

Thank you for your interest in the **Project F-EAT Survey**. This survey was completed by the parents/caregivers of young people attending middle school or high school during the 2009-2010 school year. If you use items from this 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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You can also visit the Project EAT website at <http://www.sph.umn.edu/epi/research/eat/> for additional information about Project F-EAT. The psychometric properties of measures can be found in published manuscripts posted at the website; however, only limited support is available for assistance with the survey.

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THANKS

for agreeing to participate in this Project F-EAT Survey!

With your consent, your child recently participated in our Project EAT survey at school. Project EAT is a large survey of teens in the metro area that aims to learn more about the kinds of things that impact the eating habits and physical activity patterns of young people.

Now we have some questions we would like to ask you as the caregiver for this child.

- In this survey we will be asking you questions about yourself, your family and also about your child who recently participated in Project EAT. Please keep this child in mind when responding.
- Your name is not on this survey and all of your answers will be kept private, so please answer honestly. There are no right or wrong answers.
- Parents get a lot of mixed messages about food and weight and it can be hard to know what to do. The information that you and other parents provide in this survey will teach us about the challenges that families are facing. Your input will guide the development of programs for children and their families across the nation. Your input WILL make a difference.

Upon completion of the survey, please send it back in the enclosed return envelope and we will send you a \$25 Target gift card right away in appreciation of your time.

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

- 1 Mother
- 2 Stepmother
- 3 Other female guardian
- 4 Father
- 5 Stepfather
- 6 Other male guardian
- 7 Other: _____

2. Where does your child who participated in Project EAT live?

- 1 My child lives only in my home
- 2 My child lives mostly in my home
- 3 My child lives equally in my home and in another home
- 4 My child lives mostly in another home
- 5 My child does not live in my home

Let's start with some questions about YOUR eating habits...

3. During the past week, on how many days did you eat breakfast?

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

**4. Thinking back over the past week, how many servings of fruit did you usually eat on a typical day?
(A serving is a half cup of fruit or 100% fruit juice, or a medium piece of fruit.)**

- 1 Zero 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

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

- 1 Zero 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

6. **Thinking back over the past week, how often did you drink sugar-sweetened beverages (regular soda 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

7. **In the past week, how often did you eat something from a fast food restaurant, such as McDonald's, Burger King, Domino's, or similar places? (pizza counts)**

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

8. In the past month, 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 <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 John’s, 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. 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"/>

The next questions are about your **FAMILY’S** eating habits...

9. During the past week, how many times did all, or most, of your family 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

10. During the past week, 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

11. How much do you agree with the following statements?

		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a.	It is important that our family eat at least one meal a day together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	Different schedules make it hard to eat meals together on a regular basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	In our family, it is often difficult to find a time when family members can sit down to a meal together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	In our family, children are expected to be home for dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. Think about a typical family dinner at your home...

We never eat family dinners (If true, check the box to the left and skip to Question 16)

		Never or Rarely	Sometimes	Usually	Always
a.	Is a green salad served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	Are vegetables other than potatoes served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	Is 100% fruit juice served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	Is fruit (not including juice) served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	Is milk served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f.	Are sugar-sweetened beverages (soda pop, Kool-aid, etc.) served?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

13. How is food served at a typical family dinner in your home?

- 1 Food is served "family style" where everyone can help themselves from food on the table
- 2 Family members serve themselves from the counter or stove top
- 3 Food is put on family members' plates/bowls by whoever cooked it and then served
- 4 Some combination of all these ways
- 5 Other serving style (please describe): _____

14. How often does your child do the following at family meals?

	Never or Rarely	Sometimes	Usually	Always
a. Watch television or movies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Play with hand-held games (e.g., DS, PSP, Game Boy, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Talk on the phone (cell or other)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Text message	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Listen to music with headphones (e.g., with iPod, MP3 player, or other devices)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

- 1 No
2 Yes

16. Who does the majority of food shopping for your family? (Choose more than one person if the task is split evenly.)

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

17. Who usually prepares food for your family? (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) _____

18. How many hours per week do you normally spend preparing food for your family?

_____ hours per week

19. How many hours per week does your spouse, partner, or another adult in your household spend preparing food for your family?

_____ hours per week

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I usually know or plan in the morning what we will eat for dinner that night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I find cooking to be a real chore	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I usually decide at night what we will eat for dinner that night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I like trying new recipes and cooking new things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I don't buy many fruits because they cost too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I don't buy many vegetables because they cost too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. At the store where I buy my groceries, the variety of fresh fruits and vegetables is limited	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. At the store where I buy my groceries, the condition of fruits and vegetables is poor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. How strongly do you agree with the following statements? For these questions, think about your family in general.

	Strongly Disagree	Disagree	Agree	Strongly Agree
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 the 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"/>

22. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Employed
a. Because of the requirements of my job, I miss out on home or family activities that I would prefer to participate in	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Because of the requirements of my job, my family time is less enjoyable or more pressured	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Working leaves me with too little time or energy to be the kind of parent I want to be	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Now, a few questions about YOUR CHILD who recently participated in Project EAT...

23. How would you describe your child's weight?

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

24. How concerned are you about your child's weight?

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

25. To what extent do you encourage your child to diet to control his/her weight?

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

26. How often in the past year....

	Never or Rarely	A few times a year	A few times a month	A few times a week	Almost every day
a. Have you had a conversation with your child about healthy eating habits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Have you had a conversation with your child about being physically active?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Have you had a conversation with your child about his/her weight or size?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Have you mentioned to your child that he/she weighs too much?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Have you mentioned to your child that he/she should exercise to lose weight or keep from gaining weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

27. How much do you agree with the following statements?

	Disagree	Slightly Disagree	Slightly Agree	Agree
a. My child should always eat all of the food on his/her plate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I have to be especially careful to make sure my child eats enough	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. If my child says "I'm not hungry," I try to get him/her to eat anyway	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. If I did not guide or regulate my child's eating, my child would eat much less than he/she should	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I have to be sure that my child does not eat too many high fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I have to be sure that my child does not eat too many sweets (candy, ice cream, cake, or pastries)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I have to be sure that my child does not eat too much of his/her favorite foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. If I did not guide or regulate my child's eating, he/she would eat too much of his/her favorite foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I intentionally keep some foods out of my child's reach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. If I did not guide or regulate my child's eating, he/she would eat too many junk foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

These next questions deal with how YOU spend your time...

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

28. Strenuous exercise (heart beats rapidly)

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

- 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. Moderate exercise (not exhausting)

Examples: walking quickly, dancing, baseball/softball, easy bicycling, volleyball, strength training, skiing, 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

30. Mild Exercise (little effort)

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

- None
- Less than ½ hour a week
- ½ – 2 hours a week
- 2 ½ - 4 hours a week
- 4½ - 6 hours a week
- 6 + hours a week

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

	None	Less than ½ hour	½ - 2 hours	2 ½ - 4 hours	4 ½ - 6 hours	6 + hours
a. Being physically active <u>with</u> your child (e.g., throwing a ball around, taking a walk or bike ride together)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helping your child to be physically active (e.g., driving them to the gym or sport practice, watching them play a sport)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Watching TV/movies together with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. On an average day, how many hours do you spend watching TV, DVDs, or videos?

- None
- ½ hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

33. In your home, how many of the following items do you have? (Please do not include items that are in storage)

		0	1	2	3	4 or more
a.	TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	VCR or DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	TiVo or Digital Video Recorder (DVR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Computer or laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Video game system (Xbox, Playstation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you have the following items in your home, yard, or apartment complex that would be available to your child?

		No	Yes
a.	Stationary aerobic equipment (bicycle, treadmill, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Bicycle, skateboard, scooter, rollerskates/blades	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Basketball hoop	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d.	Weight lifting equipment (free weights, Nautilus, Universal, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e.	Interactive video games such as Wii Sport, Wii Fit and Dance Dance Revolution	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Now we have some questions about YOUR health and weight...

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

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

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

- 1 No
- 2 Yes

38. 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

39. 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

40. How satisfied are you with your:

		Very Dissatisfied			Very Satisfied	
a.	Weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b.	Body shape	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c.	Body build	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

41. Please indicate if you have ever been told by your doctor that you have the following conditions:

		No	Yes
a.	Anorexia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Binge Eating Disorder	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d.	Bulimia Nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e.	Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f.	Diabetes (Type 1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g.	Diabetes (Type 2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h.	High Blood Pressure	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i.	High Cholesterol	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j.	Other (Please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

42. 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 #44)

43. 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

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

	Rarely or none of the time (less than one day)	Some or a little of the time (1-2 days)	Occasionally/ moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
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"/>

45. Do you think of yourself as...? (You may choose more than one)

- 1 White
 2 Black or African American
 3 Hispanic or Latino
 4 Asian American
 5 Native Hawaiian or other Pacific Islander
 6 American Indian or Native American
 7 Other: _____

46. Is your background any of the following?

- 1 Hmong
 2 Cambodian
 3 Vietnamese
 4 Laotian
 5 Somali
 6 Ethiopian
 7 Other: _____
 8 None of the above

47. What is your current marital status?

- 1 Married or in a committed relationship
- 2 Divorced/Separated
- 3 Single
- 4 Widowed
- 5 Other (please specify): _____

48. How many children (under the age of 18 years) live in your household? _____

49. 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 Some college or training after high school
- 4 Finished college
- 5 Advanced degree (e.g., Master's Degree, PhD, MD)

50. What is the highest grade or year of school 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 Some college or training after high school
- 5 Finished college
- 6 Advanced degree (e.g., Master's Degree, PhD, MD)
- 7 I don't know

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 (unable to work, retired, student)

52. Does your household receive public assistance (like food support/stamps, EBT, WIC, TANF, SSI or MFIP)?

- 1 No
2 Yes
3 I don't know

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

Often true Sometimes true Never true

- | | 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 <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"/> |

54. 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

55. 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

56. 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

57. What was the total income of your household before taxes in the past year?

- 1 Less than \$20,000
2 \$20,000 – \$34,999
4 \$35,000 – \$49,999
5 \$50,000 – \$74,999
6 \$75,000 – \$99,999
7 \$100,000 or more

58. What is your birth date? |__|__| |__|__| |__|__|
Month Day Year

Thank You!

Please return this survey in the envelope provided (no need to add postage).