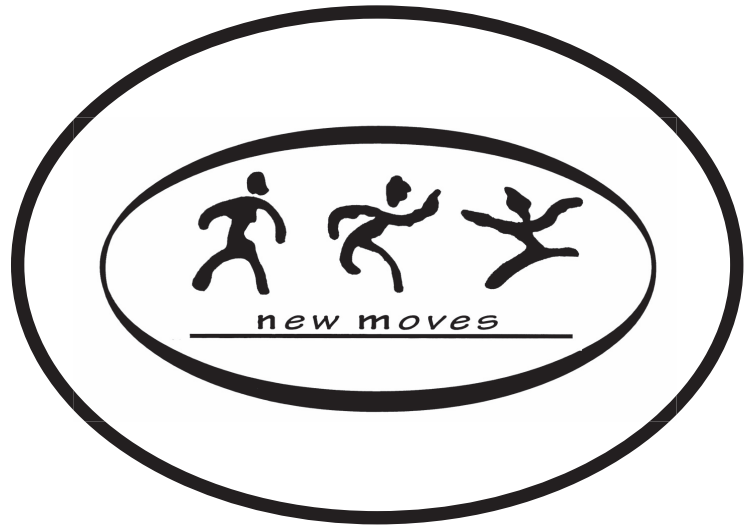




Student Survey



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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Participate in a physical activity you've never tried before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Be active when you are stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Participate in a vigorous physical activity (e.g. running, aerobics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Participate in a physical activity that you don't think you are good at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Exercise when you are in a bad mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I set aside a special time to do physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I ask a friend to do physical activities with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I ask a parent or other adult to do physical activities with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I plan ahead to do physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. done a physical activity or played sports with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. provided transportation to a place where you can do physical activities or play sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. watched you participate in physical activities or sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. told you that you are doing well in physical activities or sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



30. Many of my friends...

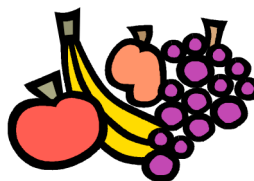
	Not at all	A little bit	Somewhat	Very much
a. help me to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. are physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I plan ahead of time what I'm going to eat for meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan ahead of time what I'm going to eat for snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I ask my parents/guardians to purchase healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Body shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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?

- 8th
- 9th
- 10th
- 11th
- 12th

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!!

