

Thank you for your interest in the **Project EAT-III Survey**. This 10-year follow-up survey was completed by young adult participants when they were ages 20-31 years. If you use items from this survey in your work, the following citations are recommended:

Neumark-Sztainer D, Wall M, Larson N, Eisenberg M, Loth K. Dieting and disordered eating behaviors from adolescence to young adulthood: Findings from a 10-year longitudinal study. *Journal of the American Dietetic Association*. 2011;111:1004-1011.

Neumark-Sztainer D, Wall M, Story M, Standish AR. Dieting and unhealthy weight control behaviors during adolescence: Associations with 10-year changes in body mass index. *Journal of Adolescent Health*. 2012;50:80-86.

Larson NI, Neumark-Sztainer D, Story M, van den Berg P, Hannan PJ. Identifying correlates of young adults' weight behavior: Survey development. *American Journal of Health Behavior*. 2011;35(6):712-725.

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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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 are posted at the website; however, only limited support is available for assistance with the survey.

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The
Project
EAT-III
Survey

EAT

PROJECT
EAT

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.

Please answer every question carefully. 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.

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.

Your EATING HABITS...

when, where, why, how, and what?

1. During the past week, how many days did you eat *breakfast*?

- 1 never
- 2 1-2 days
- 3 3-4 days
- 4 5-6 days
- 5 every day

2. 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

3. 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

4. During the past week, how many days did you bring lunch (or some other meal) from home to eat at work or school?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 or more days

5. In the past week, how many times did you eat out at any type of restaurant?

- 1 never
- 2 1-2 times
- 3 3-4 times
- 4 5-6 times
- 5 7 times
- 6 more than 7 times

6. 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

30-35

7. How much do you care about...

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Very much</i>	
a. eating healthy food?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	36
b. staying fit and exercising?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	37

8. How important is it to you that your food is:

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very important</i>	
a. organic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	38
b. not processed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	39
c. locally grown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	40

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. Milk tastes good to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	41
b. Most unhealthy foods taste better than healthy foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	42
c. I think a lot about being thinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	43
d. I am too busy to eat healthy foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	44
e. I like the taste of most fruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	45
f. I am worried about gaining weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	46
g. I am too rushed in the morning to eat a healthy breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	47
h. I don't have time to think about eating healthy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	48
i. I like the taste of whole wheat bread	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	49
j. Eating healthy meals just takes too much time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	50
k. Most vegetables taste bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	51
l. Eating healthy just costs too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	52
m. I was a picky eater growing up	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	53
n. I like to cook	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	54

10. In the past year, how many times did you usually drink....

	<i>Less than once per month</i>	<i>1-3 per month</i>	<i>1 per week</i>	<i>2-4 per week</i>	<i>5-6 per week</i>	<i>1 per day</i>	<i>2 or more per day</i>	
a. an energy drink (such as Red Bull, Full Throttle, Rockstar, etc)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	55
b. a sports drink (such as Gatorade, Powerade, etc)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	56

11. Are you a vegetarian now?

1 yes

2 no (If no, then go to question #13 on the next page)

57

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

	<i>Yes</i>	<i>No</i>	
a. eggs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	58
b. dairy food (such as milk, cheese)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	59
c. chicken	1 <input type="checkbox"/>	2 <input type="checkbox"/>	60
d. fish	1 <input type="checkbox"/>	2 <input type="checkbox"/>	61

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>	
a. I sometimes skip meals since I am concerned about my weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	62
b. It is hard to find time to sit down and eat a meal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	63
c. I tend to “eat on the run”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	64
d. Most healthy foods just don’t taste that great	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	65
e. I weigh myself often	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	66
f. Regular meals are important to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	67
g. I stop eating when I feel full	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	68
h. I eat meals at about the same time every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	69
i. I trust my body to tell me how much to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	70
j. It seems like I have food on my mind a lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	71
k. I think I enjoy eating a lot more than most other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	72

14. During the past month, how often have you prepared a meal that included vegetables?

- 1 never
 - 2 one time
 - 3 a few times
 - 4 weekly
 - 5 a few times a week
 - 6 most days of the week
- 73

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

	<i>Never/ rarely</i>	<i>1-3 times per month</i>	<i>1-2 times per week</i>	<i>3-4 times per week</i>	<i>5-6 times per week</i>	<i>1+ times per day</i>	
a. Traditional “burger-and-fries” fast food restaurant (such as McDonalds, Burger King, Wendy’s, or Culvers)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	74
b. Mexican fast food restaurant (such as Taco Bell, Taco Johns, or Chipotle)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	75
c. Fried chicken (such as KFC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	76
d. Sandwich or sub shop (such as Subway, Panera, or Quiznos)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	77
e. Pizza place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	78
f. Sit-down restaurant (where wait-staff brings food to your table)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	79

Now some questions about weight....

16. 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

80

17. How often do you weigh yourself?

- 1 less than once a month
- 2 every month
- 3 a few times per month
- 4 every week
- 5 a few times per week
- 6 every day
- 7 more than once a day

81

18. 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

82

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

- 1 never
- 2 hardly ever
- 3 sometimes
- 4 often

83

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

	<i>Yes</i>	<i>No</i>	
a. fasted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	84
b. ate very little food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	85
c. took diet pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	86
d. made myself vomit (throw up)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	87
e. used laxatives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	88
f. used diuretics (water pills)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	89
g. used food substitute (powder/special drink)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	90
h. skipped meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	91
i. smoked more cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	92

- j. followed a high protein/low carbohydrate diet (e.g., Atkins or other) 1 2

93

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

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>On a regular basis</i>	
a. exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	94
b. ate more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	95
c. ate less high-fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	96
d. ate less sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	97
e. drank less soda pop (not including diet pop)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	98
f. watched my portion sizes (serving sizes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99

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

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	
a. changed my eating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	100
b. exercised more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	101
c. used protein powder or shakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	102
d. used steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	103
e. used another muscle-building substance (such as creatine, amino acids, hydroxyl methylbutyrate [HMB], DHEA, or growth hormone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	104

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 (binge-eating)?

- 1 yes
2 no

If no, then go to question #27 on the next page

105

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

106

25. 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

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26. 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

108

Your **PHYSICAL ACTIVITY HABITS**...

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

27. Strenuous exercise (heart beats rapidly) *Examples: biking fast, aerobics, jogging, basketball, swimming laps, soccer, rollerblading*

- none
- less than ½ hour a week
- ½ -2 hours a week
- 2 ½ -4 hours a week
- 4 ½ -6 hours a week
- 6+ hours a week

28. Moderate exercise (not exhausting) *Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding*

- none
- less than ½ hour a week
- ½ -2 hours a week
- 2 ½ -4 hours a week
- 4 ½ -6 hours a week
- 6+ hours a week

29. Mild exercise (little effort) *Examples: walking slowly, bowling, golf, fishing, snowmobiling*

- none
- less than 1/2 hour a week
- ½ -2 hours a week
- 2 ½ -4 hours a week
- 4 ½ -6 hours a week
- 6+ hours a week

109-
111

30. In your free time on an average weekday (Monday-Friday), how many hours do you spend doing the following activities?

	0 hr	½ hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. Watching TV/DVDs/videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112
b. Using a computer (NOT for work or school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113
c. Xbox/Play-Station/other electronic games that you play when sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114
d. Interactive video games such as Wii Sport, Wii Fit, and Dance Dance Revolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115

31. In your free time on an average weekend day (Saturday or Sunday), how many hours do you spend doing the following activities?

	0 hr	½ hr	1 hr	2 hr	3 hr	4 hr	5+ hr	
a. Watching TV/DVDs/videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116
b. Using a computer (NOT for work or school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117
c. Xbox/Play-Station/other electronic games that you play when sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118
d. Interactive video games such as Wii Sport, Wii Fit, and Dance Dance Revolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119

32. How often was each of these things true for you in the LAST MONTH?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very often</i>	
a. I do things to make physical activity more enjoyable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	120
b. I say positive things to myself about physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	121
c. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	122
d. I try different kinds of physical activity so that I have more options to choose from	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	123
e. I set goals to do physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	124
f. I make backup plans to be sure I get my physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	125

33. How often do these things keep you from being physically active?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very often</i>	
a. The weather is bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	126
b. I don't have time to do physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	127
c. I might get hurt or sore	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	128
d. It would make me tired	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	129
e. It would take time away from my work or school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	130
f. I'm embarrassed about how I look when I'm active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	131

34. I can be physically active during my free time on most days...

	<i>Disagree a lot</i>	<i>Disagree a little</i>	<i>Agree a little</i>	<i>Agree a lot</i>	
a. no matter how busy my day is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	132
b. even if it is very hot or cold outside	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	133
c. even if I have to stay at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	134
d. even if I could watch TV or play video games instead	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	135

35. When I am physically active...

	<i>Disagree a lot</i>	<i>Disagree a little</i>	<i>Agree a little</i>	<i>Agree a lot</i>	
a. I feel bored	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	136
b. I dislike it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	137
c. it frustrates me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	138

36. Listed below are statements about people's exercise habits. How often are the following true?

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. When I miss a scheduled exercise session, I may feel tense, irritable, or depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	139
b. If I feel I have overeaten, I will try to make up for it by increasing the amount I exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	140
c. When I don't exercise, I feel guilty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	141

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

37. Are you...? 142
 1 male
 2 female

38. What is your birthdate? 143-148
 |__|__| / |__|__| / 19|__|__|
Month Day Year

39. What is today's date? 149-154
 |__|__| / |__|__| / 20|__|__|
Month Day Year

40. How tall are you? |__| feet |__|__| inches 155-157

41. How much do you weigh? |__|__|__| pounds 158-160

42. At what weight do you think you would look best? |__|__|__| pounds 161-163

43. At this time, do you feel that you are: 164
 1 very underweight
 2 somewhat underweight
 3 about the right weight
 4 somewhat overweight
 5 very overweight

44. How satisfied are you with your:

	<i>Very dissatisfied</i>				<i>Very satisfied</i>	
a. height	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	165
b. weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	166
c. body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	167
d. waist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	168
e. hips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	169
f. thighs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	170
g. stomach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	171
h. face	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	172
i. body build	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	173
j. shoulders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	174
k. muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	175
l. chest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	176
m. overall body fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	177

45. For each condition, indicate whether you have been diagnosed in your lifetime and, if yes, whether you still had the condition in the past year. (Please answer both columns)

	Ever been diagnosed?		→	If yes, still had condition in the past year?		
	No	Yes		No	Yes	
a. Anorexia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	178
b. Asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	180
c. Binge Eating Disorder	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	182
d. Bulimia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	184
e. Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	186
f. Diabetes (Type 1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	188
g. Diabetes (Type 2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	190
h. Other (please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	192

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

	Never	A few times	Monthly	Weekly	Daily	
a. cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	194
b. beer, wine, hard liquors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	195
c. marijuana	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	196

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

- 1 I do not drink alcohol
- 2 none
- 3 once
- 4 twice
- 5 3-5 times
- 6 6-9 times

197

48. Think back to when you were younger; do you think your physical development was earlier or later than most other boys/girls your age?

- 1 much earlier
- 2 somewhat earlier
- 3 about the same
- 4 somewhat later
- 5 much later

198

49. If you are female, at what age did you begin to menstruate (start having your period)? (skip this question if you are male)

|__|__| years

199-200

50. If you are female, are you currently pregnant or breastfeeding? (skip this question if you are male)

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

201

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

51. My mother encourages me to diet to control my weight...

- 1 not at all
- 2 a little
- 3 somewhat
- 4 very much

202

52. My father encourages me to diet to control my weight...

- 1 not at all
- 2 a little
- 3 somewhat
- 4 very much

203

53. How often do family members make comments to you about your weight or your eating that make you feel bad?

- 1 never
- 2 less than once a year
- 3 a few times a year
- 4 a few times a month
- 5 a few times a week

204

54. Many of my friends...

Not at all A little Somewhat Very much I don't know

a. care about eating healthy food

- 1 2 3 4 5

205

b. diet to lose weight or keep from gaining weight

- 1 2 3 4 5

206

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

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

a. I enjoy sitting down with family or friends and eating a meal together

- 1 2 3 4

207

b. It is important to sit down and eat at least one meal a day with other people (family or friends)

- 1 2 3 4

208

c. I usually eat dinner with other people

- 1 2 3 4

209

d. My friends often play sports or do something active

- 1 2 3 4

210

e. My friends think it is important to be physically active

- 1 2 3 4

211

f. My friends and I like to do active things together

- 1 2 3 4

212

56. Do you have a significant other (for example, boyfriend/girlfriend, spouse, partner)?

1 yes 213

2 no If no, then go to question #60 on the next page

57. My significant other (for example, boyfriend, girlfriend, spouse, partner). . .

	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Very much</i>	
a. cares about eating healthy food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	214
b. diets to lose weight or keep from gaining weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	215
c. encourages me to diet to control my weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	216

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

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	
a. My significant other often plays sports or does something active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	217
b. My significant other thinks it is important to be physically active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	218
c. My significant other and I like to do active things together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	219

59. How often does your significant other make comments to you about your weight or your eating that make you feel bad?

1 never

2 less than once a year

3 a few times a year 220

4 a few times a month

5 a few times a week

60. How many children do you have (including step-children or adopted children)?

- 1 none
- 2 one
- 3 two
- 4 three or more

221

61. If you have children, please list their ages (in years).

449-472

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

- 1 I live alone
- 2 my parent(s)
- 3 roommates, friends
- 4 my husband/wife
- 5 my partner of the opposite sex
- 6 my partner of the same sex
- 7 my child(ren)
- 8 my brothers/sisters
- 9 other _____

238

239

240

241

242

243

244

245

246

63. During the past seven days, how many times did all, or most, of the people living in your household eat a meal together?

- 1 I live alone
- 2 never
- 3 1-2 times
- 4 3-4 times
- 5 5-6 times
- 6 7 times
- 7 more than 7 times

247

64. How often are the following true? (by 'home' we mean where you lived for the majority of the time for the past year)

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>	
a. Fruits and vegetables are available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	248
b. Vegetables are served at dinner in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	249
c. I have 'junk food' in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	250
d. I have fruit juice in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	251
e. Potato chips or other salty snack foods are available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	252
f. Chocolate or other candy is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	253
g. Soda pop is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	254
h. Whole wheat bread is available in my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	255
i. Fruit is served at meals at my home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	256

Skip 222-237

WHERE you WORK & THE NEIGHBORHOOD WHERE YOU LIVE may affect your eating & activity habits, so we'd like to know more about them.....

65. How many months in the past year did you work for pay?

- 1 I did not work for pay
- 2 3 or fewer months
- 3 4 to 6 months
- 4 7 to 9 months
- 5 10 to 12 months

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

- 1 0 hours
- 2 1-9 hours
- 3 10-19 hours
- 4 20-29 hours
- 5 30-39 hours
- 6 40 hours
- 7 more than 40 hours

67. Do you receive public assistance (like food support/stamps, WIC, TANF, SSI or MFIP)?

- 1 no
- 2 yes
- 3 I don't know

68. How difficult is it for you to live on your total household income right now?

- 1 not at all difficult
- 2 somewhat difficult
- 3 very difficult or can barely get by
- 4 extremely difficult or impossible

257-
260

69. Are you currently or have you ever served in the United States Armed Forces, including the National Guard or Reserves?

- 1 no
- 2 yes, in the past
- 3 yes, currently

261

70. What is the highest level of education that you have completed?

- 1 middle school or junior high
- 2 some high school
- 3 high school graduate or GED
- 4 vocational, technical, trade or other certification program
- 5 associate degree
- 6 bachelor degree
- 7 graduate or professional degree (MS, MBA, MD, PhD, etc)
- 8 other (please specify): _____

262

71. Which of the following best describes your student status (for the majority of the past year)?

- 1 not a student
- 2 part-time student at a community or technical college
- 3 full-time student at a community or technical college
- 4 part-time student at a four-year college
- 5 full-time student at a four-year college
- 6 graduate student part-time or full-time

263

Some questions in this section ask about your work place. If you have more than one job, please answer in a way that averages those jobs.

72. About how long (in minutes) would it take to get from your work place to the nearest places listed below if you walked to them? Please put only one check mark for each place.

264

I don't work outside my home Go to question #74 on the next page

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	I don't know	
a. fast food restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	265
b. gym or fitness facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	266
c. home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	267

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

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know	
a. Many of my coworkers think it is important to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	268
b. Many of my coworkers care about eating healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	269
c. At my <i>work place</i> it is easy to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	270
d. At my <i>work place</i> it is easy to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	271
e. At my <i>work place</i> , sweets and snacks are often available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	272
f. At my <i>work place</i> , soda pop is often available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	273

Now some questions about the neighborhood where YOU LIVE...

74. About how long (in minutes) would it take to get from your home to the nearest places listed below if you walked to them? Please put only one check mark for each place.

	1-5 minutes	6-10 minutes	11-20 minutes	21-30 minutes	31+ minutes	I don't know	
a. convenience/small grocery store	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	274
b. supermarket/mid-size grocery store	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	275
c. bus or train stop	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	276
d. fast food restaurant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	277
e. coffee place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	278
f. gym or fitness facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	279
g. park	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	280
h. lake (or other body of water)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	281
i. walking or bike path	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	282
j. shopping center (e.g. clothing store, video store, drug store, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	283

75. Please choose the answer that best applies to you and the neighborhood where you lived for the majority of the past year.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	
a. There are trees along the streets in my neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	284
b. There are many interesting things to look at while walking in my neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	285
c. My neighborhood is free from litter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	286
d. I see and speak to other people when I am walking in my neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	287
e. The crime rate in my neighborhood makes it unsafe to go on walks <u>during the day</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	288
f. The crime rate in my neighborhood makes it unsafe to go on walks <u>at night</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	289

SOMETIMES, other THINGS GOING ON IN YOUR LIFE can affect your eating and activity...Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.

76. On an average weekday (Monday-Friday):

Please check A.M. or P.M.

a. What time do you go to bed (to go to sleep)?

:
 Hour Minutes

A.M.
 P.M.

290-294

b. What time do you get out of bed (to start your day)?

:
 Hour Minutes

A.M.
 P.M.

295-299

77. On an average weekend day (Saturday or Sunday):

Please check A.M. or P.M.

a. What time do you go to bed (to go to sleep)?

:
 Hour Minutes

A.M.
 P.M.

300-304

b. What time do you get out of bed (to start your day)?

:
 Hour Minutes

A.M.
 P.M.

305-309

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

1 yes

2 no

310

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

Not at all *Somewhat* *Very much*

a. feeling too tired to do things

1 2 3

311

b. having trouble going to sleep or staying asleep

1 2 3

312

c. feeling unhappy, sad, or depressed

1 2 3

313

d. feeling hopeless about the future

1 2 3

314

e. feeling nervous or tense

1 2 3

315

f. worrying too much about things

1 2 3

316

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

Strongly disagree *Disagree* *Agree* *Strongly agree*

a. On the whole, I am satisfied with myself

1 2 3 4

317

b. I feel that I have a number of good qualities

1 2 3 4

318

c. At times I think I am no good at all

1 2 3 4

319

d. I am able to do things as well as most other people

1 2 3 4

320

e. I wish I could have more respect for myself

1 2 3 4

321

f. I certainly feel useless at times

1 2 3 4

322

81. Have you ever deliberately hurt yourself, such as by cutting, scratching or burning, but not with the goal of ending your life?
- 1 yes, during the past year 323
 2 yes, more than a year ago
 3 no

82. How often do any of the following things happen?
- | | <i>Never</i> | <i>Less than
once a
year</i> | <i>A few
times a
year</i> | <i>A few
times a
month</i> | <i>At least
once a
week</i> | |
|---|----------------------------|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----|
| a. You are teased about your appearance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 324 |
| b. You are teased about your weight | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 325 |

83. What is your relationship status? (Mark one.)
- 1 single or casually dating
 2 committed dating relationship or engaged
 3 married 326
 4 same sex domestic partner
 5 separated or divorced
 6 widowed

84. Do you think that you have reached adulthood?
- 1 yes
 2 no 327
 3 in some respects yes, in some respects no

85. Which statement best describes your beliefs regarding feminism?
- 1 I call myself a feminist
 2 I agree with most of the objectives of the feminist movement but do not call myself a feminist 328
 3 I do not consider myself a feminist

86. Exercising is an important part of who I am.
- 1 strongly disagree
 2 somewhat disagree 329
 3 somewhat agree
 4 strongly agree

87. Do you like to do things that are a little dangerous (for example, skydiving, bungee jumping, gambling)?
- 1 not at all
 2 a little 330
 3 quite a bit
 4 very much

Your PHYSICAL ACTIVITY ...

The final section of the survey includes questions about the activity you do (A) at work, (B) to get from place to place, and (C) for fun or exercise in your free time.

Here is an EXAMPLE.

If you went swimming for 5 hours per week only during the summer months, then your answer would look like this:

Swimming

Did you do this activity over the past year?

1 No

2 Yes →

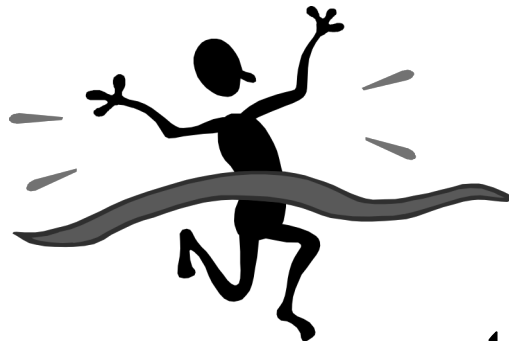
How much did you do it EACH season?

→ Fall
→ Winter
→ Spring
→ Summer

None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you did NOT go swimming during the past year, then you would just check the 'No' box and skip to the next question.



Hang in there...you are almost done!

(A) What activities do you do for WORK?

88. What work-related activity have you done in the past YEAR?

Mark "None/Zero" for any season you did not do that activity. If you had multiple jobs, please average your activity across those jobs.

331

I have not had a job or internship during the past year. Go to question #89 on the next page.

a. *Sitting or Standing in One Place*

Did you do this activity over the past year for work?

1 No

2 Yes →

How much did you do it EACH season?
 → Fall
 → Winter
 → Spring
 → Summer

None/Zero	1-5 hr/wk	6-10 hr/wk	11-20 hr/wk	21-30 hr/wk	31-40 hr/wk	>40 hr/wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. *Moderate Intensity Activity (Moderate intensity activities make you breathe somewhat harder than normal. For example, brisk walking, carrying packages.)*

Did you do this activity over the past year for work?

1 No

2 Yes →

How much did you do it EACH season?
 → Fall
 → Winter
 → Spring
 → Summer

None/Zero	1-5 hr/wk	6-10 hr/wk	11-20 hr/wk	21-30 hr/wk	31-40 hr/wk	>40 hr/wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. *Vigorous Intensity Activity (Vigorous intensity activities make you breathe much harder than normal. For example, jogging/running, heavy lifting, digging, heavy construction.)*

Did you do this activity over the past year for work?

1 No

2 Yes →

How much did you do it EACH season?
 → Fall
 → Winter
 → Spring
 → Summer

None/Zero	1-5 hr/wk	6-10 hr/wk	11-20 hr/wk	21-30 hr/wk	31-40 hr/wk	>40 hr/wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Walking and biking to get to places

For the following questions do NOT include walking or biking you do just for fun or exercise, here we are interested in walking and biking for transportation.

89. What have you done in the past YEAR?
Mark "None/Zero" for any season you did not do that activity.

a. Walking to Get Places (to/from work, school, shopping, friend's home)

Did you do this activity over the past year?	None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes → <i>How much did you do it EACH season?</i>								
↓								
→ Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	347
→ Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	348
→ Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	349
→ Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	350
								351

b. Biking to Get Places (to/from work, school, shopping, friend's home)

Did you do this activity over the past year?	None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes → <i>How much did you do it EACH season?</i>								
↓								
→ Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	352
→ Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	353
→ Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	354
→ Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	355
								356

(C) What do you do in your FREE TIME?

Please now think about activity that you have done over the past year that was NOT related to work or transportation.

90. **Not** including work- or transportation-related activity, what have you done in the past YEAR?
Mark "None/Zero" for any season you did not do that activity.

a. Walking or Hiking (for fun/exercise; include walking on a treadmill and around the golf course)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	357
		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	358
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	359
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	360
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	361



b. Biking (for fun/exercise; include stationary cycling, spinning, and mountain biking)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	362
		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	363
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	364
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	365
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	366



c. Physical Work In and Around Your Residence (like mowing the lawn, shoveling snow, raking, gardening, home repairs, and maintenance)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	367
		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	368
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	369
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	370
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	371



d. Running or Jogging (include running or jogging on a treadmill)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	372
		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	373
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	374
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	375
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	376



e. Swimming

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	377
		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	378
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	379
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	380
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	381



f. Yoga or Pilates

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	382
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	383
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	384
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	385
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	386

g. Strength Training Exercises (push-ups, lifting weights)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	387
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	388
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	389
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	390
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	391

h. Circuit Training or Cardio Exercise Machines (include stair machine, elliptical, stationary skiing, etc; do NOT include stationary bike, spinning, treadmill use, or any other activity reported above)

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	392
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	393
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	394
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	395
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	396

i. Dancing or Aerobics

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	397
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	398
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	399
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	400
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	401

j. Rollerblading, Rollerskating, or Iceskating

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	402
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	403
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	404
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	405
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	406

k. Downhill Skiing or Snowboarding

Did you do this activity over the past year?				None/Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	→	How much did you do it EACH season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	407
↓		→	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	408
		→	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	409
		→	Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410
		→	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	411

l. Tennis or Other Racquet Sports

Did you do this activity over the past year?

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes →								412
↓	How much did you do it EACH season? →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	413
	Fall →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	414
	Winter →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	415
	Spring →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	416
	Summer →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	416

m. Baseball or Softball

Did you do this activity over the past year?

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes →								417
↓	How much did you do it EACH season? →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	418
	Fall →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	419
	Winter →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	420
	Spring →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	421
	Summer →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	421

n. Basketball

Did you do this activity over the past year?

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes →								422
↓	How much did you do it EACH season? →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	423
	Fall →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	424
	Winter →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	425
	Spring →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	426
	Summer →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	426

o. Soccer or Rugby

Did you do this activity over the past year?

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes →								427
↓	How much did you do it EACH season? →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	428
	Fall →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	429
	Winter →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	430
	Spring →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	431
	Summer →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	431

p. Playing Outdoors (tossing a ball or Frisbee, playing with dog or children)

Did you do this activity over the past year?

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes →								432
↓	How much did you do it EACH season? →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	433
	Fall →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	434
	Winter →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	435
	Spring →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	436
	Summer →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	436

q. Did you do any other sports or activities that we haven't listed (for example, cross-country skiing, skateboarding, kayaking, hockey, martial arts, volleyball, or something else)?

Please write what sports or activities you did

		None/ Zero	Less than ½ hr/wk	½-less than 2 hr/wk	2-3 hr/wk	4-6 hr/wk	7-9 hr/wk	10+ hr/wk	
Fall	_____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	437
Winter	_____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	440
Spring	_____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	443
Summer	_____ →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	446

THANK YOU for completing the Project EAT survey! Return your completed surveys to us in the enclosed postage-paid envelope and we will send you a \$50 gift card right away!

