

Project EAT

Spring 2020

Survey

EAT



**SCHOOL OF
PUBLIC HEALTH**
UNIVERSITY OF MINNESOTA

**Division of Epidemiology
and Community Health**

WE VALUE YOUR help with our Spring 2020 survey!

THANK YOU for your help with the last EAT Survey in 2017-2018. Your participation is helping to increase national attention on what is needed to make healthy eating and being physically active easier for young people and their families.

The goal of our much shorter, spring 2020 survey is to learn how recent events related to the COVID-19 outbreak in the U.S. may be influencing eating and physical activity, and how to best support young people in having good health during these challenging times.

Results will be shared with leaders at the local, state, and federal levels to help them understand the many types of challenges that young people are facing as part of efforts (e.g., closing schools and businesses) to reduce the spread of COVID-19. It is important for leaders to know how communities can better work together for the good of all members when putting in place efforts to provide for more physical space between persons (a.k.a., social distancing).

This brief survey takes about 20 minutes to complete and we will send a \$25 gift card to participants who complete a survey within the next 14 days. Your quick response is much valued!

1. Have recent events related to COVID-19 influenced any of the following? *COVID-19 is the disease that is causing the outbreak of respiratory illness across the U.S. in Spring 2020.*

	No	Yes, somewhat	Yes, very much
a. Your eating behaviors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Your physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Your media use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Your stress or mood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Your relationships with family members or friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Your use of alcohol, cigarettes, or other drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

2. Please comment on how events related to COVID-19 have influenced your eating behaviors, including how you purchase or prepare food and beverages. What event(s) related to COVID-19 have been the most important to your eating?

3. Please comment on how events related to COVID-19 have influenced your physical activity, including how you get to places (e.g., work, school, the store) and what you do in your free time (e.g., playing sports with friends, exercising at a gym). What event(s) related to COVID-19 have been the most important to your physical activity?

4. Please comment on how events related to COVID-19 have influenced your media use, including use of social media, watching shows or movies, playing video or computer games. What event(s) related to COVID-19 have been the most important to your media use?

5. Please comment on how events related to COVID-19 have influenced your stress or mood, including your overall level of stress and how you manage stress. What event(s) related to COVID-19 have been the most important to your stress and mood?

6. Please comment on how events related to COVID-19 have influenced your relationships with family members or friends. What event(s) related to COVID-19 have most influenced your relationships?

7. Please comment on how events related to COVID-19 have influenced your use of alcohol, cigarettes, or other drugs. What event(s) related to COVID-19 have most influenced your use of alcohol and drugs?

Your EATING HABITS...

8. 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)*

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

9. 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)*

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

10. 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

11. In the past month, how often have you eaten...

	<i>Almost never or never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost always or always</i>
a. because you're depressed or sad?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. because you feel worthless or inadequate?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. as a way to help you cope?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. as a way to comfort yourself?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. as a way to avoid thinking about something unpleasant or to distract yourself?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

12. 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. 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"/>
c. Other fast food restaurant (such as Leeann Chin, Taco Bell, KFC, Subway)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Now some questions about how you manage your weight....

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

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>On a regular basis</i>
a. Exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ate more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Ate less high-fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Ate less sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Drank less soda pop (not including diet pop)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Drank more water	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Watched my portion sizes (serving sizes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other (please describe):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

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

15. In the past month, 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 item #17 on the next page)

16. 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

Your PHYSICAL ACTIVITY HABITS...

In the past week, how many hours did you spend doing the following activities?

17. 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

18. Moderate exercise (not exhausting)

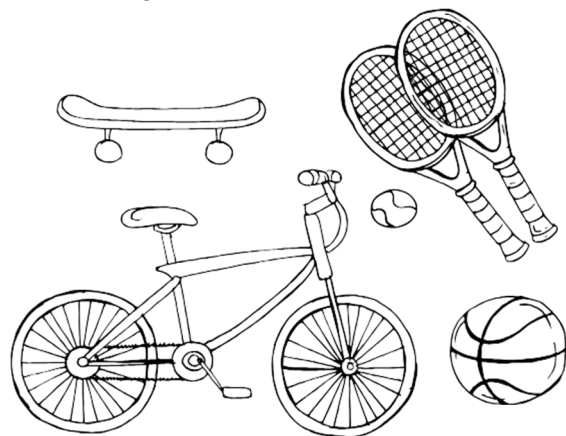
Examples: walking quickly, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- ☐ 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

19. 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



20. **In the past month, on an average weekday (Monday-Friday), how many hours of recreational screen time** (for example, television, computer, social media, video games, smartphone or tablet) **did you have a day? Do not include activities you did for work or school.**
- ¹ ☐ 0 hours a day
 - ² ☐ ½ hour a day
 - ³ ☐ 1 hour a day
 - ⁴ ☐ 2 hours a day
 - ⁵ ☐ 3 hours a day
 - ⁶ ☐ 4 hours a day
 - ⁷ ☐ 5+ hours a day
21. **In the past month, 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) **did you have a day? Do not include activities you did for work or school.**
- ¹ ☐ 0 hours a day
 - ² ☐ ½ hour a day
 - ³ ☐ 1 hour a day
 - ⁴ ☐ 2 hours a day
 - ⁵ ☐ 3 hours a day
 - ⁶ ☐ 4 hours a day
 - ⁷ ☐ 5+ hours a day
22. **In the past week, on average, approximately how many total minutes per day** have you spent **using social media** (for example, Facebook, Twitter, Instagram, Reddit, Pinterest or Snapchat)?
- ¹ ☐ I do not use social media
 - ² ☐ Less than 10 minutes a day
 - ³ ☐ 10-30 minutes a day
 - ⁴ ☐ 31-60 minutes a day
 - ⁵ ☐ 1-2 hours a day
 - ⁶ ☐ 2-3 hours a day
 - ⁷ ☐ 3+ hours a day

We'd like to know more about your HEALTH and WEIGHT...

23. How tall are you? |__| feet |__|__| inches
24. How much do you weigh? |__|__|__| pounds
25. What year were you born? (enter as YYYY, for example -1996) |__|__|__|__|
26. Are you ...
1 ☐ Male (If male, then go to question #28)
2 ☐ Female
3 ☐ Different identity (please specify):
27. Are you currently pregnant or breastfeeding? (Mark all that apply)
1 ☐ no
2 ☐ yes, pregnant
3 ☐ yes, breastfeeding
28. How many children do you currently have (including step-children or adopted children)? Do not count brothers, sisters, or the children of other people living in your household.
|__|
29. If you have children, please list their ages (in years).
|__|__| |__|__| |__|__| |__|__| |__|__| |__|__| |__|__| |__|__|

Now some questions about your work situation...

30. Which of the following best describes your current work situation?
1 ☐ Working full-time
2 ☐ Working part-time
3 ☐ Temporarily laid off due to the COVID-19 situation (and have no other current work)
3 ☐ Stay at home caregiver **(Go to question #34)**
4 ☐ Currently unemployed, but actively seeking work **(Go to question #34)**
5 ☐ Not working for pay (for example, unable to work, student, seasonal worker) **(Go to question #34)**
6 ☐ Other (please specify): _____
31. Does your work place provide paid sick leave? If you have more than one work place, then please think about the work place where you work the most hours.
1 ☐ No
2 ☐ Yes

32. Does your work place provide you the option of working from your home or telecommuting? If you have more than one work place, then please think about the work place where you work the most hours.

- 1 ☐ No
2 ☐ Yes

33. Please briefly describe your current job(s), including the kind of business or industry (for example, restaurant, manufacturing, bank, child care center) and kind of work (for example, cashier, stylist, delivery driver, nurse, personal care assistant, accountant).

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

34. In the past month, how often were the following true for the place where you live? (Please think about the apartment, house, dorm room, or other space where you lived for the majority of the time.)

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
a. Fruits and vegetables are available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Vegetables are part of the dinner meal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. There is fresh fruit on the counter, table or somewhere else where I can easily get it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. There are ready-to-eat vegetables in the fridge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Whole wheat bread is available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

35. 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 (if never, then go to question #37)
2 ☐ 1 time
3 ☐ 2-3 times
4 ☐ 1-2 times per week
5 ☐ 3 or more times per week

36. 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. Plan meals before doing my shopping.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Make out a list before doing the shopping.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. 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"/>
d. Purchase nonperishable food or drinks for a time when you would not be leaving your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Buy groceries online and have them delivered or pick them up outside the store.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

- 1 ☐ I live alone (Go to question #39)
- 2 ☐ My parent(s)
- 3 ☐ Roommates, friends
- 4 ☐ My husband/wife
- 5 ☐ My domestic partner
- 6 ☐ My child(ren), including any step-children or adopted children
- 7 ☐ My brothers/sisters
- 8 ☐ Other (please specify):

38. During the past seven days, 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

SOMETIMES, events in our lives affect our eating, activity, and mood...

39. During the past month, how often have you been bothered or troubled by...

	<i>Not at all</i>	<i>Somewhat</i>	<i>Very much</i>
a. feeling too tired to do things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. having trouble going to sleep or staying asleep	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. feeling unhappy, sad, or depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. feeling hopeless about the future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. feeling nervous or tense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. worrying too much about things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

40. 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"/>

41. 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"/>

42. In the past month, how often have any of the following things happened to you?

	<i>Never</i>	<i>1 time</i>	<i>2-3 times</i>	<i>At least once a week</i>	<i>One or more times a day</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 are threatened or harassed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. People have said mean or rude things about you because of your race or ethnic group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Personal and Household Resources

43. **How difficult is it for you to get by financially right now?**
- 1 ☐ Not at all difficult
 - 2 ☐ Somewhat difficult
 - 3 ☐ Very difficult or can barely get by
 - 4 ☐ Extremely difficult or impossible
44. **Do you have a car or other personal vehicle that you can use as needed?**
- 1 ☐ No
 - 2 ☐ Yes
45. **I feel safe walking in my neighborhood during the day.**
- 1 ☐ No
 - 2 ☐ Yes
46. **I feel safe walking in my neighborhood at night.**
- 1 ☐ No
 - 2 ☐ Yes
47. **How have you responded to the recent recommendations for social distancing?** (By social distancing we mean deliberately trying to increase the physical space between yourself and other people by doing things like working from home, limiting visits to public places or other social events.)
- 1 ☐ I have engaged in social distancing as recommended (for example, staying at home, avoiding all social visits and public spaces except when absolutely necessary);
 - 2 ☐ I have partially engaged in social distancing as recommended (for example, limiting social visits and trips outside of our home)
 - 3 ☐ I have not engaged in social distancing as recommended (for example, I am continuing to go about my daily life as normal)
 - 4 ☐ I am not required to/able to engage in social distancing as recommended because I am an "essential worker", such as a healthcare worker or grocery store employee.
 - 5 ☐ Other (please describe): _____
48. **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
 - 3 ☐ I don't know
49. **In the past year, did any of your children receive free or reduced-price school meals?**
- 1 ☐ No
 - 2 ☐ Yes
 - 3 ☐ I don't know

50. What has been most helpful to you in providing enough healthy food for your children when schools and many businesses were closed during the COVID-19 infectious disease outbreak? Please tell us about any problems that you had in feeding your children during this time.

51. What has been most helpful to you in providing physical activity opportunities for your children when schools and many businesses were closed during the COVID-19 infectious disease outbreak? Please tell us about any problems that you had in finding ways for your children to be physically active during this time.

52. 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 <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"/> |

53. 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

54. 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

55. 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

The past month was a particularly challenging time for many people to get enough food. In answering the next two questions, please think about the past month when schools and many businesses were closed due to the COVID-19 outbreak.

56. In the past month, 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

57. In the past month, were you ever hungry but didn't eat because there was not enough money for food?

- 1 ☐ no
- 2 ☐ yes
- 3 ☐ don't know

58. What resource(s) would most help you to get enough healthy food for yourself and your family during emergencies like the COVID-19 outbreak?

59. Please let us know what other resource(s) would be most helpful to you and your family to support your overall health during emergencies like the COVID-19 outbreak?

THANK YOU for completing the survey!