



# HARVARD MEDICAL SCHOOL

**Please reply to:**

Channing Laboratory

181 Longwood Avenue • Boston, MA 02115

(617) 525-2279 • Fax (617) 525-2008

**Hi!**

*Thank you for being part of the Growing Up Today Study (GUTS)! Since many things in your life are probably changing pretty quickly as you grow, we would like to update the information you gave us in the last two years. This year's questionnaire may look a little different from the others. We've shortened some questions and added others, so that we can get a good picture of what you think and do. Please complete the enclosed questionnaire, and send it back to us in the attached envelope.*

*The things that you tell us will not be told to anyone, not even your parents. So please be honest as you answer the questions. We really want to know about you.*

*Remember, there are no right or wrong answers, and you do not have to answer any questions that you do not want to. But please complete the questionnaire because it helps us learn what kids are like today.*

*Thank you again for being part of GUTS. Your help is important to us. If you have any questions, please call Helaine Rockett collect at (617) 525-2279, 8 a.m. to 4 p.m. Eastern time.*

*Thanks very much!*

*Sincerely,*

Graham A. Colditz, MD, DrPH  
Principal Investigator

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

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

**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!*

## 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.



survey!

Up Today Study  
Lab  
wood Ave.  
A 02115

### 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
<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/>	<input type="radio"/> 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).

**YOUR HEIGHT  
WITHOUT SHOES**

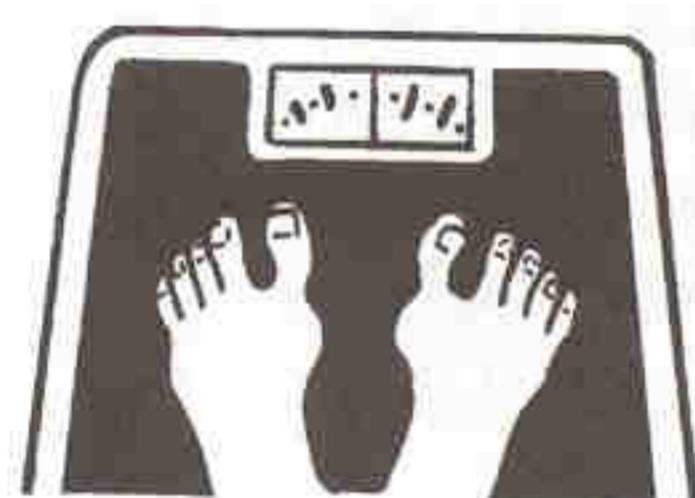
FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11



**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	5
6	6	6
7	7	7
8	8	8
9	9	9

**4. Which adults do you live with most of the time?**

(Mark all that apply.)

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Other relative
- Other adults

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

Yes ► If yes, **age** periods began:

- Don't remember
- 10
- 13
- <9 years
- 11
- 14
- 9
- 12
- 15 or older

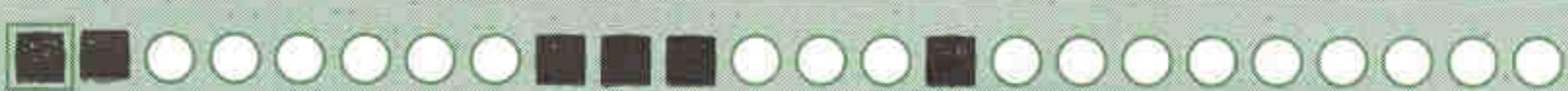
AND **month** periods began:

- January
- June
- November
- February
- July
- December
- March
- August
- Don't remember
- April
- September
- May
- October

**6. What type of school do you attend?**

(Mark all that apply.)

- Public
- Private
- Boarding school
- Military
- All girls
- Home schooled
- Not in school



## 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 . . .

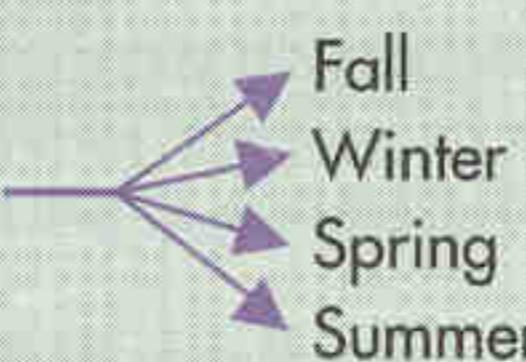


#### Swimming

Did you do this activity over the past year?

NO

YES → How much did you do it EACH season?



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?

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, raking, gardening)

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
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○



### 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?

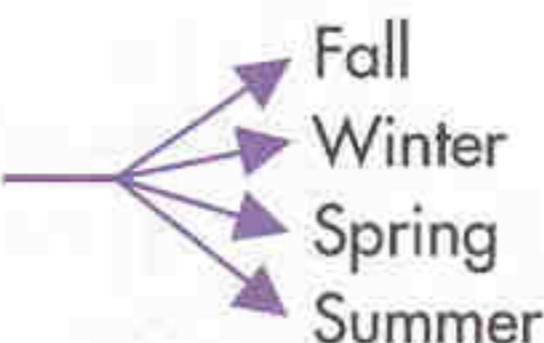


None/ Zero	Less than 1/2 hr./wk.	1/2–3 hr./week	4–6 hr./week	7–9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>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



### Running or Jogging

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"/>



### 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
<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"/>



### Rollerblading, Rollerskating, or Iceskating

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"/>



### Skateboarding

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"/>



### Soccer

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"/>



### Tennis or Other Racquet Sports

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"/>



### 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?



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?



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"/>

**2.** It is safe to walk or jog alone in my neighborhood during the day.

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

(2)

**3.** There is someone 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

(3)

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

None  2  4  
 1  3  5 or more

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

No  Don't know  
 Yes

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

No  Don't know  
 Yes

(4)

(5)

(6)

**7.** 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) ....

**Monday thru Friday (Total Hours)**

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"/>						

**8.** 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) ....

**Saturday thru Sunday (Total Hours)**

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"/>						

# HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?



**Mark one answer for each statement.**

- Some kids feel like they are very good at their school work.
  - Some kids are often unhappy with themselves.
  - Some kids like the way they are leading their life.
  - Some kids often forget what they learn.
  - Some kids feel like they are just as smart as other kids their age.
  - Some kids wish they were different.
  - Some kids can do their school work quickly.
  - Some kids are not very happy with the way they do a lot of things.
  - Some kids like the kind of person they are.
  - Some kids don't do very well at their school work.
  - Some kids are happy with themselves as a person.
  - Some kids have trouble figuring out the answers in school.



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

- |   |   |   |
|---|---|---|
| <b>1. How many times each week (including weekdays and weekends) do you eat breakfast?</b>  | <b>2. How often do you sit down with other members of your family to eat dinner or supper?</b>  | <b>3. Which cold breakfast cereal do you eat most often (like Cheerios or Froot Loops)?</b> |
| <input type="radio"/> Never or almost never<br><input type="radio"/> 1-2 times per week<br><input type="radio"/> 3-4 times per week<br><input type="radio"/> 5 or more times per week | <input type="radio"/> Never<br><input type="radio"/> Some days<br><input type="radio"/> Most days<br><input type="radio"/> Every day                                    |        |
| <b>4. Do you now take vitamins (like Flintstones, Centrum)?</b>   |   |   |
| <input type="radio"/> Yes → <b>a. How many do you take per week?</b><br><input type="radio"/> No  | <b>b. What specific brand do you usually use? (Please specify exact brand)</b><br> |   |
|    | <input type="radio"/> 2 or less <input type="radio"/> 6-9<br><input type="radio"/> 3-5 <input type="radio"/> 10 or more   |   |
| <b>5. Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 4b)?</b>  |   |   |
| <input type="radio"/> Yes → If yes, do you take any of the following at least once a week?<br><input type="radio"/> No  |   |   |

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

A 4x4 grid of 16 circles, each containing a number from 0 to 9. The numbers are arranged in a pattern: 0, 0, 0, 0; 1, 1, 1, 1; 2, 2, 2, 2; 3, 3, 3, 3; 4, 4, 4, 4; 5, 5, 5, 5; 6, 6, 6, 6; 7, 7, 7, 7; 8, 8, 8, 8; 9, 9, 9, 9.

## 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

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

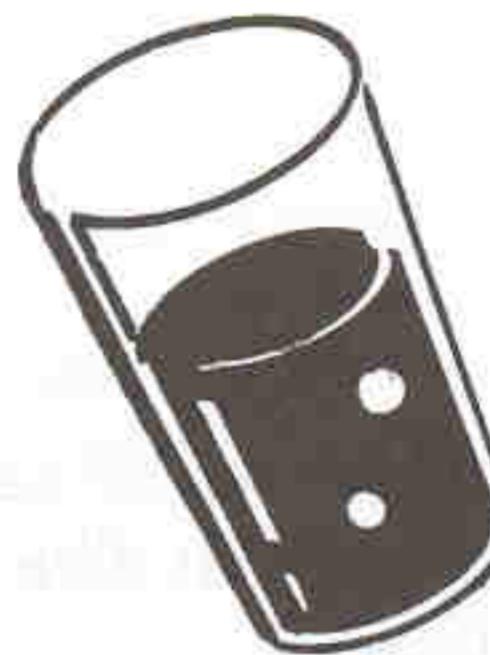
- Never/less than once per week
- 1–3 times per week
- 4–6 times per week
- Daily

#### 7. 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

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



#### 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. Tea—hot or iced (1 cup, glass 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

#### 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

#### 5. 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

#### 6. 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

#### 7. 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

#### 8. 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

## 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

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

**4. Instant Breakfast Drink/  
High Protein Shake or Drink  
(1 packet, serving, or can)**

- 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

**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?**

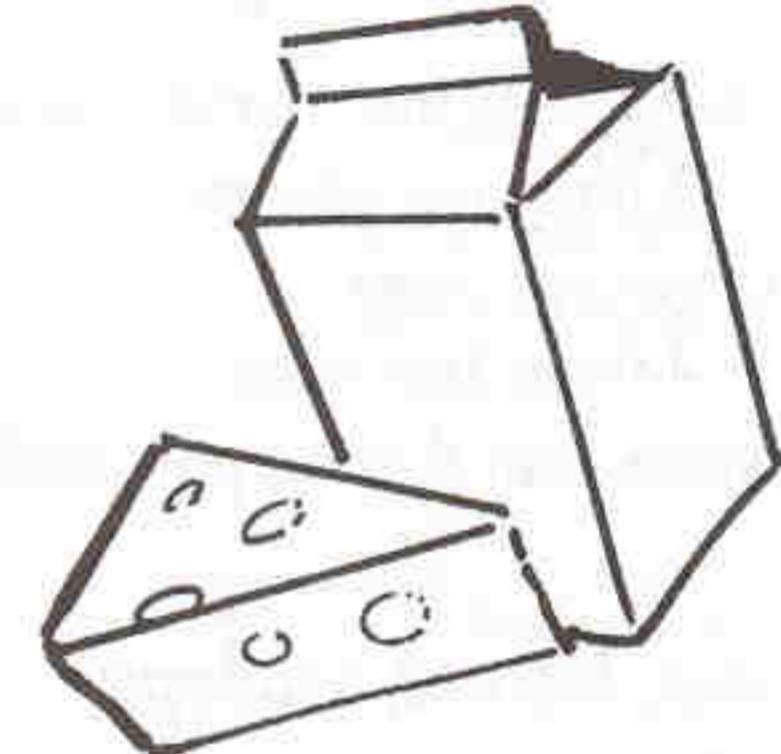
- Nonfat
- Lowfat
- Regular
- Don't know

**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?**

- None
- Stick
- Tub
- Squeeze (liquid)
- Spray
- 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

## MAIN DISHES

**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

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**6. Hot dogs (1)**

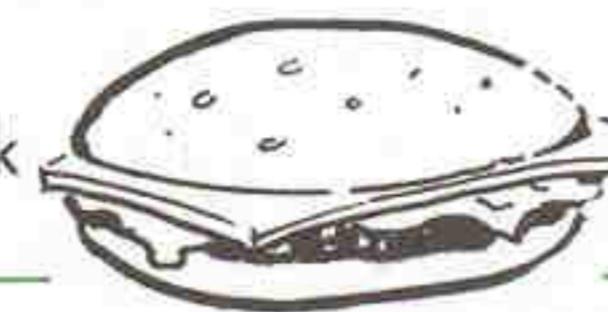
- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week

**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)**

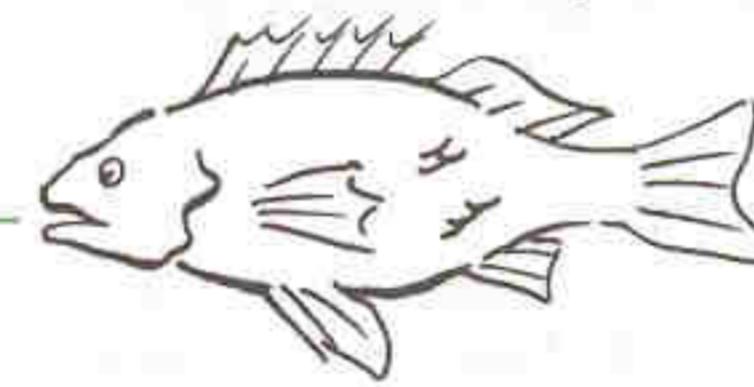
- Never/less than 1 per month
- 1–3 times per month
- Once per week
- More than once per week

**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

**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. 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

**22. 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

**23. 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

**24. 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

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

## 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

## BREADS AND CEREALS

### 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) or Cornbread (1 piece)

- 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. Pancakes (2), waffles (1) or French toast (2 slices)

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

### 8. 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

### 9. 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

**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. Rice**

- 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

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

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

**13. 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

*There are no right or wrong answers.*

## FRUITS AND VEGETABLES

**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)**

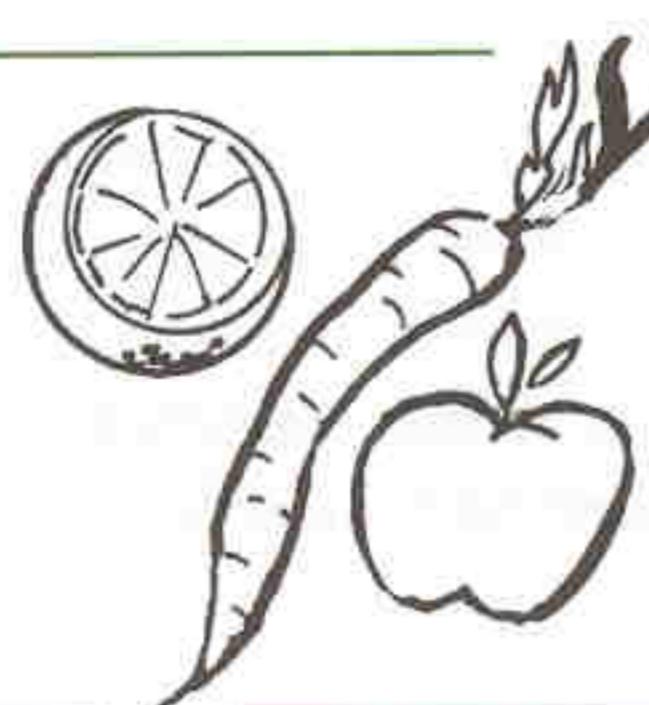
- Never/less than 1 per month
- 1–3 glasses per month
- 1 glass per week
- 2–6 glasses per week
- 1 glass per day
- More than 1 glass per day

**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

**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

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

**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

**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. 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

**28. Coleslaw**

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

**29. Potato salad**

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

## **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. Pie (1 slice)**
- Never/less than 1 per month
  - 1–3 slices per month
  - 1 slice per week
  - More than 1 slice per week
- 14. Danish, donut, sweetroll or pastry (1)**
- Never/less than 1 per month
  - 1–3 per month
  - 1 per week
  - 2–6 per week
  - 1 or more 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. Chocolate candy like Hershey's, Snickers or M & M's (1 bar or pack)**
- Never/less than 1 per month
  - 1–3 per month
  - 1 per week
  - 2–6 per week
  - 1 or more per day
- 18. Other candy without chocolate like 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
- 19. 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
- 20. 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
- 21. 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
- 22. Milkshake or frappe (1)**
- Never/less than 1 per month
  - 1–3 per month
  - 1 per week
  - More than 1 per week
- 23. 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
- 24. Energy bar (like Power or Cliff Bar)**
- 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
- 25. High protein bar (like MetRx or Balance Bar)**
- 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

**26.** 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:

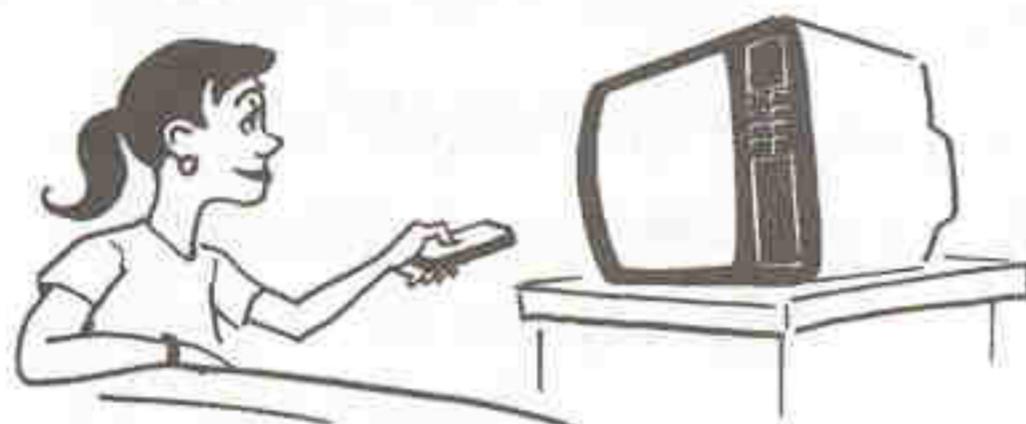
- Always (I eat snack foods only if they are low fat or no fat)
- Sometimes (I eat some low fat or no fat snacks)
- Rarely (I usually don't eat low fat or no fat snacks)



## PHEEW! Enough About Foods!

## TAKE A BREAK!

Which TWO categories of **night-time TV** do you watch most often?



- Don't watch TV regularly
- Adult comedies: *Frasier, Friends*
- Family comedies: *Sabrina, Family Matters*
- Family Dramas: *Touched by an Angel*
- Sports: *Basketball, Skating, Autoracing*
- Action/Sci-Fi: *X-Files, JAG*

- Dramas: *E.R., Dawson's Creek*
- Animation: *South Park, King of the Hill*
- Nature/Science: *Nova, Documentaries*
- Movies/Specials
- Other

How many sports events have you seen on TV in the last month?

- None       1       2       3       4-5       6-7       8-9       10 or more

What sport(s) did you watch on TV in the last month?

- Football       Baseball       Basketball       Women's Basketball       Hockey
- Autoracing       Figure skating       Gymnastics       Soccer       Other

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

- Don't regularly read magazines
- Music: *Rolling Stone, Spin*
- Fashion: *Vogue, Elle*
- Mens: *GQ, Men's Health*
- Humor: *Mad, Comics*
- Sports: *Sports Illustrated, Tennis*
- Cars/Trucks: *Hot Rod, Car and Driver*
- Gossip/Celebrities: *People, National Enquirer*
- News/Variety: *Life, Newsweek, Ebony*
- Teen: *Seventeen, YM*
- Health/Fitness: *Self, Muscle Fitness*
- TV/Movies: *Soap Opera Digest, TV Guide*
- Womens: *Glamour, Cosmo*
- Science: *Popular Science, Omni*
- Computer/Video Games: *MacWorld, PC Games*
- Other: *Travel, Food, etc.*



How often do you read this type of magazine?

- Less than once a month       1-3 times a month       At least once a week

In the last month, have you talked with your friends about any advertisement or TV commercial involving alcohol (for example, the Budweiser frogs)?  Yes       No

Have you ever bought or been given stuff like a hat, T-shirt, bag, or cards with the name of an alcohol drink on it (like Coors beer, Absolut vodka, or Kahlua)?  Yes       No

Do you think that you would ever use something with the name of an alcohol drink on it?

- Yes       No

## MORE QUESTIONS

Remember we won't tell anyone your answers.

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. 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. When you are smoking, how often do you smoke?  Less than once a month

Less than once a week     1-2 days per week     3-5 days per week     Almost everyday

- d. 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

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

No     Yes ► a. Do you smoke more in the morning than the rest of the day?

Always     Usually     Sometimes     Rarely     Never

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

Always     Usually     Sometimes     Rarely     Never

- c. How deeply do you inhale the smoke?  Just into the mouth     Partly into the chest  
 As far back as the throat     Deeply into the chest

- d. 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 after waking     Between 1 and 2 hours  
 Between 15 and 30 minutes     More than 2 hours

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

- f. Have you ever thought seriously about quitting?

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?  Longer than a month     Less than a week  
 Longer than a week, but less than a month

3. Do you have a brother or sister who smokes cigarettes?  No     Yes

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

5. Have you used chewing tobacco in the past year?  No     Yes

6. Have you ever smoked a cigar?  No     Yes

7. Have you ever smoked anything other than tobacco like clove cigarettes or marijuana?  No     Yes

8. 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

9. Do you think that you would ever use something with the name of a cigarette on it (hat, bag, T-shirt)?  No     Yes

## THESE QUESTIONS ASK ABOUT WEIGHT

### 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 weight
- Gain weight
- Lose weight

### 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

### 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

### 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

### 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

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

- |  |   |  |
|--|---|--|
| <input type="radio"/> Never                  | <input type="radio"/> 1–3 times a month | <input type="radio"/> 2–6 times a week |
| <input type="radio"/> Less than once a month | <input type="radio"/> Once a week       | <input type="radio"/> Every day        |

### 8. 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

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 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**?

Never     A Little     Sometimes     A Lot     Always

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

Never     A Little     Sometimes     A Lot     Always     Don't Know

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

Never     A Little     Sometimes     A Lot     Always

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

Never     A Little     Sometimes     A Lot     Always

8. 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

9. 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

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

Never     A Little     Sometimes     A Lot     Always

11. 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

12. 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

13. 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



14. 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

14

15. 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

15

16. 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

16

17. 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

17

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

Not At All       A Little       Pretty Much       A Lot       Totally

18

19. 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

19

20. 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?

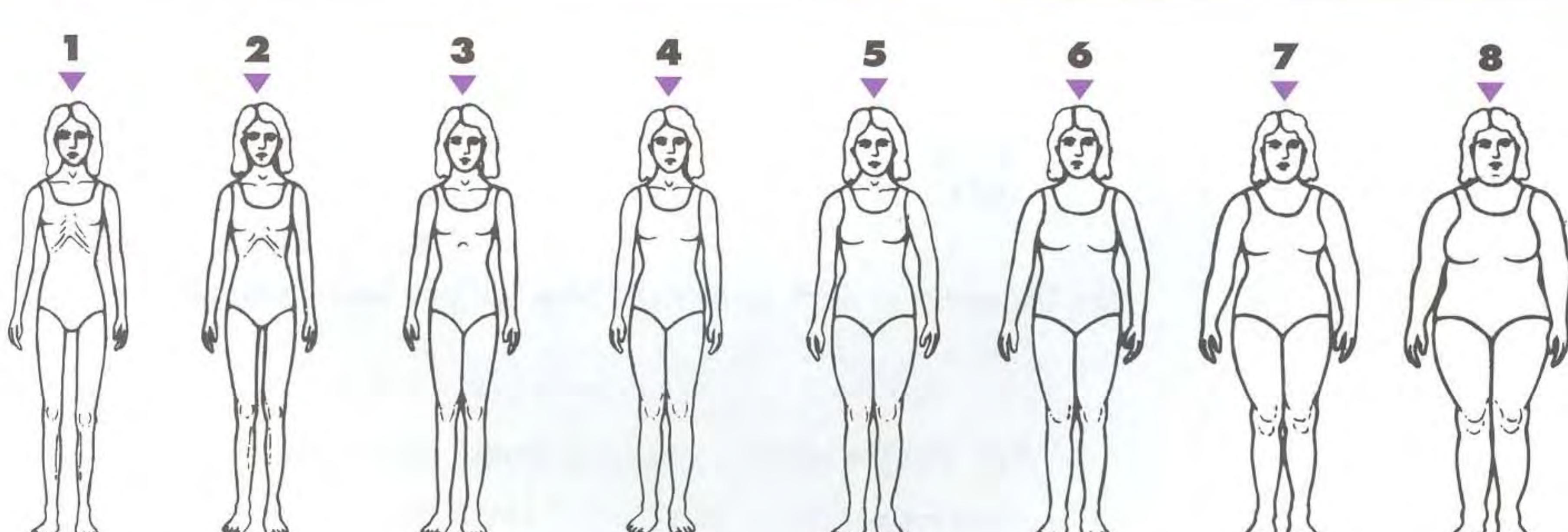
Not At All       A Little       Pretty Much       A Lot       Totally

20

21. 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

21



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

1       2       3       4       5       6       7       8

22

23. 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

23



**24.** 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 25.

**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 25)       Yes

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

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

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

Don't drink alcohol       3 glasses/cans/drinks  
 Less than 1 glass/can/drink       4 glasses/cans/drinks  
 1 glass/can/drink       5 glasses/cans/drinks  
 2 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       Rarely       Sometimes

**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

When was the last time you were drunk? (Mark only one answer.)

Within past day       Within past year  
 Within past week       More than 1 year ago  
 Within past month       Never

**h.** Over the past year, how many times did you drink 5 or more alcohol drinks over a few hours?

None       2       6-8       12 or more times  
 1       3-5       9-11

**25.** Do any adults who live in your household drink alcohol?       Yes       No

**26.** Do you have a brother or sister younger than 21 who drinks alcohol?       Yes       No

**27.** How many of your friends drink alcohol?       None       One       A few       Most       All

**28.** Have your parents ever told you not to drink alcohol?       Yes       No

(31)

**29. If you started to drink a beer tomorrow in front of your parents, what do you think they would do?**

- They would tell me to stop and they would be very upset.
- They would tell me to stop, but they would not be too upset.
- They would not tell me to stop, but they would disapprove.
- They would have no reaction.
- Not sure.

(32)

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

- Never
- Rarely
- Sometimes
- Often

(33)

**31. • People have different ideas about the effects of alcohol. We would like to know what YOU THINK about alcohol use, even if you have never tried alcohol.**

**• If you're not sure about how to answer a question, please mark your best guess.**

(Alcohol includes drinks like beer, wine, liquor (vodka or rum), and mixed drinks.)

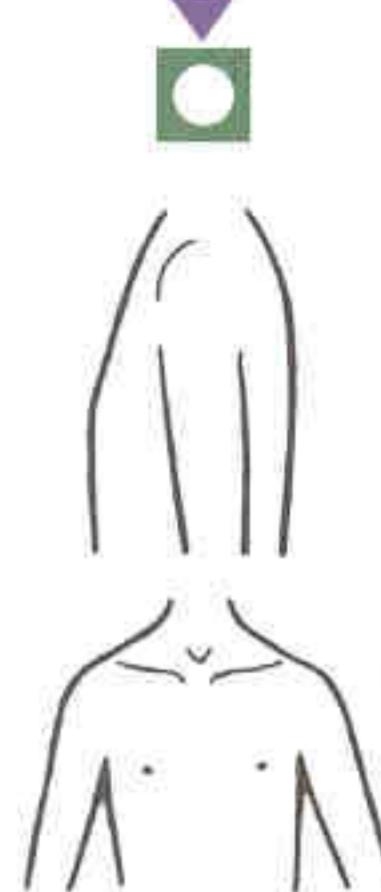
**TRUE FALSE WHAT DO YOU THINK?**

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Most alcohol tastes terrible.  |
| <input type="radio"/> | <input type="radio"/> | People become harder to get along with after they have had a few drinks of alcohol.          |
| <input type="radio"/> | <input type="radio"/> | Drinking alcohol creates problems.   |
| <input type="radio"/> | <input type="radio"/> | Drinking alcohol makes a bad impression on others.   |
| <input type="radio"/> | <input type="radio"/> | Teenagers drink alcohol in order to get attention.   |
| <input type="radio"/> | <input type="radio"/> | Parties are <u>not</u> as much fun if people are drinking alcohol.                           |
| <input type="radio"/> | <input type="radio"/> | People feel more caring and giving after a few drinks of alcohol.                            |
| <input type="radio"/> | <input type="radio"/> | Sweet alcoholic drinks taste good.   |
| <input type="radio"/> | <input type="radio"/> | Drinking alcohol makes people more friendly.   |
| <input type="radio"/> | <input type="radio"/> | Drinking alcohol is O.K. because it allows people to join in with others who are having fun. |
| <input type="radio"/> | <input type="radio"/> | People act like better friends after a few drinks of alcohol.                                |
| <input type="radio"/> | <input type="radio"/> | Having a few drinks of alcohol is a nice way to enjoy holidays.                              |
| <input type="radio"/> | <input type="radio"/> | It's fun to watch others act silly when they are drinking alcohol.                           |
| <input type="radio"/> | <input type="radio"/> | Most alcoholic drinks taste good.  |
| <input type="radio"/> | <input type="radio"/> | Teenagers drink alcohol because they feel forced to do so by their peers.                    |
| <input type="radio"/> | <input type="radio"/> | Alcoholic beverages make parties more fun.   |
| <input type="radio"/> | <input type="radio"/> | People get in better moods after a few drinks of alcohol.                                    |

THIS IS KINDA  
EMBARASSING!

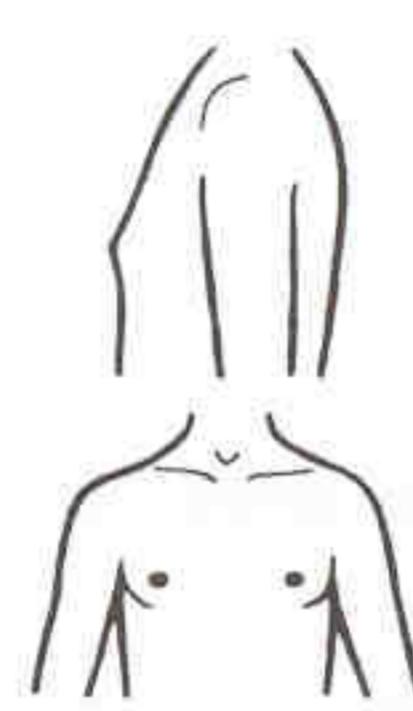
- 32.** Girls go through normal changes as they get older. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of breast development and FILL IN THE CIRCLE above it.

Stage 1



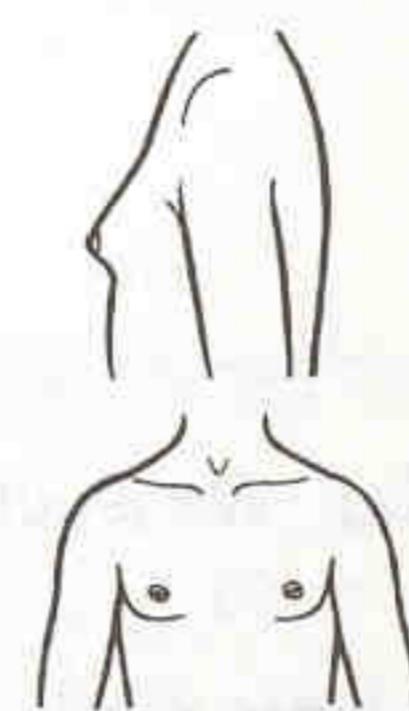
- The nipple is raised a little.
- The rest of the breast is still flat.

Stage 2



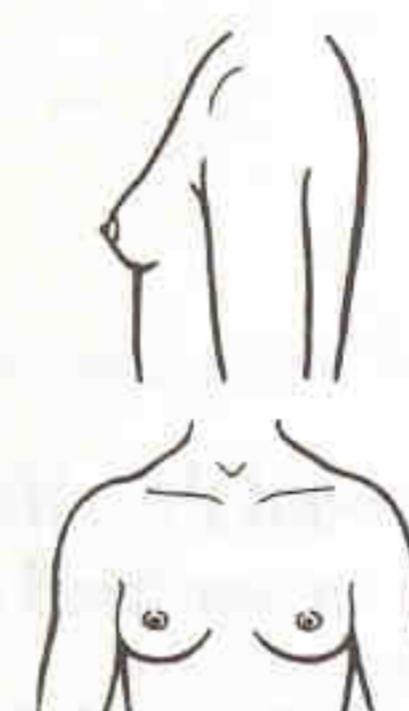
- The breast is a little larger and the nipple is raised more than in Stage 1.
- The area around the nipple (areola) is larger than in Stage 1.

Stage 3



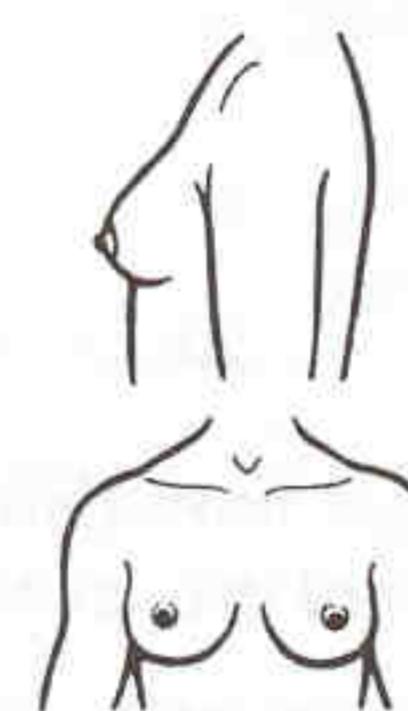
- The area around the nipple (areola) and the breast are both larger than Stage 2.
- The areola does not stick out away from the breast.

Stage 4



- The area around the nipple (areola) and the nipple stick up above the shape of the breast.

Stage 5



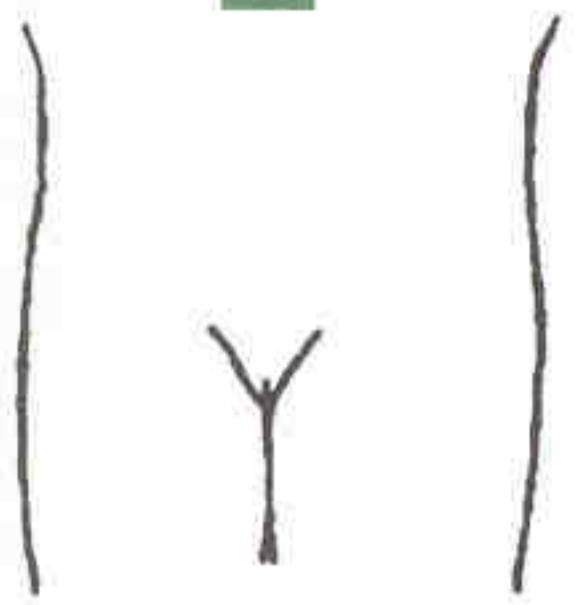
- Only the nipple sticks out in this stage.
- The area around the nipple (areola) has moved back down to the breast.

Do not want to answer

32

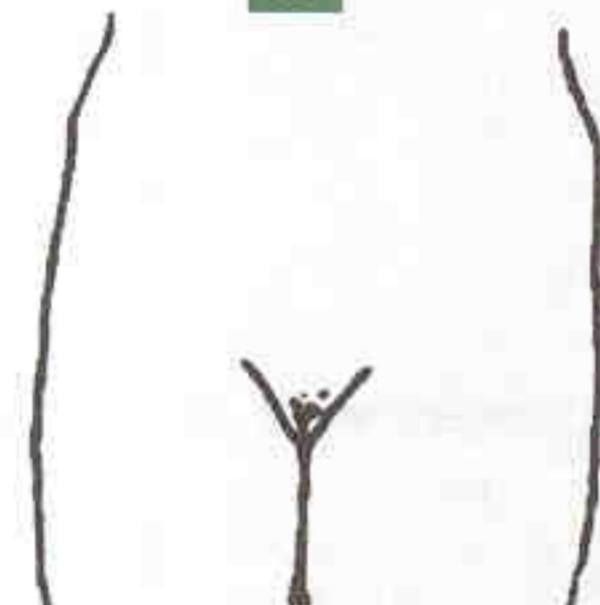
- 33.** Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and FILL IN THE CIRCLE above it.

Stage 1



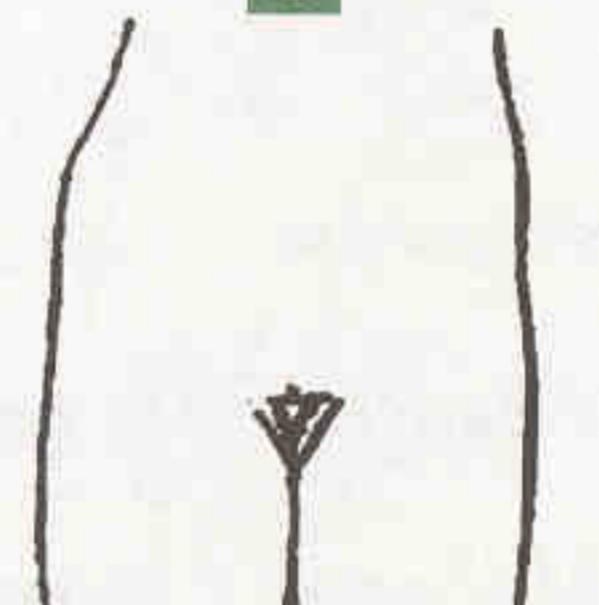
- There is no pubic hair.

Stage 2



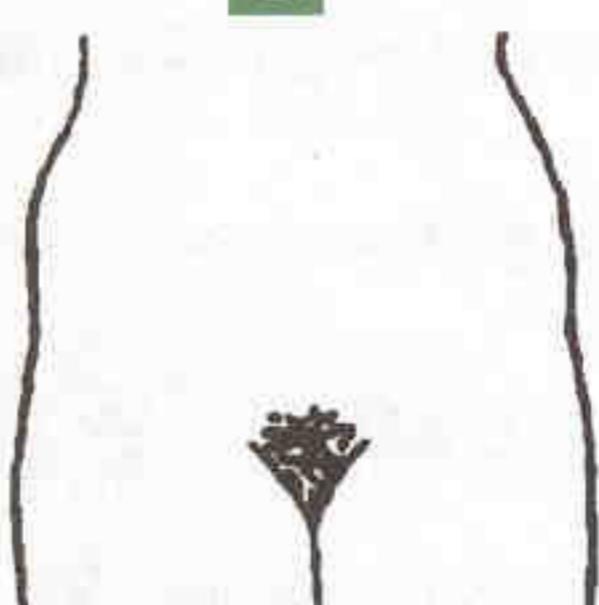
- There is a little, long, lightly colored hair.
- This hair may be straight or a little curly.

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 woman.
- The hair has not spread out to the legs.

Stage 5



- The hair is now like that of a grown woman.
- The hair often forms a triangle ( $\nabla$ ) as it spreads out to the legs.

Do not want to answer

33

**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**

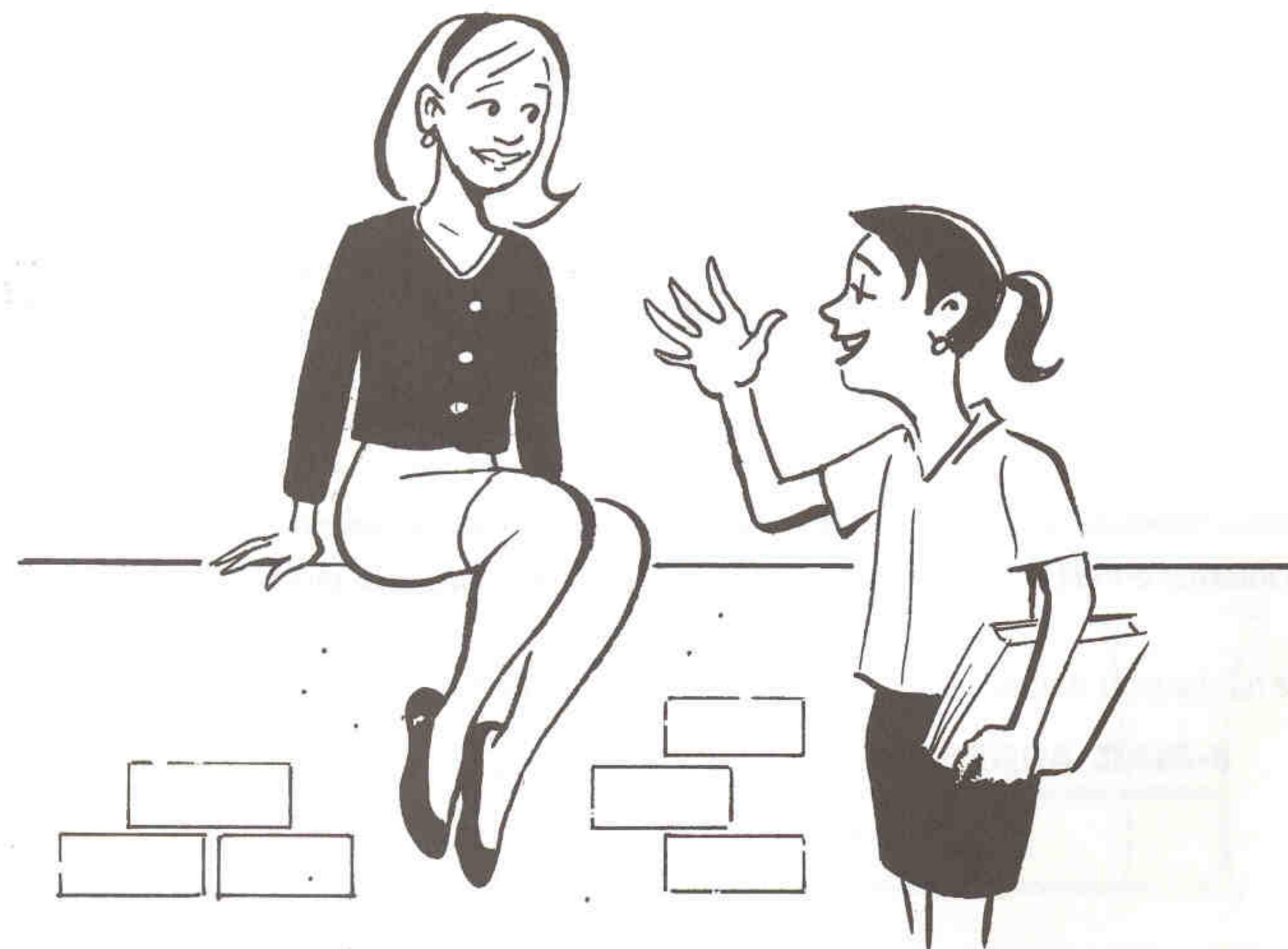
(If you received an e-mail from us last summer and your e-mail address hasn't changed, you can leave this blank.)



**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 **22**

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PLEASE DO  
NOT WRITE  
IN THIS AREA



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