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

Neumark-Sztainer D, Wall M, Chen C, Larson N, Cristoph M, Sherwood N. Eating, activity, and weight-related problems from adolescence to adulthood. *Am J Prev Med*. 2018;55(2):133-141.

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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.sphresearch.umn.edu/epi/project-eat/ for additional information about Project EAT. The psychometric properties of measures will be posted at the website; however, only limited support is available for assistance with the survey.

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Project EAT-IV Survey

UNIVERSITY OF MINNESOTA

Project EAT-IV Survey

UNIVERSITY OF MINNESOTA

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

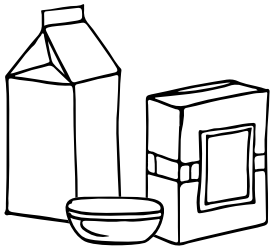
Your help with this project is MUCH appreciated and will lead to the development of better health programs and services for people your age.

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

This survey takes about one hour to complete and we will mail you a $50 Target gift card as a "thank you" when we receive your completed survey. $50 in one hour - - not bad!

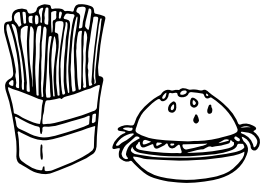
Your EATING HABITS…
when, where, why, how, and what?

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



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

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



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

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

		Not at all	*A little*	*Somewhat*	*Very important*
a.	Organic	1 ☐	2 ☐	3 ☐	4 ☐
b.	Not processed	1 ☐	2 ☐	3 ☐	4 ☐
c.	Locally grown	1 ☐	2 ☐	3 ☐	4 ☐
d.	Not genetically modified	1 ☐	2 ☐	3 ☐	4 ☐
e.	Gluten free	1 ☐	2 ☐	3 ☐	4 ☐

4. Are you a vegetarian now?

1 ☐ Yes
2 ☐ No → **If no, then go to question #6**

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

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

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

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

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

1 ☐ Yes
2 ☐ No **(If no, then go to question #9)**

8. How did you use that calorie information in a restaurant when deciding what to order? (Check all that apply).

1 ☐ I did not use the calorie information
2 ☐ I used the information to avoid ordering high calorie menu items
3 ☐ I used the information to avoid ordering something that would leave me hungry
4 ☐ I used the information to decide on a smaller portion size
5 ☐ I used the information to decide on a larger portion size
6 ☐ Other (please specify): _____

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	I stop eating when I feel full	1 ☐	2 ☐	3 ☐	4 ☐
b.	I trust my body to tell me *when* to eat	1 ☐	2 ☐	3 ☐	4 ☐
c.	I trust my body to tell me *what* to eat	1 ☐	2 ☐	3 ☐	4 ☐
d.	I trust my body to tell me *how much* to eat	1 ☐	2 ☐	3 ☐	4 ☐
e.	I rely on my hunger signals to tell me when to eat	1 ☐	2 ☐	3 ☐	4 ☐
f.	I rely on my fullness (satiety) signals to tell me when to stop eating	1 ☐	2 ☐	3 ☐	4 ☐
g.	I trust my body to tell me when to stop eating	1 ☐	2 ☐	3 ☐	4 ☐

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	I think a lot about being thinner	1 ☐	2 ☐	3 ☐	4 ☐
b.	I am worried about gaining weight	1 ☐	2 ☐	3 ☐	4 ☐
c.	I weigh myself often	1 ☐	2 ☐	3 ☐	4 ☐
d.	When I weigh myself, the number I see on the scale impacts my mood	1 ☐	2 ☐	3 ☐	4 ☐
e.	I sometimes skip meals since I am concerned about my weight	1 ☐	2 ☐	3 ☐	4 ☐

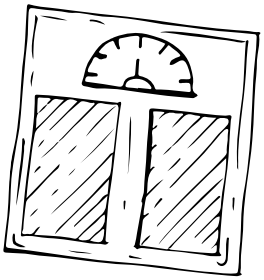
11. How often do you eat…

		Almost never or never	*Rarely*	*Sometimes*	*Often*	*Almost always or always*
a.	because you're depressed or sad?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	because you feel worthless or inadequate?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	as a way to help you cope?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	as a way to comfort yourself?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	as a way to avoid thinking about something unpleasant or to distract yourself?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Now some questions about weight….

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

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



13. 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

14. How often have you gone on a diet during the <u>last year</u>? 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

15. Have you done any of the following things in order to <u>lose weight</u> or <u>keep from gaining weight</u> during the <u>past year</u>?

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

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

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

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

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

18. 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 #22**

19. 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

20. 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

21. 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

22. Do you currently or have you ever had an eating disorder?

1 ☐ Yes, I currently have an eating disorder
2 ☐ Yes, I used to have an eating disorder but I am recovered
3 ☐ No, I have never had an eating disorder

23. What type of eating disorder(s) have you struggled with? Please check all current and previous types of eating disorders.

1 ☐ Anorexia nervosa
2 ☐ Bulimia nervosa
3 ☐ Binge eating disorder
4 ☐ Eating disorder not otherwise specified (EDNOS)
5 ☐ Other (please specify): _____

24. Do you currently, or have you ever received treatment for your eating disorder?

1 ☐ Yes, I am currently in treatment
2 ☐ Yes, I have previously received treatment but am not currently in treatment
3 ☐ No, I have never received treatment for my eating disorder

Your PHYSICAL ACTIVITY HABITS…

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

25. 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

26. Moderate exercise (not exhausting)

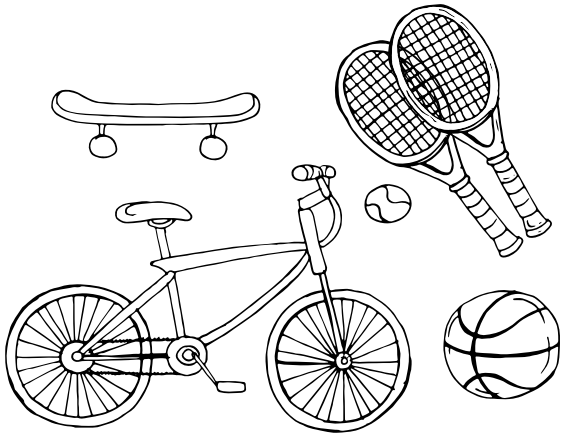
Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- ☐ 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

27. Mild exercise (little effort)

Examples: walking slowly, bowling, golf, fishing, snowmobiling

- ☐ None
- ☐ Less than ½ hour a week
- ☐ ½ -2 hours a week
- ☐ 2 ½ -4 hours a week
- ☐ 4 ½ -6 hours a week
- ☐ 6+ hours a week



28. Have you ever done Pilates?

1 ☐ Yes
2 ☐ No **(If no, then go to question #30)**

29. When did you first do Pilates?

1 ☐ 5 or more years ago
2 ☐ Less than 5 years ago

30. Have you ever done yoga?

1 ☐ Yes
2 ☐ No **If no, then go to question #41**

31. When did you first do yoga?

1 ☐ Less than 1 year ago
2 ☐ 1-2 years ago
3 ☐ 3-4 years ago
4 ☐ 5 years ago
5 ☐ 6-10 years ago
6 ☐ More than 10 years ago

32. For how many years have you practiced yoga?

1 ☐ Less than 1 year
2 ☐ 1-2 years
3 ☐ 3-4 years
4 ☐ 5 years
5 ☐ 6-10 years
6 ☐ More than 10 years

33. Did you do yoga over the <u>past year</u>?

1 ☐ Yes
2 ☐ No **If no, then go to question #41**

34. On average, how frequently did you do yoga over the <u>past year</u>?

☐ Less than ½ hour/week **If less than ½ hour, then go to question #41**
☐ ½-less than 1 hour/week
☐ 1 hour to less than 2 hours/week
☐ 2-3 hours/week
☐ 4-6 hours/week
☐ 7-9 hours/week
☐ 10+ hours/week

Complete this page only if you practice yoga

35. What types of yoga do you usually do? (Check all that apply)

1 ☐ Hatha
2 ☐ Vinyasa flow
3 ☐ Restorative/Yin
4 ☐ Hot yoga
5 ☐ Other (please specify): _____

36. How would you describe your yoga practice?

1 ☐ Mainly vigorous
2 ☐ Mainly gentle
3 ☐ Mixed vigorous/gentle

37. Where do you usually practice yoga? (You may choose more than one)

1 ☐ Gym or fitness center
2 ☐ Yoga studio
3 ☐ Home
4 ☐ Other (please specify): _____

38. People practice yoga for many reasons. How important are the following reasons for you with regard to practicing yoga?

	Not important	*A little important*	*Somewhat important*	*Very important*
a. Physical benefits	1 ☐	2 ☐	3 ☐	4 ☐
b. Spiritual benefits	1 ☐	2 ☐	3 ☐	4 ☐
c. Mental benefits	1 ☐	2 ☐	3 ☐	4 ☐

Complete this page only if you practice yoga

39. Please indicate your main reasons for practicing yoga. (You may choose more than one.)

1 ☐ Enhanced physical fitness (e.g., strength, flexibility)
2 ☐ Weight control
3 ☐ Health benefits (e.g., decrease lower back pain, lower blood pressure)
4 ☐ Make my body look better
5 ☐ Helps me feel better about my body
6 ☐ Stress reduction and relaxation
7 ☐ Helps me be in the present moment
8 ☐ Greater awareness of myself
9 ☐ Enhanced spirituality
10 ☐ Other (please specify): _____

40. Has your yoga practice influenced any of the following?

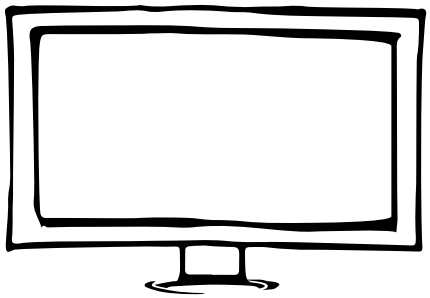
	Yes	*No*	*Not sure*
a. Your weight	1 ☐	2 ☐	3 ☐
b. Your eating behaviors	1 ☐	2 ☐	3 ☐
c. Your body image	1 ☐	2 ☐	3 ☐

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

	Never	*Sometimes*	*Usually*	*Always*
a. When I miss a scheduled exercise session, I may feel tense, irritable, or depressed	1 ☐	2 ☐	3 ☐	4 ☐
b. If I feel I have overeaten, I will try to make up for it by increasing the amount I exercise	1 ☐	2 ☐	3 ☐	4 ☐
c. When I don't exercise, I feel guilty	1 ☐	2 ☐	3 ☐	4 ☐

42. Thinking of the past month, on average, how many hours of recreational screen (television, computer, video games) time do you have a day? This is in addition to work or school related screen time.

1 ☐ 0 hours
2 ☐ ½ hour
3 ☐ 1 hour
4 ☐ 2 hours
5 ☐ 3 hours
6 ☐ 4 hours
7 ☐ 5+ hours



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

43. Are you…?

1 ☐ Male
2 ☐ Female

44. What is <u>your birthdate</u>? |___|___| / |___|___| / 19|___|___|
Month *Day* *Year*

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

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

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

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

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

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

49. How satisfied are you with your:

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

Now some questions about your work situation….

50. 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

51. Which of the following best describes your current work situation?

1 ☐ Working full-time
2 ☐ Working part-time

3 ☐ Stay at home caregiver
4 ☐ Currently unemployed, but actively seeking work
5 ☐ Not working for pay (for example, unable to work, student, seasonal worker)
6 ☐ Other (please specify): _____

Go to question #57

52. How many hours a week do you <u>currently</u> work for pay?

1 ☐ 1-9 hours
2 ☐ 10-19 hours
3 ☐ 20-29 hours
4 ☐ 30-39 hours
5 ☐ 40 hours
6 ☐ More than 40 hours

53. Which of the following categories best describes the hours you work for pay?

1 ☐ Regular day shift
2 ☐ Regular evening shift
3 ☐ Regular night shift
4 ☐ Shift rotates (changes periodically from days to evenings)
5 ☐ Split shift (consists of two distinct periods each day)
6 ☐ Irregular schedule or hours
7 ☐ Other (please specify): _____

Complete this page only if you currently work for pay

54. At how many jobs do you work for pay <u>outside your home</u>?

1 ☐ 0 **If none, then go to question #57**
2 ☐ 1
3 ☐ 2
4 ☐ 3
5 ☐ 4 or more

55. How many hours in an <u>average week</u> do you spend in the *work place* for your job? If you have more than one job, please think about the *work place* where you spend the most time.

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

56. Please continue to think about the *work place* where you spend the most time. How strongly do you agree with the following statements?

		Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Not applicable*
a.	Many of my coworkers think it is important to be physically active	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Many of my coworkers care about eating healthy food	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	It is easy to buy healthy food at or around my *work place*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	At my *work place*, employees frequently bring high-calorie foods (e.g., baked goods, donuts, candy) to share with coworkers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

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

1 ☐ Yes
2 ☐ No **If no, then go to question #69**

58. What is your relationship status?

1 ☐ Casually dating
2 ☐ Committed dating relationship or engaged
3 ☐ Married
4 ☐ Domestic partner

59. How long have you and your significant other been together as a couple?

1 ☐ Less than 3 months
2 ☐ 3 months to less than 6 months
3 ☐ 6 months to less than 1 year
4 ☐ 1 to 5 years
5 ☐ More than 5 years

60. Do you currently live with your significant other?

1 ☐ Yes
2 ☐ No **If no, then go to question #62**

61. How long have you been living with your significant other?

1 ☐ Less than 6 months
3 ☐ 6 months to less than 1 year
4 ☐ 1 to 5 years
5 ☐ More than 5 years

Complete this page only if you have a significant other

62. During the <u>past seven days</u>, how many times did you and your significant other 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

63. My significant other. . .

		Not at all	*A little*	*Somewhat*	*Very much*
a.	cares about eating healthy food	1 ☐	2 ☐	3 ☐	4 ☐
b.	diets to lose weight or keep from gaining weight	1 ☐	2 ☐	3 ☐	4 ☐
c.	encourages me to diet to control my weight	1 ☐	2 ☐	3 ☐	4 ☐

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

		Strongly disagree	*Disagree*	*Agree*	*Strongly agree*
a.	My significant other often plays sports or does something active	1 ☐	2 ☐	3 ☐	4 ☐
b.	My significant other thinks it is important to be physically active	1 ☐	2 ☐	3 ☐	4 ☐
c.	My significant other and I like to do active things together	1 ☐	2 ☐	3 ☐	4 ☐

65. In general, how strongly do you agree with the following statements about your relationship?

		Strongly disagree	*Disagree*	*Agree*	*Strongly agree*
a.	My significant other listens to me when I need someone to talk to	1 ☐	2 ☐	3 ☐	4 ☐
b.	I can state my feelings without my significant other getting defensive	1 ☐	2 ☐	3 ☐	4 ☐
c.	I often feel distant from my significant other	1 ☐	2 ☐	3 ☐	4 ☐
d.	My significant other can really understand my hurts and joys	1 ☐	2 ☐	3 ☐	4 ☐
e.	I feel neglected at times by my significant other	1 ☐	2 ☐	3 ☐	4 ☐
f.	I sometimes feel lonely when we're together	1 ☐	2 ☐	3 ☐	4 ☐

Complete this page only if you have a significant other

66. How often does your significant other make comments to you that make you feel <u>good</u> about your body shape or size?

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
6 ☐ Most days of the week
7 ☐ Multiple times a day

67. How often does your significant other make comments to you that make you feel <u>bad</u> about your body shape or size?

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
6 ☐ Most days of the week
7 ☐ Multiple times a day

68. How often do you make comments to your significant other about her/his body shape or size?

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
6 ☐ Most days of the week
7 ☐ Multiple times a day

*Your **FAMILY** (e.g., spouse/partner, children) may affect your eating & activity habits, so we'd like to know more about your family and home……*

69. If you are female, are you currently pregnant or breastfeeding?

1 ☐ No
2 ☐ Yes, pregnant
3 ☐ Yes, breastfeeding

70. How many children do you have (including step-children or adopted children)? |___|

(If you do not have one or more child, then go to question #85)

71. ***We are interested in knowing more about each of your children and the time they spend living in your household. Please complete the information below.***

Child #1 *(start with your oldest child)*	***First Name:***	_____	***Age:*** *(in years)* |___|	***Gender:*** *(circle male or female)*	Male Female
	Relationship: *(circle the best description)*	Biological child Adopted child Step-child	***Living situation:*** *(circle the best description)*		Child lives only in your home Child lives mostly in your home Child lives about equally in your home and in another home Child lives mostly in another home Child does not live in your home
Child #2	***First Name:***	_____	***Age:*** *(in years)* |___|	***Gender:*** *(circle male or female)*	Male Female
	Relationship: *(circle the best description)*	Biological child Adopted child Step-child	***Living situation:*** *(circle the best description):*		Child lives only in your home Child lives mostly in your home Child lives about equally in your home and in another home Child lives mostly in another home Child does not live in your home
Child #3	***First Name:***	_____	***Age:*** *(in years)* |___|	***Gender*** *(circle male or female):*	Male Female
	Relationship: *(circle the best description)*	Biological child Adopted child Step-child	***Living situation:*** *(circle the best description)*		Child lives only in your home Child lives mostly in your home Child lives about equally in your home and in another home Child lives mostly in another home Child does not live in your home
Child #4	***First Name:***	_____	***Age:*** *(in years)* |___|	***Gender:*** *(circle male or female)*	Male Female
	Relationship: *(circle the best description)*	Biological child Adopted child Step-child	***Living situation:*** *(circle the best description)*		Child lives only in your home Child lives mostly in your home Child lives about equally in your home and in another home Child lives mostly in another home Child does not live in your home
Child #5	***First Name:***	_____	***Age:*** *(in years)* |___|	***Gender:*** *(circle male or female)*	Male Female
	Relationship: *(circle the best description)*	Biological child Adopted child Step-child	***Living situation:*** *(circle the best description)*		Child lives only in your home Child lives mostly in your home Child lives about equally in your home and in another home Child lives mostly in another home Child does not live in your home

Complete this page only if you have one or more child

Now please think about your FAMILY (e.g., spouse/partner, children)…

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	We almost always seem to be rushed	1 ☐	2 ☐	3 ☐	4 ☐
b.	It's a real zoo in our home	1 ☐	2 ☐	3 ☐	4 ☐
c.	No matter what our family plans, it usually doesn't seem to work out	1 ☐	2 ☐	3 ☐	4 ☐
d.	You can't hear yourself think in our home	1 ☐	2 ☐	3 ☐	4 ☐

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	Family members are accepted for who they are	1 ☐	2 ☐	3 ☐	4 ☐
b.	Making decisions is a problem for our family	1 ☐	2 ☐	3 ☐	4 ☐
c.	We don't get along well together	1 ☐	2 ☐	3 ☐	4 ☐
d.	We can express feelings to each other	1 ☐	2 ☐	3 ☐	4 ☐
e.	Planning family activities is difficult because we misunderstand each other	1 ☐	2 ☐	3 ☐	4 ☐
f.	We confide in each other (By 'confide' we mean to trust your family members enough to tell them something that is important to you.)	1 ☐	2 ☐	3 ☐	4 ☐

74. Think about the people that live in your home (e.g., spouse/partner, children). How often do family members…

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

Complete this page only if you have one or more child

75. Please continue to think about the people that live in your home (e.g., spouse/partner, children). When I'm with one or more family members I complain about my weight.

1 ☐ Never
2 ☐ Rarely
3 ☐ Sometimes
4 ☐ Often

76. In a typical week, how many hours do you spend doing the following:

		None	*Less than ½ hour*	*½- 2 hours*	*2½ - 4 hours*	*4½ - 6 hours*	*6+ hours*
a.	Being physically active with your children (e.g., throwing a ball around; taking a walk or bike ride together)?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b.	Helping your children to be physically active (e.g., driving them to a gym, playground, or sport practice; watching them play a sport)?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c.	Watching TV/movies together with your children?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

77. To what extent does your children's participation in youth sports interfere with having family meals?

1 ☐ My children do not participate in youth sports
2 ☐ Does not interfere at all
3 ☐ Slightly interferes
4 ☐ Somewhat interferes
5 ☐ Interferes a lot

78. To what extent does your children's participation in organized activities (e.g., scouts; clubs; cultural, arts, and music activities), other than youth sports, interfere with having family meals?

1 ☐ My children do not participate in organized activities (not including youth sports)
2 ☐ Does not interfere at all
3 ☐ Slightly interferes
4 ☐ Somewhat interferes
5 ☐ Interferes a lot

Complete this page only if you have one or more child

Just a reminder….please think about your FAMILY (e.g., spouse/partner, children) when answering the next questions about mealtimes in your household

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

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

80. During the <u>past week</u>, how many times was a family meal purchased from a fast food restaurant and eaten together either at the restaurant or at home? (pizza counts)

1 ☐ Never
2 ☐ 1 time
3 ☐ 2 times
4 ☐ 3 or more times

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	In my family, it is important that the family eat at least one meal a day together	1 ☐	2 ☐	3 ☐	4 ☐
b.	In my family, mealtime is a time for talking with other family members	1 ☐	2 ☐	3 ☐	4 ☐
c.	In my family, it is often difficult to find a time when family members can sit down to a meal together	1 ☐	2 ☐	3 ☐	4 ☐
d.	In my family, dinner time is about more than just getting food; we all talk with each other	1 ☐	2 ☐	3 ☐	4 ☐
e.	In my family, different schedules make it hard for us to eat meals together	1 ☐	2 ☐	3 ☐	4 ☐

Complete this page only if you have one or more child

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

		Strongly disagree	*Somewhat disagree*	*Somewhat agree*	*Strongly agree*
a.	In my family, we often watch TV while eating dinner	1 ☐	2 ☐	3 ☐	4 ☐
b.	I enjoy eating meals with my family	1 ☐	2 ☐	3 ☐	4 ☐
c.	In my family, we are expected to be home for dinner	1 ☐	2 ☐	3 ☐	4 ☐
d.	I am often just too busy to eat dinner with my family	1 ☐	2 ☐	3 ☐	4 ☐
e.	In my family, eating brings people together in an enjoyable way	1 ☐	2 ☐	3 ☐	4 ☐

83. Do you set limits (have rules, including no use) on your children's media use (TV, cell phone, texting, etc) at family meals?

1 ☐ Yes
2 ☐ No

84. How often are the following statements true?

		Never	*Rarely*	*Sometimes*	*Often*	*Always*
a.	I do not have enough time or energy to cook meals for my children	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐
b.	I find time to cook meals for my children even when I am busy or tired	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐
c.	I do not have enough time or energy to feed my children "right"	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐
d.	I plan meals for my children at least 1 day in advance	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐
e.	I do not have enough time or energy to plan meals for my children	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐

YOUR HOUSEHOLD and FOOD in your HOME may affect your eating & activity habits, so we'd like to know more about them……

85. **During the <u>past year</u>, 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), including any step-children or adopted children
8 ☐ My brothers/sisters
9 ☐ Other (please specify): _____

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

		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.	Potato chips or other salty snack foods are available in my home	1 ☐	2 ☐	3 ☐	4 ☐
d.	Chocolate or other candy is available in my home	1 ☐	2 ☐	3 ☐	4 ☐
e.	Soda pop is available in my home	1 ☐	2 ☐	3 ☐	4 ☐
f.	Whole wheat bread is available in my home	1 ☐	2 ☐	3 ☐	4 ☐
g.	Fruit is served at meals at my home	1 ☐	2 ☐	3 ☐	4 ☐
h.	Milk is served at meals at my home	1 ☐	2 ☐	3 ☐	4 ☐

87. **Who usually prepares food for your household? (Choose more than one if the task is split evenly.)**

1 ☐ Me
2 ☐ Spouse/partner
3 ☐ Child/children
4 ☐ Other adult in the home
5 ☐ Other (please describe): _____

88. **During the <u>past month</u>, 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

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

1 ☐ Never **If never, then go to question #91**
2 ☐ Rarely
3 ☐ Sometimes
4 ☐ Most of the time
5 ☐ Always

90. When you use the food label to decide about a food product, how often do you look for information about the following?

		Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
a.	Total calories	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Calories from fat	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Total fat	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	Trans fat	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	Saturated fat	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f.	Cholesterol	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g.	Sodium	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h.	Carbohydrates	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i.	Fiber	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j.	Sugars	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
k.	Serving size	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l.	Ingredient list	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

Amount Per Serving	
Calories	33
Calories from Fat	0
Total Fat 0g	% Daily Value*
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 25mg	0%
Total Carbohydrate 16g	1%
Dietary Fiber 0g	5%
Sugars 1g	0%
Protein 2g	
Vitamin A 180% •	**Vitamin C** 15%
Calcium 5% •	**Iron** 2%

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

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

Education and Household Resources

91. What is the highest level of education that <u>you</u> 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): _____

92. What is the highest level of education that <u>your spouse or partner</u> has completed?

1 ☐ Not applicable (no spouse/partner)
2 ☐ Elementary school or less
3 ☐ Middle school or junior high
4 ☐ Some high school
5 ☐ High school graduate or GED
6 ☐ Vocational, technical, trade or other certification program
7 ☐ Associate degree
8 ☐ Bachelor degree
9 ☐ Graduate or professional degree (MS, MBA, MD, PhD, etc)
10 ☐ I don't know

93. What was the total income of your household before taxes in the <u>past year</u>?

1 ☐ Less than $20,000
2 ☐ $20,000-$34,999
3 ☐ $35,000-$49,999
4 ☐ $50,000-$74,999
5 ☐ $75,000-$99,999
6 ☐ $100,000 or more

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

1 ☐ No
2 ☐ Yes
3 ☐ I don't know

95. 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

96. Please indicate how often each statement was true for your household in the last 12 months:

		Often true	*Sometimes true*	*Never true*
a.	The food that we bought just didn't last, and we didn't have money to get more	1 ☐	2 ☐	3 ☐
b.	We couldn't afford to eat balanced meals	1 ☐	2 ☐	3 ☐

97. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

1 ☐ No
2 ☐ Yes, only 1 or 2 months
3 ☐ Yes, some months but not every month
4 ☐ Yes, almost every month

98. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

1 ☐ No
2 ☐ Yes
3 ☐ Don't know

99. In the last 12 months, were you ever hungry but didn't eat because there was not enough money for food?

1 ☐ No
2 ☐ Yes
3 ☐ Don't know

SOMETIMES, things that happened when YOU WERE GROWING UP can affect your eating and activity….Remember, your responses will be kept CONFIDENTIAL, so please answer as honestly as possible.

100. Please respond to each question below thinking about when you were growing up (before age 18 years).

		Never	*Once*	*More than once*
a.	Did someone in your family touch you in a sexual way against your wishes or force you to touch them in a sexual way?	1 ☐	2 ☐	3 ☐
b.	Did someone not in your family touch you in a sexual way against your wishes or force you to touch them in a sexual way?	1 ☐	2 ☐	3 ☐

101. When you were growing up (before age 18 years), how often were the following statements true?

		Never	*Rarely*	*Sometimes*	*Often*	*Very often*
a.	An adult in my family said hurtful or insulting things to me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	An adult in my family hit me so hard it left me with bruises or marks.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	I knew there was someone in my family who would take care of me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	I felt very frightened of someone in my family.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	There was someone in my family who helped me feel that I was important or special.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f.	My family was a source of strength and support.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Other THINGS GOING ON IN YOUR LIFE NOW can also affect your eating and activity….

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

		Never	*A few times*	*Monthly*	*Weekly*	*Daily*
a.	Cigarettes	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Marijuana	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

		Not at all	*Somewhat*	*Very much*
a.	feeling too tired to do things	1 ☐	2 ☐	3 ☐
b.	having trouble going to sleep or staying asleep	1 ☐	2 ☐	3 ☐
c.	feeling unhappy, sad, or depressed	1 ☐	2 ☐	3 ☐
d.	feeling hopeless about the future	1 ☐	2 ☐	3 ☐
e.	feeling nervous or tense	1 ☐	2 ☐	3 ☐
f.	worrying too much about things	1 ☐	2 ☐	3 ☐

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

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

105. On a scale from one to ten, with one being not stressed at all and ten being very stressed, how would you rate your average level of stress in the past 30 days? Please mark the appropriate number corresponding with your average level of stress.

Not stressed at all (1) *(10) Very stressed*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

106. On a scale from one to ten, with one being ineffective and ten being effective, how would you rate your ability to manage stress in the past 30 days? Please mark the appropriate number corresponding with your effectiveness in managing stress.

Ineffective (1) *(10) Effective*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

107. On an <u>average weekday</u> (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.
b.	What time do you **get out of bed** (to start your day)?	|___|___|:|___|___| *Hour Minutes*	☐ A.M. ☐ P.M.

108. On an <u>average weekend day</u> (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.
b.	What time do you **get out of bed** (to start your day)?	|___|___|:|___|___| *Hour Minutes*	☐ A.M. ☐ P.M.

for completing the Project EAT survey!