Thank you for your interest in the Project EAT-II Survey for High School Students. This 5-year follow-up survey was completed by participants who were in middle adolescence at EAT-II. If you use items from this survey in your work, the following citations are recommended:


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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This survey explores issues related to eating patterns and weight concerns among teenagers. It follows up on a survey that you and thousands of other teenagers completed nearly five years ago. The information you provided is helping us to develop health and nutrition programs for youth. Your help with this project is greatly appreciated.

Please answer every question carefully. 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:**

<table>
<thead>
<tr>
<th>Correct Mark</th>
<th>Incorrect Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**THANK YOU** for completing the Project EAT survey.

Return your completed surveys to us in the enclosed postage-paid envelope TODAY and you will receive $20 within 2 weeks!
Let’s START with some GENERAL QUESTIONS about you

1. What is today’s date? ___ / ___ / ___
   mo   day   yr

2. Are you . . . ?
   1 ☐ male
   2 ☐ female

3. What is the name of the school you went to during the 1998-1999 school year?
   ______________________________________

4. What is your age?
   1 ☐ 11 or younger
   2 ☐ 12
   3 ☐ 13
   4 ☐ 14
   5 ☐ 15
   6 ☐ 16
   7 ☐ 17
   8 ☐ 18 or older

5. What grade are you in?
   1 ☐ 9th
   2 ☐ 10th
   3 ☐ 11th
   4 ☐ 12th
   5 ☐ not in school

6. 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 ☐ Hawaiian or Pacific Islander
   6 ☐ American Indian or Native American

   30-35
   36
   37
   38
   39-44
Your EATING HABITS...
When, why, and what?

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

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

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

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

11. 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 5 times

12. How much do you care about...

a. eating healthy food?
   Not at all 1 ○ A little bit 2 ○ Somewhat 3 ○ Very much 4 ○

b. controlling your weight?
   1 ○ 2 ○ 3 ○ 4 ○

c. staying fit and exercising?
   1 ○ 2 ○ 3 ○ 4 ○

d. being healthy?
   1 ○ 2 ○ 3 ○ 4 ○

e. how you look?
   1 ○ 2 ○ 3 ○ 4 ○

f. doing well in sports?
   1 ○ 2 ○ 3 ○ 4 ○

g. doing well in school?
   1 ○ 2 ○ 3 ○ 4 ○
13. How strongly do you agree with the following statements?
The types of food I eat affect:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. my health</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>b. how I look</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>c. my weight</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>d. how well I do in sports</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>e. how well I do in school</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I like the taste of potato chips and other salty snack foods</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>b. Milk tastes good to me</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>c. Most unhealthy foods taste better than healthy foods</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>d. I think a lot about being thinner</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>e. I am too busy to eat healthy foods</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>f. I like the taste of most fruits</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>g. I am worried about gaining weight</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>h. I am too rushed in the morning to eat a healthy breakfast</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>i. I don’t have time to think about eating healthy</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>j. I like the taste of dark bread (e.g., whole wheat)</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>k. I like the taste of fast foods (e.g., McDonald’s)</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teenagers don’t need to be concerned about their eating habits</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>b. At this point in my life, I am not very concerned about my health</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>c. Teenagers don’t need to worry about their health</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>d. Eating healthy meals just takes too much time</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>e. Most vegetables taste bad</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>f. I sometimes skip meals since I am concerned about my weight</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>g. Most healthy foods just don’t taste that great</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>h. I weigh myself often</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
<tr>
<td>i. Foods from fast food restaurants are generally unhealthy</td>
<td>1 o</td>
<td>2 o</td>
<td>3 o</td>
<td>4 o</td>
</tr>
</tbody>
</table>
16. How often are the following true? | Never | Sometimes | Usually | Always |
|-------|-----------|----------|---------|
a. Fruits and vegetables are available in my home | 1 | 2 | 3 | 4 |
b. Vegetables are served at dinner in my home | 1 | 2 | 3 | 4 |
c. We have ‘junk food’ in my home | 1 | 2 | 3 | 4 |
d. Fruit juice is available in my home | 1 | 2 | 3 | 4 |
e. Milk is served at meals in my home | 1 | 2 | 3 | 4 |
f. Potato chips or other salty snack foods are available in my home | 1 | 2 | 3 | 4 |
g. Chocolate or other candy is available in my home | 1 | 2 | 3 | 4 |
h. Soda pop is available in my home | 1 | 2 | 3 | 4 |
i. Dark bread (e.g., whole wheat) is available in my home | 1 | 2 | 3 | 4 |

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

<table>
<thead>
<tr>
<th>Not at all sure</th>
<th>Very sure</th>
</tr>
</thead>
</table>
a. stressed out | 1 | 2 | 3 | 4 | 5 | 6 |
b. feeling down | 1 | 2 | 3 | 4 | 5 | 6 |
c. bored | 1 | 2 | 3 | 4 | 5 | 6 |

18. How confident are you that you could change or maintain your eating patterns to . . .

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>
a. eat at least two servings per day of fruit | 1 | 2 | 3 | 4 | 5 | 6 |
b. eat at least three servings per day of vegetables | 1 | 2 | 3 | 4 | 5 | 6 |
c. eat at least three servings per day of dairy foods (e.g., milk, cheese, yogurt) | 1 | 2 | 3 | 4 | 5 | 6 |
d. eat at least three servings per day of whole grains (e.g., dark bread, cereals like Cheerios) | 1 | 2 | 3 | 4 | 5 | 6 |
e. limit soda pop to one can per day or less | 1 | 2 | 3 | 4 | 5 | 6 |
f. limit eating at fast food restaurants to once per week or less | 1 | 2 | 3 | 4 | 5 | 6 |
19. 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

20. 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

21. Have you ever intentionally lost 10 pounds or more and kept it off for at least 6 months?
   1  ○ yes
   2  ○ no

22. 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. exercised  1  ○  2  ○
   b. fasted  1  ○  2  ○
   c. ate very little food  1  ○  2  ○
   d. took diet pills  1  ○  2  ○
   e. made myself vomit (throw up)  1  ○  2  ○
   f. used laxatives  1  ○  2  ○
   g. used diuretics (water pills)  1  ○  2  ○
   h. used food substitute (powder/special drink)  1  ○  2  ○
   i. skipped meals  1  ○  2  ○
   j. ate more fruits and vegetables  1  ○  2  ○
   k. ate less high-fat foods  1  ○  2  ○
   l. ate less sweets  1  ○  2  ○
   m. smoked more cigarettes  1  ○  2  ○
   n. followed a high protein/low carbohydrate diet (e.g., Atkins)  1  ○  2  ○
   o. limited food from fast food restaurants  1  ○  2  ○

23. In the past year, have you had any of the following eating disorders? (Mark all that apply.)
   1  ○ anorexia nervosa
   2  ○ bulimia nervosa
   3  ○ binge eating disorder
   4  ○ none of the above

24. Has a doctor ever told you that you have an eating disorder such as anorexia nervosa, bulimia nervosa, or binge eating disorder?
   1  ○ yes
   2  ○ no
25. 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 your answer is NO, GO to question #29 on the next page

26. 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

27. 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

28. 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
29. How important is it to you that your food is:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. organic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. not processed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. locally grown</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. not genetically modified</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

30. Have you ever been a vegetarian?
1. no
2. yes, but for less than one month
3. yes, for longer than one month

31. Are you a vegetarian now?
1. yes
2. no If your answer is NO, GO to question #35 on the next page

32. 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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. eggs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. dairy food (such as milk, cheese)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. chicken</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. fish</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

34. What are your main reason(s) for eating a vegetarian diet? (Mark all that apply.)
1. to lose weight or keep from gaining weight
2. want a healthier diet
3. to help the environment
4. religious reasons
5. do not want to kill animals
6. a family member is a vegetarian
7. I don’t like the taste of meat
8. other (please specify) ______________
FAMILY and FRIENDS may affect your eating habits, so we'd like to know more about them.

35. 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
   4  ○ 5-6 times
   5  ○ 7 times
   6  ○ more than 7 times

36. Are your parents:
   1  ○ married
   2  ○ divorced
   3  ○ separated
   4  ○ my parents were never married
   5  ○ one or both of my parents has died

37. 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
   4  ○ We always have enough to eat and the kinds of food we want

38. 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

39. Do you qualify for free or low-cost lunch?
   1  ○ yes
   2  ○ no
   3  ○ I don’t know

40. Does your family get public assistance (welfare, food stamps, or other assistance)?
   1  ○ yes
   2  ○ no
   3  ○ I don’t know

41. Do you have one or more close friends who you can talk to about your problems?
   1  ○ yes, always
   2  ○ yes, sometimes
   3  ○ no

42. Many of my friends . . .

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very much</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. care about eating healthy food</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
<td>5 ○</td>
</tr>
<tr>
<td>b. care about staying fit and exercising</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
<td>5 ○</td>
</tr>
<tr>
<td>c. diet to lose weight or keep from gaining weight</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
<td>5 ○</td>
</tr>
</tbody>
</table>
43. **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

44. **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

45. **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

46. **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

47. **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

48. **My mother . . .**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a. cares about eating healthy food</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. cares about staying fit and exercising</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. diets to lose weight or keep from gaining weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. encourages me to eat healthy foods</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. encourages me to be physically active</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. encourages me to diet to control my weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
49. **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

50. **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

51. **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

52. **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

53. **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

54. **My father** . . .

<table>
<thead>
<tr>
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<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>b. cares about staying fit and exercising</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>c. diets to lose weight or keep from gaining weight</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>d. encourages me to eat healthy foods</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>e. encourages me to be physically active</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
<tr>
<td>f. encourages me to diet to control my weight</td>
<td>1 ○</td>
<td>2 ○</td>
<td>3 ○</td>
<td>4 ○</td>
</tr>
</tbody>
</table>
55. How strongly do you agree with the following statements about mealtimes in your family?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In my family, it is important that the family eat at least one meal a day together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. In my family, there are rules at mealtimes that we are expected to follow</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. In my family, mealtime is a time for talking with other family members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. In my family, it is often difficult to find a time when family members can sit down to a meal together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. In my family, dinnertime is about more than just getting food; we all talk with each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. In my family, we often watch TV while eating dinner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. I enjoy eating meals with my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. In my family, we are expected to be home for dinner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Manners are important at our dinner table.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. I am often just too busy to eat dinner with my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. In my family, different schedules make it hard for us to eat meals together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. In my family, eating brings people together in an enjoyable way</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m. In my family, a child should eat all the foods served even if he/she doesn't like them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. In my family, we don’t have to eat meals at the kitchen/dining room table</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>o. 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</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is hard to find time to sit down and eat a meal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I tend to “eat on the run”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Regular meals are important to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I eat meals at about the same time every day</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
57. How would you describe your health?
   1 o poor
   2 o fair
   3 o good
   4 o excellent

58. How tall are you? ___ feet ___ ___ inches

59. How much do you weigh? ___ ___ ___ pounds

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

61. How satisfied are you with your:
   
<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. height</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>b. weight</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>c. body shape</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>d. waist</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>e. hips</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>f. thighs</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>g. stomach</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>h. face</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>i. body build</td>
<td>1 o</td>
<td>5 o</td>
</tr>
<tr>
<td>j. shoulders</td>
<td>1 o</td>
<td>5 o</td>
</tr>
</tbody>
</table>

62. During the past six months, how important has your weight or shape been in how you feel about yourself?
   1 o weight and shape were not very important
   2 o weight and shape played a part in how I felt about myself
   3 o weight and shape were among the main things that affected how I felt about myself
   4 o weight and shape were the most important things that affected how I felt about myself

63. At this time, do you feel that you are . . .
   1 o very underweight
   2 o somewhat underweight
   3 o about the right weight
   4 o somewhat overweight
   5 o very overweight

64. 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 o yes
   2 o no
In a usual week, how many hours do you spend doing the following activities:

65. 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 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

66. Moderate exercise (not exhausting) Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding
   1 ○ none
   2 ○ less than 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

67. Mild exercise (little effort) Examples: Walking slowly (to school, to friend’s house, etc.), bowling, golf, fishing, snowmobiling, yoga
   1 ○ none
   2 ○ less than 1/2 hour a week
   3 ○ 1/2 - 2 hours a week
   4 ○ 2 1/2 - 4 hours a week
   5 ○ 4 1/2 - 6 hours a week
   6 ○ 6+ hours a week

68. Are you in a sport or activity where it’s important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?
   1 ○ Yes
   2 ○ No

69. 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
70. In your free time on an average weekday (Monday-Friday), how many hours do you spend . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 hr</th>
<th>1/2 hr</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV &amp; videos</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Reading &amp; doing homework</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Using a computer (not for homework)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 hr</th>
<th>1/2 hr</th>
<th>1 hr</th>
<th>2 hr</th>
<th>3 hr</th>
<th>4 hr</th>
<th>5+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV &amp; videos</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Reading &amp; doing homework</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Using a computer (not for homework)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

1. Never
2. Hardly ever
3. Sometimes
4. Often

73. Do you have a television in the room where you sleep?

1. Yes
2. No

74. How often do you watch television while eating meals?

1. Always
2. Usually
3. Sometimes
4. Occasionally
5. Never

75. How often do you snack while watching TV?

1. Always
2. Usually
3. Sometimes
4. Occasionally
5. Never

76. How much do you agree or disagree with the following?

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I compare my body to the bodies of TV and movie stars</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I compare my body to the bodies of people who appear in magazines</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I would like my body to look like the people who are on TV</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I would like my body to look like the models who appear in magazines</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
SOMETIMES, other THINGS GOING ON IN YOUR LIFE can affect the way you eat.

Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.

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

<table>
<thead>
<tr>
<th>A. Feeling too tired to do things</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Having trouble going to sleep or staying asleep</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Feeling unhappy, sad, or depressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Feeling hopeless about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Feeling nervous or tense</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Worrying too much about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Changes in your appetite</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

78. Have you ever thought about killing yourself?

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

79. Have you ever tried to kill yourself?

1. Yes, during the past year
2. Yes, more than a year ago
3. No
80. How often do any of the following things happen?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than once a year</th>
<th>A few times a year</th>
<th>A few times a month</th>
<th>At least once a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. you are treated with less respect than other people</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>b. people act as if they're better than you are</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>c. you are called names or insulted</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>d. you are teased about your appearance</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>e. you are teased about your weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>f. you have teased others about their appearance</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>g. you have teased others about their weight</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>A few times</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cigarettes</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>b. beer, wine, hard liquors</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>c. marijuana</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
<tr>
<td>d. drugs other than marijuana (acid, cocaine, crack, ecstasy, etc.)</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
<td>5 0</td>
</tr>
</tbody>
</table>

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

1 0 never
2 0 a few times
3 0 monthly
4 0 weekly
5 0 daily

83. Indicate how strongly you agree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. On the whole, I am satisfied with myself</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>b. I feel that I have a number of good qualities</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>c. At times I think I am no good at all</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>d. I am able to do things as well as most other people</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>e. I wish I could have more respect for myself</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
<tr>
<td>f. I certainly feel useless at times</td>
<td>1 0</td>
<td>2 0</td>
<td>3 0</td>
<td>4 0</td>
</tr>
</tbody>
</table>

84. Which of the following best describes your sexual orientation?

1 0 attracted to opposite gender
2 0 attracted to same gender
3 0 attracted to both genders
4 0 questioning
We’d like to end with some more questions about you.

85. How many children do you have (including step-children or adopted children)?
   1  ○ none
   2  ○ one
   3  ○ two
   4  ○ three or more

86. If you are female, are you currently pregnant or breastfeeding?
   1  ○ no
   2  ○ yes, pregnant
   3  ○ yes, breastfeeding

87. How do you feel about going to school?
   1  ○ I am not in school
   2  ○ I don’t like school at all
   3  ○ I don’t like school very much
   4  ○ I like school about half the time
   5  ○ I like school most of the time
   6  ○ I like school all the time

88. Mark the two grades you get most often.
   1  ○ I am not in school
   2  ○ A
   3  ○ B
   4  ○ C
   5  ○ D
   6  ○ F or incomplete

89. 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

90. In what religion were you raised?
    (Mark all that apply.)
    1  ○ none
    2  ○ Buddhism
    3  ○ Catholicism
    4  ○ Islam
    5  ○ Judaism
    6  ○ Protestantism (e.g., Lutheran, Methodist, Baptist, etc.)
    7  ○ Shamanism
    8  ○ other _________________

91. How important is your religion to you?
   1  ○ very
   2  ○ moderately
   3  ○ somewhat
   4  ○ not very
   5  ○ not at all

92. How often do you attend religious services?
   1  ○ never
   2  ○ rarely
   3  ○ once or twice a month
   4  ○ about once a week or more

THANK YOU for completing the Project EAT survey!

RETURN your completed surveys to us in the enclosed postage-paid envelope TODAY and you will receive $20 within 2 weeks.