

HARVARD MEDICAL SCHOOL



Please reply to:

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



PLEASE REMOVE THIS COVER PAGE ALONG PERFORATION BEFORE MAILING QUESTIONNAIRE.

Do we have your correct address and name?

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

Thank you for being part of the Growing Up Today Study. We are now in our fourth year! Because many things in your life have probably changed in the past year, we would like to update your information. This year's questionnaire is **A LOT** different from last year's. The diet section is much shorter, and we have added in questions you requested. Please complete the enclosed questionnaire, and send it back to us in the attached envelope.

Please remember that there are no right or wrong answers, and that all the information you provide will remain private. You do not have to answer any questions that you do not want to. But please complete the questionnaire because it helps us learn about young people today.

Thank you again for being part of this study. If you have any questions or comments, please send us an email at guts@channing.harvard.edu, or call Helaine Rockett collect at (617) 525-2279, 9 a.m. to 4 p.m. Eastern time.

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 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.

e study!



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 type="radio"/> 9	<input type="radio"/>

EXAMPLE 2:

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Fall
Winter
Spring
Summer

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 may be 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

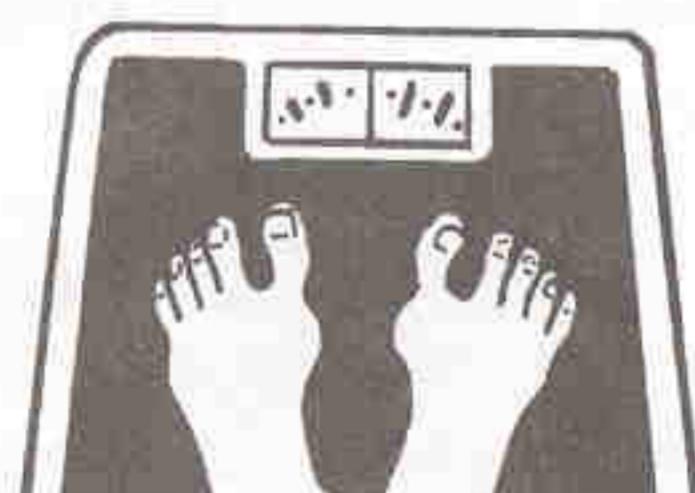
FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11



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. What type of school do you attend?

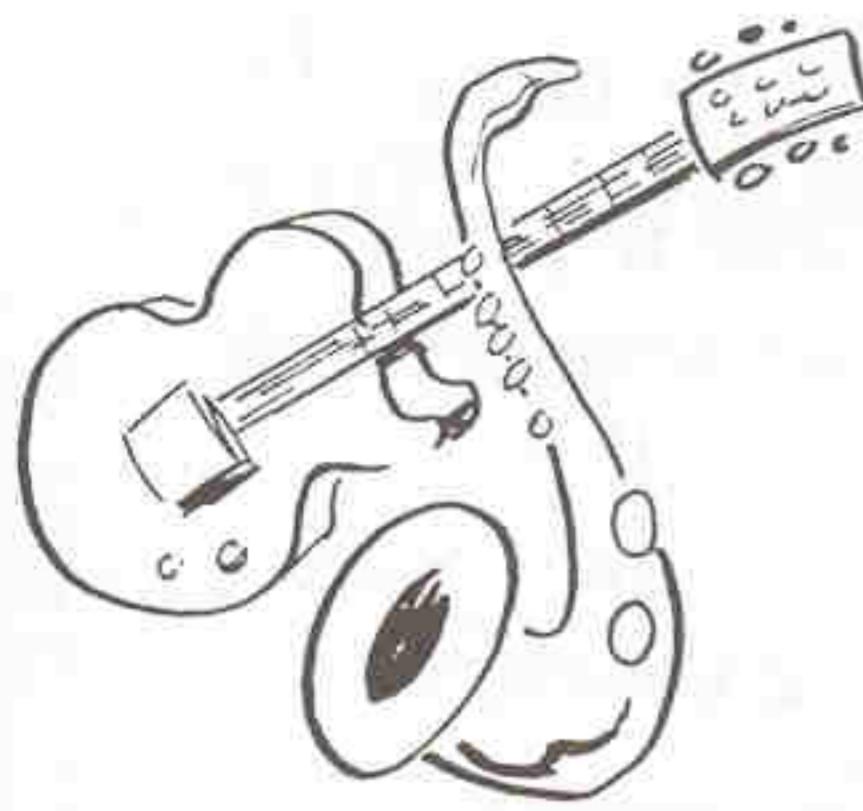
(Mark all that apply.)

- Public
- Private
- Boarding school
- Military
- Religious school
- All boys
- Home school
- College
- Not in school

5. What grade/school level will you most likely be in next fall (fall of 2000)?

- | | | |
|--|--|-----------------------------|
| <input type="radio"/> 7 th grade | <input type="radio"/> College freshman | <input type="radio"/> Other |
| <input type="radio"/> 8 th grade | <input type="radio"/> College sophomore | |
| <input type="radio"/> 9 th grade | <input type="radio"/> College junior | |
| <input type="radio"/> 10 th grade | <input type="radio"/> College senior | |
| <input type="radio"/> 11 th grade | <input type="radio"/> Trade/technical school | |
| <input type="radio"/> 12 th grade | <input type="radio"/> Working | |

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



- Don't really listen to music
 Pop/Top 40: Britney Spears, 'N Sync
 Alternative: Offspring, GooGoo Dolls
 Metal: Korn, Metallica
 Country: Dixie Chicks, Garth Brooks
 R&B: Brandy, Maxwell, TLC
 Classical: Beethoven, Mozart
 Gospel: Winans, Kirk Franklin
 Classic Rock: Led Zeppelin, Van Halen
 Soft Rock: Celine Dion, Elton John
 Rap/Hip Hop: Lauryn Hill, Busta Rhymes
 Light sounds: Bette Midler, Neil Diamond
 Jazz: Miles Davis, Kenny G.
 Christian: Steven C. Chapman, Jars of Clay
 Other

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

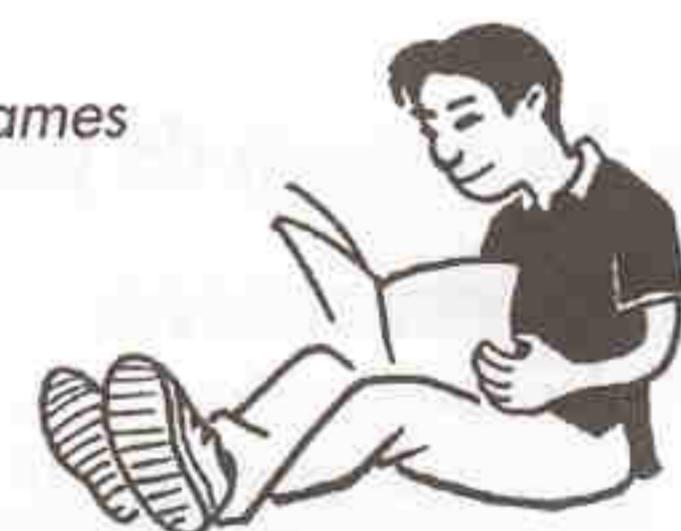
- None 1 2 3 4-5 6-7 8-9 10 or more

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

8. 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

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

- Less than 5 8
 5 9
 6 10
 7 11+

10. How many books have you read "for fun" in the last year? (Don't count textbooks or books you had to read for school.)

- None 4-6 21 or more
 1 7-10
 2-3 11-20

11. Most teens have at least some acne (pimples) as they grow up. Compared to other people your age, how would you describe your acne? (Mark one answer.)

- I almost never have any pimples I usually have a few pimples I usually have a lot of pimples
 I sometimes get a few pimples I sometimes get a lot of pimples

12. Which of the following pets do you have? (Mark all that apply.)

- None Dog Cat Fish Gerbil/Hamster Bird Other _____

13. How often do you go to religious meetings or services?

- Never Less than once a month 1-3 times a month Once a week More than once a week

14. How often do you pray or meditate?

Never Less than once a week 1–6 times a week Once a day or more

15. Do you currently have a job where you work for money? (Not including household chores)

Yes No

16. In the past year, how often did you:

Feel worthless?

Always Usually Sometimes Rarely Never

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

Always Usually Sometimes Rarely Never

Feel “down in the dumps” or “depressed”?

Always Usually Sometimes Rarely Never

Feel hopeful about the future?

Always Usually Sometimes Rarely Never

Have trouble concentrating?

Always Usually Sometimes Rarely Never

Have trouble enjoying activities you usually enjoy?

Always Usually Sometimes Rarely Never

17. How much stress do you feel in your life? (Mark one answer.)

I never feel stress

I sometimes feel a little stress, but it's no big deal

I feel stress fairly often

I sometimes feel a lot of stress

I feel a lot of stress

most of the time

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 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 school work.
 - 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.

Alcohol

1. 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 2.

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

- No (SKIP TO QUESTION 2) 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
 10 13 16 or older

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 Often

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?

- No Yes

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

- Within past day Within past month More than one year ago
 Within past week Within past year Never

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

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

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

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

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

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

6. 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.

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

Never Rarely Sometimes Often

8. 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 (for example vodka or rum), and mixed drinks.)

TRUE FALSE WHAT DO YOU THINK?

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

9. In the last month, have you talked with your friends about any advertisement or TV commercial involving alcohol (for example, the Budweiser lizards)?

Yes No

10. 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

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

Yes No

Smoking

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 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

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

- No Yes ► a. 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

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

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

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

- Always Usually Sometimes Rarely Never

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

- Always Usually Sometimes Rarely Never

e. 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

f. 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

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

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

- Never Once 2-3 times 4 or more times

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

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

j. Have you quit smoking? No Yes

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

Go on to question 3.

3. Do you have a brother or sister who smokes? No Yes ► Cigarettes Cigars Pipes

4. Does your father smoke? No Yes ► Cigarettes Cigars Pipes

5. Does your mother smoke? No Yes ► Cigarettes Cigars Pipes

6. Have you used chewing tobacco in the past year?
 No Yes ► How often? 1-2 times a year Less than once a month Once a month Once a week

7. Have you smoked a cigar in the past year?

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

8. How many of your friends smoke cigarettes?

None One A few Most All

9. How many of your friends smoke cigars?

None One A few Most All

10. Have you ever read a cigar magazine like Cigar Aficionado or Smoke?

No Yes

11. 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

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

No Yes

13. What is the general rule about smoking inside your home?

There is no rule People are not allowed to smoke inside the house
 People are allowed to smoke inside the house

These questions ask about illegal drugs. Please remember that we won't tell anyone your answers.

1. Have you EVER used:

NUMBER OF TIMES IN THE PAST YEAR

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

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

Cocaine (coke, rock)?

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

Smoked cocaine (crack)?

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

Heroin (dope, H)?

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

Ecstasy (X)?

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

PCP (angel dust)?

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

GHB (liquid X)?

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

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

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

Ketamine (special K)?

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

Valium, Xanax, or Librium?

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

Amphetamines (uppers, speed, crystal, glass)?

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

Sleeping pills, Rohypnol (downers, roofies)?

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

Pain killers like Percodan or codeine?

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

A needle to inject any drug (shooting up)?

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

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

None A few Some A lot All

3. Do you have a brother or a sister who uses illegal drugs?

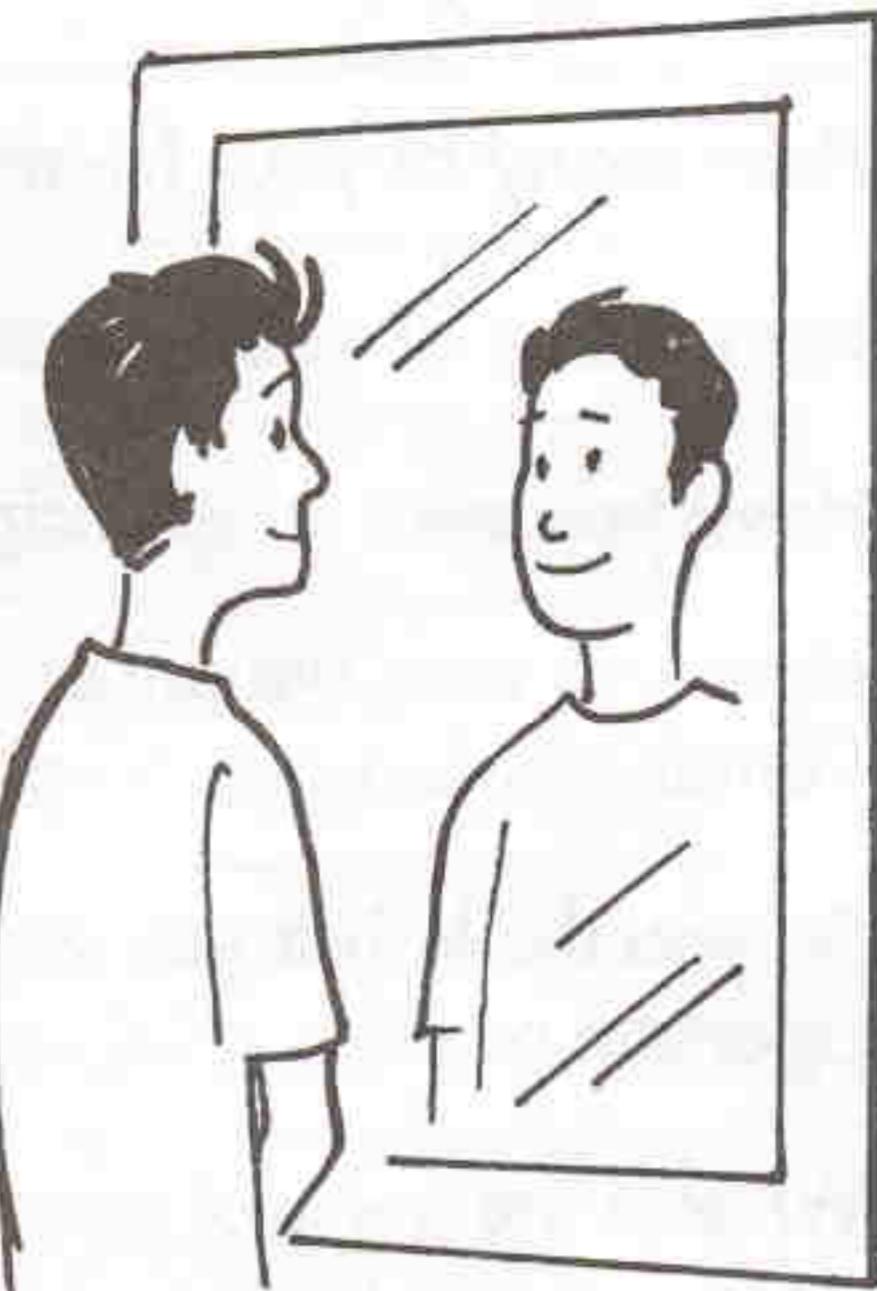
No Yes

THESE QUESTIONS ASK ABOUT WEIGHT

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

1. How do you describe your weight?

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



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

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

- 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 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 question 9.

- 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

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

- Never
- A little
- Sometimes
- A lot
- Always

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

- Never
- A little
- Sometimes
- A lot
- Always

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

- Never
- A little
- Sometimes
- A lot
- Always

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

- Never
- A little
- Sometimes
- A lot
- Always

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

- Never
- A little
- Sometimes
- A lot
- Always
- Don't know

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

- Never A little Sometimes A lot Always

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

- Never A little Sometimes A lot Always

16. 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

17. 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

18. In the past year, how much have you tried to look like the guys you see on television, in movies, or in magazines?

- Totally
 A lot
 Pretty much
 Sometimes (go on to question 19)
 A little (go on to question 19)
 Not at all (go on to question 19)

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

- Hair color Body shape
 Hair style Muscle definition
 Clothing Weight (trying to gain)

19. 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

20. 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

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

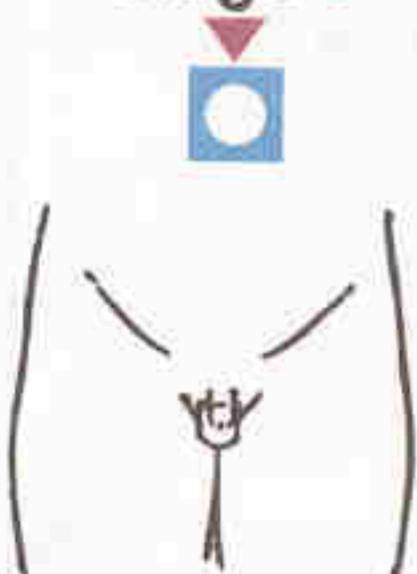
- Not at all A little Pretty much A lot Totally Don't know

22. During the past year, how often did you use any of the following products because you thought they would improve physical appearance or help you gain weight, strength, or muscle mass?

Protein powder or shake	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
Creatine	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
Weight loss shakes/drinks	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
Amino acids, HMB	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
DHEA	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
Growth hormone	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
Anabolic/injectable steroids	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily

23. 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.

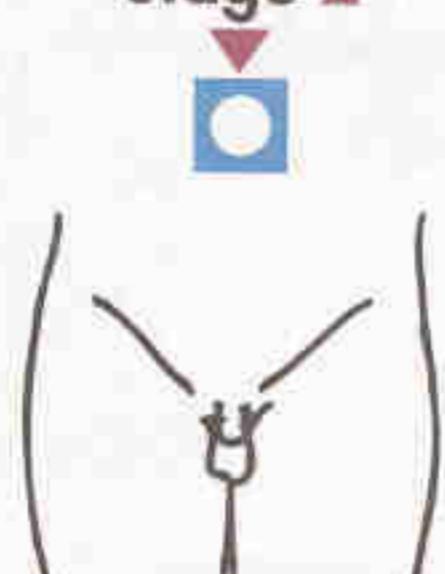
Stage 1



- There is no pubic hair.

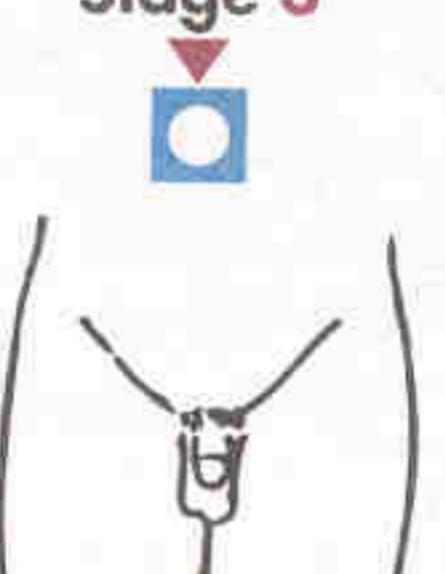
Do not want to answer

Stage 2



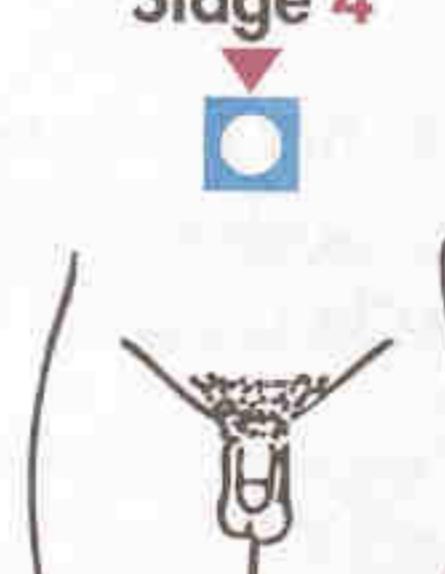
- There is a little soft, long, lightly colored hair.
- Most of the hair is at the base of the penis.
- This hair may be straight or a little curly.

Stage 3



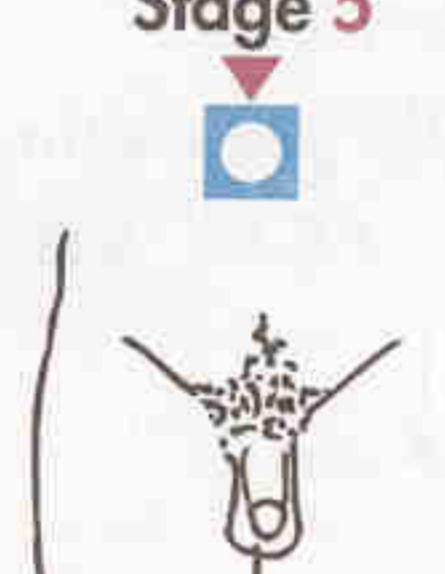
- The hair is darker, coarser and more curled.
- It has spread out and thinly covers a larger area.

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.

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?

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?

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

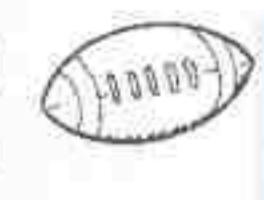
Did you do this activity over the past year?

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?



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?

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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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?

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. 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

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

4. In school, how many times per week do you participate in team sports?

- None 1 2 3 4 5 or more

5. Has a doctor ever said you have asthma?

- Yes No Don't know

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

Watching T.V.
Watching videos or VCR
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Watching T.V.
Watching videos or VCR
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THESE QUESTIONS ASK ABOUT TIME YOU SPEND IN THE SUN

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

- None A few Some Most All

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

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

3. When you went outside on a sunny day this past summer for more than 15 minutes, how often did you use sunscreen or sunblock with an SPF (Sun Protection Factor) of 15 or more?

- Never Seldom Sometimes Often Always

4. What is the color of your untanned skin?

- Very fair Fair Olive Dark Very dark

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

- Never Once Twice 3 or 4 times 5 to 9 times 10 or more times

6. How much do you agree with the following statements?

a. The more sun you get now, the more likely you are to get skin cancer when you are an adult.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

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

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

c. People look more attractive when they have a suntan.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

7. What kind of tan is most attractive to you? (Mark one answer.)

- Very dark brown suntan A light brown suntan Natural skin color
 A moderate brown suntan A little color from the sun



THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. Are you currently eating a vegetarian diet?

- No

- Yes

As a vegetarian, what do you NOT eat?
(Mark all that apply.)

- Red Meat Fish
 Poultry Eggs
 Dairy Other, specify _____

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

- No

- Yes

How many do you take per week?

- 1 or 2 6–9
 3–5 10 or more

Go on to the next page.

This is the only page with questions about food!! As promised, we made this section a lot shorter this year.

3 Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 2)?

No Yes → If yes, do you take any of the following at least once a week?

Calcium or TUMS Iron Beta Carotene Other, please specify:
 Fluoride Vitamin C Vitamin E



4. 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



5. What type of milk do you usually drink?

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

6. Which cold breakfast cereal do you eat most often?

Specify type and brand

7. For each food listed, fill in the circle indicating how often, on average, you have used the amount specified, during the past year.



PERSONAL RELATIONSHIPS

Romantic and sexual relationships can be very private aspects of a person's life. We hope that you will answer these questions honestly so that we can understand the concerns of people your age. Your answers will be kept private.

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

I don't want to respond to this section

- 1. Have you ever gone out on a date with someone?** Yes No I'm not sure
- 2. Have you ever spent time kissing, hugging, and touching someone other than a family member ("made out")?** Yes No I'm not sure
- 3. Have you ever touched another person's genitals, that is, their private parts, or has another person ever touched your genitals in a sexual way?** Yes No I'm not sure
- 4. Which one of the following best describes your feelings? (Mark one answer.)**
- | | |
|--|---|
| <input type="radio"/> Completely heterosexual (attracted to persons of the opposite sex) | <input type="radio"/> Mostly homosexual |
| <input type="radio"/> Mostly heterosexual | <input type="radio"/> Completely homosexual (gay/lesbian, attracted to persons of the same sex) |
| <input type="radio"/> Bisexual (equally attracted to men and women) | <input type="radio"/> Not sure |
- 5. Is there any pressure from your friends for you to have sexual intercourse?** No pressure at all Some pressure A great deal of pressure
 A little pressure A fair amount of pressure
- 6. How likely is it that you will have sexual intercourse in the next year?** I definitely will not I probably will not I'm not sure if I will or will not I probably will I'm sure I will
- 7. Have you ever had sexual intercourse?**
- | |
|--|
| <input type="radio"/> Yes → Go to question 9. |
| <input type="radio"/> No → Go to question 8. |
| <input type="radio"/> I'm not sure → Go to question 8. |
- 8. Many teenagers have decided not to have sexual intercourse yet. Please read the following list of reasons why teenagers have not had sexual intercourse, and mark how important each is for you.**

	Very important	Somewhat important	Not important at all	Does not apply to me
My mother or father is against it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor or nurse is against it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner doesn't want to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends are not having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is against my beliefs to have sex before marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to get a bad reputation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not ready for sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to get an STD like Chlamydia or HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to get someone pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know how to get birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one has asked me to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not met the right person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now skip to page 17.

9. How old were you when you had sexual intercourse for the first time?

- 10 years old or younger 12 14 16 18 years or older
 11 13 15 17

10. During your life, with how many people have you had sexual intercourse?

- 1 person 2 people 3 people 4 people 5 people 6 or more people

11. The last time you had sexual intercourse, did you or your partner use a condom?

- Yes No

12. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Please mark all that apply.)

- | | | |
|---|--|---|
| <input type="radio"/> No method was used to prevent pregnancy | <input type="radio"/> Norplant | <input type="radio"/> Foam, jelly, cream, suppository |
| <input type="radio"/> Birth control pills | <input type="radio"/> Diaphragm | <input type="radio"/> Some other method |
| <input type="radio"/> Condoms (rubbers) | <input type="radio"/> Withdrawal | <input type="radio"/> Not sure |
| <input type="radio"/> Depo-Provera | <input type="radio"/> Rhythm (safe time) | |

13. How many times have you gotten someone pregnant?

- 0 times 1 time 2 or more times Not sure

14. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease or STD (examples are listed below)?

- Yes No I don't know

Which of the following sexually transmitted diseases have you had? (Please mark all that apply.)

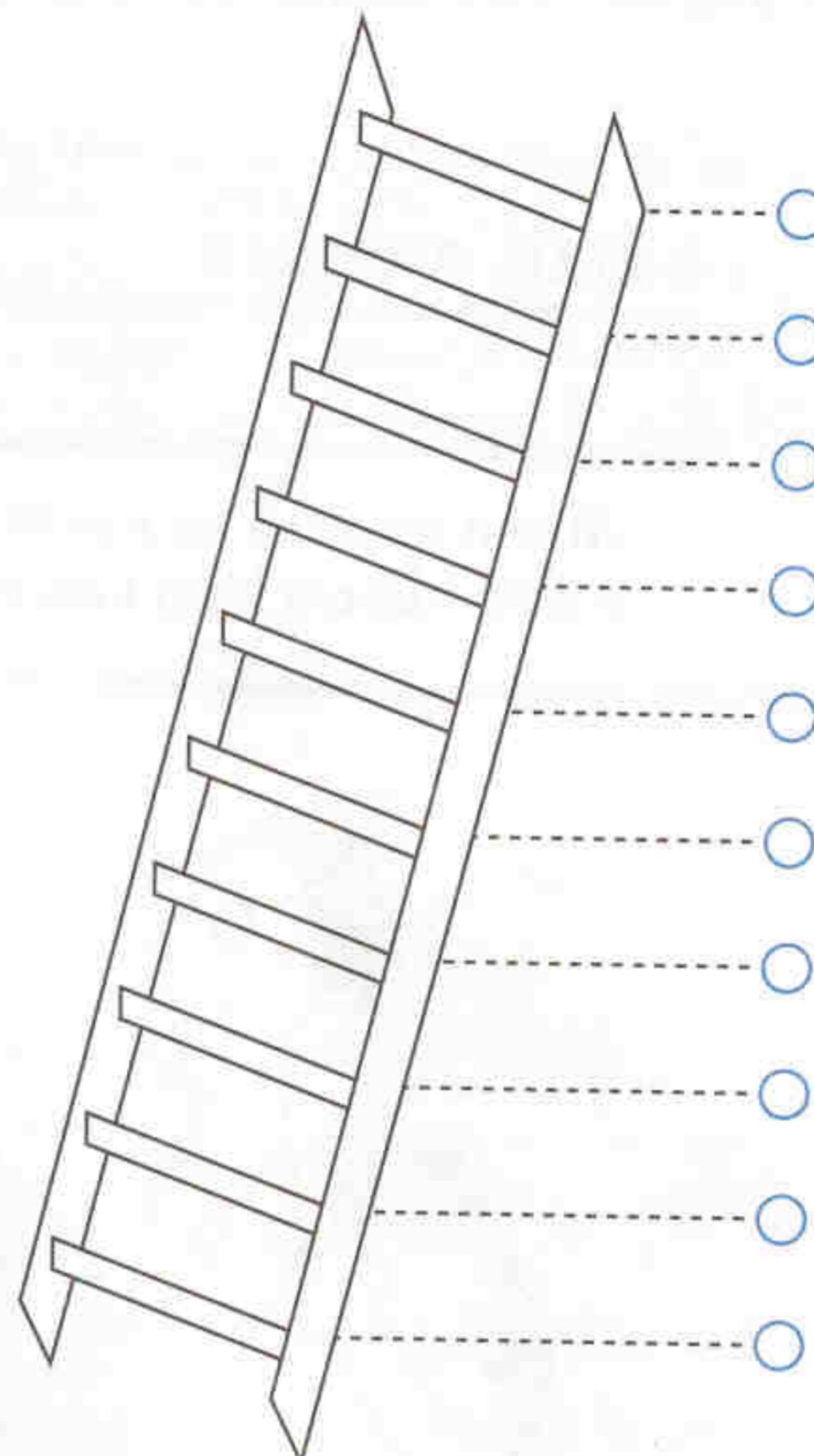
- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Chlamydia | <input type="radio"/> Genital herpes | <input type="radio"/> Pubic lice (crabs) |
| <input type="radio"/> Gonorrhea | <input type="radio"/> Syphilis | <input type="radio"/> I don't know |
| <input type="radio"/> Genital warts | <input type="radio"/> HIV or AIDS | |

YOUR PLACE IN SOCIETY

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

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

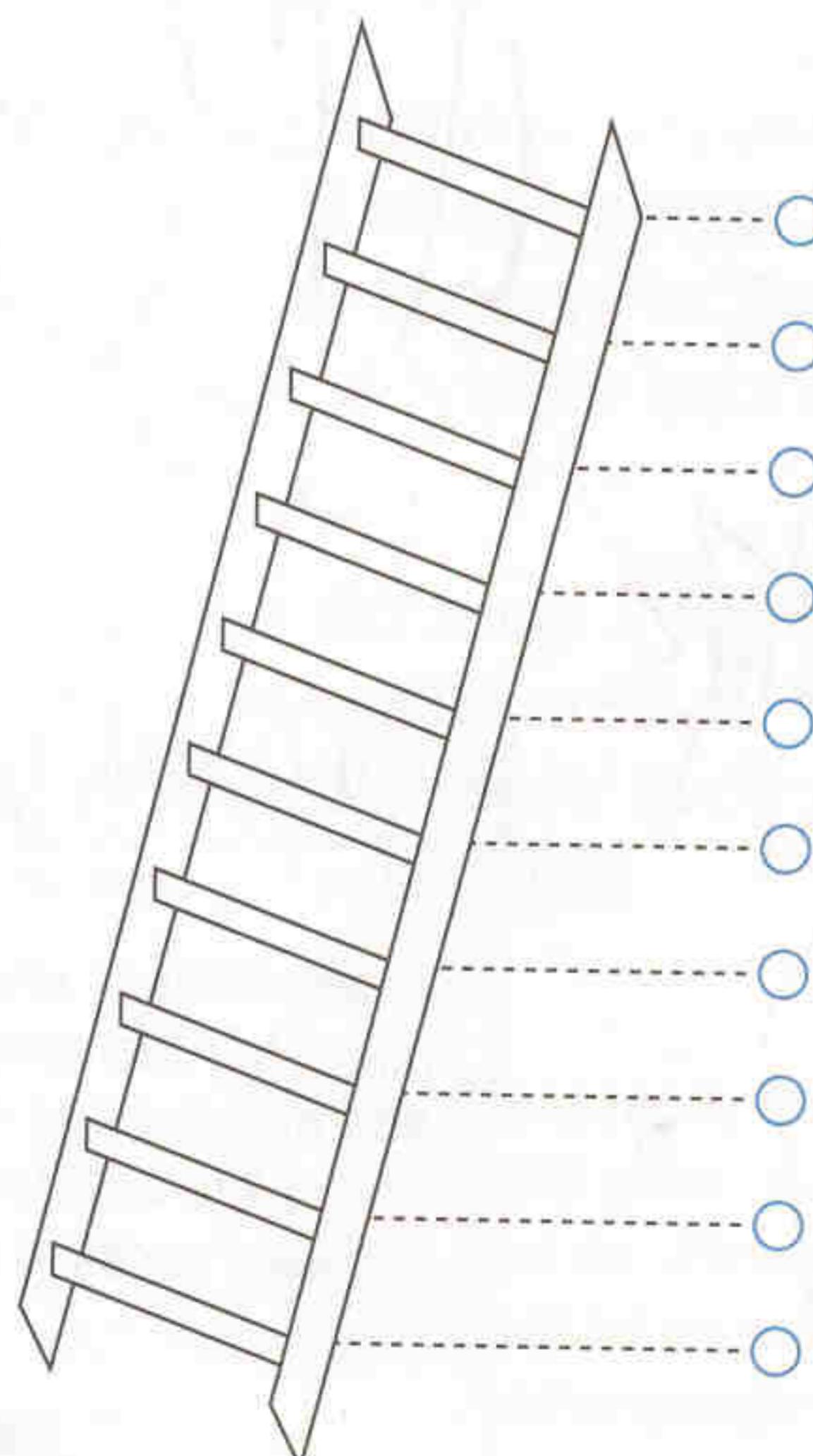
Now think about your family. Please tell us where you think your family would be on this ladder. Fill in the circle that best represents where your family would be on this ladder.



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

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

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



Do you have 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.)



All original artwork by Greg Moutafis

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

page **18**

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