

Thank you for your interest in the **Project EAT-I Survey**. This baseline survey was completed by participants attending middle school and high school. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Story M, Hannan PJ, Perry CL, Irving LM. Weight-related concerns and behaviors among overweight and non-overweight adolescents: Implications for preventing weight-related disorders. *Archives of Pediatrics and Adolescent Medicine*. 2002;156:171-178.

Neumark-Sztainer D, Story M, Hannan P, Moe J. Overweight status and eating patterns among adolescents: Where do youth stand in comparison to the Healthy People 2010 Objectives? *American Journal of Public Health*. 2002;92(5):844-851.

Neumark-Sztainer D, Wall M, Story M, Perry C. Correlates of unhealthy weight control behaviors among adolescent girls and boys: Implications for prevention programs. *Health Psychology*. 2003;22:88-98.

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.

Dianne Neumark-Sztainer, PhD, MPH, RD  
Professor  
Division of Epidemiology and Community Health  
School of Public Health  
University of Minnesota  
1300 South Second Street Suite 300  
Minneapolis, MN 55454  
E-mail: [neumark@epi.umn.edu](mailto:neumark@epi.umn.edu)

Thank you for your interest in the **Project EAT-I Survey**. This baseline survey was completed by participants attending middle school and high school. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Story M, Hannan PJ, Perry CL, Irving LM. Weight-related concerns and behaviors among overweight and non-overweight adolescents: Implications for preventing weight-related disorders. *Archives of Pediatrics and Adolescent Medicine*. 2002;156:171-178.

Neumark-Sztainer D, Story M, Hannan P, Moe J. Overweight status and eating patterns among adolescents: Where do youth stand in comparison to the Healthy People 2010 Objectives? *American Journal of Public Health*. 2002;92(5):844-851.

Neumark-Sztainer D, Wall M, Story M, Perry C. Correlates of unhealthy weight control behaviors among adolescent girls and boys: Implications for prevention programs. *Health Psychology*. 2003;22:88-98.

You can also visit the Project EAT website at <http://www.sph.umn.edu/eat> for additional information about Project EAT. The psychometric properties of measures can be found in published manuscripts posted at the website; however, only limited support is available for assistance with the survey.

Dianne Neumark-Sztainer, PhD, MPH, RD  
Professor  
Division of Epidemiology and Community Health  
School of Public Health  
University of Minnesota  
1300 South Second Street Suite 300  
Minneapolis, MN 55454  
E-mail: [neumark@epi.umn.edu](mailto:neumark@epi.umn.edu)

# The Project EAT Survey

**PROJECT  
EAT**

UNIVERSITY OF MINNESOTA

Eating Among Teens

# THANKS!

**For agreeing to fill out this survey!**

The questionnaire you are about to complete is very important. The information you share with us will be used to develop health and nutrition programs for youth. Please answer every question carefully. Do not spend too much time on any one question. If something is not clear, please ask for an explanation. Your help with this project is greatly appreciated.

This is NOT a test. Your name will NOT be on the survey, so no one will know who you are. Please be as honest as you can in your responses.

## MARKING DIRECTIONS

- Mark your answers with a pencil
- Make dark marks that fill the circle
- Erase cleanly any answer you want to change
- Make NO stray marks anywhere on the booklet

Examples:

Correct Mark

Incorrect Marks

○ ● ○

◐ ◑ ◒

# Let's START with some GENERAL QUESTIONS About you

## 1. What is your age?

- 1. ☐ 11 or younger
- 2. ☐ 12
- 3. ☐ 13
- 4. ☐ 14
- 5. ☐ 15
- 6. ☐ 16
- 7. ☐ 17
- 8. ☐ 18 or older

30

## 2. What grade are you in?

- 1. ☐ 7th
- 2. ☐ 8th
- 3. ☐ 9th
- 4. ☐ 10th
- 5. ☐ 11th
- 6. ☐ 12th

31

## 3. Are you ...?

- 1. ☐ Male
- 2. ☐ Female

32

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

- a. ☐ White
- b. ☐ Black or African American
- c. ☐ Hispanic or Latino
- d. ☐ Asian American
- e. ☐ Hawaiian or Pacific Islander
- f. ☐ American Indian or Native American

33

34

35

36

37

38

## 5. Were you born in the United States?

- 1. ☐ Yes
- 2. ☐ No: In what country? \_\_\_\_\_

39

## 6. Is your background any of the following? (mark one)

- 1. ☐ Hmong
- 2. ☐ Cambodian
- 3. ☐ Vietnamese
- 4. ☐ Laotian
- 5. ☐ Somalian
- 6. ☐ Ethiopian
- 7. ☐ Other: \_\_\_\_\_
- 8. ☐ None of the above

40

# Your EATING HABITS... When, why, and how do you eat what you eat?

## 7. 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

41

## 8. During the past week, how many days did you eat *lunch*?

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

42

## 9. During the past week, how many days did you eat *dinner*?

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

43

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

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

44

11. Where did you *usually* eat dinner last week? (mark only one)

- 1. ☐ At home
- 2. ☐ At a fast food restaurant
- 3. ☐ At another type of restaurant
- 4. ☐ At someone else's house
- 5. ☐ I did not eat dinner

45

12. In the past week, how many times did you help prepare food for dinner?

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

46

13. In the past week, how many times did you help to shop for groceries?

- 1. ☐ Never
- 2. ☐ One time
- 3. ☐ More than one time

47

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

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

48

15. In the past month, how often did you eat any type of salty snack food (such as potato chips, tortilla chips, cheese curls, etc.)?

- 1. ☐ Never
- 2. ☐ 1-3 times a month
- 3. ☐ 1 time a week
- 4. ☐ 2-4 times a week
- 5. ☐ 5 or more times a week

49

16. In the past month, how often did you eat any salty snack foods made with the fat substitute Olestra or Olean, such as Wow® brand chips?

- 1. ☐ Never
- 2. ☐ 1-3 times a month
- 3. ☐ 1 time a week
- 4. ☐ 2-4 times a week
- 5. ☐ 5 or more times a week
- 6. ☐ I don't know

50

# How do you feel about THE FOOD YOU EAT?

## 17. How much do you care about...

Not at all    A little bit    Somewhat    Very much

a.	Eating healthy food?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	51
b.	Controlling your weight?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	52
c.	Staying fit and exercising?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	53
d.	Being healthy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	54
e.	How you look?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	55
f.	Doing well in sports?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	56
g.	Doing well in school?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	57

## 18. For each question below, please select the food you think is better for your health:

a.	<input type="radio"/> 1 Pretzels	<input type="radio"/> 2 Potato chips	<input type="radio"/> 3 Don't Know	58
b.	<input type="radio"/> 1 Lowfat milk	<input type="radio"/> 2 Skim milk	<input type="radio"/> 3 Don't Know	59
c.	<input type="radio"/> 1 Pepperoni pizza	<input type="radio"/> 2 Vegetarian pizza	<input type="radio"/> 3 Don't Know	60
d.	<input type="radio"/> 1 Mozzarella cheese	<input type="radio"/> 2 Cheddar cheese	<input type="radio"/> 3 Don't Know	61
e.	<input type="radio"/> 1 Grilled chicken	<input type="radio"/> 2 Steak	<input type="radio"/> 3 Don't Know	62
f.	<input type="radio"/> 1 Fruit juice	<input type="radio"/> 2 Fruit drink	<input type="radio"/> 3 Don't Know	63
g.	<input type="radio"/> 1 Frozen yogurt	<input type="radio"/> 2 Ice cream	<input type="radio"/> 3 Don't Know	64

## 19. How strongly do you agree with the following statements:

Strongly Disagree    Disagree    Agree    Strongly Agree

The types of food I eat affect:

a.	My health	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	65
b.	How I look	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	66
c.	My weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	67
d.	How well I do in sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	68
e.	How well I do in school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	69

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

		Strongly Disagree	Disagree	Agree	Strongly Agree	
a.	I like the taste of potato chips and other salty snack foods	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	70
b.	Milk tastes good to me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	71
c.	Most unhealthy foods taste better than healthy foods	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	72
d.	I think a lot about being thinner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	73
e.	I am too busy to eat healthy foods	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	74
f.	I like the taste of most fruits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	75
g.	I am worried about gaining weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	76
h.	I am too rushed in the morning to eat a healthy breakfast	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	77
i.	I don't have time to think about eating healthy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	78

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

		Strongly Disagree	Disagree	Agree	Strongly Agree	
a.	Teenagers don't need to be concerned about their eating habits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	79
b.	At this point in my life, I am not very concerned about my health	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	80
c.	Teenagers don't need to worry about their health	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	81
d.	Eating healthy meals just takes too much time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	82
e.	Most vegetables taste bad	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	83
f.	I sometimes skip meals since I am concerned about my weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	84
g.	Most healthy foods just don't taste that great	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	85
h.	I weigh myself often	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	86

22. How often are the following true?

		Never	Sometimes	Usually	Always	
a.	Fruits and vegetables are available in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	87
b.	Vegetables are served at dinner in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	88
c.	We have 'junk food' in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	89
d.	We have fruit juice in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	90
e.	Milk is served at meals at my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	91
f.	Potato chips or other salty snack foods are available in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	92
g.	Chocolate or other candy is available in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	93
h.	Soda pop is available in my home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	94



23. If you wanted to, how sure are you that you could eat healthy foods when you are...

		Not at all Sure					Very Sure	
a.	At the mall	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	95
b.	Hungry after school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	96
c.	With your friends	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	97
d.	Stressed out	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	98
e.	Feeling down	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	99
f.	Bored	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	100
g.	At a fast food restaurant	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	101
h.	Alone	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	102
i.	Eating dinner with your family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	103

24. During the past year have you done *anything* to try to lose weight or keep from gaining weight?

1. ☐ Yes 104
2. ☐ No

25. 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 105

26. 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 106

27. Has a doctor ever told you that you have an eating disorder such as anorexia nervosa, bulimia nervosa, or binge eating disorder?

1. ☐ Yes 107
2. ☐ No

28. During the past week, did you do any of the following to lose weight or keep from gaining weight?

	Yes	No	
a. Made myself vomit (throw up)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	108
b. Took diet pills	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	109
c. Used laxatives	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	110

29. 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. Exercise	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	111
b. Fasted	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	112
c. Ate very little food	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	113
d. Took diet pills	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	114
e. Made myself vomit (throw up)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	115
f. Used laxatives	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	116
g. Used diuretics (water pills)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	117
h. Used food substitute (powder/special drink)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	118
i. Skipped meals	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	119
j. Ate more fruits and vegetables	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	120
k. Ate less high-fat foods	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	121
l. Ate less sweets	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	122
m. Smoked more cigarettes	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	123

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

124

If your answer is **NO**

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?

**Go to question 34  
on the next page**

- 1. ☐ Yes
- 2. ☐ No

125

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

126

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

127

34. Are you a vegetarian?

- 1. ☐ Yes
- 2. ☐ No

If your answer is **NO**

Go to question 38  
on the next page

128

35. About how long have you  
been a vegetarian?

- 1. ☐ Less than one month
- 2. ☐ Less than 1 year  
(but more than 1 month)
- 3. ☐ 1-2 years
- 4. ☐ 3-4 years
- 5. ☐ 5 years or more

129

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

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

130

131

132

133

37. What are your main reason(s) for eating a vegetarian diet? (Mark all that apply)

- a. ☐<sub>1</sub> To lose weight or keep from gaining weight
- b. ☐<sub>1</sub> Want a healthier diet
- c. ☐<sub>1</sub> To help the environment
- d. ☐<sub>1</sub> Religious reasons
- e. ☐<sub>1</sub> Do not want to kill animals
- f. ☐<sub>1</sub> A family member is a vegetarian
- g. ☐<sub>1</sub> I don't like the taste of meat
- h. ☐<sub>1</sub> Other: \_\_\_\_\_

134

135

136

137

138

139

140

141

# FAMILY AND FRIENDS

**May affect your  
EATING HABITS,  
so we'd like  
to know more about them.**

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

1. ☐ Often we don't have enough to eat
2. ☐ Sometimes we don't have enough to eat
3. ☐ We have enough to eat but not always the kinds of food we want <sup>142</sup>
4. ☐ We always have enough to eat and the kinds of food we want

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

1. ☐ Almost every month
2. ☐ Some months but not every month
3. ☐ Only one or two months
4. ☐ I have not been hungry for this reason <sup>143</sup>

**40. Are your parents:**

1. ☐ Married
2. ☐ Divorced
3. ☐ Separated
4. ☐ My parents were never married
5. ☐ One or both of my parents has died <sup>144</sup>

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

1. ☐ Never
2. ☐ 1-2 times
3. ☐ 3-4 times <sup>145</sup>
4. ☐ 5-6 times
5. ☐ 7 times
6. ☐ More than 7 times

**42. On how many of the past seven days was at least one of your parents in the room with you when you ate dinner?**

1. ☐ Never
2. ☐ 1-2 days
3. ☐ 3-4 days
4. ☐ 5-6 days <sup>146</sup>
5. ☐ Every day

**43. Do you qualify for free or low-cost lunch?**

1. ☐ Yes
2. ☐ No <sup>147</sup>
3. ☐ I don't know

**44. Does your family get public assistance (welfare, food stamps, or other assistance)?**

1. ☐ Yes <sup>148</sup>
2. ☐ No
3. ☐ I don't know

**45. If you had a serious decision to make, whose opinions would you value most?**

1. ☐ My parents' opinion <sup>149</sup>
2. ☐ My friends' opinion

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

1. ☐ Yes, always
2. ☐ Yes, sometimes <sup>150</sup>
3. ☐ No

**47. How far in school did your mother go? (Indicate the highest level)**

1. ☐ Did not finish high school
2. ☐ Finished high school or got GED
3. ☐ Did some college or training after high school
4. ☐ Finished college
5. ☐ Master's degree or PhD
6. ☐ I don't know

151

**48. Does your mother...**

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

152

**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

153

**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

154

**51. Compared to other mothers, how strict would you say your mother is with you?**

1. ☐ Much less strict
2. ☐ Somewhat less strict
3. ☐ About the same
4. ☐ Somewhat more strict
5. ☐ Much more strict

155

**52. My mother...**

	Not at all	A little bit	Somewhat	Very Much	
a. Cares about eating healthy food	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	156
b. Cares about staying fit and exercising	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	157
c. Diets to lose weight or keep from gaining weight	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	158
d. Encourages me to eat healthy foods	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	159
e. Encourages me to be physically active	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	160
f. Encourages me to diet to control my weight	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	<input type="radio"/> <sup>4</sup>	161

**53. How far in school did your father go? (Indicate the highest level)**

1. ☐ Did not finish high school
2. ☐ Finished high school or got GED
3. ☐ Did some college or training after high school
4. ☐ Finished college
5. ☐ Master's degree or PhD
6. ☐ I don't know

162

**54. Does your father...**

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

163

**55. 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

164

**56. 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

165

**57. Compared to other fathers, how strict would you say your father is with you?**

1. ☐ Much less strict
2. ☐ Somewhat less strict
3. ☐ About the same
4. ☐ Somewhat more strict
5. ☐ Much more strict

166

**58. My father...**

		Not at all	A little bit	Somewhat	Very Much	
a.	Cares about eating healthy food	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	167
b.	Cares about staying fit and exercising	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	168
c.	Diets to lose weight or keep from gaining weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	169
d.	Encourages me to eat healthy foods	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	170
e.	Encourages me to be physically active	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	171
f.	Encourages me to diet to control my weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	172

**59. How strongly do you agree with the following statements about mealtimes in your family?**

		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a.	In my family, it is important that the family eat at least one meal a day together	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 173
b.	In my family, there are rules at mealtimes that we are expected to follow	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 174
c.	In my family, mealtime is a time for talking with other family members	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 175
d.	In my family, it is often difficult to find a time when family members can sit down to a meal together	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 176
e.	In my family, dinner time is about more than just getting food; we all talk with each other	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 177

**60. How strongly do you agree with the following statements about mealtimes in your family?**

		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a.	In my family, we often watch TV while eating dinner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 178
b.	I enjoy eating meals with my family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 179
c.	In my family, we are expected to be home for dinner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 180
d.	Manners are important at our dinner table	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 181
e.	I am often just too busy to eat dinner with my family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 182

**61. How strongly do you agree with the following statements about mealtimes in your family?**

		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a.	In my family, different schedules make it hard for us to eat meals together	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 183
b.	In my family, eating brings people together in an enjoyable way	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 184
c.	In my family, a child should eat all the foods served even if he/she doesn't like them	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 185
d.	In my family, we don't have to eat meals at the kitchen/dining room table	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 186
e.	In my family, it is OK for a child to make something else to eat if he/she doesn't like the food being served	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 187



62.	Is there an adult at home at the following times?	Almost Never	Sometimes	Usually	Almost Always	
a.	Before you go to school in the morning	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	188
b.	When you arrive home from school in the afternoon	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	189
c.	In the early evening - about 6 PM	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	190
d.	When you go to bed at night	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	191

63.	Many of my friends ...	Not at all	A little bit	Somewhat	Very much	I don't know	
a.	Care about eating healthy food	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	192
b.	Care about staying fit and exercising	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	193
c.	Diet to lose weight or keep from gaining weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	194

64. How would you describe your health?

1. ☐ Poor
2. ☐ Fair
3. ☐ Good
4. ☐ Excellent

65. How tall are you?  feet   inches

196

197

198

66. How much do you weigh?    pounds

199

200

201

67. At what weight do you think you would look best?    pounds

202

203

204

68. How would you best describe your weight as a young child (up to age 7)?

1. ☐ Very underweight
2. ☐ Underweight
3. ☐ Just about right
4. ☐ Overweight
5. ☐ Very overweight

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

195

205

69. Which of the following best describes your biological mother's weight?

1. ☐ Very underweight
2. ☐ Underweight
3. ☐ Just about right
4. ☐ Overweight
5. ☐ Very overweight
6. ☐ I don't know my biological mother.

206

70. Which of the following best describes your biological father's weight?

1. ☐ Very underweight
2. ☐ Underweight
3. ☐ Just about right
4. ☐ Overweight
5. ☐ Very overweight
6. ☐ I don't know my biological father

207

71. How satisfied are you with your:

Very Dissatisfied

Very Satisfied

a. Height	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	208
b. Weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	209
c. Body shape	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	210
d. Waist	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	211
e. Hips	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	212
f. Thighs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	213
g. Stomach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	214
h. Face	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	215
i. Body build	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	216
j. Shoulders	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	217

72. 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

218

73. 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

219

**74. Are you lactose intolerant or allergic to dairy foods?**

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

220

**75. Do you have a physical or health condition that makes it hard for you to do some things other kids your age do? (like concentrating in school, doing sports, or eating like other teenagers)**

- 1. ☐ Yes
- 2. ☐ No

221

**76. How frequently does this condition affect any of your activities?**

- 1. ☐ Every day
- 2. ☐ A few times a week
- 3. ☐ A few times a month
- 4. ☐ Once a month or less
- 5. ☐ I don't have a health condition

222

**77. Are you taking medication for this condition?**

- 1. ☐ Yes, daily
- 2. ☐ Yes, but not daily
- 3. ☐ No
- 4. ☐ I don't have a health condition

223

**78. Does this condition have any effect on the food you can eat?**

- 1. ☐ Always
- 2. ☐ Sometimes
- 3. ☐ Not at all
- 4. ☐ I don't have a health condition

224



**What kinds of SPORTS do you participate in?**

**What else do you do in your FREE TIME ?**

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

**79. Strenuous exercise (Heart beats rapidly)**

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

1. ☐ None
2. ☐ Less than  $\frac{1}{2}$  hour a week
3. ☐  $\frac{1}{2}$  - 2 hours a week
4. ☐  $2\frac{1}{2}$  - 4 hours a week
5. ☐  $4\frac{1}{2}$  - 6 hours a week
6. ☐ 6+ hours a week

225

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

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

1. ☐ None
2. ☐ Less than  $\frac{1}{2}$  hour a week
3. ☐  $\frac{1}{2}$  - 2 hours a week
4. ☐  $2\frac{1}{2}$  - 4 hours a week
5. ☐  $4\frac{1}{2}$  - 6 hours a week
6. ☐ 6+ hours a week

226

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

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

1. ☐ None
2. ☐ Less than  $\frac{1}{2}$  hour a week
3. ☐  $\frac{1}{2}$  - 2 hours a week
4. ☐  $2\frac{1}{2}$  - 4 hours a week
5. ☐  $4\frac{1}{2}$  - 6 hours a week
6. ☐ 6+ hours a week

227

**82. Are you in a sport or activity where it's important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?**

1. ☐ Yes
2. ☐ No

228

**83. During the past 12 months, on how many sports teams did you play?**

1. ☐ 0 teams
2. ☐ 1 team
3. ☐ 2 teams
4. ☐ 3 or more teams

229

**84. In your free time on an average weekday (Monday-Friday), how many hours do you spend. . .**

0 hr    $\frac{1}{2}$  hr   1 hr   2 hr   3 hr   4 hr   5+ hr

- |  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Watching TV & videos                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Reading & doing homework            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Using a computer (not for homework) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

230

231

232

**85. On an average weekend day (Saturday or Sunday), how many hours do you spend. . .**

0 hr    $\frac{1}{2}$  hr   1 hr   2 hr   3 hr   4 hr   5+ hr

- |  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Watching TV & videos                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Reading & doing homework            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Using a computer (not for homework) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

233

234

235

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

1. ☐ Never
2. ☐ Hardly Ever
3. ☐ Sometimes
4. ☐ Often

236

**SOMETIMES**  
**how you FEEL or**  
**WHAT YOU DO**  
**can affect the way you eat.**  
**Remember, your responses will be kept**  
**CONFIDENTIAL,**  
**so please answer as honestly as possible.**

**87. 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	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	237
b.	Having trouble going to sleep or staying asleep	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	238
c.	Feeling unhappy, sad, or depressed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	239
d.	Feeling hopeless about the future	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	240
e.	Feeling nervous or tense	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	241
f.	Worrying too much about things	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	242
g.	Changes in your appetite.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	243

**88. Have you ever thought about killing yourself?**

1. ☐ Yes, during the past year
  2. ☐ Yes, more than a year ago
  3. ☐ No
- 244

**89. Have you ever tried to kill yourself?**

1. ☐ Yes, during the past year
  2. ☐ Yes, more than a year ago
  3. ☐ No
- 245

**90. How often do any of the following things happen 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 than other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	246
b.	People act as if they're better than you are	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	247
c.	You are called names or insulted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	248
d.	You are teased about your appearance	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	249
e.	You are teased about your weight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	250

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

1. ☐ No
2. ☐ Yes

251

**92. If yes, how much did this bother you?**

1. ☐ I have not been teased because of my weight by other kids
2. ☐ Not at all
3. ☐ A little bit
4. ☐ Somewhat
5. ☐ Very much

252

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

1. ☐ No
2. ☐ Yes

253

**94. If yes, how much did this bother you?**

1. ☐ I have not been teased because of my weight by family members
2. ☐ Not at all
3. ☐ A little bit
4. ☐ Somewhat
5. ☐ Very much

254

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

	Never	A Few Times	Monthly	Weekly	Daily	
a. Cigarettes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	255
b. Beer, wine, hard liquors	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	256
c. Marijuana	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	257
d. Drugs other than marijuana (acid, cocaine, crack, etc.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	258

96. How often have you used steroids in order to gain muscle, during the past year (12 months)?

1. ☐ Never
2. ☐ A few times
3. ☐ Monthly
4. ☐ Weekly
5. ☐ Daily

259

97. Indicate how strongly you agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	
a. On the whole, I am satisfied with myself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	260
b. I feel that I have a number of good qualities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	261
c. At times I think I am no good at all	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	262
d. I am able to do things as well as most other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	263
e. I wish I could have more respect for myself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	264
f. I certainly feel useless at times	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	265



**We'd like to end with  
some questions about**

# **SCHOOL & WORK**

**98. How do you feel about going to school?**

1. ☐ I don't like school at all
2. ☐ I don't like school very much
3. ☐ I like school about half the time
4. ☐ I like school most of the time
5. ☐ I like school all the time

266

**99. Mark the two grades you get most often.**

- a. ☐ A
- b. ☐ B
- c. ☐ C
- d. ☐ D
- e. ☐ F or incomplete

267

268

269

270

271

**100. How many hours do you work for pay in a typical week during the school year?**

1. ☐ None
2. ☐ 1-4 hours a week
3. ☐ 5-9 hours a week
4. ☐ 10-20 hours a week
5. ☐ Over 20 hours a week

272

**THANK YOU**  
**for completing the**  
**PROJECT**  
**EAT SURVEY!**

# Eating Among Teens

Project EAT:

Design: Martin Gurney