

C. National Physical Activity and Nutrition Survey Questionnaire

National Youth Physical Activity and Nutrition Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept secure. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-XXXX)

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:
 Yes No
- If you change your answer, erase your old answer completely.

1. How old are you?
- 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older

2. What is your sex?
- Female
 - Male

3. In what grade are you?
- 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade

4. Are you Hispanic or Latino?
- Yes
 - No

5. What is your race? (Select one or more responses.)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

6. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example:

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Answer:

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight in Pounds		
1	5	2
<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
	<input type="radio"/> 10	<input type="radio"/> 10
	<input type="radio"/> 11	<input type="radio"/> 11

Weight in Pounds		
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
	<input type="radio"/> 10	<input type="radio"/> 10
	<input type="radio"/> 11	<input type="radio"/> 11

The next 10 questions ask about physical activity.

8. Yesterday, were you physically active for a total of **at least 60 minutes**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- Yes
 - No
9. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
10. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
11. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
12. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
13. On an average school day, how many hours do you spend watching DVDs or videos? Include DVDs or videos you watch on a TV, computer, iPod, or other portable device.
- I do not watch DVDs or videos on an average school day
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

14. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
15. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
16. How much do you agree or disagree with the following statement? I enjoyed the physical education (PE) classes I took at school during the past 12 months.
- I did not take PE during the past 12 months
 - Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
17. During the past 12 months, on how many sports teams did you play? (Include teams run by your school or community groups.)
- 0 teams
 - 1 team
 - 2 teams
 - 3 or more teams

For each of the following activities, please mark 1) whether you did the activity during the past 12 months, and 2) on how many of the past 7 days you did the activity. Think about activities you did before and after school, in the evenings, and on the weekends, by yourself or with others. Include activities you did just for fun or in competition. Do not include PE or gym class.

Activity	Past 12 months	Number of days in past 7 days
18. Active video games (Wii, Dance Dance Revolution [DDR])	Yes No	0 1 2 3 4 5 6 7
19. Aerobics	Yes No	0 1 2 3 4 5 6 7
20. Baseball/softball	Yes No	0 1 2 3 4 5 6 7
21. Basketball	Yes No	0 1 2 3 4 5 6 7
22. Bike riding	Yes No	0 1 2 3 4 5 6 7
23. Cheerleading	Yes No	0 1 2 3 4 5 6 7
24. Dance	Yes No	0 1 2 3 4 5 6 7
25. Field hockey/street hockey/roller hockey	Yes No	0 1 2 3 4 5 6 7
26. Football	Yes No	0 1 2 3 4 5 6 7
27. Frisbee	Yes No	0 1 2 3 4 5 6 7
28. Golf	Yes No	0 1 2 3 4 5 6 7
29. Gymnastics/tumbling	Yes No	0 1 2 3 4 5 6 7
30. Hiking	Yes No	0 1 2 3 4 5 6 7
31. Horseback riding	Yes No	0 1 2 3 4 5 6 7
32. Ice hockey	Yes No	0 1 2 3 4 5 6 7
33. Ice skating	Yes No	0 1 2 3 4 5 6 7
34. Jumping rope	Yes No	0 1 2 3 4 5 6 7
35. Lacrosse	Yes No	0 1 2 3 4 5 6 7
36. Marching band	Yes No	0 1 2 3 4 5 6 7
37. Martial arts (karate, tae kwon do, judo, etc.)	Yes No	0 1 2 3 4 5 6 7
38. Racquetball	Yes No	0 1 2 3 4 5 6 7
39. Roller blading/roller skating	Yes No	0 1 2 3 4 5 6 7
40. Running/jogging	Yes No	0 1 2 3 4 5 6 7
41. Skateboarding	Yes No	0 1 2 3 4 5 6 7
42. Soccer	Yes No	0 1 2 3 4 5 6 7
43. Surfing	Yes No	0 1 2 3 4 5 6 7
44. Swimming	Yes No	0 1 2 3 4 5 6 7
45. Tennis	Yes No	0 1 2 3 4 5 6 7
46. Track and field	Yes No	0 1 2 3 4 5 6 7
47. Volleyball	Yes No	0 1 2 3 4 5 6 7
48. Waterskiing	Yes No	0 1 2 3 4 5 6 7
49. Walking	Yes No	0 1 2 3 4 5 6 7
50. Weighlifting	Yes No	0 1 2 3 4 5 6 7
51. Wrestling	Yes No	0 1 2 3 4 5 6 7
52. Yoga	Yes No	0 1 2 3 4 5 6 7

53. How many TVs are in your home? (If you sleep in more than one home, answer based on the home you sleep in most.)

- 0
- 1
- 2
- 3
- 4
- 5 or more

54. Do you have a TV in your bedroom? (If you have more than one bedroom, answer based on the bedroom you sleep in most.)

- Yes
- No

55. In an average week when you are in school, on how many days do you walk or ride your bike **to school** when weather allows you to do so?

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

56. In an average week when you are in school, on how many days do you walk or ride your bike **home from school** when weather allows you to do so?

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

How much do you agree or disagree with each statement?

(CIRCLE ONE NUMBER FOR EACH STATEMENT).

When I am physically active	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
57. I enjoy it.	1	2	3	4	5
58. I find it fun.	1	2	3	4	5
59. it gives me energy.	1	2	3	4	5
60. my body feels good.	1	2	3	4	5
61. it gives me a strong feeling of success.	1	2	3	4	5

How much do you agree or disagree with each statement?

(CIRCLE ONE NUMBER FOR EACH STATEMENT).

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
62. At home there are enough pieces of sports equipment (such as balls, bicycles, skates) to use for physical activity.	1	2	3	4	5
63. There are playgrounds, parks, or gyms close to my home that are easy for me to get to.	1	2	3	4	5
64. It is safe to be physically active by myself in my neighborhood.	1	2	3	4	5

The next 4 questions ask about the adults you live with.

(CIRCLE ONE NUMBER FOR EACH ITEM).

During a typical week, how often does an adult in your household...	Never	1-2 times/week	3-4 times/week	5-6 times/week	Daily
65. encourage you to do physical activities or play sports?	1	2	3	4	5
66. do a physical activity or play sports with you?	1	2	3	4	5
67. provide transportation to a place where you can do physical activities or play sports?	1	2	3	4	5
68. watch you participate in physical activities or sports?	1	2	3	4	5

The next 16 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
70. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
71. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
72. During the past 7 days, how many times did you eat **French fries or other fried potatoes**, such as home fries, hash browns, or tater tots? (Do **not** count potato chips.)
- I did not eat French fries or other fried potatoes during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
73. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
74. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
75. During the past 7 days, how many times did you eat **pizza**? (Count pizza from a restaurant or school, frozen pizza, and pizza you made at home.)
- I did not eat pizza during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
76. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days

- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

77. During the past 7 days, how many times did you drink a can, bottle, or glass of **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
78. During the past 7 days, how many times did you drink a can, bottle, or glass of **diet soda or pop**, such as Diet Coke, Diet Pepsi, or Sprite Zero?
- I did not drink **diet** soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
79. During the past 7 days, how many times did you drink a can, bottle, or glass of a **sports drink** such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)
- I did not drink sports drinks during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
80. During the past 7 days, how many times did you drink a can, bottle, or glass of an **energy drink**, such as Red Bull or Jolt? (Count both regular and diet energy drinks. Do **not** count sports drinks such as Gatorade or PowerAde).
- I did not drink energy drinks during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day

- 3 times per day
 - 4 or more times per day
81. During the past 7 days, how many times did you drink a cup, can, or bottle of **coffee, coffee drinks, or any kind of tea**?
- I did not drink coffee, coffee drinks, or tea during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
82. During the past 7 days, how many times did you drink a can, bottle, or glass of a **sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
- I did not drink sugar-sweetened beverages during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
83. During the past 7 days, how many times did you drink a bottle or glass of plain **water**? Count tap, bottled, and unflavored sparkling water.
- I did not drink water during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
84. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk during the past 7 days

- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

The next 6 questions ask about food you ate or drank yesterday. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

85. Yesterday, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 or more times
86. Yesterday, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 or more times
87. Yesterday, how many times did you eat **green salad**?
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 or more times
88. Yesterday, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)
- 0 times
 - 1 time
 - 2 times

- 3 times
- 4 times
- 5 or more times

- ½ cup or less
- ½ to 1 cup
- 1 to 2 cups
- 2 to 3 cups
- 3 to 4 cups
- 4 or more cups

89. Yesterday, how many times did you eat **carrots**?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

90. Yesterday, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

The next 2 questions ask about how many cups of fruits and vegetables you eat or drink each day. Use the examples below as a guide when you answer these questions.

1 CUP of FRUIT =	1 CUP of VEGETABLES=
1 small apple	3 broccoli spears, 5 in long
1 large banana	1 cup of cooked leafy greens
8 large strawberries	2 cups of lettuce or raw greens
2 large plums	12 baby carrots
32 seedless grapes	1 large potato or sweet potato
1 cup of 100% juice	2 large celery stalks
½ cup dried fruit	1 cup of cooked beans

91. About how many cups of **fruit** (including frozen, canned, and dried fruit and 100% fruit juice) do you eat or drink each day?

- None
- ½ cup or less
- ½ to 1 cup
- 1 to 2 cups
- 2 to 3 cups
- 3 to 4 cups
- 4 or more cups

92. About how many cups of **vegetables** (including frozen and canned vegetables and 100% vegetable juice) do you eat or drink each day?

- None

The next 16 questions ask about meals you might have eaten during the past 7 days and the food available to you at home and at school.

93. During the past 7 days, on how many days did you eat **breakfast or a morning meal**?

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

94. During the past 7 days, on how many days did you eat **lunch**?

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

95. When you eat lunch at school, where do you usually get the food you eat?

- I never eat lunch at school
- From home
- From somewhere at school
- From somewhere else

96. When you get lunch at school, what do you usually get?

- I do not get lunch at school
- A complete school lunch from the school cafeteria (a meal sold at school that costs the same price every day)
- A la carte items from the school cafeteria (items sold separately from a complete school lunch)
- Salad bar from the school cafeteria
- Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC)
- Food from a school vending machine, school canteen, or school store

97. In an average week when you are in school, on how many days do you eat all or part of a **complete school lunch**?

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

98. In an average week when you are in school, on how many days do you **bring your own lunch to school from home**?

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

99. On how many of the past 7 days did you eat **dinner or an evening meal**?

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

100. On school days, **where do you usually eat dinner**?

- I do not usually eat dinner on school days
- At home
- At school
- At a restaurant, including fast food restaurants
- In a car, bus, or train
- At a friend or relative's house
- Some place else

101. When you eat dinner at home, **how often is a television on while you are eating?**
- I do not eat dinner at home
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
102. During the past 7 days, on how many days did you eat dinner **at home with at least one of your parents or guardians?**
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
103. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
104. How often are there **fruits or vegetables to snack on in your home**, such as carrots, celery, apples, bananas, or melon?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
105. How often are there foods such as **chips, cookies, or cakes to snack on in your home?**
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
106. Does your school have a **vending machine** that students can use to purchase **soda or pop, sports drinks, or fruit drinks that are not 100% juice**, such as Coke, Gatorade, or Sunny Delight?
- Yes
 - No
 - Not sure
107. Does your school have a **vending machine** that students can use to purchase **snacks** such as chips, cookies, crackers, cakes, pastries, chocolate candy, or other kinds of candy?
- Yes
 - No
 - Not sure
108. Does your school have a **vending machine** that students can use to purchase **fruits or vegetables?** (Count dried fruit, such as raisins.)
- Yes
 - No
 - Not sure
- The next 12 questions ask about body weight.**
109. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
110. Which of the following are you trying to do about your weight?
- Lose** weight
 - Gain** weight
 - Stay** the same weight
 - I am **not trying to do anything** about my weight

111. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- Yes
- No

116. During the past 30 days, did you **drink more water** to lose weight or keep from gaining weight?
- Yes
- No

112. During the past 30 days, did you eat **fewer calories, or foods low in fat** to keep from gaining weight?
- Yes
- No

113. During the past 30 days, did you **eat and vegetables** to lose weight or keep gaining weight?
- Yes
- No

114. During the past 30 days, did you **eat calories** to lose weight or keep from weight?
- Yes
- No

115. During the past 30 days, did you **skip meals** to lose weight or keep from gaining weight?
- Yes
- No

**DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY**

[_____]

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

weight: (Do **not** include meal replacement products such as Slim Fast.)

- Yes
- No

120. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

Yes

No