Thank you for agreeing to participate in Project breakFAST: Fueling Academics and Strengthening Teens!

Please answer each question honestly.

The online survey will take about 10 minutes to complete. You will receive a $15 Visa gift card for completing this survey.

This is NOT a test - there are no right or wrong answers. Your name and user ID are only used to link your answers now to your answers from last year. No one at your school or home will know your answers.

You can choose not to answer any questions on this survey. It is your choice.

Lost your yellow sheet and don't know your User ID number? Call Amy at 612-626-4273.

First Name (no nicknames)
__________________________

Last Name
__________________________

Name of school

- Albany Area High School, Albany MN
- Apollo Senior High, St. Cloud MN
- Bemidji Senior, Bemidji MN
- Brainerd Senior, Brainerd MN
- Cambridge-Isanti High School, Cambridge MN
- Dassel-Cokato Senior, Cokato MN
- Hutchinson Senior High, Hutchinson MN
- LeSueur Henderson High School, LeSueur MN
- Lincoln High School-Thief River Falls, Thief River Falls MN
- Montevideo Senior High, Montevideo MN
- Morris Area Secondary, Morris MN
- New London-Spicer Senior, New London MN
- Owatonna Senior High, Owatonna MN
- Rocori High School, Cold Spring MN
- St. James Secondary, St. James MN
- Willmar Senior, Willmar MN

User ID (on yellow sheet from mailed study packet) (If you lost your yellow sheet and don't know your User ID number, please call Amy at 612-626-4273.)

__________________________
Let's start with some questions about you.

1. Your age today is
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19

2. How would you describe your health in general?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

3. During a normal weekday (Monday - Friday):
   a. What time do you go to bed (to go to sleep)?
      - Before 7:00 pm
      - 7:00 pm
      - 7:15 pm
      - 7:30 pm
      - 7:45 pm
      - 8:00 pm
      - 8:15 pm
      - 8:30 pm
      - 8:45 pm
      - 9:00 pm
      - 9:15 pm
      - 9:30 pm
      - 9:45 pm
      - 10:00 pm
      - 10:15 pm
      - 10:30 pm
      - 10:45 pm
      - 11:00 pm
      - 11:15 pm
      - 11:30 pm
      - 11:45 pm
      - 12:00 am (midnight)
      - 12:15 am
      - 12:30 am
      - 12:45 am
      - 1:00 am or later
b. What time do you get out of bed (to start your day)?

- Before 4:00 am
- 4:00 am
- 4:15 am
- 4:30 am
- 4:45 am
- 5:00 am
- 5:15 am
- 5:30 am
- 5:45 am
- 6:00 am
- 6:15 am
- 6:30 am
- 6:45 am
- 7:00 am
- 7:15 am
- 7:30 am
- 7:45 am
- 8:00 am
- 8:15 am
- 8:30 am
- 8:45 am
- 9:00 am or later

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

- Yes
- No

5. Which adults do you live with? (mark all that apply)

- My mother
- My father
- Sometimes with my mother, sometimes with my father (they have separate homes)
- Stepmother
- Stepfather
- Other adult relatives (like grandparents)
- Other - not related

6. How many hours do you work for pay in a normal WEEK during the school year? (Please enter 0 if you do not work for pay.)

(Number of hours)

7. During the last 7 DAYS, how many days did you eat breakfast at home?

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

8. How confident are you that you could change or maintain your eating habits to eat breakfast most days?

- Not at all confident
- A little confident
- Somewhat confident
- Mostly confident
- Very confident
9. In a normal week, how many hours do you spend doing the following activities?

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

- none
- less than 1/2 hour a week
- 1/2 - 2 hours a week
- 2 1/2 - 4 hours a week
- 4 1/2 - 6 hours a week
- 6+ hours a week

b. Moderate exercise (not exhausting) Examples: Walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- none
- less than 1/2 hour a week
- 1/2 - 2 hours a week
- 2 1/2 - 4 hours a week
- 4 1/2 - 6 hours a week
- 6+ hours a week

c. Mild exercise (little effort) Examples: Walking slowly (to school, to friend's house, etc.), bowling, golf, fishing, snowmobiling, yoga

- none
- less than 1/2 hour a week
- 1/2 - 2 hours a week
- 2 1/2 - 4 hours a week
- 4 1/2 - 6 hours a week
- 6+ hours a week

10. During the past 12 months, on how many sports teams did you play (include school and non-school sponsored teams)?

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

11. In your free time on a normal weekday (Monday-Friday), how many hours do you spend . . .

a. watching TV & videos

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr

b. reading & doing homework

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr
c. using a computer (not for homework)

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr

12. On a normal weekend day (Saturday or Sunday), how many hours do you spend . . .

a. watching TV & videos

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr

b. reading & doing homework

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr

c. using a computer (not for homework)

- 0 hr
- 1/2 hr
- 1 hr
- 2 hr
- 3 hr
- 4 hr
- 5+ hr

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This next set of questions is about school.

13. What kinds of grades do you earn in school? (Please choose one answer.)

- Mostly A's
- About half A's and half B's
- Mostly B's
- About half B's and half C's
- Mostly C's
- About half C's and half D's
- Mostly D's
- Mostly below D

14. During a normal school week, how do you usually get to school?

- Bus
- Car
- Walking
- Biking
15. How many miles do you usually travel to get to school

- Less than 1 mile
- 1 mile
- 2 miles
- 3 miles
- 4 miles
- 5 miles
- 6 miles
- 7 miles
- 8 miles
- 9 miles
- 10 miles
- More than 10 miles
- Don't know

16. Does your school serve breakfast?

- Yes
- No
- I don't know

17. During a normal school week, on how many days do you have activities before school that keep you from eating school breakfast (like work, athletics, clubs)?

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

18. During a normal school week, how many days do you go to physical education (PE or gym) classes?

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

19. How strongly do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many of my friends care about eating healthy food</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Many of my friends care about staying fit and exercising</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Many of my friends diet to lose weight or to keep from gaining weight</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Many of the students at my school eat school breakfast</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

20. During a normal school week, how many days PER WEEK do you... (Mark one answer for each item.)
21. During a usual MONTH, how often do the following people encourage you to eat or continue to eat breakfast AT SCHOOL?

<table>
<thead>
<tr>
<th>People</th>
<th>Never</th>
<th>A few days</th>
<th>About half the days</th>
<th>Most days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/guardian</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Friend</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other kids at my school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Teacher</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other school staff</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
This next set of questions is about your HOME and FAMILY.

22. During the PAST 7 DAYS, how many times did all or most of the people living in your home eat BREAKFAST together?

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

23. During the PAST 7 DAYS, how many times was at least one of your parents/guardian in the room with you when you ate BREAKFAST?

- I don't eat breakfast
- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times

24. During the PAST 7 DAYS, how many times did all or most of the people living in your home eat DINNER or SUPPER together?

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

25. In your home, how is food served at a normal family breakfast?

- Food is served “family style” where everyone can help themselves from food on the table
- Family members serve themselves from the counter or stove top
- Food is put on family members’ plates/bowls by whoever cooked it and then served
- Some combination of all these ways
- Other serving style
- We don’t eat breakfast as a family

... Please describe the other serving style

26. How often do you do the following during breakfast?
Never or rarely  |  Sometimes  |  Usually  |  Always
Watch television or movies  |  O  |  O  |  O  |  O
Play with hand-held games (like DS, PSP, Game Boy)  |  O  |  O  |  O  |  O
Talk on the phone (cell or other)  |  O  |  O  |  O  |  O
Text message  |  O  |  O  |  O  |  O
Listen to music with headphones (like with iPod, MP3 player)  |  O  |  O  |  O  |  O

27. During the PAST 7 DAYS, how many times was a family breakfast meal purchased from a fast-food restaurant and eaten together either at the restaurant, in the car or at home?

O 0 times
O 1 time
O 2 times
O 3 or more times

28. During the PAST 7 DAYS, how many times did you make your own breakfast?

O 0 times
O 1 time
O 2 times
O 3 times
O 4 times
O 5 times
O 6 times
O 7 times

29. During the PAST 7 DAYS, how many times did you help make breakfast for your family?

O 0 times
O 1 time
O 2 times
O 3 times
O 4 times
O 5 times
O 6 times
O 7 times

30. How strongly do you agree with the following statements about breakfast meals eaten together with your family?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>
| In my family, it is important we eat breakfast together |  O  |  O  |  O  |  O
| In my family, there are rules at breakfast we are expected to follow |  O  |  O  |  O  |  O
| In my family, breakfast is a time for talking with other family members |  O  |  O  |  O  |  O
| In my family, it is often difficult to find a time when family members can sit down to breakfast together |  O  |  O  |  O  |  O
| In my family, breakfast time is about more than just getting food; we all talk with each other |  O  |  O  |  O  |  O

31. How strongly do you agree with the following statements about breakfast time in your family?
I enjoy eating breakfast with my family

In my family, manners are important during breakfast

I am often too busy to eat breakfast with my family

32. Does your family get public assistance (like SNAP, food support/food stamps, EBT, WIC, TANF, SSI or MFIP)?

- No
- Yes
- I don't know
- I prefer not to answer

These next questions are about the foods at your home and your eating habits. Your name will not be linked to your answers.

33. In the LAST 30 DAYS . . . (mark one answer only for each item)

Did you worry food at home would run out before your family got money to buy more?

Did the food your family bought run out, and you didn't have money to get more?

Did your meals only include a few kinds of cheap foods because your family was running out of money to buy food?

How often were you not able to eat a balanced meal because your family didn't have enough money?

Did you have to eat less because your family didn't have enough money to buy food?

Has the size of your meals been cut because your family didn't have enough money for food?

Did you have to skip a meal because your family didn't have enough money for food?

Were you hungry but didn't eat because your family didn't have enough food?
Did you not eat for a whole day because your family didn't have enough money for food?

<table>
<thead>
<tr>
<th>These questions ask about your opinions of the food you eat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. How strongly do you agree with the following statements? (Mark one answer for each item.)</td>
</tr>
<tr>
<td>Eating breakfast helps me pay attention in class</td>
</tr>
<tr>
<td>I have more energy when I eat breakfast</td>
</tr>
<tr>
<td>If I miss breakfast, I feel more tired in the morning</td>
</tr>
<tr>
<td>Eating breakfast helps me control my weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>35. How strongly do you agree with the following statements about SCHOOL BREAKFAST? (Mark one answer for each item.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I plan to eat school breakfast most days</td>
</tr>
<tr>
<td>I am too busy to eat school breakfast</td>
</tr>
<tr>
<td>School breakfast costs too much</td>
</tr>
<tr>
<td>Eating school breakfast takes too much time</td>
</tr>
<tr>
<td>The breakfast food sold at my school tastes bad</td>
</tr>
<tr>
<td>It is easy for me to get school breakfast</td>
</tr>
<tr>
<td>The bus arrives too late for me to get the school breakfast</td>
</tr>
<tr>
<td>I am not comfortable eating in my classroom</td>
</tr>
<tr>
<td>I skip breakfast because it might cause me to gain weight</td>
</tr>
<tr>
<td>I skip breakfast because I am not hungry in the morning</td>
</tr>
</tbody>
</table>
36. How often have you gone on a diet during the last year? By "diet" we mean changing the way you eat so you can lose weight?

- Never
- 1-4 times
- 5-10 times
- More than 10 times
- I am always dieting

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasted (went without eating for a day or more)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate very little food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Took diet pills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made myself vomit (throw up)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used laxatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used diuretics (water pills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used food substitutes (powder/special drinks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skipped meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked more cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Followed a high protein/low carbohydrate diet (e.g., Atkins or other)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. By eating school breakfast, what do you think the likelihood is of . . .

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Very likely</th>
<th>Somewhat likely</th>
<th>Somewhat unlikely</th>
<th>Not at all likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>. . . improving your math, reading and standardized test scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . getting along better with your peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . reducing your absences and tardiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . improving your memory, attention span and problem-solving ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . getting important nutrients, vitamins and minerals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . maintaining or reaching a healthy weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>. . . establishing healthy habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
39. During the past school year (starting September 2014), how many times did you visit the school health office for a problem or concern? Please do not count visits to take medication or check blood sugars.

   a. Never
   b. 1-2 times
   c. 3-4 times
   d. 5-6 times
   e. 7-8 times
   f. 9 or more times

40. In your family, what is the highest level of school that a parent, stepparent, or other guardian has completed?

   a. did not finish high school
   b. finished high school (or got a GED)
   c. went to a vocational school (computer/electrician/mechanic)
   d. took some college (but did not graduate)
   e. graduated from college or a university
   f. has professional training beyond a four-year college degree
   g. I don't know