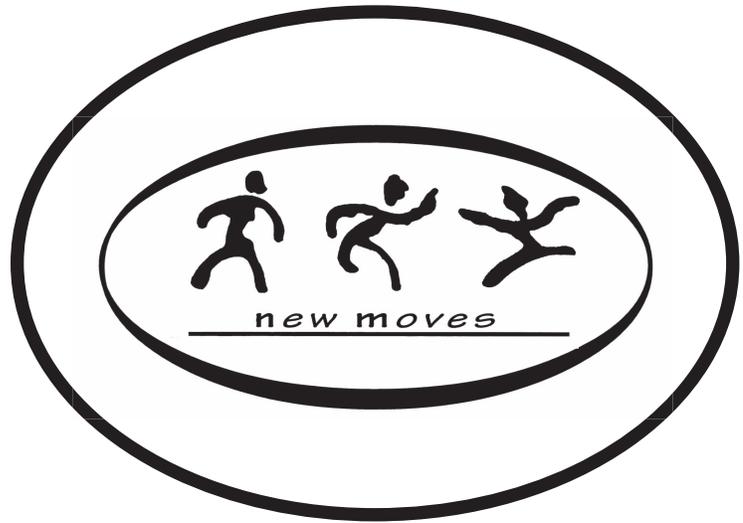


# Student Survey



# **Thank you for agreeing to complete this New Moves survey!**

The questions you are about to complete are very important. Please answer every question carefully. If something is unclear or you have a question, please ask one of the New Moves staff. Your help with this project is greatly appreciated.

This is not a test, your name will not be on the survey, so no one will know who you are. Please be as honest as you can with your responses.

- Please use a blue or black pen to complete the survey
- Place a check in the box for your answer
- If you make a mistake, place an x through the incorrect answer and check the correct box

## **Thanks For Your Time!**



Decide whether you are more like the teenager described on the **LEFT** or the **RIGHT** side of each statement. Then, for that side only, indicate whether that statement is **really true** or just **sort of true** for you. **Please check only one box for each question.**

sample

Really true for me	Sort of true for me		BUT		Sort of true for me	Really true for me
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	Some teenagers like to go to the movies in their spare time		Other teenagers would rather go to sports events	3 <input type="checkbox"/>	4 <input type="checkbox"/>

1. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do very well at all kinds of sports	BUT	Other teenagers don't feel that they are very good when it comes to sports	<input type="checkbox"/>	<input type="checkbox"/>
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2. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are not happy with the way they look	BUT	Other teenagers are happy with the way they look	<input type="checkbox"/>	<input type="checkbox"/>
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3. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are often disappointed with themselves	BUT	Other teenagers are pretty pleased with themselves	<input type="checkbox"/>	<input type="checkbox"/>
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4. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think they could do well at just about any new athletic activity	BUT	Other teenagers are afraid they might not do well at a new athletic activity	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	---	-----	--	--------------------------	--------------------------

5. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers wish their body was different	BUT	Other teenagers like their body the way it is	<input type="checkbox"/>	<input type="checkbox"/>
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6. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers don't like the way they are leading their lives	BUT	Other teenagers do like the way they are leading their lives	<input type="checkbox"/>	<input type="checkbox"/>
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7. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are better than others their age at sports	BUT	Other teenagers don't feel they can play as well	<input type="checkbox"/>	<input type="checkbox"/>
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8. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers wish their physical appearance was different	BUT	Other teenagers like their physical appearance the way that it is	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	---	-----	---	--------------------------	--------------------------

9. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are happy with themselves most of the time	BUT	Other teenagers are often not happy with themselves	<input type="checkbox"/>	<input type="checkbox"/>
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10. <input type="checkbox"/>	<input type="checkbox"/>	Some teenagers don't do well at new outdoor games	BUT	Other teenagers are good at new games right away	<input type="checkbox"/>	<input type="checkbox"/>
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	Really true for me	Sort of true for me			Sort of true for me	Really true for me	
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think that they are good looking	BUT	Other teenagers think that they are not very good looking	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers like the kind of person they are	BUT	Other teenagers often wish they were someone else	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do not feel that they are very athletic	BUT	Other teenagers feel that they are very athletic	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers really like their looks	BUT	Other teenagers wish they looked different	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are very happy being the way they are	BUT	Other teenagers wish they were different	<input type="checkbox"/>	<input type="checkbox"/>

Please choose the ONE SENTENCE for each section that best describes some of your eating and activity behaviors.

**16. Physical Activity**

I am not physically active and do not intend to become active

**R**

I am not physically active, but I am thinking about starting

**OR**

I am somewhat physically active, although I am not active on most days of the week

**OR**

I am physically active on most days of the week, but have only been so within the past 6 months

**OR**

I am physically active on most days of the week and have been for longer than 6 months

**17. Breakfast**

I do not eat breakfast and do not intend to start

**OR**

I do not eat breakfast, but I am thinking about starting

**OR**

I sometimes eat breakfast, although on most days of the week I do not eat breakfast

**OR**

I eat breakfast everyday, but have only been doing so within the past 6 months

**OR**

I eat breakfast everyday and have been doing so for longer than 6 months

**18. Fruits and Vegetables**

I do not eat 5 or more servings of fruits and vegetables per day and do not intend to start

**OR**

I do not eat 5 or more servings of fruits and vegetables per day, but I am thinking about starting

**OR**

I sometimes eat 5 or more servings of fruits and vegetables per day, although on most days of the week I eat less

**OR**

I eat at least 5 or more servings of fruits and vegetables per day, but have only been eating this much within the past 6 months

**OR**

I eat at least 5 or more servings of fruits and vegetables per day and have been doing so for longer than 6 months

**19. Television/Video/DVD**

I watch more than 1 hour of TV/Videos/DVD each day and do not intend to watch less

**OR**

I watch more than 1 hour of TV/Videos/DVD each day, but I am thinking about watching less

**OR**

I watch 1 hour or less of TV/Videos/DVD on some days, although on most days of the week I watch more

**OR**

I watch 1 hour or less of TV/Videos/DVD on most days, but have only been doing so within the past 6 months

**OR**

I watch 1 hour or less of TV/Videos/DVD on most days and have been doing so for longer than 6 months

**20. Portion Sizes**

I do not pay attention to the portion sizes of the food I eat and do not intend to start

**OR**

I do not pay attention to the portion sizes of the food I eat, but I am thinking about starting

**OR**

I sometimes pay attention to the portion sizes of the food I eat, although not on most days of the week

**OR**

I pay attention to the portion sizes of the food I eat, but have only been doing so within the past 6 months

**OR**

I pay attention to the portion sizes of the food I eat and have been doing so for longer than 6 months

21. In the past week (7 days), how many HOURS did you spend doing the following activities?

a. **Strenuous exercise (heart beats rapidly)** Examples: biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, tennis, cross-country skiing, soccer, basketball

- None
- Less than ½ hour
- ½ – 1 hour
- 1 ½ - 2 hours
- 2 ½ - 3 hours
- 3 ½ - 4 hours
- 4 ½ - 5 hours
- 5 ½ - 6 ½ hours
- 7 or more hours

b. **Moderate exercise (not exhausting)** Examples: walking quickly, dancing, baseball/softball, gymnastics, easy bicycling, volleyball, strength training

- None
- Less than ½ hour
- ½ – 1 hour
- 1 ½ - 2 hours
- 2 ½ - 3 hours
- 3 ½ - 4 hours
- 4 ½ - 5 hours
- 5 ½ - 6 ½ hours
- 7 or more hours

c. **Mild Exercise (little effort)** Examples: walking slowly, bowling, yoga, stretching muscles, household chores

- None
- Less than ½ hour
- ½ – 1 hour
- 1 ½ - 2 hours
- 2 ½ - 3 hours
- 3 ½ - 4 hours
- 4 ½ - 5 hours
- 5 ½ - 6 ½ hours
- 7 or more hours

**22. If you wanted to, how sure are you that you could...?**

		Not at all sure				Very sure
a.	Exercise when you feel bad about your body	<input type="checkbox"/>				
b.	Participate in a physical activity you've never tried before	<input type="checkbox"/>				
c.	Be active when you are stressed	<input type="checkbox"/>				
d.	Participate in a vigorous physical activity (e.g. running, aerobics)	<input type="checkbox"/>				
e.	Participate in a physical activity that you don't think you are good at	<input type="checkbox"/>				
f.	Exercise when you are in a bad mood	<input type="checkbox"/>				

**23. In your free time, on an average WEEK DAY (Monday – Friday) how many hours do you spend...?**

		Hours Per Average <u>WEEK DAY</u>						
		0	½	1	2	3	4	5+
a.	Watching TV/Videos/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Reading or doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Using a computer (not for homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. In your free time, on an average WEEKEND DAY (Saturday and Sunday) how many hours do you spend...?**

		Hours Per Average <u>WEEKEND DAY</u>						
		0	½	1	2	3	4	5+
a.	Watching TV/Videos/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Reading or doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Using a computer (not for homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes  
 No

**26. Check the answer that best describes you.**

		Never	Rarely	Some- times	Often	Very Often
a.	I set goals to do physical activity	<input type="checkbox"/>				
b.	I set aside a special time to do physical activity	<input type="checkbox"/>				
c.	I ask a friend to do physical activities with me	<input type="checkbox"/>				
d.	I ask a parent or other adult to do physical activities with me	<input type="checkbox"/>				
e.	I plan ahead to do physical activity	<input type="checkbox"/>				

**27. How strongly do you agree with the following statements?**

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	Regular strength training (weight lifting) helps me to be physically fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	It is hard for me to find time to fit physical activity into my schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	There are playgrounds, parks, or gyms close to my home or that I can get to easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I have more energy when I participate in regular physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Being physically active helps me deal with stress in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I get embarrassed if other kids see me being physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Physical activity takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I usually feel comfortable in physical education class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I don't like to go to the gym because I don't want people to watch me being physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I can find time to be physically active at least 3 times during the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Physical activity is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	I avoid being physically active because I don't want others to see me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. How strongly do you agree with the following statements?**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I enjoy physical education class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel better about myself when I am physically active on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My days are so busy that I can't fit in physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I enjoy being physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get embarrassed about how my body looks when I am exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At home, there are enough supplies and pieces of equipment (like balls, bicycles, skates...) to use for physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Regular physical activity helps me avoid weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is safe to walk or jog in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There is a lot of crime in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. During a typical week, how often has a member of your household ... (for example, your father, mother, brothers, sisters, grandparents, or other relative)?**

	Never	Once	Sometimes	Most days	Every day
a. encouraged you to do physical activities or play sports	<input type="checkbox"/>				
b. done a physical activity or played sports with you	<input type="checkbox"/>				
c. provided transportation to a place where you can do physical activities or play sports	<input type="checkbox"/>				
d. watched you participate in physical activities or sports	<input type="checkbox"/>				
e. told you that you are doing well in physical activities or sports	<input type="checkbox"/>				



**30. Many of my friends...**

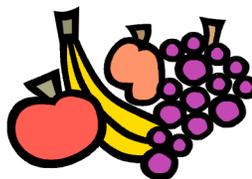
	Not at all	A little bit	Somewhat	Very much
a. help me to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. are physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. help me eat healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. make healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. diet to lose weight or keep from gaining weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**31. During the PAST WEEK, how many DAYS did you eat BREAKFAST?**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**32. In the PAST WEEK how often did you eat something from a FAST FOOD restaurant (like McDonald's, Burger King, etc)?**

- 0 times
- 1 time
- 2 times
- 3 times
- 4-5 times
- 6-7 times
- More than 7 times



33. Thinking back over the **PAST WEEK**, how many servings of **FRUIT** did you **USUALLY** eat on a typical day? A serving would be a medium piece of fruit or ½ cup of fruit. **DO NOT INCLUDE FRUIT JUICE.**

- None
- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

34. Thinking back over the **PAST WEEK**, how many servings of **VEGETABLES** did you **USUALLY** eat on a typical day? A serving would be a ½ cup of cooked vegetables or 1 cup of raw vegetables. **DO NOT INCLUDE POTATOES OR FRENCH FRIES.**

- None
- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

35. In the **PAST WEEK** ...

	Never	Sometimes	Usually	Always
a. Vegetables were available in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vegetables were served at meals in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fruit was available in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fruit was served at meals in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Regular soda pop or other sugar sweetened drinks were available in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Regular soda pop or other sugar sweetened drinks were served at meals in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Potato chips or other salty snacks were available in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Candy was available in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. During the **PAST WEEK**, how many times did all, or most, of your family living in your house eat a meal together?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- More than 7 times

37. Check the answer that best describes your eating behavior.

		Hardly Ever	Some- times	Much of the Time	Almost Always
a.	I am aware of the portion sizes that I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	When I eat dessert, I try to eat a small portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I eat so much at meals that I feel stuffed afterwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I check the serving size on food and drink labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I stop eating when I feel full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I pay attention to portion sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	When I eat snack foods like chips or cookies, I eat so much that I feel stuffed afterwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I eat everything that is on my plate, even if I'm not that hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**38. Over the past MONTH, how many times did you drink 100% fruit juice like orange, apple or grape juice?**

Do not count fruit drinks like kool-aid, lemonade or Hi-C.

Include juice you drank at all mealtimes and between meals.

	Less than once a week	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 times per day	5 or more times per day
Never	<input type="checkbox"/>								

**39. Over the past MONTH, how often did you drink regular soda pop (not diet)?**

	Less than once a week	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 times per day	5 or more times per day
Never	<input type="checkbox"/>								

**40. Over the past MONTH, how often did you drink other sweetened drinks like kool-aid, lemonade, fruit drinks or energy drinks (not diet)?**

Do not include 100% fruit juice.

	Less than once a week	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 times per day	5 or more times per day
Never	<input type="checkbox"/>								

**41. Over the past MONTH, how often did you drink tap or bottled water?**

	Less than once a week	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 times per day	5 or more times per day
Never	<input type="checkbox"/>								

**42. Over the past MONTH, how often did you drink diet soda pop or other diet drinks?**

	Less than once a week	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 times per day	5 or more times per day
Never	<input type="checkbox"/>								

**43. Check the answer that best describes your eating behavior.**

		Hardly Ever	Some- times	Much of the Time	Almost Always
a.	I eat when I'm upset, even if I'm not really hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I eat when I'm stressed, even if I'm not really hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I eat when I'm bored, even if I'm not really hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I eat when I'm lonely, even if I'm not really hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I eat when I watch TV or a movie, even if I'm not really hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. My Mother...**

		Not at all	A little bit	Somewhat	Very much
a.	makes healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	is physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	diets to lose weight or keep from gaining weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	encourages me to eat healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	encourages me to diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	encourages me to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	talks about her weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	makes comments about other people's weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You're doing great!**

**45. My Father...**

	Not at all	A little bit	Somewhat	Very much
a. makes healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. diets to lose weight or keep from gaining weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. encourages me to eat healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. encourages me to diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. encourages me to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. talks about his weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. makes comments about other people's weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. Check the answer that best describes you.**

	Never	Rarely	Sometimes	Often	Very Often
a. I set goals for making healthy food choices	<input type="checkbox"/>				
b. I plan ahead of time what I'm going to eat for meals	<input type="checkbox"/>				
c. I plan ahead of time what I'm going to eat for snacks	<input type="checkbox"/>				
d. I ask my parents/guardians to purchase healthy food	<input type="checkbox"/>				

**47. How strongly do you agree with the following statements?**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Eating regular meals helps me avoid binge eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel better about myself when I make healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Making healthy food choices helps me control my weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eating breakfast helps keep me from overeating later in the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eating fruits and vegetables in between meals helps me cut down on snacks that are high in fat and sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**48. How strongly do you agree with the following statements?**

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	I would like my body to look like the models who appear in magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I compare my body to the bodies of TV and movie stars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I would like my body to look like the people on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I compare my body to the bodies of people who appear in magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Remember your  
answers will be kept  
confidential so please  
answer honestly.**



**49. Have you done any of the following things in order to lose weight or keep from gaining weight during the PAST MONTH?**

a. Exercised	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Fasted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Ate very little	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Took diet pills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Made myself vomit (throw up)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Used laxatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Used diuretics (water pills)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Used food substitutes (powder/special drinks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Skipped meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Ate more fruits and vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Ate fewer high-fat foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Smoked more cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Drank less regular soda pop or sweetened drinks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Gone on a diet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. Paid attention to portion sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p. Ate fewer sweets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**50. 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)?**

- Yes  
 No (skip to question 52)

**51. During the time when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?**

- Yes  
 No

**52. How satisfied are you with your...?**

	Very Dissatisfied				Very Satisfied	
a. Height	<input type="checkbox"/>					
b. Weight	<input type="checkbox"/>					
c. Body shape	<input type="checkbox"/>					
d. Waist	<input type="checkbox"/>					
e. Hips	<input type="checkbox"/>					
f. Thighs	<input type="checkbox"/>					
g. Stomach	<input type="checkbox"/>					
h. Face	<input type="checkbox"/>					
i. Arms	<input type="checkbox"/>					
j. Shoulders	<input type="checkbox"/>					

**53. How strongly do you agree with the following statements?**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I find myself comparing how I look with other girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I look at other girls, I feel bad about my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I compare my physical appearance to the physical appearance of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel good about my body when I compare myself to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When I am with other girls, I compare how they look with my looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I compare myself to other girls, I feel worse about how I look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I compare my body to the bodies of other girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When I compare myself with others, I like what I see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You're Almost Done...**

**54. How often do you weigh yourself?**

- Never
- About once a year or less
- Every couple of months
- Every month
- Every week
- Every day
- More than once a day

**55. Within the past year, have you been teased or made fun of by family members because of your weight?**

- Never
- Rarely
- Sometimes
- Often
- Very Often

**56. During the PAST MONTH, how often have you been bothered or troubled by...?**

	Not at All	Sometimes	Very Much
a. Feeling too tired to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Having trouble going to sleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Feeling unhappy, sad, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling nervous or tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**57. How strongly do you agree with the following statements?**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. At my school, there are teachers or other school staff who encourage me to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At my school, there are teachers or other school staff who encourage me to eat healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**58. How old are you?**

- 13 or younger
- 14
- 15
- 16
- 17
- 18
- 19

**59. What grade are you in?**

- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>

**60. Were you born in the United States?**

- Yes
- No: In what country? \_\_\_\_\_

**61. Do you think of yourself as...? (you may select more than one)**

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Hispanic or Latina
- Other \_\_\_\_\_

**62. Is your background any of the following?**

- Hmong
- Cambodian
- Vietnamese
- Laotian
- Somali
- Ethiopian
- Other \_\_\_\_\_
- None of the above

**63. How far did your mother go in school? (indicate the highest level)**

- Did not finish high school
- Finished high school or got GED
- Did some college or training after high school
- Finished college
- Professional training beyond a four-year college degree
- I don't know

**64. How far did your father go in school? (indicate the highest level)**

- Did not finish high school
- Finished high school or got GED
- Did some college or training after high school
- Finished college
- Professional training beyond a four-year college degree
- I don't know



**THANK YOU!!**

