

Thank you for your interest in the **F-EAT 2018 Survey**. This survey was completed by the parents of young people ages 19-26 years in 2017-2018. The parents were enrolled in the study and completed a baseline survey in the academic year 2009-2010 when their children were attending middle school or high school. If you use items from this 8-year follow-up survey in your work, the following citations are recommended:

Bruening M, MacLehose R, Loth K, Story M, Neumark-Sztainer D. Feeding a family in a recession: Food insecurity among Minnesota parents. *American Journal of Public Health*. 2012;102:520-526.

Bauer KW, Hearst MO, Escoto K, Berge JM, Neumark-Sztainer D. Parental employment and work-family stress: Associations with family food environments. *Social Science and Medicine*. 2012;75(3):496-504.

Berge JM, MacLehose R, Loth KA, Eisenberg ME, Fulkerson JA, Neumark-Sztainer D. Family meals. Associations with weight and eating behaviors among mothers and fathers. *Appetite*. 2012;58:1128-1135.

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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# Project F-EAT 2017-2018 Survey

*More than 3700 parents and their adolescent children participated in this survey during the 2009-2010 school year and helped to increase national attention on what is needed to make healthy eating and being physically active easier for young people and their families.*

*We are now following up to learn more about how things are different for families as adolescent children become young adults - from the perspective of parents and their son/daughter who participated in Project EAT.*

*This follow-up F-EAT survey takes about 30 minutes to complete and we will mail you a \$25 gift card as a "thank you" when we receive your completed survey. \$25 in half an hour - - not bad!*

*If you have any questions about the survey, please contact us at [feat@umn.edu](mailto:feat@umn.edu), 612-626-3655 or 1-800-353-8636.*

To get started, please answer these two questions:

i. What is your relationship with the child who participated in Project EAT?

- 1  Mother
- 2  Stepmother
- 3  Other female relative
- 4  Father
- 5  Stepfather
- 6  Other male relative
- 7  Other: \_\_\_\_\_

ii. Are you ...

- 1  Male
- 2  Female
- 3  Different identity (please specify): \_\_\_\_\_

*Let's start with some questions about YOUR eating habits and food in your household...when, where, 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. Thinking back over the past week, how many servings of fruit did you usually eat on a typical day? (A serving is half a cup of fruit or 100% fruit juice or a medium piece of fruit)

- 1  0 servings per day
- 2  Less than 1 serving per day
- 3  1 serving per day
- 4  2 servings per day
- 5  3 servings per day
- 6  4 servings per day
- 7  5 or more servings per day

3. Thinking back over the past week, how many servings of vegetables did you usually eat on a typical day? (A serving is half a cup of cooked vegetables or 1 cup of raw vegetables)

- 1  0 servings per day
- 2  Less than 1 serving per day
- 3  1 serving per day
- 4  2 servings per day
- 5  3 servings per day
- 6  4 servings per day
- 7  5 or more servings per day

4. Thinking back over the past week, how often did you drink sugar-sweetened beverages (regular soda or pop, Kool-Aid)?

- 1  Less than once per week
- 2  1 drink per week
- 3  2-4 drinks per week
- 4  5-6 drinks per week
- 5  1 per day
- 6  2 or more per day

5. 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"/>
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"/>
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"/>
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"/>
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"/>
f. Asian fast food restaurant (such as Leeann Chin or Panda Express)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Coffee shop (such as Starbucks or Caribou Coffee)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. 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"/>
i. Other fast food or sit-down restaurant (please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

6. How often do you do the following while eating meals with other people?

	<i>Never or rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
a. Watch television or movies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Talk on the phone or use smartphone for texting, emailing, running apps, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Use computer, laptop, or tablet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

7. How often do you do the following while eating meals alone?

	<i>Never or rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
a. Watch television or movies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Talk on the phone or use smartphone for texting, emailing, running apps, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Use computer, laptop, or tablet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. Which of the following best describes your eating behavior?

	<i>Hardly ever</i>	<i>Sometimes</i>	<i>Much of the time</i>	<i>Almost always</i>
a. I stop eating when I feel full.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I eat everything that is on my plate, even if I'm not that hungry.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. 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"/>
d. I eat so quickly that I don't taste what I'm eating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I snack without noticing that I am eating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Before I eat I take a moment to appreciate the colors and smells of my food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I taste every bit of food that I eat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. 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

10. 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

11. In your household, how much responsibility do you have for ...

	<i>Little or none</i>	<i>Some but less than half</i>	<i>About half</i>	<i>Most or all</i>
a. Food shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Planning meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Preparing meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. In the past month, how many times did you shop for groceries for yourself or household (By "groceries", we mean food or drinks, not household products like toilet paper or detergent)?
- 1  Never (Go to question #14)
  - 2  1 time
  - 3  2-3 times
  - 4  1-2 times per week
  - 5  3 or more times per week

13. In the past month, when shopping for groceries, how often did you do each of the following activities?

	<i>Never/ rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
a. Decide on a set amount of money to spend on groceries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Use a written grocery list	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Use coupons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Use advertisements to find sale items	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Plan meals before going to the store	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Read the Nutrition Facts panel before buying a food product for the first time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

14. In a typical month, how often do you do the following?

I don't cook or prepare food for my household. (Go to question #15)

	<i>Not at all</i>	<i>1-3 times per month</i>	<i>Once a week</i>	<i>Several times each week</i>	<i>About every day</i>
a. Prepare meals from basic ingredients (such as fresh produce, dried beans, flour, eggs, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Prepare meals using convenience items (such as frozen meals, steam bag vegetables, prewashed salad mix, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Use fresh and convenience items in combination for preparing meals (such as fresh produce with frozen precooked meat or homemade salad with canned soup)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

***And now a few questions about YOUR physical activity habits... In a usual week, how many hours do you spend doing the following activities?***

**15. 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

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

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

**17. 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



18. Did you do yoga over the past year?

- 1  Yes
- 2  No (Go to question #20)

19a. On average, how frequently did you do yoga over the past year?

- 1  Less than ½ hour/week (if less than ½ hour, then go to question #20)
- 2  ½ hour to less than 1 hour/week
- 3  1 hour to less than 2 hours/week
- 4  2-3 hours/week
- 5  4-6 hours/week
- 6  7-9 hours/week
- 7  10+ hours/week

19b. 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

20. On an average weekday (Monday-Friday), how many hours of recreational screen time (for example, television, computer, social media, video games, smartphone or tablet) do you have a day? Do not include activities you do for work or school.

- 0 hours a day
- ½ hour a day
- 1 hour a day
- 2 hours a day
- 3 hours a day
- 4 hours a day
- 5+ hours a day

21. On an average weekend day (Saturday or Sunday), how many hours of recreational screen time (for example, television, computer, social media, video games, smartphone or tablet) do you have a day? Do not include activities you do for work or school.

- 0 hours a day
- ½ hour a day
- 1 hour a day
- 2 hours a day
- 3 hours a day
- 4 hours a day
- 5+ hours a day





*We'd like to know more about YOUR health and weight...*

22. How tall are you?                    |\_\_| feet    |\_\_|\_\_| inches

23. How much do you weigh?    |\_\_|\_\_|\_\_| pounds

24. 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

25. How satisfied are you with your:

	<i>Very dissatisfied</i>				<i>Very satisfied</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Height	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Waist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Hips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Thighs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Stomach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Face	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Body build	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Shoulders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Muscles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Chest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Overall body fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

26. Below is a list of ways you may have felt or behaved. Please indicate how often you have felt these during the past week.

	<i>Rarely or none of the time (less than 1 day)</i>	<i>Some or a little of the time (1-2 days)</i>	<i>Occasionally/ moderate amount of time (3-4 days)</i>	<i>Most or all of the time (5-7 days)</i>
a. I felt depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My sleep was restless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I felt lonely	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I had crying spells	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I could not get going	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

27. 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.

<i>Not at all stressed</i>										<i>Very stressed</i>
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"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

28. 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.

<i>Ineffective</i>										<i>Effective</i>
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"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	

29. In your day-to-day life, how often have any of the following things happened to you?

	<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 treated with less respect or courtesy than other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. You receive poorer service than other people in restaurants and stores.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. People act as if they think you are not smart or clever.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. You are threatened or harassed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. You receive poorer service or treatment than other people from doctors or hospitals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

***Now some questions about YOUR SON OR DAUGHTER who participated in Project EAT... Please think about your current relationship with this young adult in the past year when you answer these questions.***

30. During the past year, did your son/daughter live in your home?

- 1  Yes, most of the time
- 2  Yes, some of the time
- 3  No

31. During a typical month in the past year, how many times did you eat a meal with your son/daughter?

- 1  Never/rarely
- 2  1-3 times
- 3  1-2 times/week
- 4  3-4 times/week
- 5  5-6 times/week
- 6  1 or more times/day

32. Please indicate to what extent each statement describes your relationship with the son/daughter who participated in Project EAT.

	<i>1=Not at all true</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5=Very often true</i>
a. I make important decisions for my child (such as where to live, where to work, what classes to take).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I intervene in settling disputes for my child with their roommates or friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I intervene in solving problems for my child with their employers or professors.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I solve any crisis or problem that my child might have.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I look for jobs for my child or try to find other opportunities for them (such as internships, study abroad, etc.).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I know how my child spends his/her free time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. I know who my child's friends are.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I am aware of the stress/problems my child is facing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## *A few more questions about YOUR SON OR DAUGHTER who participated in Project EAT...*

33. How would you describe the current weight status of your son/daughter?

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

34. How concerned are you currently about the weight of your son/daughter?

- 1  Not at all concerned
- 2  A little concerned
- 3  Quite concerned
- 4  Very concerned

35. To what extent do you encourage your son/daughter to diet to control his/her weight?

- 1  Not at all
- 2  A little bit
- 3  Somewhat
- 4  Very much

36. Please continue to think about your son/daughter. 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 can influence the eating patterns of my child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My child and I talk about food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My child and I talk about weight.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. It's not my place to attempt to change the eating patterns of my child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

37. When was the last time you had a conversation with your son/daughter about his/her eating habits?

- 1  Sometime in the past 1-2 weeks
- 2  2-4 weeks ago
- 3  1-3 months ago
- 4  4-6 months ago
- 5  6-12 months ago
- 6  More than a year ago
- 7  Never

38. When was the last time you had a conversation with your son/daughter about his/her weight?

- 1  Sometime in the past 1-2 weeks
- 2  2-4 weeks ago
- 3  1-3 months ago
- 4  4-6 months ago
- 5  6-12 months ago
- 6  More than a year ago
- 7  Never

39. Please tell us about the last time you had a conversation with your son/daughter about his/her eating habits or weight (for example, how the conversation got started, what you talked about, and how it went).

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***These next questions will help us understand other THINGS GOING ON IN YOUR LIFE that can affect your eating and activity...***

40. How many adults age 18 or older lived in your household for the majority of the past year? (Please include yourself in the count) |\_\_| adults
41. How many children under the age of 18 lived in your household for the majority of the past year? (if no children lived with you, go to question #43) |\_\_| children
42. How many of the children in your household are currently between the ages of...
- 0-5 years |\_\_| children
- 6-11 years |\_\_| children
- 12-17 years |\_\_| children
43. What is your current marital status?
- 1  Married or in a committed relationship
- 2  Divorced/separated
- 3  Single
- 4  Widowed
- 5  Other (please specify): \_\_\_\_\_

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

	<i>Strongly disagree</i>	<i>Somewhat disagree</i>	<i>Somewhat agree</i>	<i>Strongly agree</i>
a. Family members are accepted for who they are.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Making decisions is a problem for our family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. We don't get along well together.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. We can express feelings to each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Planning family activities is difficult because we misunderstand each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

*A few questions about YOUR education and household resources...*

45. What is the highest grade or year of school that you have completed?
- 1  Did not finish high school
  - 2  Finished high school or got GED
  - 3  Did some college or training after high school
  - 4  Finished college
  - 5  Advanced degree (such as a Master's Degree, PhD, MD)
46. What is the highest grade or year of school that your spouse or partner has completed?
- 1  Not applicable (No spouse/partner)
  - 2  Did not finish high school
  - 3  Finished high school or got GED
  - 4  Did some college or training after high school
  - 5  Finished college
  - 6  Advanced degree (such as a Master's Degree, PhD, MD)
47. 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, retired, student, volunteer)
  - 6  Other (please specify): \_\_\_\_\_
48. What was the total income of your household before taxes in the past year?
- 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
49. 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

50. In the past year, did you or any member of your household receive WIC (Women, Infants, and Children Program) benefits or SNAP (Supplemental Nutrition Assistance Program or Food Stamp Program) benefits?

- 1  No
- 2  Yes

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

	<i>Often true</i>	<i>Sometimes true</i>	<i>Never true</i>
a. The food that we bought just didn't last, and we didn't have money to get more.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. We couldn't afford to eat balanced meals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

52. 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

53. 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

54. 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



