

Thank you for your interest in the **EAT Gen2 Preadolescent Survey**. This survey was completed by the adolescent children (9-11 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:

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

Goldschmidt A, Wall M, Choo T, Evans E, Jelalian E, Larson N, Neumark-Sztainer D. Fifteen-year weight and disordered eating patterns among community-based adolescents. *Am J Prev Med*. 2018;54(1):e21-e9.

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

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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 a ...?

- 1 Boy
- 2 Girl

2. What is your age?

- 1 8 or younger
- 2 9
- 3 10
- 4 11
- 5 12 or older

3. What grade are you in?

- 1 2nd
- 2 3rd
- 3 4th
- 4 5th
- 5 6th
- 6 7th
- 7 Other (please describe): _____
- 8 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: _____

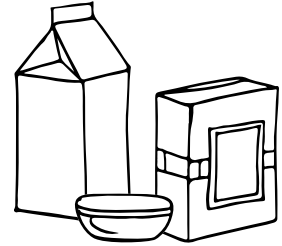
5. Is your background any of the following?

- 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 past week, how many days did you eat *breakfast*?

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

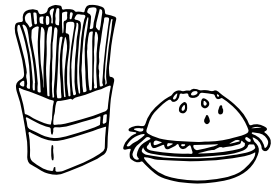


7. How many times did you snack (eat in-between meals) yesterday?

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

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

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



9. Are you a vegetarian?

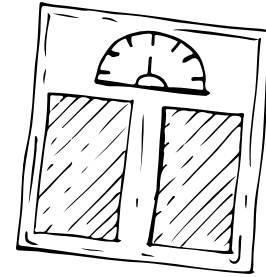
- 1 Yes
 - 2 No
 - 3 I don't know
- } Go to question #11

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

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

11. Do you think a lot about being thinner?

- 1 YES!
- 2 yes
- 3 no
- 4 NO!



12. Do you worry about gaining weight?

- 1 YES!
- 2 yes
- 3 no
- 4 NO!

13. Do you weigh yourself often?

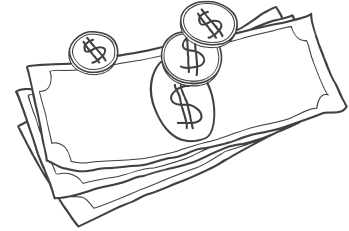
- 1 YES!
- 2 yes
- 3 no
- 4 NO!

14. Do you sometimes skip meals because you are concerned about your weight?

- 1 YES!
- 2 yes
- 3 no
- 4 NO!

15. How much money do you spend on snacks and drinks for yourself 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 #19)
- 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



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

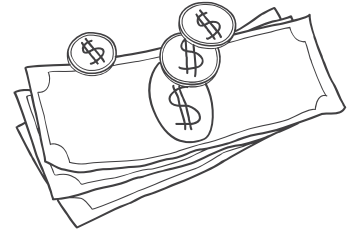
- 1 On my way to school in the morning
- 2 At school before class starts
- 3 For lunch at school
- 4 At school between classes
- 5 At school after class ends
- 6 After school, somewhere other than on school grounds
- 7 In the evening
- 8 On weekends

17. 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?

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

18. 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.)

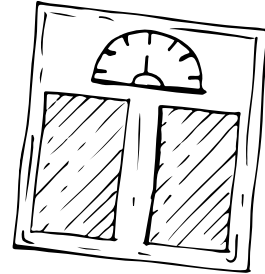
- 1 Regular soda, sports drink, or energy drink
- 2 Fruit drink, punch, or lemonade
- 3 Diet soda or other diet drink
- 4 Coffee drink
- 5 Water
- 6 Fruit or 100% fruit juice (like Welch's)
- 7 Baked sweets (like cakes or cookies)
- 8 Salty snacks (like chips, crackers, or pretzels)
- 9 Chocolate, candy 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....

19. 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



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

- 1 Yes
- 2 No (If no, then go to question #23)

21. How often did you go on a diet during the last year?

- 1 1-4 times
- 2 5-10 times
- 3 More than 10 times
- 4 I am always dieting

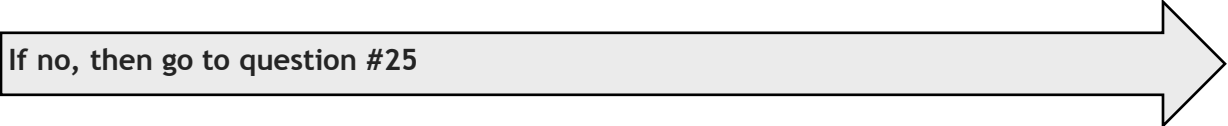
22. What did you do to lose weight during the last year?

23. 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? (sometimes this is called “binge eating”)

1 Yes

2 No

If no, then go to question #25



24. 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

You are halfway finished ... keep going



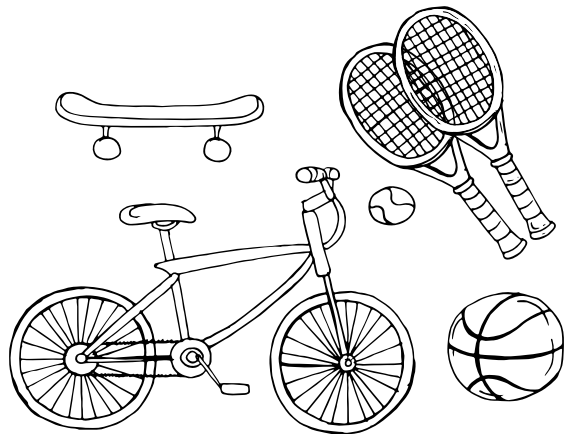
Your PHYSICAL ACTIVITY habits and other things you like to do...

Please think about physical activity as any activity that increases your heart rate, makes you get out of breath some of the time, makes you sweat or makes your legs feel tired.

Some examples of physical activity are walking to school, playing sports, dancing, walking fast, biking, swimming, and playing games with friends that make you breathe hard like tag, skipping, or running.

25. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes 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



26. 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

27. 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.)

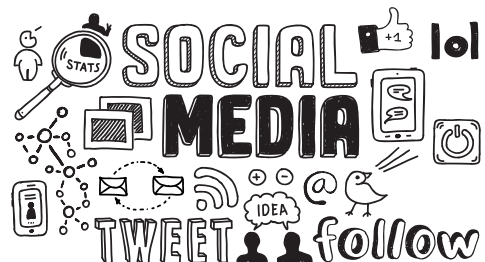
- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

28. 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

29. 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

30. 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"/>

31. Do you agree with the following statements?

	<i>YES!</i>	<i>yes</i>	<i>no</i>	<i>NO!</i>
a. I am happy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I am doing fine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I feel exhausted by everything	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I worry a lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I feel sad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I get upset quickly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I am not in the mood for anything	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I often think I did something wrong	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

32. How tall are you? |__| feet |__|__| inches Check here if you don't know

33. How much do you weigh? |__|__|__| pounds Check here if you don't know

34. At this time, do you feel that you are:

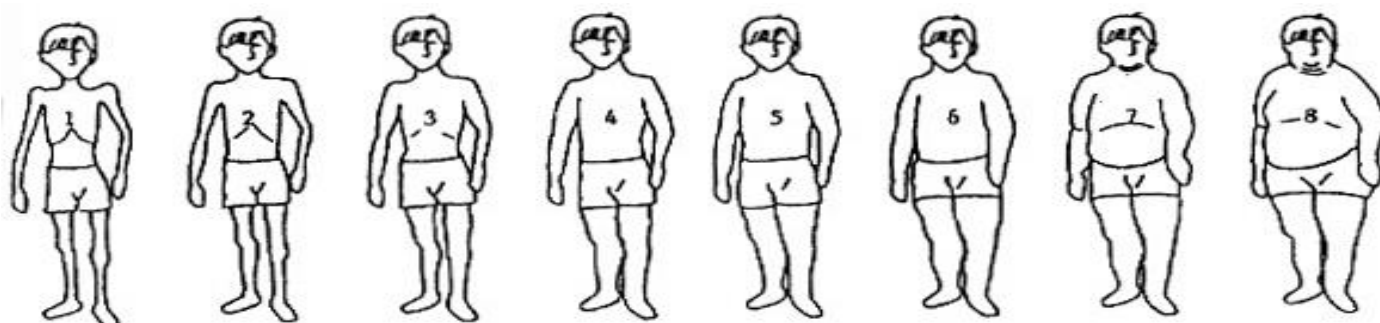
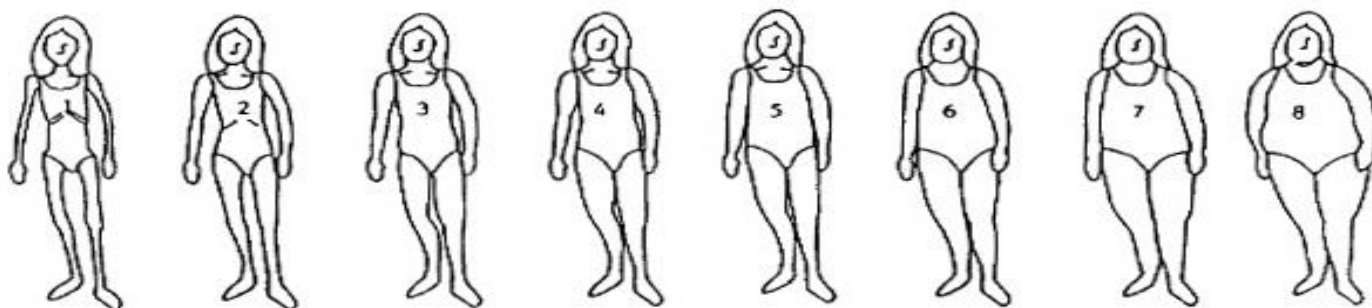
- 1 Very underweight
- 2 Somewhat underweight
- 3 About the right weight
- 4 Somewhat overweight
- 5 Very overweight

35. Are you happy with your:

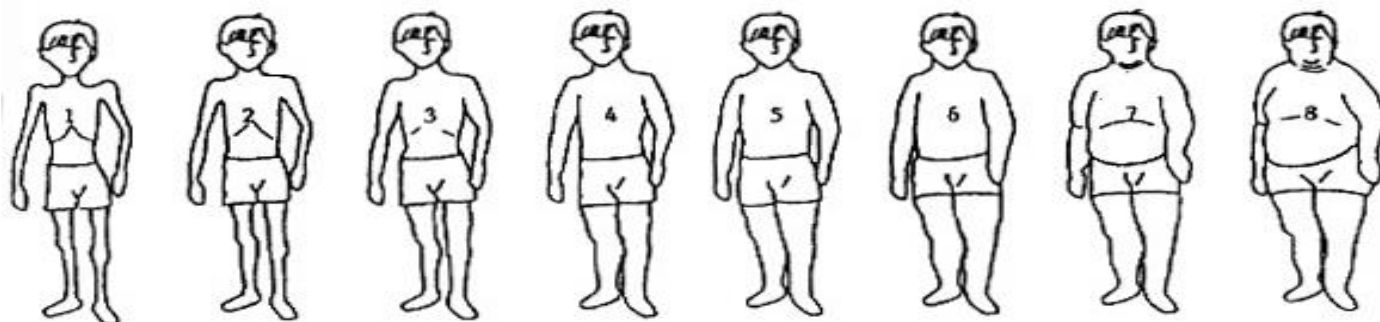
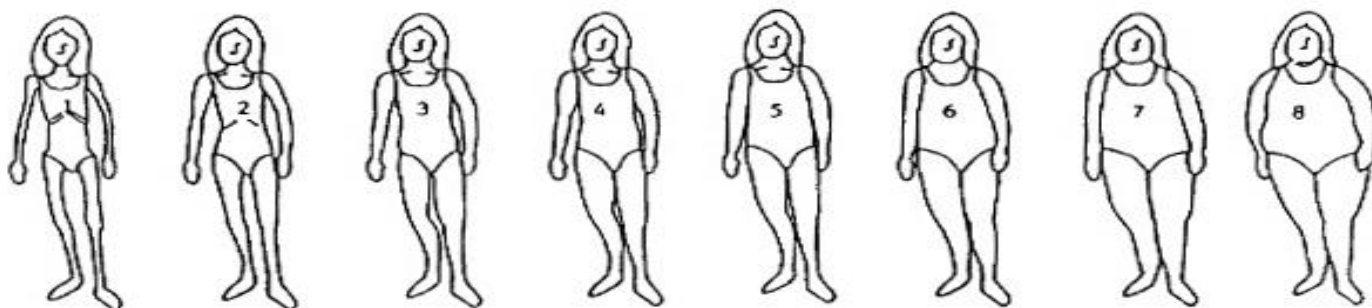
	YES!	yes	no	NO!
a. Height	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Waist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Hips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Thighs (the part of your legs above the knee)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Stomach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Face	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Shoulders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Chest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Overall body fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



36. Circle the drawing that most looks like your body.



37. Now circle the drawing you would most like your body to look like.



38. How often have you teased others about how they look?

- 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

39. How often have you teased others about their weight (for example, being too fat or too skinny)?

- 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

40. In your family, do family members talk about weight?

- 1 YES!
- 2 yes
- 3 no
- 4 NO!

EATING TOGETHER with your FAMILY and FOOD in your HOME

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

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

42. Do you enjoy eating meals with your family?

- 1 YES!
- 2 Yes
- 3 No
- 4 NO!

43. Do you like to make or cook food?

- 1 YES!
- 2 Yes
- 3 No
- 4 NO!

***THANK YOU for completing the
EAT Gen2 survey!***

