 ☐
e.	Drank less soda pop (not including diet pop)	1 ☐	2 ☐	3 ☐	4 ☐
f.	Watched my portion sizes (serving sizes)	1 ☐	2 ☐	3 ☐	4 ☐

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

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

You are halfway finished…

30. 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 #34 on the next page**

31. 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

32. How often, on average, did you have times when you ate this way – that is, large amounts of food plus the feeling that your eating was out of control?

1 ☐ Nearly every day
2 ☐ A few times a week
3 ☐ A few times a month
4 ☐ Less than once a month

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

1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ A lot

Your PHYSICAL ACTIVITY habits and other things you like to do…

In a usual <u>week</u>, how many hours do you spend doing the following activities:

34. 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

35. Moderate exercise (not exhausting)

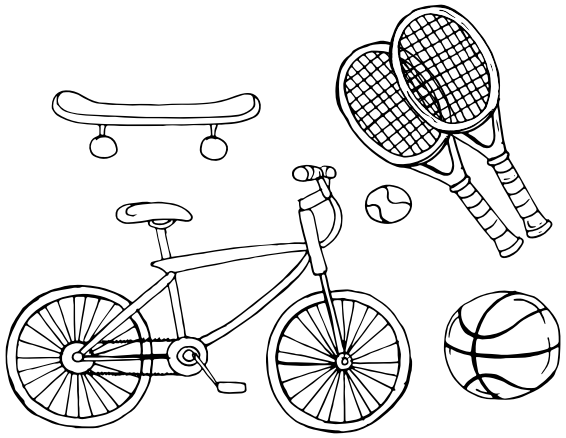
Examples: walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- ☐ 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

36. Mild exercise (little effort)

Examples: walking slowly (to school, to friend's house, etc.), 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

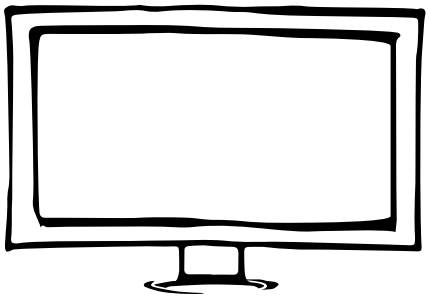


37. During the <u>past 7 days</u>, on how many days were you physically active for a total of at least <u>60 minutes</u> per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

38. On an average school day, how many hours do you watch TV?

- ☐ I do not watch TV on an average school day
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day



39. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

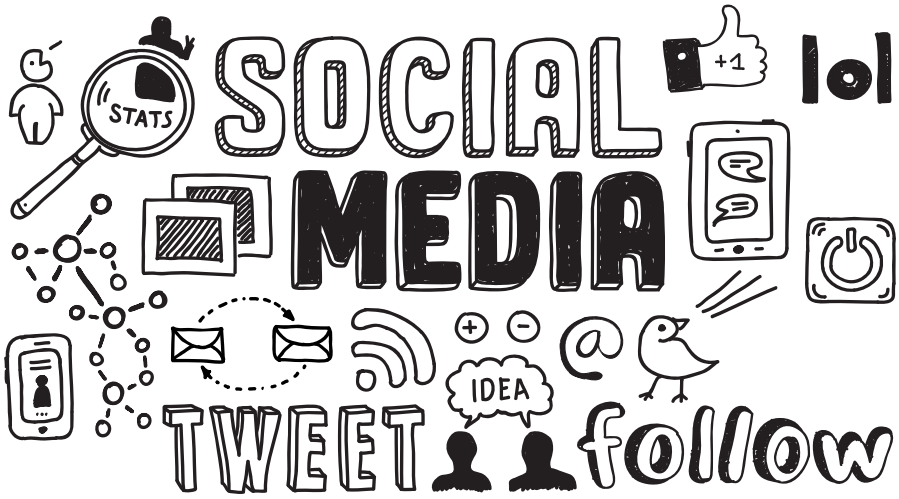
- ☐ I do not play video or computer games or use a computer for something that is not school work
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

40. On an average WEEKEND DAY, how many hours do you watch TV?

- ☐ I do not watch TV on an average weekend
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

41. On an average WEEKEND DAY, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- ☐ I do not play video or computer games or use a computer for something that is not school work
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day



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

42. 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 ☐
b.	having trouble going to sleep or staying asleep	1 ☐	2 ☐	3 ☐
c.	feeling unhappy, sad, or depressed	1 ☐	2 ☐	3 ☐
d.	feeling hopeless about the future	1 ☐	2 ☐	3 ☐
e.	feeling nervous or tense	1 ☐	2 ☐	3 ☐
f.	worrying too much about things	1 ☐	2 ☐	3 ☐

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

		Strongly disagree	*Disagree*	*Agree*	*Strongly agree*
a.	On the whole, I am satisfied with myself	1 ☐	2 ☐	3 ☐	4 ☐
b.	I feel that I have a number of good qualities	1 ☐	2 ☐	3 ☐	4 ☐
c.	At times I think I am no good at all	1 ☐	2 ☐	3 ☐	4 ☐
d.	I am able to do things as well as most other people	1 ☐	2 ☐	3 ☐	4 ☐
e.	I wish I could have more respect for myself	1 ☐	2 ☐	3 ☐	4 ☐
f.	I certainly feel useless at times	1 ☐	2 ☐	3 ☐	4 ☐

44. How often have you used the following during the <u>past year</u> (12 months)?

		Never	*A few times*	*Monthly*	*Weekly*	*Daily*
a.	Cigarettes	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Beer, wine, hard liquors	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Marijuana	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

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

47. 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

48. During the past six months, how important has your weight or shape been in how you feel about yourself?

1 ☐ Weight and shape were not very important
2 ☐ Weight and shape played a part in how I felt about myself
3 ☐ Weight and shape were among the main things that affected how I felt about myself
4 ☐ Weight and shape were the most important things that affected how I felt about myself

49. How satisfied are you with your:

		Very dissatisfied				*Very satisfied*
a.	Height	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Weight	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Body shape	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	Waist	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	Hips	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f.	Thighs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g.	Stomach	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h.	Face	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i.	Body build	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j.	Shoulders	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
k.	Muscles	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l.	Chest	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
m.	Overall body fat	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

		Never	*Less than once a year*	*A few times a year*	*A few times a month*	*At least once a week*
a.	You have teased others about their appearance	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	You have teased others about their weight	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Your FAMILY may affect your eating & activity habits, so we'd like to know more about them……

51. How strongly do you agree with the following statements about your current home?

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	Family members are accepted for who they are	1 ☐	2 ☐	3 ☐	4 ☐
b.	Making decisions is a problem for our family	1 ☐	2 ☐	3 ☐	4 ☐
c.	We don't get along well together	1 ☐	2 ☐	3 ☐	4 ☐
d.	We can express feelings to each other	1 ☐	2 ☐	3 ☐	4 ☐
e.	Planning family activities is difficult because we misunderstand each other	1 ☐	2 ☐	3 ☐	4 ☐
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 ☐	2 ☐	3 ☐	4 ☐

52. Think about the people that live in your home (e.g., mother, father, brother, sister). How often do family members…

		Never	*Rarely*	*Sometimes*	*Often*
a.	talk about their own weight?	1 ☐	2 ☐	3 ☐	4 ☐
b.	talk about each other's weight?	1 ☐	2 ☐	3 ☐	4 ☐
c.	tease one another about their weight?	1 ☐	2 ☐	3 ☐	4 ☐
d.	talk about other people's (non-family members') weight?	1 ☐	2 ☐	3 ☐	4 ☐

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

1 ☐ Yes

2 ☐ No **If no, then go to question #56**

54. How often are you teased or made fun of by family members because of your weight?

1 ☐ Never

2 ☐ Less than once a year

3 ☐ A few times a year

4 ☐ A few times a month

5 ☐ At least once a week

55. Which of your family members have teased or made fun of you because of your weight? (You may choose more than one)

1 ☐ Mother

2 ☐ Father

3 ☐ Brother

4 ☐ Sister

5 ☐ Other family member (please specify): _____

EATING TOGETHER with your FAMILY and FOOD in your HOME

56. During the <u>past seven days</u>, 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

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	In my family, we often watch TV while eating dinner	1 ☐	2 ☐	3 ☐	4 ☐
b.	I enjoy eating meals with my family	1 ☐	2 ☐	3 ☐	4 ☐
c.	We are often just too busy to eat dinner together as a family	1 ☐	2 ☐	3 ☐	4 ☐
d.	I like to prepare/make food	1 ☐	2 ☐	3 ☐	4 ☐

58. Thinking about the <u>past seven days</u>, indicate when you were involved in preparing/making food at home.

		0 days	*1-2 days*	*3-4 days*	*5-6 days*	*7 days*
a.	Breakfast	☐	☐	☐	☐	☐
b.	Lunch	☐	☐	☐	☐	☐
c.	Dinner or supper	☐	☐	☐	☐	☐

59. Thinking about the <u>past seven days</u>, indicate how often there was an adult present when you were involved with preparing/making food.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

60. During the <u>past month</u>, how often have you helped to prepare a meal that included vegetables?

1 ☐ Never
2 ☐ One time
3 ☐ A few times
4 ☐ Weekly
5 ☐ A few times a week
6 ☐ Most days of the week

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

1 ☐ No
2 ☐ Yes
3 ☐ I don't know

62. How often during the last <u>12 months</u> 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

The next few pages ask about your mother and father.
Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible each of the questions below about the people you think of as your mother and father.

YOUR MOTHER….

63. To help us understand your answers to the following questions, please write your mother's name here. (*If your mother is not around, it's okay to write the name of a step-mother or other adult who lives with you.)*

_____
First name

64. How is this person related to you?

1 ☐ Your mother
2 ☐ Your step-mother
3 ☐ Other relative
4 ☐ Other adult

65. 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

66. 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

67. My mother…

		Not at all	*A little bit*	*Somewhat*	*Very much*
a.	diets to lose weight or keep from gaining weight.	1 ☐	2 ☐	3 ☐	4 ☐
b.	encourages me to eat healthy foods.	1 ☐	2 ☐	3 ☐	4 ☐
c.	encourages me to diet to control my weight.	1 ☐	2 ☐	3 ☐	4 ☐
d.	talks about her weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐
e.	talks to me about my weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐
f.	talks about other people's weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐

68. During a typical week, how often has your mother…

		Never	*Once*	*Sometimes*	*Most days*	*Every day*
a.	encouraged you to do physical activities or play sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	done a physical activity or played sports with you?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	provided transportation to a place where you can do physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	watched you participate in physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	told you that you are doing well in physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

YOUR FATHER….

69. To help us understand your answers to the following questions, please write your father's name here. (*If your father is not around, it's okay to write the name of a step-father or other adult who lives with you.)*

_____
First name

70. How is this person related to you?

1 ☐ Your father
2 ☐ Your step-father
3 ☐ Other relative
4 ☐ Other adult

71. 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

72. 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

73. My father…

		Not at all	*A little bit*	*Somewhat*	*Very much*
a.	diets to lose weight or keep from gaining weight.	1 ☐	2 ☐	3 ☐	4 ☐
b.	encourages me to eat healthy foods.	1 ☐	2 ☐	3 ☐	4 ☐
c.	encourages me to diet to control my weight.	1 ☐	2 ☐	3 ☐	4 ☐
d.	talks about his weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐
e.	talks to me about my weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐
f.	talks about other people's weight (for example, being too fat or too skinny)	1 ☐	2 ☐	3 ☐	4 ☐

74. During a typical week, how often has your father…

		Never	*Once*	*Sometimes*	*Most days*	*Every day*
a.	encouraged you to do physical activities or play sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	done a physical activity or played sports with you?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	provided transportation to a place where you can do physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	watched you participate in physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	told you that you are doing well in physical activities or sports?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

for completing the
EAT Gen2 survey!