



# 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. Almost 17,000 kids from ALL OVER THE COUNTRY joined the study! It's been a year since we sent you the first questionnaire. Because many things in your life change as you grow, we need your help to update what you think and do during your everyday life. A lot of the questions will seem the same as the first survey, but we need to ask these things again to find out what you are doing now. Please complete the attached questionnaire and send it back to us in the enclosed envelope.

There are no right or wrong answers. You do not have to answer any question you do not want to. But remember it is very important to complete the questionnaire because it helps us to learn what it is like to be a kid today.

We sent out the newsletter this summer telling you more about the study. Next year, we plan to send you another newsletter in the summer and the questionnaire in September.

Please use a pencil to complete the booklet. Remember the things that you tell us won't be told to your parents or anyone else. We use them just for the study. We really want to know about you.

We hope that you will stay with us. If you have any questions, call Helaine Rockett collect at (617) 525-2279.

**Thanks very much!**

Sincerely,

Graham A. Colditz, MD, DrPH  
Principal Investigator

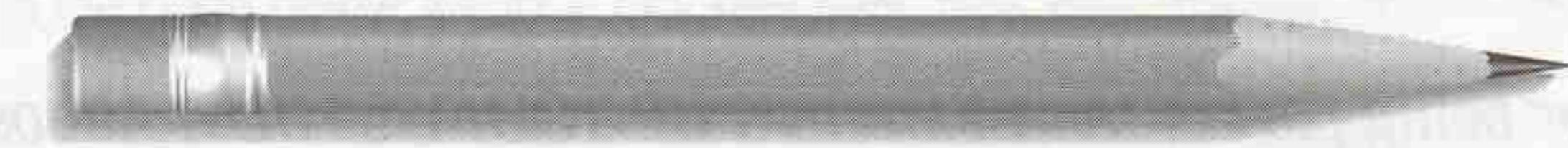
**P.S.** We'd really like to find out more about what you think and do. Please fill out the booklet as soon as possible. And remember, we won't share your answers with anyone, so please be really honest!

**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.



### 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. That way we can check that the correct circles have been filled in.

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	9
○	●	○

### EXAMPLE 2:

Think about your usual snacks.

How often do you eat each type of snack food.

For example, if you eat poptarts rarely (about 6 per year) then your answer should look like this:

### E2. Poptarts (1)

- Never/less than 1 per month
- 1–3 per month
- 1–6 per week
- 1 or more per day

### **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



Here  
we go!  
Use a pencil!

## 2. How tall are you?

**DIRECTIONS:** Measure your height in feet and inches.

*This is tricky to do by yourself so we suggest asking someone to help. Some hints to get the correct height:*

- Stand up straight against a wall with your feet flat on the floor without shoes or hats.
  - Measure from your feet to the top of your head (not the top of your hair).

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

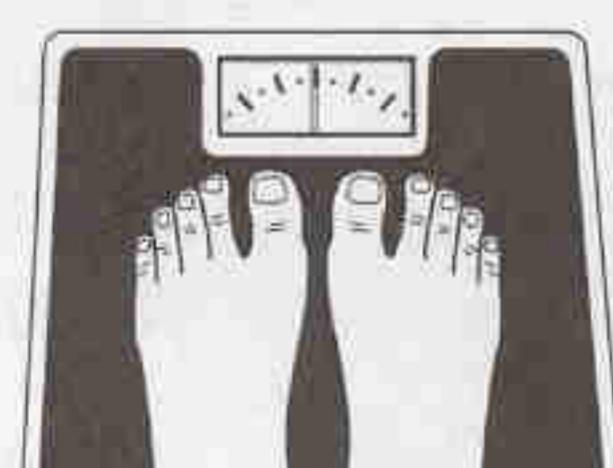


## **YOUR HEIGHT WITHOUT SHOES**

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

## **YOUR WEIGHT WITHOUT SHOES**

**DIRECTIONS:** Weigh yourself without your shoes or heavy clothing. If you don't have a scale at home, try to find one at school or a friend's house that you can use.



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

**4. Which adults do you live with most of the time?**  
*(Mark all that apply.)*

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="radio"/> Mother     | <input type="radio"/> Grandmother    |
| <input type="radio"/> Father     | <input type="radio"/> Grandfather    |
| <input type="radio"/> Stepmother | <input type="radio"/> Other relative |
| <input type="radio"/> Stepfather | <input type="radio"/> Other adults   |

### **5. Are you home schooled?**

- Yes       No

## ACTIVITY

*It is very important you tell us about yourself honestly.*

Please read the following example before answering the activity questions.

### 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?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
●	○ ○	○ ○	●	○ ○ ○	○ ○ ○ ○

### 1. Not including phys ed (gym), what have you done in the past YEAR?

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?

Fall  
Winter  
Spring  
Summer

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?

Fall  
Winter  
Spring  
Summer

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?

Fall  
Winter  
Spring  
Summer

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?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○



### Football

Did you do this activity over the past year?

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

Fall  
Winter  
Spring  
Summer

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, raking, gardening)

Did you do this activity over the past year?

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

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○



### Ice, Field, Street Hockey or Lacrosse

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

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"/>
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### Running or Jogging

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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<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"/>



### Swimming

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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### Rollerblading, Rollerskating, or Iceskating

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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### Skateboarding

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Soccer

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Tennis or Other Raquet Sports

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Walking (to/from school, friend's house, store)

Did you do this activity over the past year?  
 NO    YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4 - 6 hr./week	7 - 9 hr./week	10+ hr./week
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Playing Outdoors (jump rope, kickball, dodgeball)

Did you do this activity over the past year?

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

Fall  
Winter  
Spring  
Summer

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"/>



### Gymnastics or Cheerleading

Did you do this activity over the past year?

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

Fall  
Winter  
Spring  
Summer

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?

Fall  
Winter  
Spring  
Summer

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"/>
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<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?

Fall  
Winter  
Spring  
Summer

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?

Fall  
Winter  
Spring  
Summer

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"/>

**2.** In school, how many times per week do you have gym or Phys Ed?

- None     2     4  
 1     3     5 or more

**3.** Do you usually wheeze after you exercise?

- No     Don't know  
 Yes

**4.** Has a doctor ever said you have asthma?

- No     Don't know  
 Yes

**5.** How many hours, Monday thru Friday, do you spend doing the following? (a **TOTAL** for the week)

- Watching T.V. ....  
 Watching videos or VCR ....  
 Reading/Homework ....  
 Nintendo/Sega/computer games (not homework) ....

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"/>						

**6.** How many hours, Saturday and Sunday, do you spend doing the following? (a **TOTAL** for the weekend)

- Watching T.V. ....  
 Watching videos or VCR ....  
 Reading/Homework ....  
 Nintendo/Sega/computer games (not homework) ....

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"/>						

2  
3  
4  
5  
M  
6  
S

# HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?

**Mark one answer for each statement.**

- Some kids feel that they are very good at their school work.
  - Some kids find it hard to make friends.
  - Some kids do very well at sports.
  - Some kids are often unhappy with themselves.
  - Some kids feel like they are just as smart as other kids their age.
  - Some kids don't have very many friends.
  - Some kids wish they could be a lot better at sports.
  - Some kids like the way they are leading their life.
  - Some kids can do their school work quickly.
  - Some kids would like to have a lot more friends.
  - Some kids think they could do well at sports they haven't tried before.
  - Some kids are happy with themselves as a person.
  - Some kids often forget what they learn.
  - Some kids are always doing things with a lot of kids.
  - Some kids feel that they are better at sports than other kids their age.
  - Some kids like the kind of person they are.
  - Some kids don't do very well at their schoolwork.
  - Some kids feel that most kids their age like them.
  - Some kids usually watch games and sports instead of playing them.
  - Some kids wish they were different.
  - Some kids have trouble figuring out the answers in school.
  - Some kids are popular with other kids their age.
  - Some kids don't do well at new outdoor games.
  - Some kids are not very happy with the way they do a lot of things.

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

- ## **1. How many times each week (including weekdays and weekends) do you eat breakfast?**

- Never or almost never     3–4 times per week  
 1–2 times per week     5 or more times per week

- ## **2. Where do you usually get your lunch?**

- Bring from home
  - Get fast food
  - Get from school
  - Get from store or food truck

- 3. How often do you sit down with other members of your family to eat dinner or supper?**

- Never       Most days  
 Some days       Every day

- 4.** How many times per week do you make dinner for yourself (and/or others in your house)?

- Never or almost never
  - Less than once per week
  - 1–2 times per week
  - 3–4 times per week
  - 5 or more times per week

- 5.** How often do you have dinner that is ready-made, like frozen dinners, Spaghetti-O's, microwave meals, etc.?

- Never/less than once per week
  - 1–2 times per week
  - 3–4 times per week
  - 5 or more times per week

- 6. Which cold breakfast cereal do you eat most often (like Cheerios or Froot Loops)?**

[View more](#)  [View details](#)

- Never eat cold breakfast cereal



**7. Do you now take vitamins (like Flintstones, Centrum)?**

Yes → **a. How many do you take per week?**

- 2 or less     6–9
- 3–5                 10 or more

**b. What specific brand do you usually use? (Please specify exact brand)**

**8. Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 7b)?**

Yes → **If yes, do you take any of the following?**

No

- Calcium or TUMS     Iron     Other, please specify: \_\_\_\_\_

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

## TELL US ABOUT THE FOODS YOU EAT

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

### EXAMPLE:

How often do you eat the following foods:

For example, if you drink one can of diet soda 2–3 times per week, then your answer should look like this:

**E1. Diet soda (1 can or glass)**

- Never
- 1–3 cans per month
- 1 can per week
- 2–6 cans per week
- 1 can per day
- More than 1 can per day



**9. How often do you eat food that is fried at home, like fried chicken?**

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

**10. How often do you eat fried food away from home (like french fries, chicken nuggets)?**

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

## DRINKS

**1. Diet soda (1 can or glass)**

- Never/less than 1 per month
- 1–3 cans per month
- 1 can per week
- 2–6 cans per week
- 1 can per day
- 2–3 cans per day
- More than 3 cans per day



**2. Soda—not diet (1 can or glass)**

- Never/less than 1 per month
- 1–3 cans per month
- 1 can per week
- 2–6 cans per week
- 1 can per day
- 2–3 cans per day
- More than 3 cans per day

**3. Hawaiian Punch, lemonade, Koolaid or other non-carbonated fruit drink (1 glass)**

- Never/less than 1 per month
- 1–3 glasses per month
- 1 glass per week
- 2–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- More than 3 glasses per day

**4. Iced Tea—sweetened (1 glass, can or bottle)**

- Never/less than 1 per month
- 1–3 glasses per month
- 1–4 glasses per week
- 5–6 glasses per week
- 1 or more glasses per day

**5. Hot Tea (1 cup)**

- Never/less than 1 per month
- 1–3 cups per month
- 1–2 cups per week
- 3–6 cups per week
- 1 or more cups per day

**6. Coffee—not decaf. (1 cup)**

- Never/less than 1 per month
- 1–3 cups per month
- 1–2 cups per week
- 3–6 cups per week
- 1 or more cups per day

**7. Beer (1 glass, bottle or can)**

- Never/less than 1 per month
- 1–3 cans per month
- 1 can per week
- 2–6 cans per week
- 7 or more cans per week

**8. Wine or wine coolers (1 glass)**

- Never/less than 1 per month
- 1–3 glasses per month
- 1 glass per week
- 2–6 glasses per week
- 7 or more glasses per week

**9. Liquor, like vodka or rum (1 drink or shot)**

- Never/less than 1 per month
- 1–3 drinks per month
- 1 drink per week
- 2–6 drinks per week
- 7 or more drinks per week

*Answer these questions how you usually ate over the past year.*

## DAIRY FOODS

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

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

**2. Milk (glass or with cereal)**

- Never/less than 1 per month
- 1 glass per week or less
- 2–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- More than 3 glasses per day

**3. Chocolate milk (glass)**

- Never/less than 1 per month
- 1–3 glasses per month
- 1 glass per week
- 2–6 glasses per week
- 1–2 glasses per day
- More than 2 glasses per day

**4. Instant Breakfast Drink (1 packet)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**5. Yogurt (1 cup)—not frozen**

- Never/less than 1 per month
- 1–3 cups per month
- 1 cup per week
- 2–6 cups per week
- 1 cup per day
- More than 1 cup per day

**6. Cottage or ricotta cheese**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**7. Cheese (1 slice)**

- Never/less than 1 per month
- 1–3 slices per month
- 1 slice per week
- 2–6 slices per week
- 1 slice per day
- 2–3 slices per day
- More than 3 slices per day

**8. Cream cheese**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- Once per day
- More than once per day

**9. What type of yogurt, cottage cheese and dairy products (besides milk) do you use mostly?**

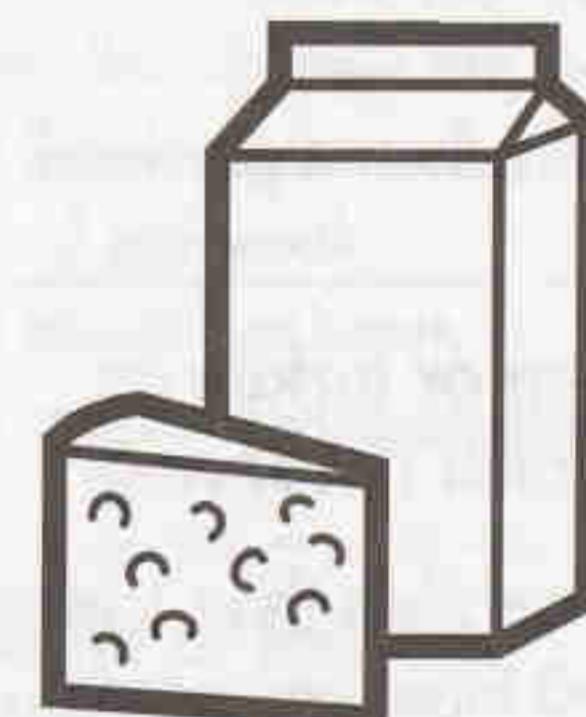
- Nonfat
- Lowfat
- Regular
- Don't know

**10. Butter (1 pat)\*—not margarine**

- Never/less than 1 per month
- 1–3 pats per month
- 1 pat per week
- 2–6 pats per week
- 1 pat per day
- 2–4 pats per day
- More than 4 pats per day

**11. Margarine (1 pat)\*—not butter**

- Never/less than 1 per month
- 1–3 pats per month
- 1 pat per week
- 2–6 pats per week
- 1 pat per day
- 2–4 pats per day
- More than 4 pats per day



\*(A pat is the size of an individual package of margarine or butter that you get at school or a restaurant.)

**12. What form of margarine does your family usually use?**

- |                             |  |
|-----------------------------|--|
| <input type="radio"/> None  | <input type="radio"/> Squeeze (liquid) |
| <input type="radio"/> Stick | <input type="radio"/> Spray            |
| <input type="radio"/> Tub   | <input type="radio"/> Don't know       |

**What specific brand and type of margarine (like "Promise Light Spread")?**

Leave blank if you don't know.

**13. What type of oil does your family use at home?**

- Canola oil
- Corn oil
- Safflower oil
- Olive oil
- Vegetable oil
- Don't know

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Remember, these questions ask about what you usually ate over the past year.

## MAIN DISHES

1  
2  
3

### 1. Cheeseburger (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 2. Hamburger (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 3. Pizza (2 slices)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

### 4. Tacos/burritos/enchiladas (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

Which taco filling do you usually have:

- Beef and beans
- Beef
- Chicken
- Beans

### 5. Chicken nuggets (6)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

### 6. Hot dogs (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 7. Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 8. Chicken or turkey sandwich (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 9. Roast beef or ham sandwich (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 10. Salami, bologna, or other deli meat sandwich (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 11. Tuna sandwich (1)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 12. Chicken or turkey as main dish (1 serving)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

### 13. Fish sticks, fish cakes or fish sandwich (1 serving)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

### 14. Fresh fish as main dish (1 serving)

- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

### 15. Shrimp, lobster, scallops (1 serving)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week



### 16. Beef (steak, roast) or lamb as main dish (1 serving)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

### 17. Pork, ribs, or ham as main dish (1 serving)

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

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**18. Meatballs or meatloaf  
(1 serving)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**19. Lasagna/baked ziti/ravioli  
(1 serving)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**20. Macaroni and cheese  
(1 serving)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**21. Spaghetti with tomato sauce  
(1 serving)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**22. Eggs (1)**

- Never/less than 1 per month
- 1–3 eggs per month
- One egg per week
- 2–4 eggs per week
- More than 4 eggs per week

**23. Bacon (2) or Sausage (2)**

- Never/less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**24. Liver (1 serving)**

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

**25. French toast (2 slices)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 1 or more per day

**26. Grilled cheese (1)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**27. Eggrolls (1)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

## OTHER FOODS

**1. Brown gravy**

- Never/less than 1 per month
- Once per week or less
- 2–6 times per week
- Once per day
- More than once per day

**2. Ketchup**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**3. Cream (milk) soups or chowder (1 bowl)**

- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- 2–6 bowls per week
- 1 or more bowls per day



**4. Clear soup (with rice, noodles, vegetables) 1 bowl**

- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- More than 1 bowl per week

**5. Mayonnaise**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- 1 or more times per day

**6. Low calorie or low fat salad dressing**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- 1 or more times per day

**7. Salad dressing (not low calorie)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- 1 or more times per day

**8. Salsa**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- 1 or more times per day

**9. How much fat on your beef, pork, or lamb do you eat?**

- Eat all
- Eat some
- Eat none
- Don't eat meat

**10. When you have chicken or turkey, do you eat the skin?**

- Yes
- No
- Sometimes

*Remember, this is how much of these foods you usually ate over the past year.*

## BREADS AND CEREALS

1  
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3

**1. Cold breakfast cereal (1 bowl)**

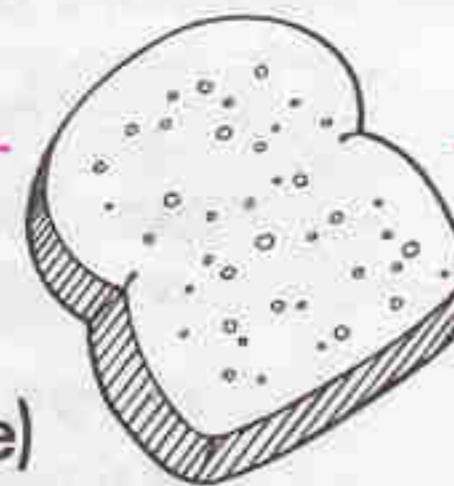
- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- 2–4 bowls per week
- 5–7 bowls per week
- More than 1 bowl per day

**2. Hot breakfast cereal, like oatmeal, grits (1 bowl)**

- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- 2–4 bowls per week
- 5–7 bowls per week
- More than 1 bowl per day

**3. White bread, pita bread, or toast (1 slice)**

- Never/less than 1 per month
- 1 slice per week or less
- 2–4 slices per week
- 5–7 slices per week
- 2–3 slices per day
- More than 3 slices per day



**4. Dark bread (1 slice)**

- Never/less than 1 per month
- 1 slice per week or less
- 2–4 slices per week
- 5–7 slices per week
- 2–3 slices per day
- More than 3 slices per day

**5. English muffins or bagels (1)**

- Never/less than 1 per month
- 1–3 per month
- 1 per week
- 2–4 per week
- More than 4 per week



**6. Muffin (1)**

- Never/less than 1 per month
- 1–3 muffins per month
- 1 muffin per week
- 2–4 muffins per week
- More than 4 muffins per week

**7. Cornbread (1 square)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**8. Biscuit/roll (1)**

- Never/less than 1 per month
- 1–3 per month
- 1 per week
- 2–4 per week
- More than 4 per week

**9. Rice**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**10. Noodles, pasta**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**11. Tortilla—no filling (1)**

- Never/less than 1 per month
- 1–3 per month
- 1 per week
- 2–4 per week
- More than 4 per week

**12. Other grains, like kasha, couscous, bulgur**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**13. Pancakes (2) or waffles (1)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**14. French fries (large order)**

- Never/less than 1 per month
- 1–3 orders per month
- 1 order per week
- 2–4 orders per week
- More than 4 orders per week

**15. Potatoes—baked, boiled, mashed**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

*There are no right or wrong answers.*

## FRUITS AND VEGETABLES

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**1. Raisins (small pack)**

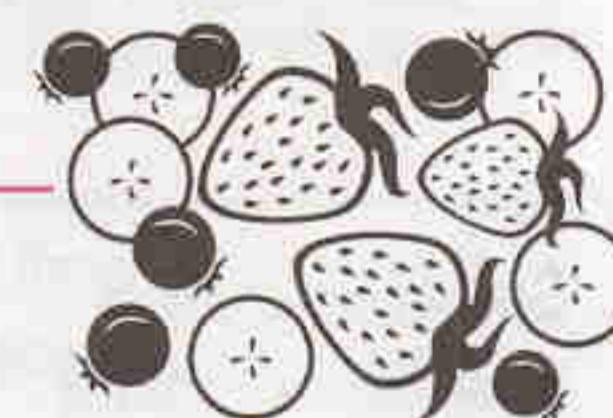
- Never/less than 1 per month
- 1–3 times per month
- 1 per week
- 2–4 times per week
- More than 4 times per week

**2. Grapes (bunch)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

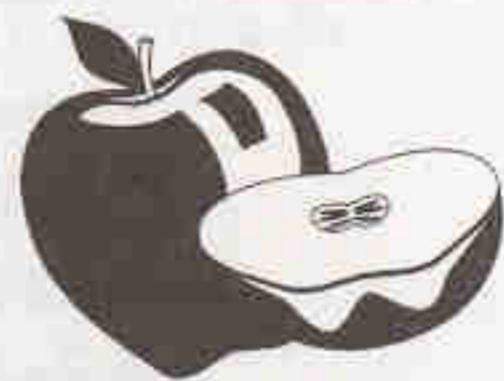
**3. Bananas (1)**

- Never/less than 1 per month
- 1–3 per month
- 1 per week
- 2–4 per week
- More than 4 per week



**4. Apples (1) or applesauce**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-6 per week
- 1 or more per day

**5. Cantaloupe, melons (1/4 melon)**

- Never/less than once per month
- 1-3 times per month
- Once per week
- More than once per week

**6. Pears (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-6 per week
- 1 or more per day

**7. Oranges (1), grapefruit (1/2)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-6 per week
- 1 or more per day

**8. Strawberries (1/2 cup)**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**9. Peaches, plums, apricots (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-4 per week
- More than 4 per week

**10. Orange juice (1 glass)**

- Never/less than 1 per month
- 1-3 glasses per month
- 1 glass per week
- 2-6 glasses per week
- 1 glass per day
- More than 1 glass per day

**11. Apple juice and other fruit juices (1 glass)**

- Never/less than 1 per month
- 1-3 glasses per month
- 1 glass per week
- 2-6 glasses per week
- 1 glass per day
- More than 1 glass per day

**12. Tomatoes (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-6 per week
- 1 or more per day

**13. Tofu**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**14. String beans**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**15. Beans/lentils/soybeans**

- Never/less than 1 per month
- Once per week or less
- 2-6 times per week
- Once per day

**16. Broccoli**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**17. Corn**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**18. Peas or lima beans**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**19. Mixed vegetables**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**20. Spinach**

- Never/less than 1 per month
- 1-3 times per month
- Once a week
- 2-4 times per week
- More than 4 times per week

**21. Greens/kale**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**22. Green/red peppers**

- Never/less than 1 per month
- 1-3 times per month
- Once a week
- 2-4 times per week
- More than 4 times per week

**23. Yams/sweet potatoes (1)**

- Never/less than 1 per month
- 1-3 times per month
- Once a week
- 2-4 times per week
- More than 4 times per week

**Answer how much you usually ate over the past year.**

**24. Zucchini, summer squash, eggplant**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**25. Carrots, cooked**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**26. Carrots, raw**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**27. Celery**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- More than 4 times per week

**28. Lettuce/tossed salad**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- 1 or more per day

**29. Coleslaw**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**30. Potato salad**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**There are no right or wrong answers.**

## **SNACK FOODS/DESSERTS**

**1. Potato chips (1 small bag)**

- Never/less than 1 per month
- 1–3 small bags per month
- One small bag per week
- 2–6 small bags per week
- 1 or more small bags per day

**2. Corn chips/Doritos (small bag)**

- Never/less than 1 per month
- 1–3 small bags per month
- One small bag per week
- 2–6 small bags per week
- 1 or more small bags per day

**3. Nachos with cheese (1 serving)**

- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week



**4. Popcorn (1 small bag)**

- Never/less than 1 per month
- 1–3 small bags per month
- 1–4 small bags per week
- More than 4 small bags per week

**5. Pretzels (1 small bag)**

- Never/less than 1 per month
- 1–3 small bags per month
- 1 small bag per week
- More than 1 small bag per week

**6. Peanuts, nuts (1 small bag)**

- Never/less than 1 per month
- 1–3 small bags per month
- 1–4 small bags per week
- More than 4 small bags per week

**7. Fun fruit or fruit rollups (1 pack)**

- Never/less than 1 per month
- 1–3 packs per month
- 1–4 packs per week
- More than 4 packs per week

**8. Graham crackers**

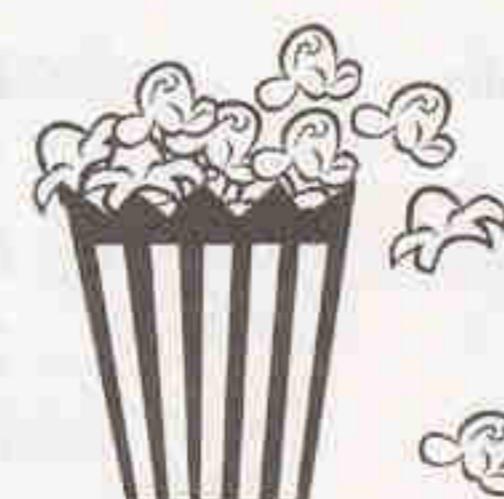
- Never/less than 1 per month
- 1–3 times per month
- 1–4 times per week
- More than 4 times per week

**9. Crackers, like Wheat Thins or Ritz**

- Never/less than 1 per month
- 1–3 times per month
- 1–4 times per week
- More than 4 times per week

**10. Poptarts (1)**

- Never/less than 1 per month
- 1–3 poptarts per month
- 1–6 poptarts per week
- 1 or more poptarts per day



**11. Cake (1 slice)**

- Never/less than 1 per month
- 1–3 slices per month
- 1 slice per week
- More than 1 slice per week

**12. Snack cakes, like Twinkies (1 package)**

- Never/less than 1 per month
- 1–3 per month
- Once per week
- 2–6 per week
- 1 or more per day

**13. Danish, sweetrolls,  
pastry (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-4 per week
- More than 4 per week

**14. Donuts (1)**

- Never/less than 1 per month
- 1-3 donuts per month
- 1 donut per week
- 2-6 donuts per week
- More than 1 donut per day

**15. Cookies (1)**

- Never/less than 1 per month
- 1-3 cookies per month
- 1 cookie per week
- 2-6 cookies per week
- 1-3 cookies per day
- More than 3 cookies per day

**16. Brownies (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-4 per week
- More than 4 per week

**17. Pie (1 slice)**

- Never/less than 1 per month
- 1-3 slices per month
- 1 slice per week
- More than 1 slice per week

**18. Chocolate (1 bar or packet)  
like Hershey's or M & M's**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- 2-6 per week
- 1 or more per day

**19. Other candy bars  
(Milky Way, Snickers)**

- Never/less than 1 per month
- 1-3 candy bars per month
- 1 candy bar per week
- 2-6 candy bars per week
- 1 or more candy bars per day

**20. Other candy without  
chocolate (Skittles) (1 pack)**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-6 times per week
- 1 or more times per day

**21. Jello**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**22. Pudding**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**23. Frozen yogurt**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**24. Ice cream**

- Never/less than 1 per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- More than 4 times per week

**25. Milkshake or frappe (1)**

- Never/less than 1 per month
- 1-3 per month
- 1 per week
- More than 1 per week

**26. Popsicles**

- Never/less than 1 per month
- 1-3 popsicles per month
- 1 popsicle per week
- 2-4 popsicles per week
- More than 4 popsicles per week

**27. Seeds (Sunflower or Pumpkin)**

- Never/less than 1 per month
- 1-3 times per month
- 1 time per week
- 2-4 times per week
- More than 4 times per week

**28. Think about the snack foods you eat like chips, cake, cookies, and ice cream.  
When you have these snacks, do you ever eat the low fat or no fat kinds  
(like Snackwells or Healthy Choice)?**

No       Yes → If yes, do you eat them:

- Always (I eat snack foods only if they are low fat or no fat)
- Sometimes (I eat some low fat or no fat snacks)
- Rarely (I usually don't eat low fat or no fat snacks)



PHEEW!  
ENOUGH ABOUT  
FOODS!

If you feel like it,  
**TAKE A BREAK!**

Then tell us about some of your  
**FAVORITE THINGS!**

Which category best describes your **favorite** kind of music? (Choose just one!)

- Don't really listen to music
- Pop/Top 40: Hanson, Madonna
- Alternative: Bush, No Doubt
- Metal: AC/DC, Helmet
- Country: LeAnn Rimes, Clint Black
- R&B: Blackstreet, En Vogue
- Classical: Beethoven, Mozart
- Gospel: Kirk Franklin

- Hard Rock: Led Zeppelin, Van Halen
- Soft Rock: Michael Bolton, Eagles
- Rap/Hip Hop: Dr Dre, Foxy Brown
- Light Sounds: Neil Diamond, Bette Midler
- Jazz: Kenny G, Miles Davis
- Christian: Steven C. Chapman, Jars of Clay
- Other



Which ONE category of **night-time** TV show do you watch most often? (Choose just one!)



- Don't watch TV regularly
- Adult comedies: Frasier, Seinfeld
- Family comedies: Sabrina, Family Matters
- Sports: Basketball, Skating
- Action/Sci-Fi: X-Files, Walker: Texas Ranger

- Dramas: E.R., 90210
- Nature/Science: Nova, Documentaries
- Movies/Specials
- Other

Which ONE type of **magazine** do you read most often? (Choose just one!)

- Don't regularly read magazines
- Music: Rolling Stone, Spin
- Fashion: Glamour, Elle
- Mens: GQ, Men's Health
- Humor/Games: Mad, Comics
- Sports: Sports Illustrated, Tennis
- Gossip/Celebrities: People, National Enquirer

- News: Time, Newsweek
- Teen: 17, YM
- Health/Fitness: Self, Muscle Fitness
- TV/Movies: Entertainment Weekly, TV Guide
- Womens: Cosmopolitan, Redbook
- Science: Popular Science, Omni
- Other: Travel, Food, etc.



😊 What is your **favorite color**? (Choose just one!)

- Red
- Orange
- Yellow
- Green
- Blue
- Purple
- Other

## MORE QUESTIONS

Remember we won't tell anyone your answers.

1. In the past year, have you tried or experimented with cigarette smoking, even a few puffs?

Yes  
 No

Do you think you will try a cigarette in the next year?

Definitely not  
 Maybe  
 Probably

Go on to question 2.

- a. How old were you when you smoked your first whole cigarette?

Never smoked whole cigarette  
 Younger than 8  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 15 or older

- b. When you are smoking, how many cigarettes do you smoke in one day?

Don't smoke  
 1-4  
 5-12  
 13-24  
 More than 25

- c. Have you smoked at least 100 cigarettes in your life?

No       Yes

- d. During the past year, did you smoke to reduce stress?

No       Yes

- e. During the past year, did you smoke to try to lose weight or keep thin?

No       Yes

- f. Have you smoked a cigarette in the last month?

No       Yes ► If yes, how often do you smoke?

Less than once per week  
 1-2 days per week  
 3-5 days per week  
 Almost every day

- g. When do you usually smoke your first cigarette?

Before school       During school       After school

- h. Have you ever thought seriously about quitting smoking?

No       Yes ► a) How many times in the past year have you tried to quit smoking?  
 Never       2-3 times  
 Once       4 or more times

- b) What was the longest time you stayed off cigarettes in the past year?

Greater than one week  
 Less than one week

2. Do you have a brother or sister who smokes cigarettes?

Yes  
 No

3. How many of your friends smoke?

None       Most  
 One       All  
 A few

4. Have you used chewing tobacco in the past year?

Yes  
 No

5. Have you ever smoked a cigar?

Yes  
 No

6. Have you ever smoked anything other than tobacco like clove cigarettes or marijuana?

Yes       No

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

Yes       No

## THESE QUESTIONS ASK ABOUT WEIGHT

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

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

### 3. During the past year, how often did you **diet** to lose weight or to keep from gaining weight?

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

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

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

### 7. During the past year, how often did you **take diet pills** to lose weight or to keep from gaining weight?

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

### 9. During the past year, how often have you eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating or gorging)?

Never ► Go to page 16.

- A couple of times
- Less than once a month
- 1–3 times a month
- Once a week
- More than once a week

### 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 weight
- Gain weight
- Lose weight

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

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

### 6. During the past year, how often did you **take laxatives** to lose weight or to keep from gaining weight?

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

### 8. During the past year, how often did you **fast or starve** yourself to lose weight or to keep from gaining weight?

- Never
- Less than once a month
- 1–3 times a month
- Once a week
- 2–6 times a week
- Every day

Did you feel out of control, like you couldn't stop eating even if you wanted to stop?

- Yes
- No

**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 felt fat?**

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always

**3. In the past year, how often have your male friends talked about wanting to **gain** weight?**

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always

**5. In the past year, how often have you changed your eating when you were around other **boys**?**

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always       Don't Know

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

Never       A Little       Sometimes       A Lot       Always

**9. In the past year, how often have you tried to **gain** weight?**

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always

**11. In the past year, how often have you thought about wanting to have bigger muscles?**

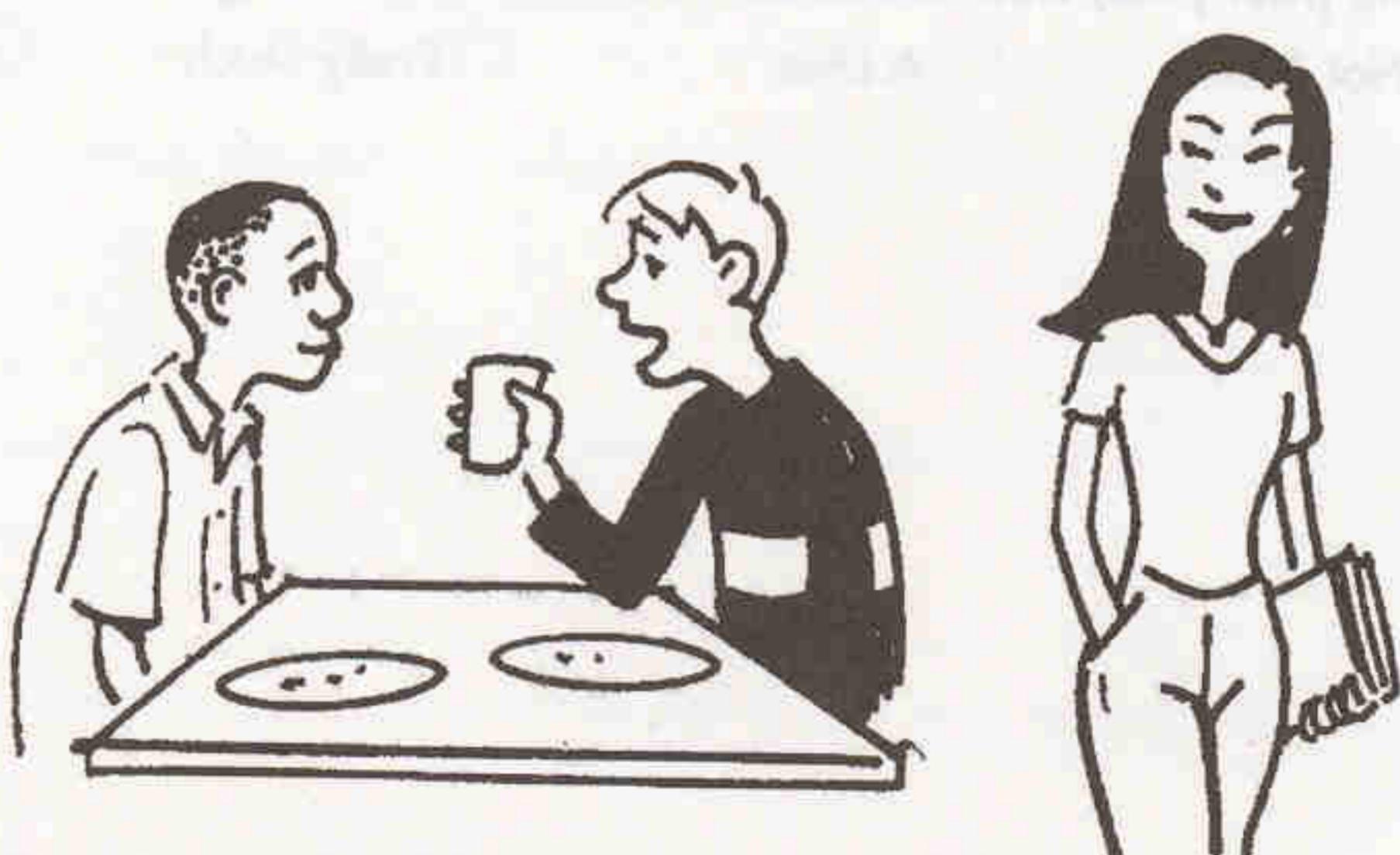
Never       A Little       Sometimes       A Lot       Always

**12. 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       Don't Know

**13. 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



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

Never       A Little       Sometimes       A Lot       Always

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

Never       A Little       Sometimes       A Lot       Always

16. 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       Don't Know

17. In the past year, how important has it been to your **father** that you not be fat?  
("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

18. In the past year, how important has it been to your **father** that you be physically fit or muscular?

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

19. In the past year, how important has it been to your friends that **they** not be fat?

Not At All       A Little       Pretty Much       A Lot       Totally

20. In the past year, how important has it been to your friends that **they** be physically fit or muscular?

Not At All       A Little       Pretty Much       A Lot       Totally

21. 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

22. 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

23. In the past year, how much do you think your weight made other **boys** **NOT** like you?

Not At All       A Little       Pretty Much       A Lot       Totally

24. 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

25. If **girls** (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

26. In the past year, how important has it been to your **mother** that you not be fat?

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

27. In the past year, how much do you think your weight made **girls** **NOT** like you?

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

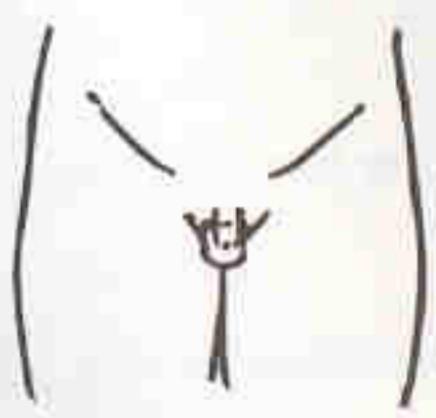
YOU'RE DOIN'  
GREAT!  
Almost done!

- 28.** In the past year, how often have you tried to change your weight so you would not be teased by **girls** (including sisters)?
- Never     A Little     Sometimes     A Lot     Always
- 29.** In the past year, how much have you tried to look like the guys you see on television, in movies, or in magazines?
- Not At All     A Little     Pretty Much     A Lot     Totally
- 30.** If **boys** (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
- 31.** In the past year, how important has it been to your friends that **you** not be fat?
- Not At All     A Little     Pretty Much     A Lot     Totally

THIS IS KINDA  
EMBARRASSING!

- 32.** Boys go through normal changes as they get older. Please **LOOK** at the drawings and **READ** the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and **FILL IN THE CIRCLE** above it.

Stage 1



- There is no pubic hair.

Stage 2



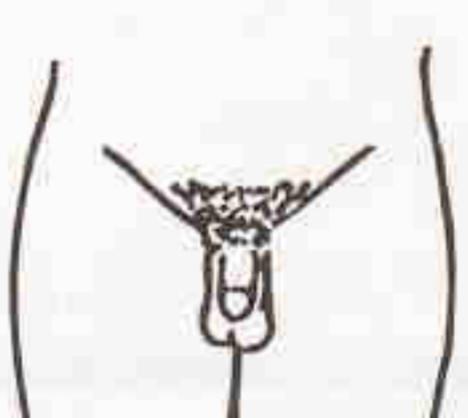
- There is a little soft, long, lightly colored hair.
- Most of the hair is at the base of the penis.
- This hair may be straight or a little curly.

Stage 3



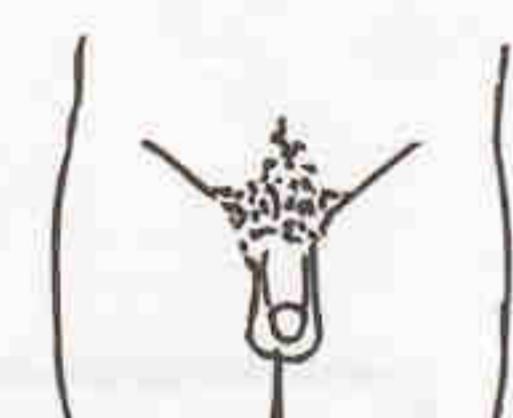
- The hair is darker, coarser and more curled.
- It has spread out and thinly covers a larger area.

Stage 4



- The hair is now as dark, curly, and coarse as that of a grown man.
- The hair has not spread out to the thighs.

Stage 5



- The hair has spread out to the thighs, like a grown man.

Do not want to answer

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

- Yes  
 No

Do you think you will try drinking alcohol in the next year?

- Definitely not  
 Maybe  
 Probably

Go on to question 34.

**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 (go to question 34)       Yes

**b. How old were you when you had your first whole "drink" of alcohol?**

- Never had whole "drink" of alcohol  
 Younger than 8  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 15 or older

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

- Don't drink alcohol  
 Less than 1 glass/can/drink  
 1 glass/can/drink  
 2 glasses/cans/drinks  
 3 glasses/cans/drinks  
 4 glasses/cans/drinks  
 5 glasses/cans/drinks  
 6 or more glasses/cans/drinks

**d. Did you drink any alcohol in the past month?**

- Yes       No

**e. When you drink alcohol, how often is it with meals?**

- Never drink alcohol with meals       Sometimes  
 Rarely       Almost always

**f. Do you ever drink alcohol:**

- before school?       Yes       No  
during school?       Yes       No  
right after you leave school?       Yes       No

**g. Did you ever drink so much alcohol that you became drunk?**

- Yes       No

**34. Do any adults who live in your household drink alcohol?**

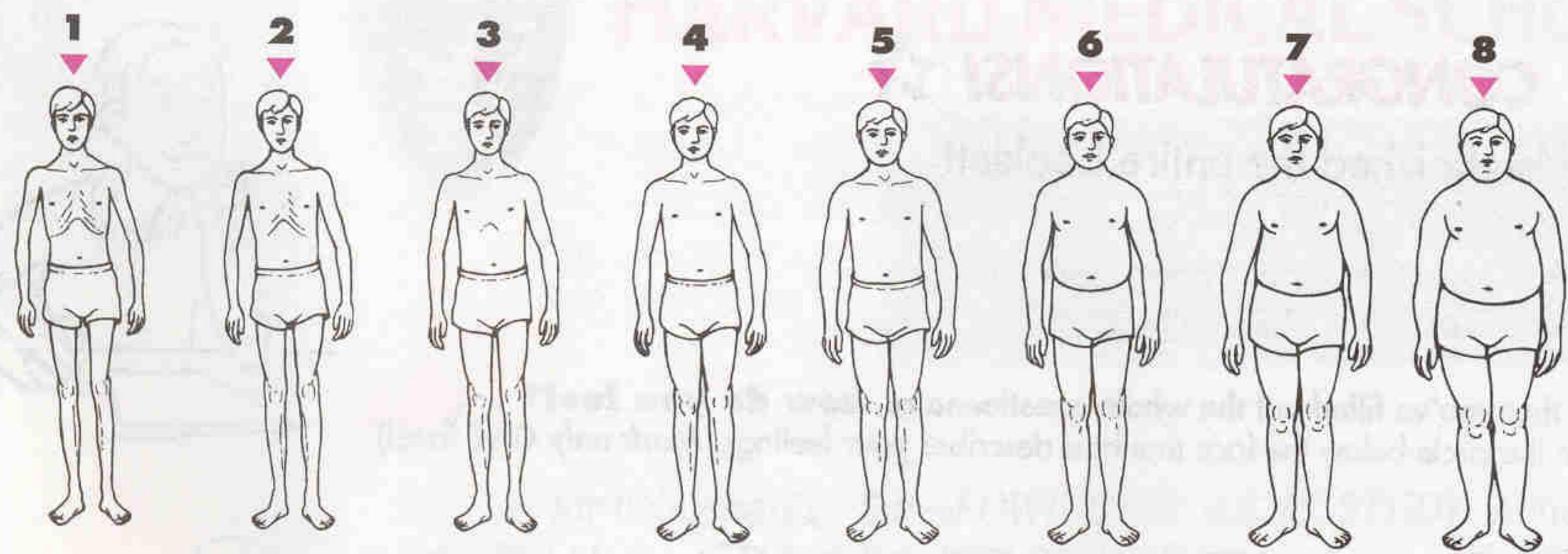
- Yes       No

**35. How many of your friends drink alcohol?**

- None       One       A few       Most       All

**36. How often do you ride with a driver who has been drinking alcohol or taking drugs?**

- Never       Rarely       Sometimes       Often



**37.** Please fill in the circle that looks most like your body shape now:

- 1     2     3     4     5     6     7     8

**38.** Please fill in the circle that looks most like how you want your body to look now:

- 1     2     3     4     5     6     7     8

**39.** How much do these things keep you from getting exercise, like playing a sport, working out, swimming, or playing outside?

a. It's not safe enough in my neighborhood to go out and get some exercise.

- Really true for me     Usually true for me     Not usually true for me     Not true for me

b. There's no one to take me to team practices or other places where I can get exercise.

- Really true for me     Usually true for me     Not usually true for me     Not true for me

**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**

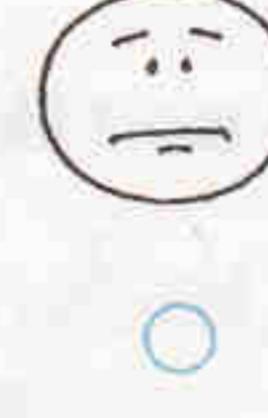
(If you received an e-mail from us last summer and your e-mail address hasn't changed, you can leave this blank.)

## ★ CONGRATULATIONS! ★

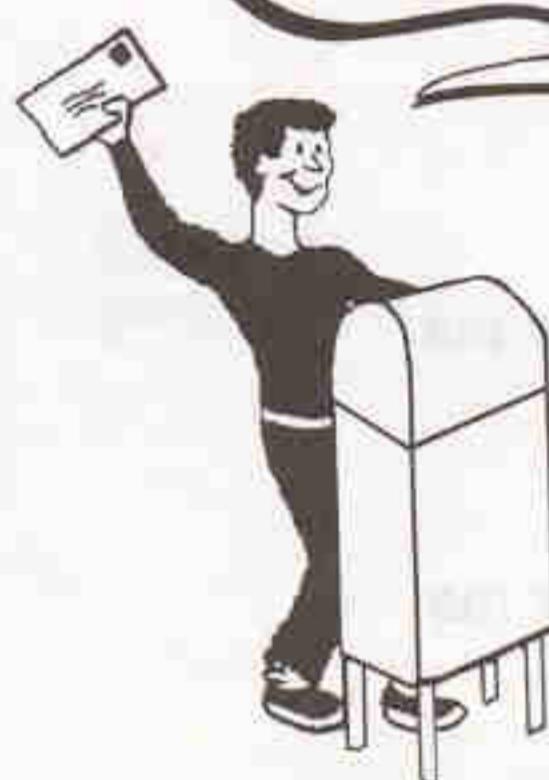
You finished the entire booklet!



- ◆ Now that you've filled out the whole questionnaire, **how do you feel?**  
(Fill in the circle below the face that best describes your feelings. **Mark only ONE face!**)



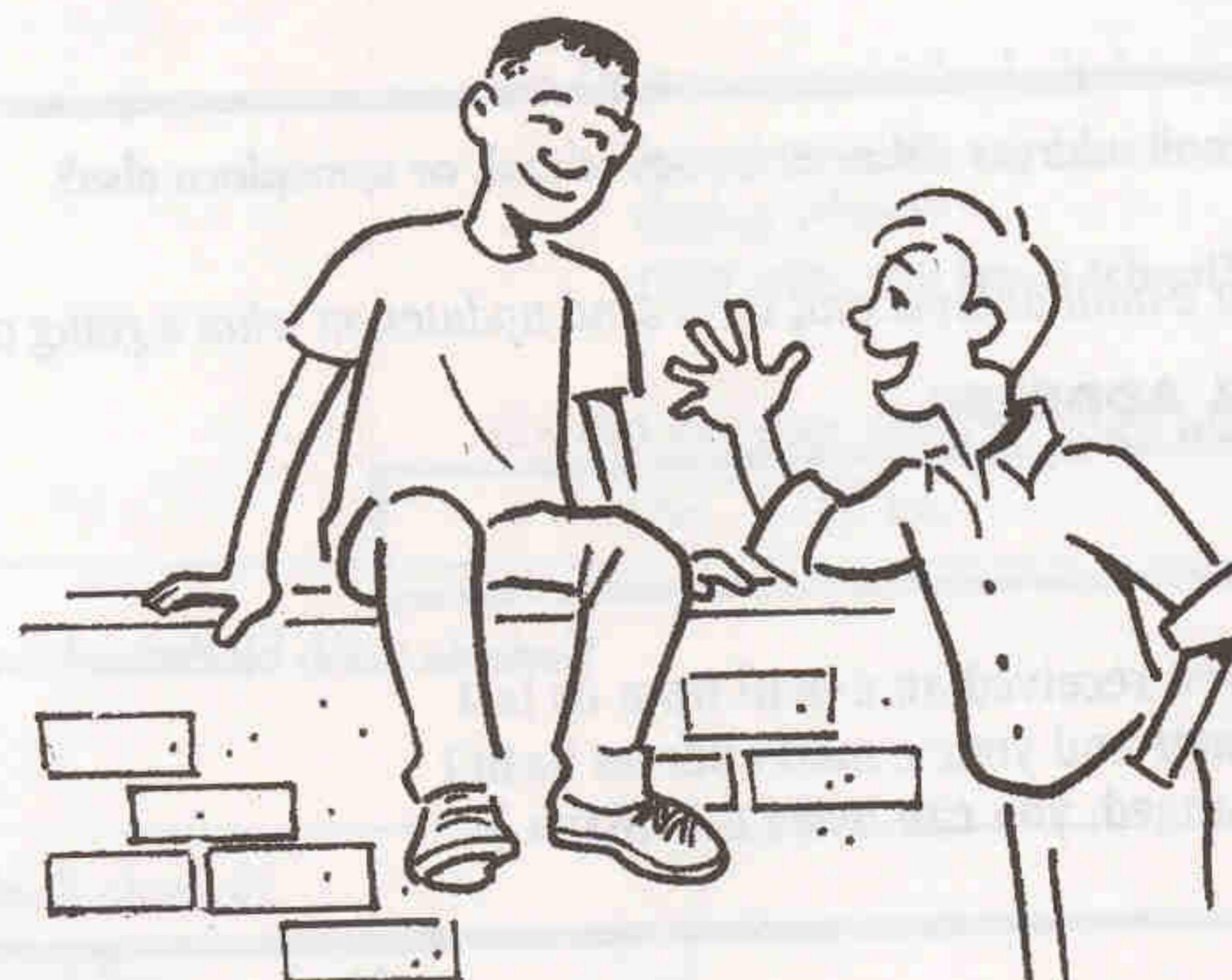
You did it!



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

page TWENTY-ONE

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

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PLEASE DO  
NOT WRITE  
IN THIS AREA



7009