

# HARVARD MEDICAL SCHOOL

**Please reply to:**

Channing Laboratory  
181 Longwood Avenue • Boston, MA 02115  
(617) 525-2279 • Fax (617) 525-2008

**Hi!**

Thanks for being part of the Growing Up Today Study. We really appreciate your continued participation. By completing the questionnaire you are making a very important contribution to our understanding of how the health and well-being of teens can be improved.

\* Please complete the survey - there are 2 ways to do it -  
complete this questionnaire and mail it back in the enclosed envelope

or

fill it out on-line: go to [www.GUTSWEB.org](http://www.GUTSWEB.org) and enter your ID number (it is printed above your name on this page)

\* We appreciate your input - there is space at the back of the questionnaire for your comments or suggestions. Please let us know if you have any ideas for us.

\* You do not have to answer any questions that make you uncomfortable. If you choose not to participate this year, you will still be a valued member of this ongoing study.

If you have any questions or comments, please e-mail us at [guts@channing.harvard.edu](mailto:guts@channing.harvard.edu) or call Helaine Rockett collect at (617) 525-2279 any time between 9 a.m. and 4 p.m. Eastern time. The information you give us will remain private and we will take many precautions so that nobody outside the study sees it. The information will be used only for medical statistical purposes.

Thanks again!

Graham A. Colditz, MD, DrPH

Alison E. Field, ScD

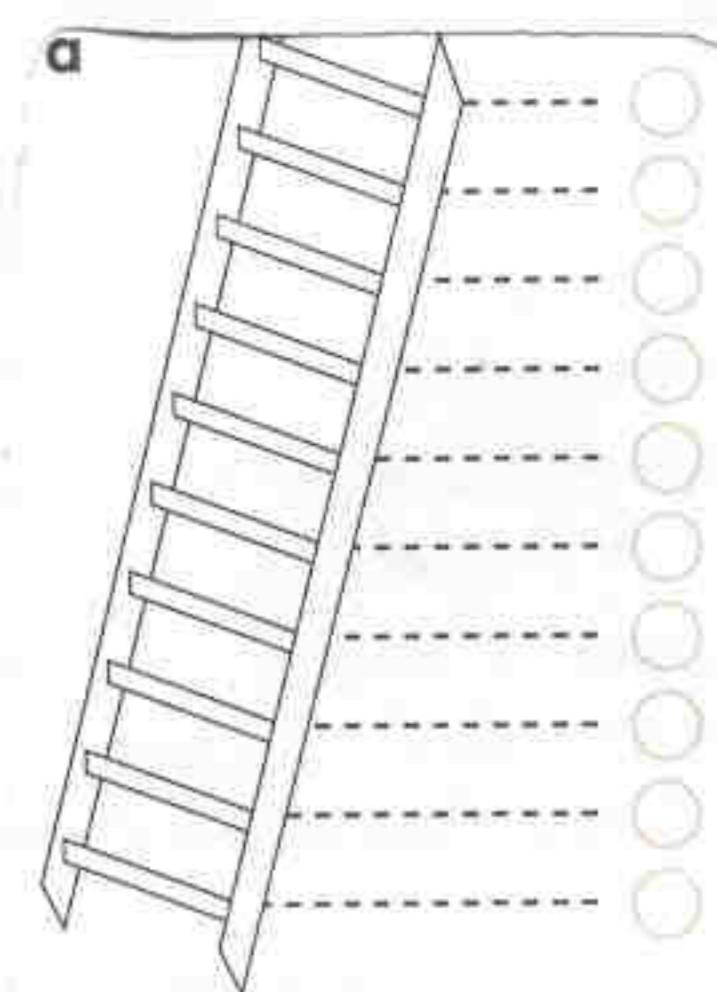
**Do we have your correct address and name?**

Make any necessary changes and return this page with your completed booklet.

## INSTRUCTIONS

**Please use an ordinary No. 2 pencil to answer all questions.**

Fill in the circles completely. There are no right or wrong answers. We just want to know what you do and think. The questions will be read by a machine so if you need to change your answer, erase the incorrect mark **completely**. If you have comments, please write them on the last page of the booklet.



self on this ladder?  
presents where you

### EXAMPLE 1:

Write your weight in the boxes and fill in the circle below the number at the top of each column. Please fill in the circle. Do not mark this way: ✓ ✗ ● •

**NOTE:** It is important that you **write in** your weight **and** fill in the circles.

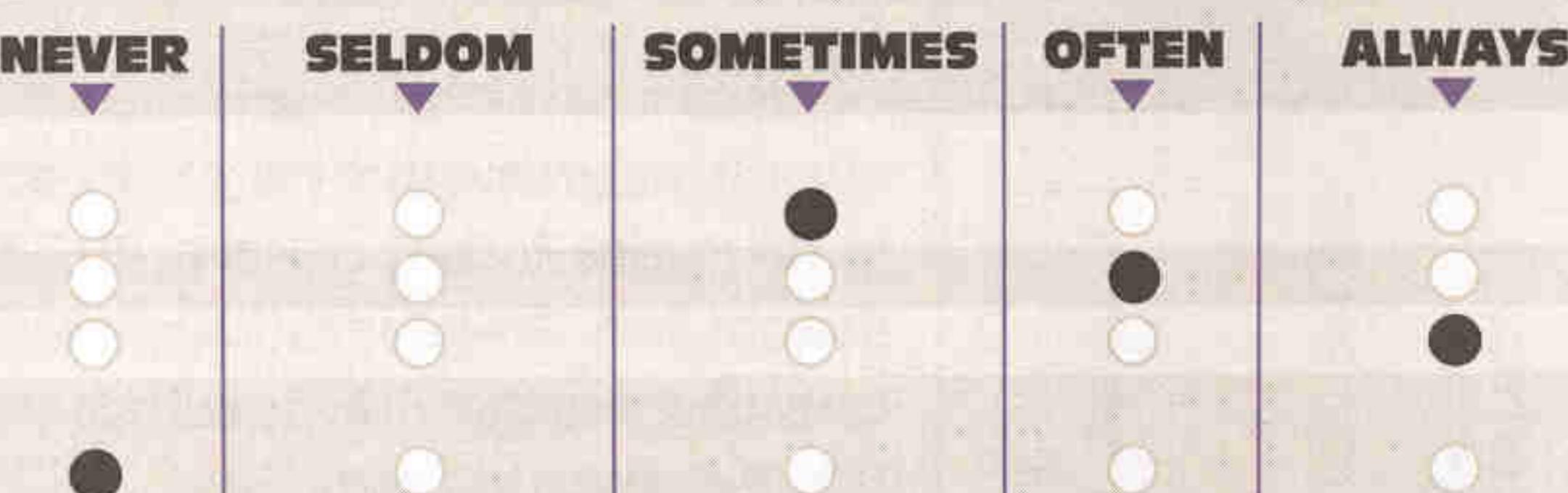
E1. CURRENT WEIGHT

POUNDS		
0	9	0
●	○	●
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	

### EXAMPLE 2:

When you went outside on a sunny day this past summer for more than 15 minutes, how often did you...

- NEVER      ▾
  - SELDOM      ▾
  - SOMETIMES      ▾
  - OFTEN      ▾
  - ALWAYS      ▾
- Use sunscreen or sunblock with a SPF (Sun Protection Factor) of 15 or more?
- Wear a shirt with sleeves?
- Wear a hat?
- Limit time spent in the sun between 10am and 4pm?



**1. Is this your correct Date of Birth**

(Month/Day/Year):

- Yes  
 No

→ If No, please write your date of birth below:

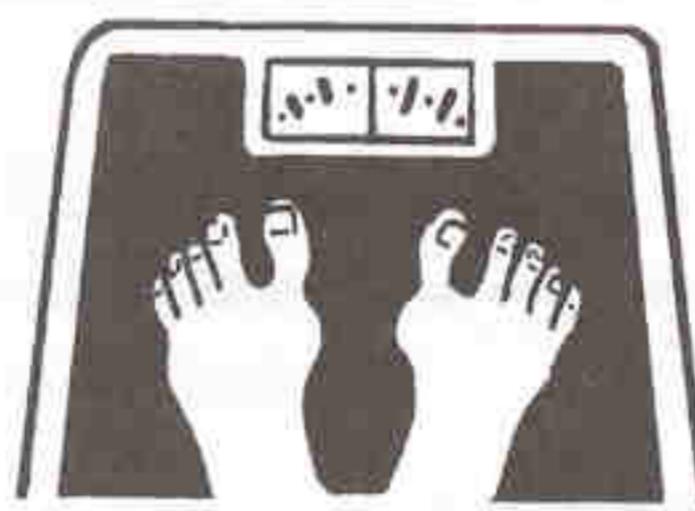
MONTH	/	DAY	/	YEAR
-------	---	-----	---	------

**2. How tall are you?**

**3. How much do you weigh?**

**DIRECTIONS:**

Weigh yourself without shoes or heavy clothing.



**YOUR WEIGHT WITHOUT SHOES**

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

**YOUR HEIGHT WITHOUT SHOES**

FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

**4. Have you started having menstrual periods?**

- Yes, in the last 2 years  
 Yes, more than 2 years ago  
 No

→ **age periods began:**

- before age 13  
 13  
 14

- 15  
 16  
 17

- 18 or older

**5. Where are you living this year?**

- At home with parent(s)    In a dorm    In a fraternity/sorority    In apartment or house, not with family    Other

**6. Where do you think you'll be in the fall of 2002?**

- 9<sup>th</sup> grade    12<sup>th</sup> grade  
 10<sup>th</sup> grade    College freshman  
 11<sup>th</sup> grade    College sophomore

- College junior  
 College senior  
 Trade/technical school

- Working full time  
 Military  
 Other

**TIME IN THE SUN**

**1. How many of your friends had a tan at the end of this past summer?**

- None    A few    Some    Most    All

**2. How many times did you get a sunburn this past summer (that is, how many times did exposed parts of your skin stay red for several hours after you had been out in the sun)?**

- Didn't get a sunburn    1 time    2 times    3–4 times    5 or more times

**3. During the past year, how many times did you use a tanning booth or tanning salon?**

- Never    1 time    2 times    3–4 times    5–9 times    10 or more times

**4. How much do you agree with the following statement?**

**It's worth getting a little burned to get a good tan.**

- Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

PLEASE DO  
NOT WRITE  
IN THIS AREA



15316

Page 1

- 5.** When you went outside on a sunny day this past summer for more than 15 minutes, how often did you . . .

How often do you ...	NEVER ▼	SELDOM ▼	SOMETIMES ▼	OFTEN ▼	ALWAYS ▼
Use sunscreen or sunblock with a SPF (Sun Protection Factor) of 15 or more?	<input type="radio"/>				
Wear a shirt with sleeves?	<input type="radio"/>				
Wear a hat?	<input type="radio"/>				
Limit time spent in the sun between 10am and 4pm?	<input type="radio"/>				

- 6.** a. Imagine that you were on the beach in the strong sun for 30 minutes in the middle of the day, without any skin protection such as sunscreen or protective clothing (e.g., shirt), for the first time in summer. How much would your skin burn?

Not at all       A little redness       Some redness       Deep red painful burn

- b.** Imagine what would happen if you spent several weeks during the summer in the strong sun, without any skin protection such as sunscreen or protective clothing (e.g., shirt). My skin would:

Not tan at all

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# WHAT YOU READ

**Do you read or look through any magazines regularly?**

Yes       No

Please tell us about the 2 magazines you read most frequently. . .

**NAME OF MAGAZINE**

## **HOW OFTEN DO YOU READ IT?**

**1.** \_\_\_\_\_

less than monthly     1–3 times a month     at least weekly

## **HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?**



**Mark one answer for each statement.**

- Some teenagers **find it hard to make friends.**
  - Some teenagers **do well at all kinds of sports.**
  - Some teenagers **feel they are just as smart as others their age.**
  - Some teenagers **are often disappointed with themselves.**
  - Some teenagers **have a lot of friends.**
  - Some teenagers **think they could do well at almost any new athletic activity.**
  - Some teenagers **are pretty slow at finishing their school work.**
  - Some teenagers **don't like the way they are leading their life.**
  - Some teenagers **are kind of hard to like.**
  - Some teenagers **feel that they are better than others their age at sports.**
  - Some teenagers **do very well at their classwork.**
  - Some teenagers **are happy with themselves most of the time.**
  - Some teenagers **are popular with others their age.**
  - Some teenagers **don't do well at new outdoor games.**
  - Some teenagers **have trouble figuring out answers in school.**
  - Some teenagers **like the kind of person they are.**
  - Some teenagers **feel that they are socially accepted.**
  - Some teenagers **do not feel that they are very athletic.**
  - Some teenagers **feel that they are pretty intelligent.**
  - Some teenagers **are very happy being the way they are.**

# ACTIVITY

## EXAMPLE:

If you were on a swim team during the winter that practiced 4 hours a week and had one meet each week and during the summer you swam with friends once a week, then your answer would look like this . . .



### Swimming

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
●	○ ○ ○ ○	○ ○ ○ ○	●	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
●	○ ○ ○ ○	○ ○ ○ ○	●	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○

**What have you done this past YEAR (don't include gym or Phys Ed)?**

Choose yes or no for each activity.

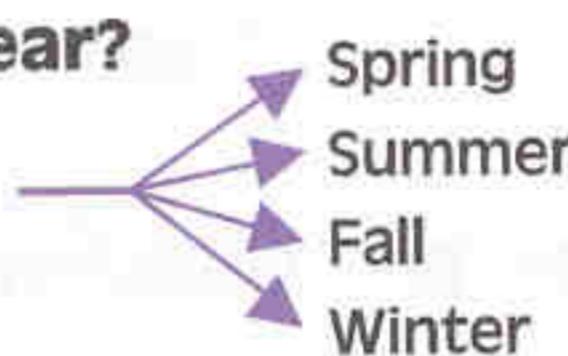
Mark "None/Zero" for any season you did not do that activity.



### Baseball or Softball

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○



### Basketball

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



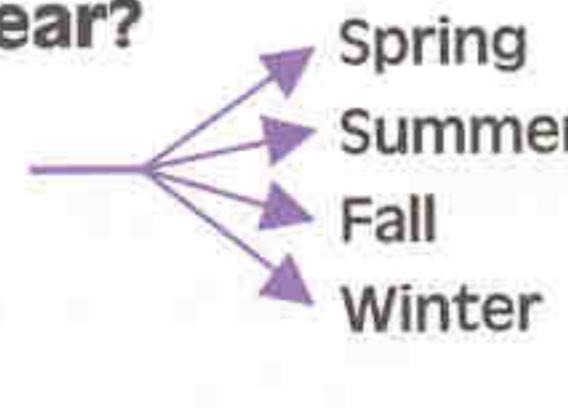
NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○



### Biking

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



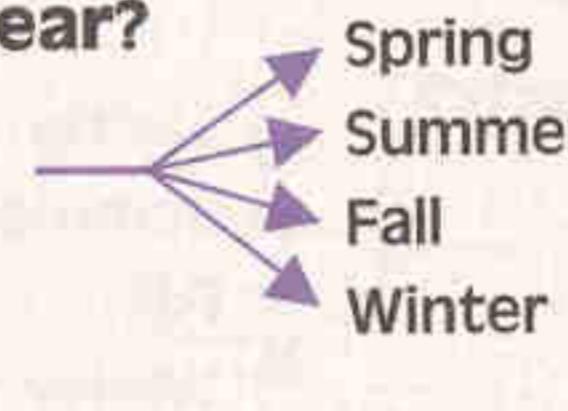
NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○



### Dancing or Aerobics

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○

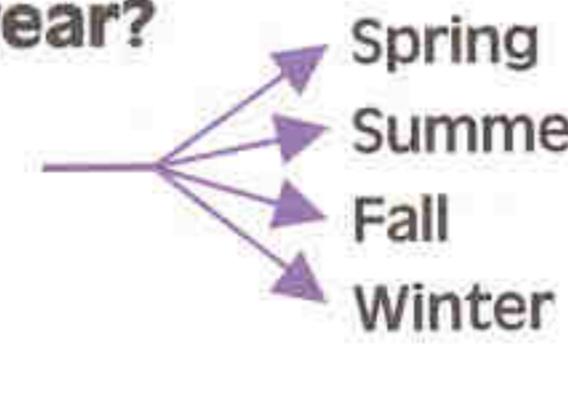


### Hard Work Outdoors

(like mowing the lawn, doing construction)

Did you do this activity over the past year?

NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN					
	1/2 HR./WK.	1/2 - 3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEEK	
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○

Go to Next Page

Page 3

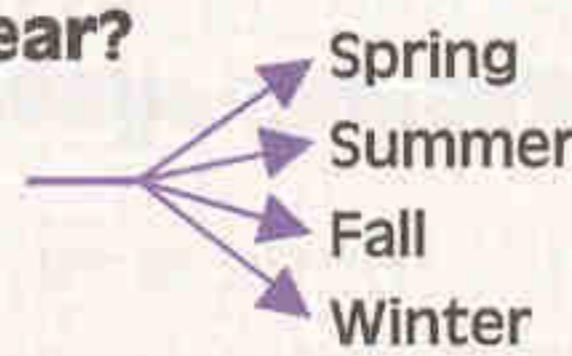




### Gymnastics or Cheerleading

Did you do this activity over the past year?

- NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 - 3 HR./WEEK	4 - 6 HR./WEEK	7 - 9 HR./WEEK	10+ HR./WEEK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Strength Training Exercises

(push-ups, lifting weights)

Did you do this activity over the past year?

- NO    YES → How much did you do it EACH season?



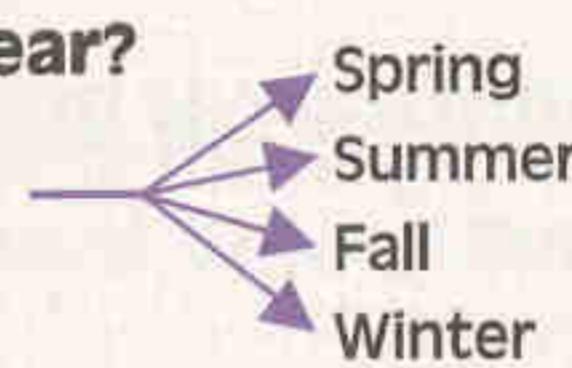
NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 - 3 HR./WEEK	4 - 6 HR./WEEK	7 - 9 HR./WEEK	10+ HR./WEEK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Volleyball

Did you do this activity over the past year?

- NO    YES → How much did you do it EACH season?



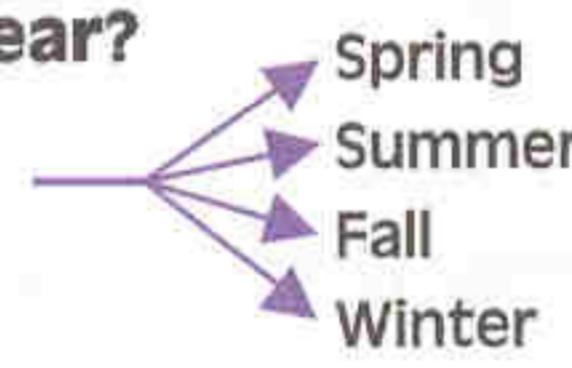
NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 - 3 HR./WEEK	4 - 6 HR./WEEK	7 - 9 HR./WEEK	10+ HR./WEEK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Martial Arts, Karate, or Wrestling

Did you do this activity over the past year?

- NO    YES → How much did you do it EACH season?



NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 - 3 HR./WEEK	4 - 6 HR./WEEK	7 - 9 HR./WEEK	10+ HR./WEEK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you do any other sports or activities that we haven't listed? (Please specify)

Spring \_\_\_\_\_  
Summer \_\_\_\_\_  
Fall \_\_\_\_\_  
Winter \_\_\_\_\_

NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 - 3 HR./WEEK	4 - 6 HR./WEEK	7 - 9 HR./WEEK	10+ HR./WEEK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**1. How many times per week do you participate in team sports?**

- None    1    2    3    4    5 or more

**2. How many times per week do you have gym or Phys Ed class?**

- None    1    2    3    4    5 or more

**3. On average, how many hours per week do you spend in each of the following activities?**

(A total for the entire 7 day week)

Watching TV

Watching DVDs or videos

Nintendo/Play Station/computer games

Internet/Computers (not including schoolwork)

**TOTAL HOURS PER WEEK**

None	1-5 hr.	6-10 hr.	11-15 hr.	16-20 hr.	21-30 hr.	31+ hr.
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						

**4. During the past year, how often did you use any of the following products?**

Protein powder or shake

Never    Less than monthly

Monthly

Weekly

Daily

Weight loss shakes/drinks

Never    Less than monthly

Monthly

Weekly

Daily

Creatine

Never    Less than monthly

Monthly

Weekly

Daily

Amino acids, HMB

Never    Less than monthly

Monthly

Weekly

Daily

DHEA

Never    Less than monthly

Monthly

Weekly

Daily

Growth hormone

Never    Less than monthly

Monthly

Weekly

Daily

Anabolic/injectable steroids

Never    Less than monthly

Monthly

Weekly

Daily

## THESE QUESTIONS ASK ABOUT WEIGHT CONTROL

***There are no right or wrong answers. We just want to know what you think.***

### 1. How do you describe your weight?

- Very underweight    Slightly underweight    About the right weight    Slightly overweight    Very overweight

### 2. Which of the following are you trying to do about your weight?

- I am not trying to do anything about my weight    Stay the same    Gain weight    Lose weight

### 3. During the past year, did you go on a diet to lose weight or keep from gaining weight?

- Never    A couple of times    Several times    Often    Always on a diet

#### a. How long did you stay on the diet(s)?

- Less than a week    1–3 weeks    1–3 months    3 or more months

#### b. What type of diet(s) did you use? (Mark all that apply)

- |  |  |  |
|--|--|--|
| <input type="radio"/> Low calorie        | <input type="radio"/> Very low calorie                 | <input type="radio"/> Low fat                        |
| <input type="radio"/> High protein       | <input type="radio"/> High carbohydrate                | <input type="radio"/> Did not eat snacks or desserts |
| <input type="radio"/> Skipped meals      | <input type="radio"/> Limited portion size             | <input type="radio"/> Other                          |
| <input type="radio"/> Weight loss shakes | <input type="radio"/> Weight Watchers or other program |  |

#### c. Did you lose weight on the diet(s)?

- No    Yes, 1–5 pounds    Yes, 6–10 pounds    Yes, 10 or more pounds

#### d. Did you gain back any of the weight you lost on the diet?

- No, did not regain any of the weight    Gained back all of the weight  
 Gained back a little of the weight    Gained back more than I lost  
 Gained back most of the weight

### 4. During the past year, did you exercise to lose weight or keep from gaining weight?

- Never    Less than monthly    1–3 times a month    1–4 times per week    5 or more times per week

#### a. Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?

- No    Yes, sometimes    Yes, frequently

#### b. Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?

- No    Yes, sometimes    Yes, frequently

### 5. During the past year, did you fast (not eat for at least a day) to lose weight or keep from gaining weight?

- Never    Less than monthly    1–3 times a month    Once per week    2 or more times per week

### 6. During the past year, did you make yourself throw up to lose weight or keep from gaining weight?

- Never    Less than monthly    1–3 times a month    Once per week    2–6 times per week    Daily

### 7. During the past year, did you take laxatives to lose weight or keep from gaining weight?

- Never    Less than monthly    1–3 times a month    Once per week    2–6 times per week    Daily

- 8.** Sometimes people will go on an "eating binge", where they eat an amount of food that most people, like their friends, would consider to be very large, in a short period of time. **During the past year, how often did you go on an eating binge?**

Never → Go to next page  
 Less than once a month →  
 1-3 times a month →  
 Once a week  
 More than once a week

Was there a period of at least 3 months during the past year when you went on eating binges frequently?

No     Yes, weekly     Yes, more than weekly

- 9.** **a.** Did you feel out of control, like you couldn't stop eating even if you wanted to stop?  
**b.** Did you eat very fast or faster than you normally do?  
**c.** Did you eat until your stomach hurt or you felt sick to your stomach?  
**d.** Did you eat really large amounts of food when you didn't feel hungry?  
**e.** Did you eat by yourself because you did not want anyone to see how much you ate?  
**f.** Did you feel really bad about yourself or feel guilty after eating a lot of food?

NO	YES
<input type="radio"/>	<input type="radio"/>

- 10.** Describe what you ate in your last eating binge. If the last binge was *not* typical for you, please tell us about the last one that was typical for you...

AMOUNT					
<b>SWEETS</b>	ice cream	<input type="radio"/> 1-2 scoops	<input type="radio"/> 3-4 scoops	<input type="radio"/> 5 or more scoops	
	frozen yogurt	<input type="radio"/> 1-2 scoops	<input type="radio"/> 3-4 scoops	<input type="radio"/> 5 or more scoops	
	candy bars	<input type="radio"/> 1-2 candy bars	<input type="radio"/> 3-4 candy bars	<input type="radio"/> 5 or more candy bars	
	donuts	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
	cookies	<input type="radio"/> 1-5	<input type="radio"/> 6-9	<input type="radio"/> 10 or more	
	cake	<input type="radio"/> 1 slice	<input type="radio"/> 2 slices	<input type="radio"/> 3 or more slices	
	poptarts	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
<b>SALTY SNACKS</b>	potato or corn chips	<input type="radio"/> 1 small bag	<input type="radio"/> 2 small bags	<input type="radio"/> 1 or more large bags	
	popcorn	<input type="radio"/> 1 small bag	<input type="radio"/> 2 small bags	<input type="radio"/> 1 or more large bags	
	nuts	<input type="radio"/> 1-2 handfuls	<input type="radio"/> 3-4 handfuls	<input type="radio"/> 5 or more handfuls	
<b>BREAD OR CEREAL</b>	bread	<input type="radio"/> 1-2 slices	<input type="radio"/> 3-4 slices	<input type="radio"/> 5 or more slices	
	bagels or rolls	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
	danish or sweet rolls	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
	muffin	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
	cold cereal	<input type="radio"/> 1 bowl	<input type="radio"/> 2 bowls	<input type="radio"/> 3 or more bowls	
<b>DAIRY</b>	yogurt	<input type="radio"/> 1 small container (8 oz)	<input type="radio"/> 2 small containers	<input type="radio"/> 3 or more small containers	
	cheese	<input type="radio"/> 1-2 slices	<input type="radio"/> 3-4 slices	<input type="radio"/> 5 or more slices	
<b>MAIN DISHES</b>	spaghetti or pasta	<input type="radio"/> 1 bowl	<input type="radio"/> 2 bowls	<input type="radio"/> 3 or more bowls	
	pizza	<input type="radio"/> 1-2 slices	<input type="radio"/> 3-4 slices	<input type="radio"/> 5 or more slices	

**OTHER** Are there other foods that you ate during your last eating binge?

**FOOD** **AMOUNT**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

- 11.** **a.** If there was a period of time when you went on eating binges at least weekly, how long did it last?

Doesn't apply to me     1 month     2 months     3 or more months

- b.** During that time did you do any of the following? (Mark all that apply)

Exercised a lot to burn off the calories I had eaten during the eating binges  
 Used laxatives to keep from gaining weight →  Monthly     Weekly     Two or more times a week  
 Made myself throw up to keep from gaining weight →  Monthly     Weekly     Two or more times a week

**12.** Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia nervosa? (Mark all that apply)

No       Yes, a friend       Yes, a parent       Yes, a doctor, nurse, or other health care provider

**13.** Have you ever been treated for an eating disorder by a doctor, nurse, or other health care provider?

No       Yes, in the past       Yes, currently

**Remember there are no right or wrong answers.**

**We just want to know what you think.**

**1. In the past year, how often have you thought about wanting to have toned or defined muscles?**

Never       A Little       Sometimes       A Lot       Always

**2. In the past year, how often have your girl friends talked about wanting to lose weight?**

Never       A Little       Sometimes       A Lot       Always

**3. In the past year, how often have you worried about having fat on your body?**

Never       A Little       Sometimes       A Lot       Always

**4. In the past year, how often have you changed your eating when you were around boys/men?**

Never       A Little       Sometimes       A Lot       Always

**5. In the past year, how often have you tried to change your weight so you would not be teased by boys/men (including brothers)?**

Never       A Little       Sometimes       A Lot       Always

**6. In the past year, how often has your mother tried to lose weight?**

Never       A Little       Sometimes       A Lot       Always       Don't Know

**7. In the past year, how often have you tried to lose weight?**

Never       A Little       Sometimes       A Lot       Always

**8. In the past year, how often have you thought about wanting to be thinner?**

Never       A Little       Sometimes       A Lot       Always

**9. In the past year, how often has your father made a comment to you about your weight or your eating that made you feel bad? ("Father" means the adult man in your life who acts most like a father to you.)**

Never       A Little       Sometimes       A Lot       Always

**10. In the past year, how often have you changed your eating when you were around girls/young women?**

Never       A Little       Sometimes       A Lot       Always

**11. In the past year, how often have girls/women (including sisters) made fun of you because of your weight?**

Never       A Little       Sometimes       A Lot       Always

**12. In the past year, how often have boys/men (including brothers) made fun of you because of your weight?**

Never       A Little       Sometimes       A Lot       Always

**13. In the past year, how often has your mother made a comment to you about your weight or your eating that made you feel bad?**

Never       A Little       Sometimes       A Lot       Always

**14. In the past year, how important has it been to your **father** that you be thin?**

(“Father” means the adult man in your life who acts most like a father to you.)

- Not At All     A Little     Pretty Much     A Lot     Totally     Don't Know

**15. In the past year, how often have you felt fat?**

- Never     A Little     Sometimes     A Lot     Always

**16. In the past year, how important has it been to your friends that **they** be thin?**

- Not At All     A Little     Pretty Much     A Lot     Totally     Don't Know

**17. In the past year, how often has a **teacher or coach** made a comment to you about your weight that made you feel bad?**

- Never     A Little     Sometimes     A Lot     Always

**18. In the past year, how **happy** have you been with the way your body looks?**

- Not At All     A Little     Pretty Much     A Lot     Totally

**19. In the past year, how much do you think your weight made **boys/men NOT** like you?**

- Not At All     A Little     Pretty Much     A Lot     Totally

**20. In the past year, how much has your weight made a difference in how you feel about yourself?**

- Not At All     A Little     Pretty Much     A Lot     Totally

**21. If **girls/women** (including sisters) have teased you **about your weight** in the past year, how much has it changed the way you feel about yourself?**

- Not At All     A Little     Pretty Much     A Lot     Totally     I have *not* been teased

**22. In the past year, how much have you worried about gaining two pounds?**

- Not At All     A Little     Pretty Much     A Lot     Totally

**23. In the past year, how important has it been to your **mother** that you be thin?**

- Not At All     A Little     Pretty Much     A Lot     Totally     Don't Know

**24. In the past year, how much do you think your weight made other **girls/women NOT** like you?**

- Not At All     A Little     Pretty Much     A Lot     Totally

**25. In the past year, how often have you tried to change your weight so you would not be teased by **girls/women** (including sisters)?**

- Never     A Little     Sometimes     A Lot     Always

**26. If **boys/men** (including brothers) have teased you **about your weight** in the past year, how much has it changed the way you feel about yourself?**

- Not At All     A Little     Pretty Much     A Lot     Totally     I have *not* been teased

**27. In the past year, how important has it been to your friends that **you** be thin?**

- Not At All     A Little     Pretty Much     A Lot     Totally     Don't Know

**28. In the past year, how much have you tried to look like the girls or women you see on television, in movies, or in magazines?**

- Totally  
 A lot  
 Pretty much  
 Sometimes  
 A little  
 Not at all

To look like them I have changed or I'm trying to change my...  
(Mark all that apply)

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="radio"/> Hair color | <input type="radio"/> Clothing          | <input type="radio"/> Tan/skin color          |
| <input type="radio"/> Hair style | <input type="radio"/> Body shape        | <input type="radio"/> Weight (trying to gain) |
| <input type="radio"/> Makeup     | <input type="radio"/> Muscle definition | <input type="radio"/> Weight (trying to lose) |
| <input type="radio"/> Other      |   |   |

# HOW YOU FEEL

## 1. In the past year, how often did you:

Feel worthless?

- Always    Usually    Sometimes    Rarely    Never

Notice you didn't have as much energy as you usually do?

- Always    Usually    Sometimes    Rarely    Never

Feel "down in the dumps" or "depressed"?

- Always    Usually    Sometimes    Rarely    Never

Feel hopeful about the future?

- Always    Usually    Sometimes    Rarely    Never

Have trouble concentrating?

- Always    Usually    Sometimes    Rarely    Never

Have trouble enjoying activities you usually enjoy?

- Always    Usually    Sometimes    Rarely    Never

## 2. On a typical night when you have school or work the next day, how many hours of sleep do you get?

- Less than 5 hours    5    6    7    8    9    10    11 or more hours

## 3. Has a doctor ever said you have asthma?

- Yes    No    Don't know

## 4. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?

- Yes   →  
 No

a. Have you ever had a whole "drink" of alcohol? (One "drink" means a whole glass, can or bottle of beer; a whole glass of wine; or a whole "mixed drink" or shot of liquor. They all have the same amount of alcohol.)

- No (skip to page 11)    Yes

b. When you drink alcohol, how much do you usually drink at one time?

- |   |   |
|---|---|
| <input type="radio"/> Don't drink alcohol         | <input type="radio"/> 3 glasses/cans/drinks         |
| <input type="radio"/> Less than 1 glass/can/drink | <input type="radio"/> 4 glasses/cans/drinks         |
| <input type="radio"/> 1 glass/can/drink           | <input type="radio"/> 5 glasses/cans/drinks         |
| <input type="radio"/> 2 glasses/cans/drinks       | <input type="radio"/> 6 or more glasses/cans/drinks |

c. Did you drink any alcohol in the past month?

- Yes    No

d. In the past year, did you drink so much alcohol that you became drunk?

- Yes    No

e. Over the past year, how many times did you drink 4 or more alcohol drinks over a few hours?

- |                            |                           |                            |  |
|----------------------------|---------------------------|----------------------------|--|
| <input type="radio"/> None | <input type="radio"/> 2   | <input type="radio"/> 6-8  | <input type="radio"/> 12 or more times |
| <input type="radio"/> 1    | <input type="radio"/> 3-5 | <input type="radio"/> 9-11 |  |

## SMOKING

1. In the coming year, do you think you will smoke a cigarette, even a few puffs?

Definitely not     Maybe     Probably     Definitely

2. Have you EVER tried or experimented with cigarette smoking, even a few puffs?

No     Yes

a. Have you smoked at least 100 cigarettes (5 packs) in your life?  No     Yes

b. In the PAST YEAR, have you smoked a cigarette, even a few puffs?

Go to question 3.

No     Yes → a. When you are smoking, how many cigarettes do you smoke in one day?

Don't smoke     1     2-5     6-10     11-20     21 or more

b. When you are smoking, how often do you smoke?

Don't smoke     Less than once a week     3-5 days per week     Daily  
 Less than once a month     1-2 days per week     Almost everyday

c. When you are in a place where smoking is forbidden, is it difficult for you not to smoke?

Very difficult     Difficult     Somewhat difficult     Slightly difficult     Not at all difficult

d. Do you smoke more in the morning than the rest of the day?

Always     Usually     Sometimes     Rarely     Never

e. Do you smoke even when you are really sick (i.e., coughing or vomiting a lot)?

Always     Usually     Sometimes     Rarely     Never

f. How deeply do you inhale the smoke?

Just into the mouth     As far back as the throat     Partly into the chest     Deeply into the chest

g. How soon after waking in the morning do you smoke your first cigarette?

When I first open my eyes     Between 30 and 60 minutes  
 Within the first 15 minutes     Between 1 and 2 hours  
 Between 15 and 30 minutes     More than 2 hours

h. Have you smoked a cigarette in the last month?  No     Yes

i. How many times in the past year have you tried to quit smoking?

Never     Once     2-3 times     4 or more times

j. What was the longest time you stayed off cigarettes in the past year?

Less than a week     More than a week, but less than a month     1-3 months     4-6 months     More than 6 months

k. Have you quit smoking?  No     Yes

l. Do you intend to quit smoking in the next year?  No     Yes

m. How often has your mother talked to you about quitting smoking?

Often     Sometimes     Occasionally     Rarely     Never

n. Have you ever bought cigarettes on the Internet?  No     Yes

3. How many of your friends smoke cigarettes?  None     One     A few     Most     All

**4.** Have you ever bought or been given stuff like a hat, T-shirt, or bag with the name of a cigarette on it (like Camel, Marlboro, or Virginia Slims)?

No  Yes

**5.** Do you think that you would ever use something (for example a hat, bag or T-shirt) with the name of a cigarette on it?

No  Yes

**6.** Which statement best describes the rules about smoking inside your home or dorm?

No one is allowed to smoke anywhere  
 Smoking is permitted anywhere

Smoking is allowed in some places or at some times

**7.** How do you think your mother would react if you were smoking cigarettes and she knew about it? She would . . .

1 tell me to stop and be very upset  
 2 tell me to stop but not be too upset  
 3 not tell me to stop, but would disapprove  
 4 have no reaction  
 5 Don't know how she would react

**8.** Do you have a brother or sister who smokes?

No  Yes →  Cigarettes  Cigars  Chew

**9.** Have you used chew, dip, or snuff in the past year?

No  Yes → **How often?**  Less than monthly  
 Less than weekly  1-2 days per week  Almost every day  
 3-5 days per week  Daily

**10.** Have you smoked a cigar in the past year?

No  Yes → **How often?**  1-2 times a year  Less than once a month  Once a month  Once a week

**These questions ask about illegal drug use. Remember that we won't tell anyone your answers.**

**1.** Have you EVER used:

**NUMBER OF TIMES IN THE PAST YEAR**

**Marijuana or hashish (pot, reefer, blunts, hash)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Cocaine (coke, rock)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Heroin (dope, H)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Ecstasy (E,X)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**GHB (liquid X)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**LSD (acid), mushrooms (shrooms) or any other hallucinogenics?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Crack, PCP (angel dust), or Ketamine (Special K)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Valium, Xanax, or Librium?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Amphetamines (uppers, speed, crystal, glass)?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**Sleeping pills, Rohypnol (downers, roofies), or pain killers like Percodan or codeine?**

No  Yes →  Not in past yr.  1 time in past yr.  2-10 times in past yr.  11+ times in past yr.

**2.** During the past year, how many of your friends have used illegal drugs?

None  A few  Some  A lot  All

**1. During the past year, how often have you been bullied?**

I haven't been bullied     Once or twice     Sometimes     About once a week     Several times a week

**2. During the past year, how often have you taken part in bullying others?**

I haven't bullied anyone     Once or twice     Sometimes     About once a week     Several times a week

**3. How often has your mother talked to you about each of the following... .**

	OFTEN	SOMETIMES	OCCASIONALLY	ONCE	NEVER
Using sunscreen	<input type="radio"/>				
Wearing a shirt with sleeves when you are outside in the sun	<input type="radio"/>				
Wearing a hat when you are outside in the sun	<input type="radio"/>				
Limiting the amount of time spent in the sun between 10am–4pm	<input type="radio"/>				
How to protect yourself from sexually transmitted diseases (STDs)	<input type="radio"/>				
Not riding in a car with someone who has been drinking	<input type="radio"/>				
Getting a Pap smear	<input type="radio"/>				
The importance of not smoking	<input type="radio"/>				

**4. Have you ever had a pelvic or gynecologic examination (this is when a doctor or nurse examines your private parts or female organs)?**

Yes     No     I don't know

**5. When a doctor or nurse does a pelvic or gynecologic exam, sometimes a small, flat stick is used to scrape the cervix. This is to get a sample of the cells to make sure they are normal. It is called a Pap smear.**

**a. Has your mother ever told you that you should have a Pap smear?**

Yes     No     I don't know

**b. Have you ever had a Pap smear?**

Yes     No     I don't know

**c. Did you have a Pap smear in the past year?**

Yes     No     I don't know

**6. Have you ever used birth control pills or injectable estrogen (Lunelle) for any reason (acne, bad cramping, irregular period, birth control)?**

No     Yes

**During the past year did you use birth control pills or injectable estrogen (Lunelle) for any reason?**  No     Yes

## PERSONAL RELATIONSHIPS

Romantic and sexual relationships can be very private aspects of a person's life.  
Your answers will be kept private.

Please mark only one response for each question unless the instructions tell you to mark all the answers that apply to you.

I don't want to respond to this section. Go to the top of the next page.

### 1. Which one of the following best describes your feelings? (Mark one answer)

- |  |   |
|--|---|
| <input type="radio"/> Completely heterosexual (attracted to persons of the opposite sex) | <input type="radio"/> Mostly homosexual   |
| <input type="radio"/> Mostly heterosexual  | <input type="radio"/> Completely homosexual (gay/lesbian, attracted to persons of the same sex) |
| <input type="radio"/> Bisexual (equally attracted to men and women)                      | <input type="radio"/> Not sure  |

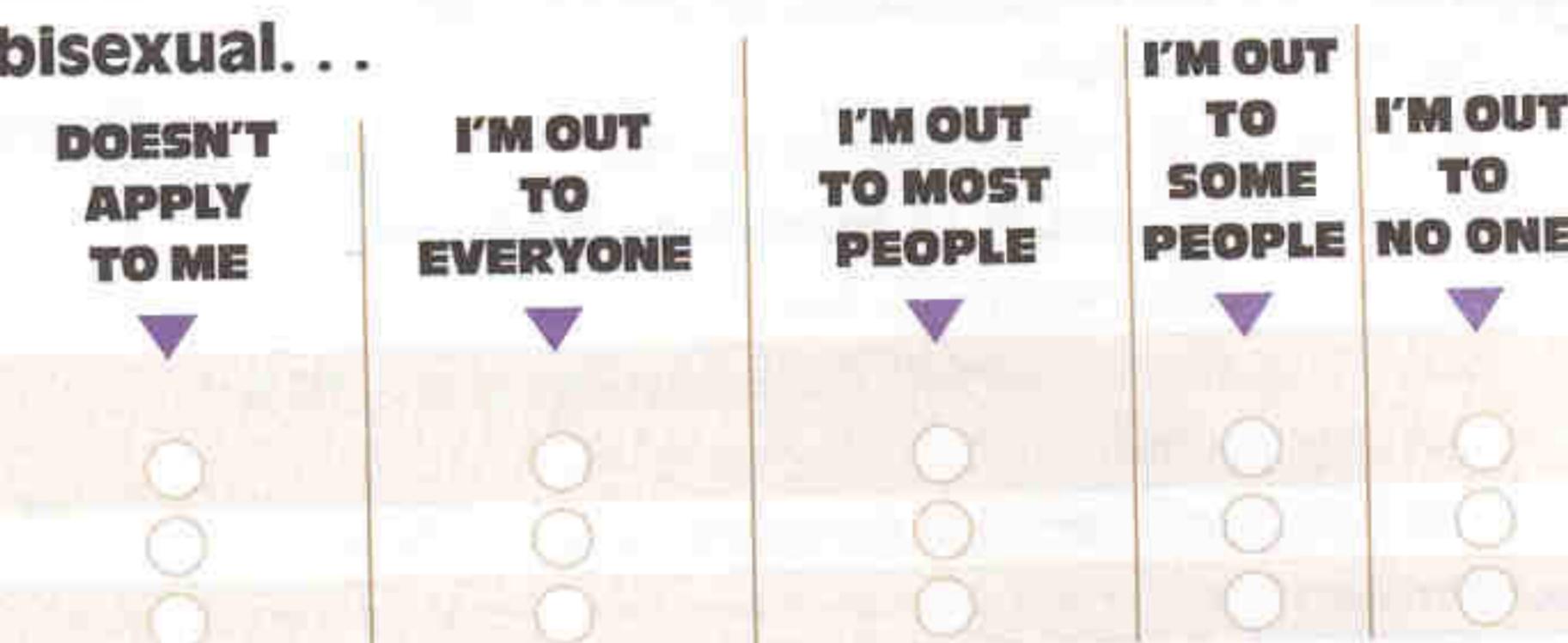
### 2. If you consider yourself to be gay, lesbian, or bisexual. . .

#### How out are you. . .

How out are you to your family (parents or stepparents, grandparents, brothers, and sisters)?

How out are you to your friends?

How out are you at school?



### 3. During your life, the person(s) with whom you have had sexual contact is (are):

- I have not had sexual contact with anyone       Female(s)       Male(s)       Female(s) and male(s)

### 4. a. Have you ever had sexual intercourse?

- No Go to the next section.  
 Yes \_\_\_\_\_  
 Don't know \_\_\_\_\_

### b. Have you had sexual intercourse for the first time in the past year?

- No       Yes       Don't know

### c. During the past year have you been, or are you currently, pregnant?

- No       Yes, currently       Yes, in the past year       Don't know

## THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

### 1. What type of milk do you usually drink?

- Whole       2%       1%       Skim/nonfat       Soy       Don't know       Don't drink milk

### 2. Which cold breakfast cereal do you eat most often?

- Don't eat cold breakfast cereal.

SPECIFY TYPE AND BRAND

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

### 3. How often do you eat fried food away from home (like french fries or chicken nuggets)?

- Never/less than once per week       1–3 times per week       4–6 times per week       Daily

# TELL US ABOUT THE FOODS YOU EAT



## EXAMPLE

**How often did you drink diet soda?**

If you drink one can of diet soda 3 times per week, your answer should look like this:

**These questions ask about what you ate over the past year. Fill in one circle for each food item. There are no right or wrong answers.**

## DRINKS

- Diet soda (1 can or glass)
- Soda—not diet (1 can or glass)
- Hawaiian Punch, lemonade, sport & fruit drinks (1 glass)
- Tea—hot or iced (1 cup, glass, or bottle)
- Coffee—not decaf. (1 cup)
- Beer (1 glass, bottle or can)
- Wine or wine coolers (1 glass)
- Liquor, like vodka or rum (1 drink or shot)

NEVER/ LESS THAN 1 A MONTH	AVERAGE USE IN THE PAST YEAR						
	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DAIRY FOODS

- Milk (glass or with cereal)
- Chocolate milk (glass)
- High Protein Shake/Instant Breakfast (1 pckt, serv. or can)
- Yogurt (1 cup)—not frozen
- Cottage or ricotta cheese
- Cheese (1 slice)
- Cream cheese
- Butter (1 pat)—not margarine
- Margarine (1 pat)—not butter

NEVER/ LESS THAN 1 A MONTH	AVERAGE USE IN THE PAST YEAR						
	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MAIN DISHES

- Cheeseburger (1)
- Hamburger (1)
- Pizza (2 slices)
- Taco/burrito/enchilada (1)
- Chicken nuggets (6)
- Hot dog (1)
- Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)
- Chicken or turkey sandwich (1)
- Roast beef or ham sandwich (1)
- Salami, bologna, or other deli meat sandwich (1)
- Tuna Sandwich (1)
- Chicken or turkey as main dish (1 serving)
- Fish sticks, fish cakes, or fish sandwich (1 serving)
- Fresh fish as main dish (1 serving)
- Shrimp, lobster, scallops (1 serving)
- Beef (steak, roast) or lamb as main dish (1 serving)
- Pork, ribs, or ham as main dish (1 serving)
- Meatballs or meatloaf (1 serving)
- Lasagna/baked ziti/ravioli (1 serving)
- Macaroni and cheese (1 serving)
- Grilled cheese (1)
- Spaghetti with tomato sauce (1 serving)
- Eggs (1)
- Bacon (2) or Sausage (2)

NEVER/ LESS THAN 1 A MONTH	AVERAGE USE IN THE PAST YEAR					
	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### AVERAGE USE IN THE PAST YEAR

	NEVER/ LESS THAN 1 A MONTH	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
Brown gravy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketchup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream (milk) soups or chowder (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear soup (with rice, noodles, vegetables) (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low calorie or low fat salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing (not low calorie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>BREADS AND CEREALS</b>								
Cold breakfast cereal (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot breakfast cereal, like oatmeal, grits (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread, pita bread, or toast (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English muffins or bagels (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffin (1) or cornbread (1 piece)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes (2), waffles (1) or french toast (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries (large order)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes—baked, boiled, mashed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noodles, pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biscuit/roll (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortilla—no filling (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>FRUITS AND VEGETABLES</b>								
Raisins (small pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapes (bunch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apples (1) or applesauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe, melons (1/4 melon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pears (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1), grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, plums, apricots (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice and other fruit juices (1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans/lentils/soybeans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greens/kale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green/red peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams/sweet potatoes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zucchini, summer squash, eggplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lettuce/tossed salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coleslaw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### AVERAGE USE IN THE PAST YEAR

#### SNACK FOODS/DESSERTS

- Potato chips (1 small bag)  
 Corn chips/Doritos (1 small bag)  
 Nachos with cheese (1 serving)  
 Popcorn (1 small bag)  
 Pretzels (1 small bag)  
 Peanuts, nuts (1 small bag)  
 Fun fruit or fruit rollups (1 pack)  
 Graham crackers  
 Crackers, like Wheat Thins or Ritz  
 Poptart (1)  
 Cake (1 slice)  
 Snack cakes, like Twinkies (1 package)  
 Pie (1 slice)  
 Danish, donut, sweetroll or pastry (1)  
 Cookie (1)  
 Brownie (1)  
 Chocolate candy like Snickers or M&M's (1 bar or pack)  
 Other candy without chocolate like Skittles (1 pack)  
 Pudding  
 Frozen yogurt  
 Ice cream  
 Milkshake or frappe (1)  
 Popsicle  
 Energy bar (like Power or Cliff Bar)  
 High protein bar (like MetRX or Balance Bar)

NEVER/ LESS THAN 1 A MONTH	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
▼	▼	▼	▼	▼	▼	▼	▼

**1. What form of margarine do you usually use?  
(Mark one answer)**

- None       Squeeze (liquid)  
 Stick       Spray  
 Tub       Don't know

**What specific brand and type  
(like "Parkay corn oil spread")?**

Leave blank if you don't know.

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

**2. Do you currently take vitamins (like One-A-Day, Centrum)?**

No

Yes →

**How many do you take per week?**

- 1 or 2     3-5     6-9     10 or more

**3. a. Do you take a separate calcium pill or Tums?  
b. Do you take a separate iron pill?**

- Yes     No  
 Yes     No

**4. In the past week, on average, how often did you snack (eat between meals)?**

- Never  
 1 time per day

- 2-3 times per day  
 4-5 times per day

- More than 5 times per day

**5. In the past year, on average, how often did you eat something from a fast food restaurant  
(McDonald's, Burger King, Taco Bell, etc.)?**

- Never/less than once per month  
 1-3 times per month

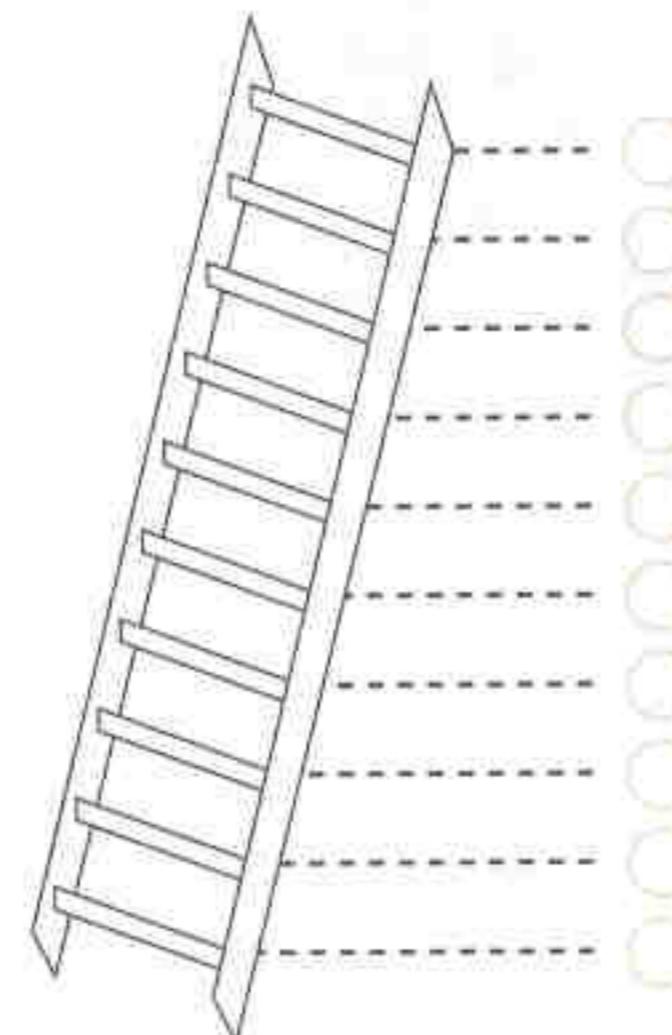
- Once per week  
 2-4 times per week

- 5-6 times per week  
 Once per day or more

**1.** The following questions relate to how you feel about your standing in society and in your community.

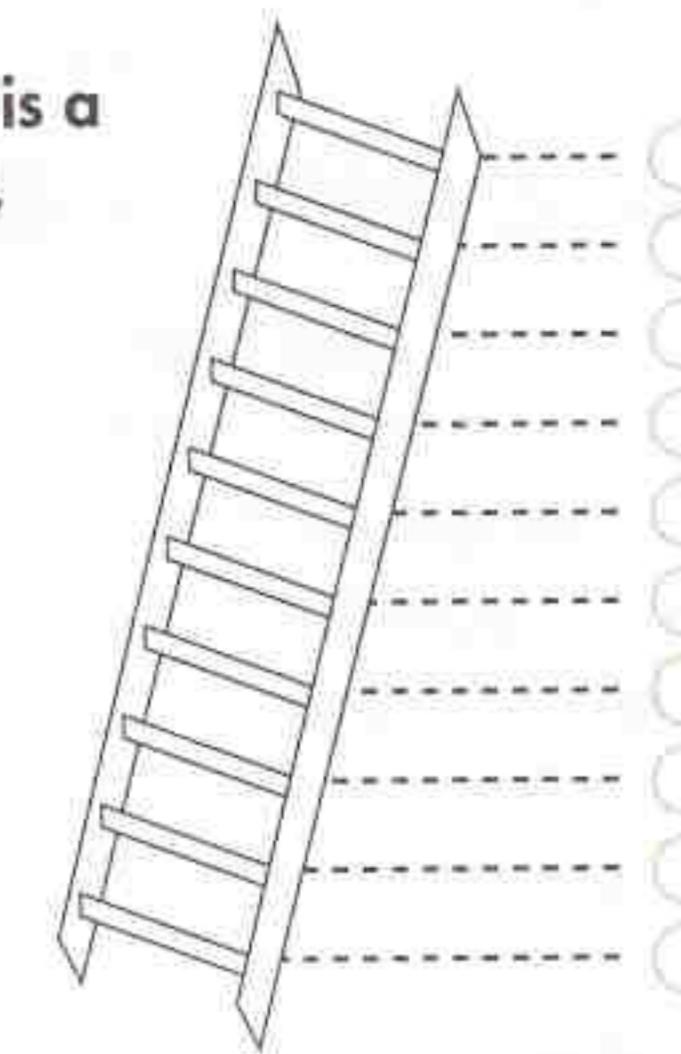
**A.** Imagine that this ladder pictures how American society is set up.

- At the top of the ladder are the people who are the best off—they have the most money, the highest amount of schooling, and the jobs that bring the most respect.
- At the bottom are people who are the worst off—they have the least money, little or no education, no job or jobs that no one wants or respects.



**B.** Now assume that the ladder is a way of picturing your school.

- At the top of the ladder are the people in your school with the most respect and the highest standing.
- At the bottom are the people who no one respects and no one wants to hang around with.



Now think about your family. Please tell us where you think your family would be on this ladder. Fill in the circle that best represents where your family would be on this ladder.

Where would you place yourself on this ladder?  
Fill in the circle that best represents where you would be on this ladder.

**Do you have any suggestions for questions on next year's GUTS survey?**

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**Do you have an internet e-mail address either at home, school, or someplace else?**

- No  
 Yes

Please tell us your e-mail address and we'll send updates on what's going on with the study!

**E-MAIL ADDRESS**

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

We will not release  
your e-mail address  
to anyone!



**Thank you for completing this survey!**

Please remove the front page that has your name and address and return the rest of the booklet in the enclosed prepaid envelope.

**MAIL TO:** Growing Up Today Study  
Channing Lab  
181 Longwood Ave.  
Boston, MA 02115

All original artwork by Greg Moutafis

3 4 5 6 7 8 9 10 11 12 1 2 3 4 5

**Page 18**

