



HARVARD MEDICAL SCHOOL

Please reply to:

Channing Laboratory

181 Longwood Avenue • Boston, MA 02115

(617) 525-2279 • Fax (617) 525-2008

Hi!

We need your help! We would like to find out what kids think and do during their everyday lives. We are trying to get information on all kinds of activities and food. This information will help us understand what it is like to be a girl or young woman today.

To be a part of our study, all you need to do is complete this questionnaire and send it back to us in the enclosed envelope. That's it! It doesn't take that long, and there are **no** right or wrong answers.

Next year, we plan to send you a newsletter to let you know about all the things that we're finding out. With that, you will receive your next questionnaire. But don't worry! It'll be just as easy as this one.

If you would like to be a part of this fun study, please **use a No. 2 pencil** and complete the booklet. Although your mom gave us your name, the things that you tell us **won't** be told to your parents or anyone else. We use them just for the study. We really want to know about you.

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

Thanks very much!

Sincerely,

Graham A. Colditz, MD, DrPH
Principal Investigator

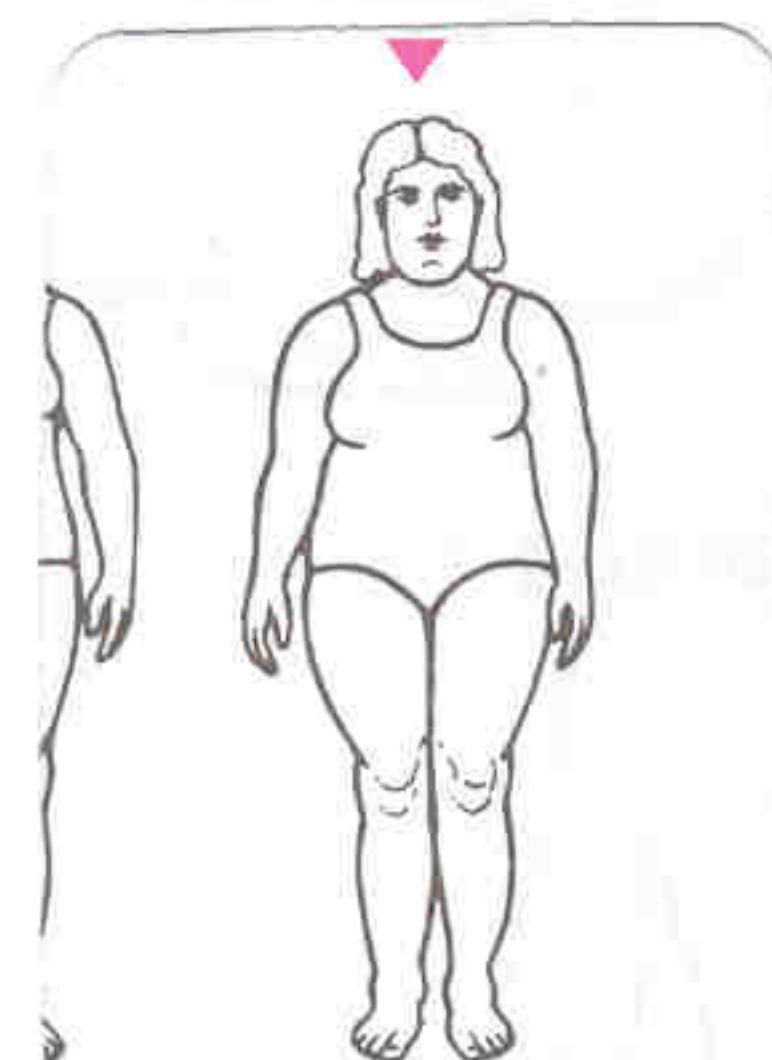
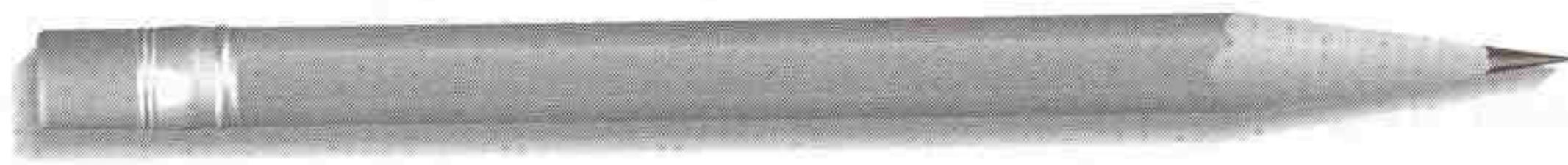
Do we have your correct address and name?

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

P.S. We'd really like to find out 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.



8

8

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"/>
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9		9

EXAMPLE 2:

Think about your usual snacks.
How often do you eat each type of snack food?

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

E2. Poptarts (1)

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

**1. Is this your correct Date of Birth
(Month/Day/Year):**



Yes

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

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

Here
we go!
Use a pencil!

2. Are you: Male Female

3. How tall are you? →

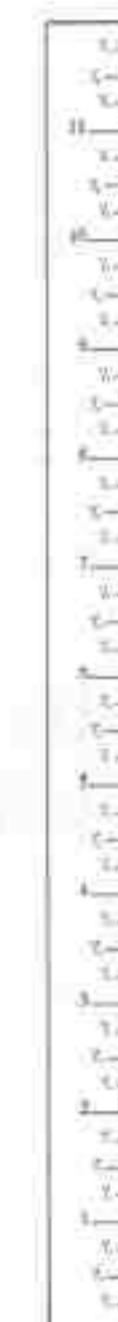
DIRECTIONS: Measure your height in feet and inches.

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**

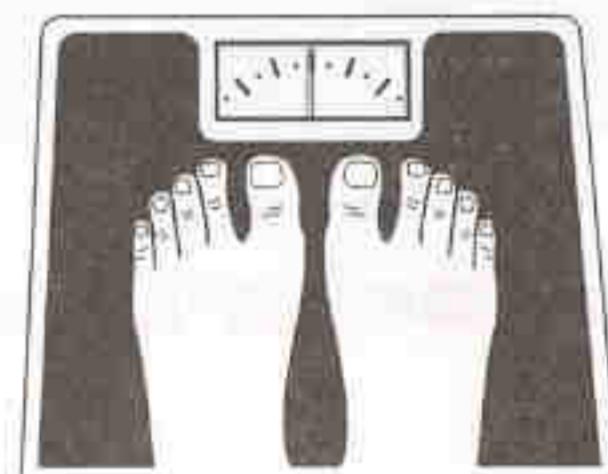
FEET	INCHES
0	0 0
1	1 1
2	2 2
3	3 3
4	4 4
5	5 5
6	6 6
7	7 7
8	8 8
9	9 9



4. 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

5. Have you started having menstrual periods?

Yes ► If yes, age periods began:

- No Don't remember 10 13
 <9 years 11 14
 9 12 15 or older

AND month periods began:

- | | | |
|--------------------------------|---------------------------------|--------------------------------------|
| <input type="radio"/> January | <input type="radio"/> June | <input type="radio"/> November |
| <input type="radio"/> February | <input type="radio"/> July | <input type="radio"/> December |
| <input type="radio"/> March | <input type="radio"/> August | <input type="radio"/> Don't remember |
| <input type="radio"/> April | <input type="radio"/> September | |
| <input type="radio"/> May | <input type="radio"/> October | |

6. What is your age now (years)?

- 8 11 14 17
 9 12 15 18 or older
 10 13 16

**7. How do you describe yourself?
(Mark all that apply.)**

- White
 Black
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Other

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

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



ACTIVITY

We want to learn about games you play, the sports you take part in, and other physical activities. It is very important that you tell us about yourself honestly.

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

- None
- 1
- 2
- 3
- 4
- 5 or more



2. In which seasons did you play a sport that practiced regularly (like swimming, gymnastics, field hockey, basketball)? (Fill in all that apply.)

- a. During the 4th to 6th grade?

- Do not play sports
- Fall
- Winter
- Spring
- Summer

- b. During the 7th to 9th grade?

- Not in the 7th grade yet
- Do not play sports
- Fall
- Winter
- Spring
- Summer

3. Do you usually wheeze after you exercise?

- No
- Don't know
- Yes

4. Has a doctor ever said you have asthma?

- No
- Don't know
- Yes

5. In general, how active are you?

- Very inactive
- Inactive
- Average
- Active
- Very active

EXAMPLE:

Think about your activity. How often do you do this type of activity—swimming?

If you swim on a swim team 2 hours a week then your answer should look like this . . .

E1. Swimming

- None
- Less than 1/2 hour
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

If you swim on the swim team 2 hours a week but also usually go swimming with your friends every Saturday for 3 hours then your answer should look like this . . .

E2. Swimming

- None
- Less than 1/2 hour
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

Tell us the average amount of time you spent PER WEEK at the following activities in the last 12 months.

6. Baseball or Softball

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

7. Basketball

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

8. Biking

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

9. Dancing or Aerobics

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

10. Soccer

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

11. Hard work outdoors (like mowing the lawn, raking, gardening)

- None
- Less than 1/2 hour per week
- 1/2–2 hours per week
- 2–4 hours per week
- 4–6 hours per week
- 6 or more hours per week

- ## **12. Ice or Field Hockey or Lacrosse**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **13. Running/Jogging**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## 14. Swimming

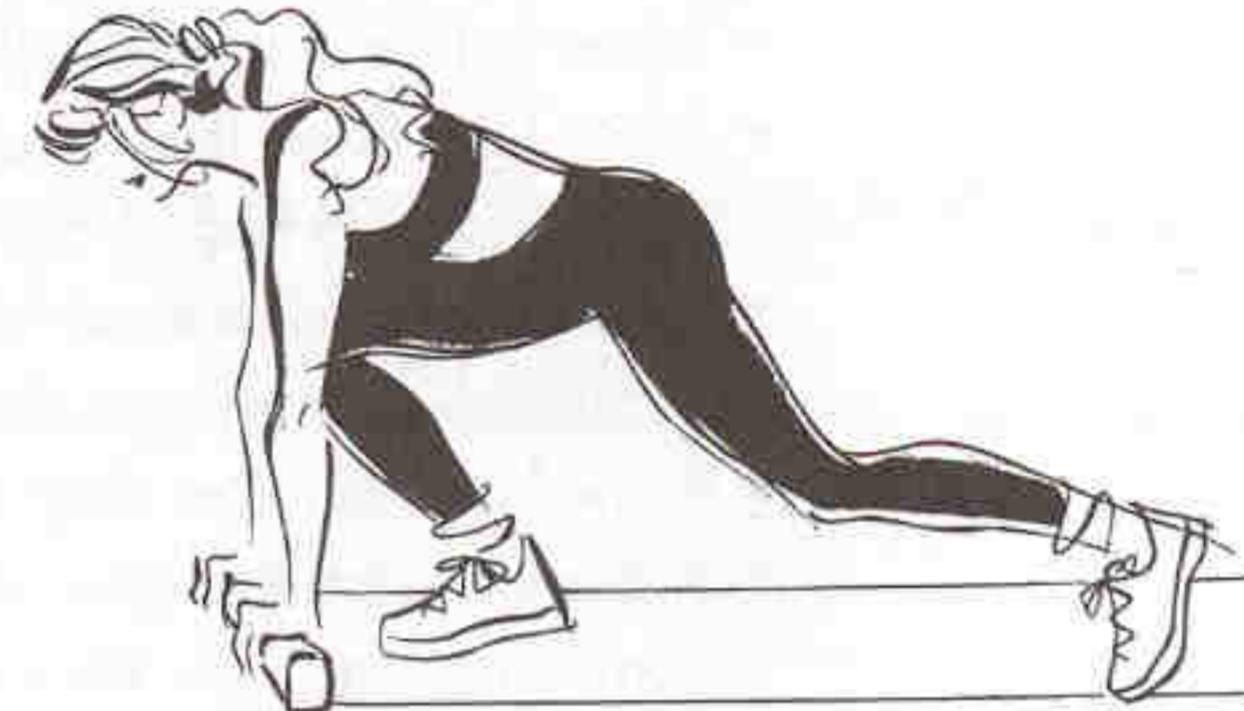
- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **15. Rollerblading or Rollerskating or Iceskating**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## 16. Skateboarding

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week



- ## **17. Tennis/Badminton**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **18. Walking (including to/from school, friend's house, store)**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **19. Playing outdoors (jump rope, kickball)**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **20. Gymnastics/Cheerleading**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **21. Exercises (push-ups, sit-ups, jumping jacks, lifting weights)**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- ## **22. Volleyball**

- None
 - Less than 1/2 hour per week
 - 1/2–2 hours per week
 - 2–4 hours per week
 - 4–6 hours per week
 - 6 or more hours per week

- 23.** On average, how many hours per day do you spend sitting doing the following:

Watching T.V. (network, cable)
Watching videos or VCR
Reading
Homework
Nintendo/computer
Talking on the telephone
Hanging out with friends

USUAL NUMBER OF HOURS PER DAY

NOW DESCRIBE YOURSELF:

Tell us how much these statements apply to you.

Mark one answer for each statement.

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

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

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

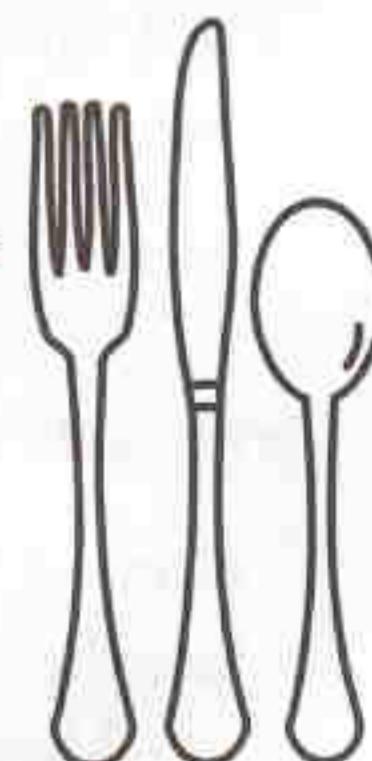
Yes ► If yes, answer a. & b.
 No

- a. How many vitamin pills do you take a week?

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

- b.** For how many years have you been taking them?

- 1 or less 5–9
 2–4 10+ years



1
a
b

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

- Never eat cold breakfast cereal

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

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

4. Where do you usually get your lunch?

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

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

- Most days
 - Every day

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

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



1

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

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



TELL US ABOUT THE FOODS YOU EAT

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

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.

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

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

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

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

DRINKS

1. Diet soda (1 can or glass)

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



2. Soda—not diet (1 can or glass)

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

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

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

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

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

5. Hot tea (1 cup)

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

6. Coffee—not decaf. (1 cup)

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

7. Beer (1 glass, bottle or can)

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

8. Wine or wine coolers (1 glass)

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

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

- Never/less than 1 per month
- 1–3 drinks per month
- 1 drink per week
- More than 1 drink per week

DAIRY FOODS

1. What type of milk do you usually drink?

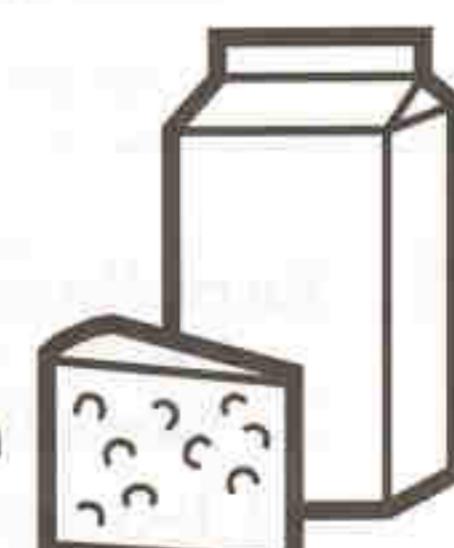
- Whole milk
- 2% milk
- 1% milk
- Skim/nonfat milk
- Soy milk
- Don't know
- Don't drink milk

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



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

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

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

5. Whipped 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

6. 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

7. Cottage or ricotta cheese

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

8. 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

9. 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

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

- Nonfat
- Lowfat
- Regular
- Don't know

11. 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

12. 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.)*

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

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

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

Leave blank if you don't know.

14. 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

- 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 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times 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. Spaghetti with tomato sauce (1 serving)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 per times week
 - More than 4 times per week
- 22. Eggs (1)**
- Never/less than 1 per month
 - 1–3 eggs per month
 - One egg per week
 - 2–4 eggs per week
 - More than 4 eggs per week
- 23. Liver (1 serving)**
- Never
 - Less than once per month
 - Once per month
 - 2–3 times per month
 - 1 or more times per week



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

24. French toast (2 slices)

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

25. 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

26. Eggrolls (1)

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



OTHER FOODS

1. Brown gravy

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

2. Ketchup

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

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

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

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

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

5. Mayonnaise

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

6. Low calorie or low fat salad dressing

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

7. Salad dressing (not low calorie)

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

8. Salsa

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

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

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

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

- Yes
- No
- Sometimes

There are no right or wrong answers.

BREADS AND CEREALS

1. Cold breakfast cereal (1 bowl)

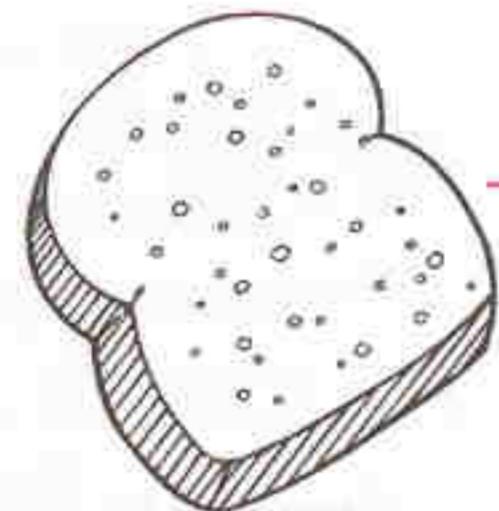
- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- 2–4 bowls per week
- 5–7 bowls per week
- More than 1 bowl per day

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



24
25
26

1
2
3

4
5
6

7
8
9
10

1
2
3

4. Dark bread (1 slice)

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

5. English muffins or bagels (1)

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

6. Muffin (1)

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

7. Cornbread (1 square)

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

8. Biscuit/roll (1)

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

9. Rice

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

10. Noodles, pasta

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

11. Tortilla—no filling (1)

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

12. Other grains, like kasha, couscous, bulgur

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

13. Pancakes (2) or waffles (1)

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

14. French fries (large order)

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

15. Potatoes—baked, boiled, mashed

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

There are no right or wrong answers.

FRUITS AND VEGETABLES

1. Raisins (small pack)

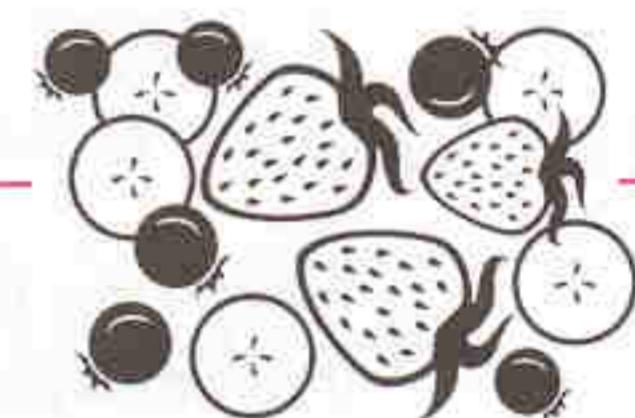
- Never/less than 1 per month
- 1–3 times per month
- 1 per week
- 2–4 times per week
- More than 4 times per week

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**

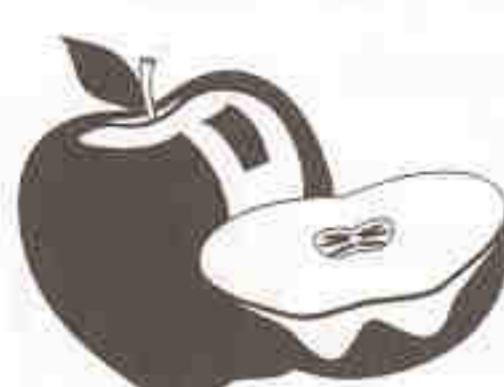
- Never/less than 1 per month
- 1–3 per month
- 1 per week
- 2–6 per week
- 1 or more per day

5. Cantaloupe, melons (1/4 melon)

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



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

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

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

8. Strawberries (1/2 cup)

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

9. Peaches, plums, apricots (1)

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

10. Orange juice (1 glass)

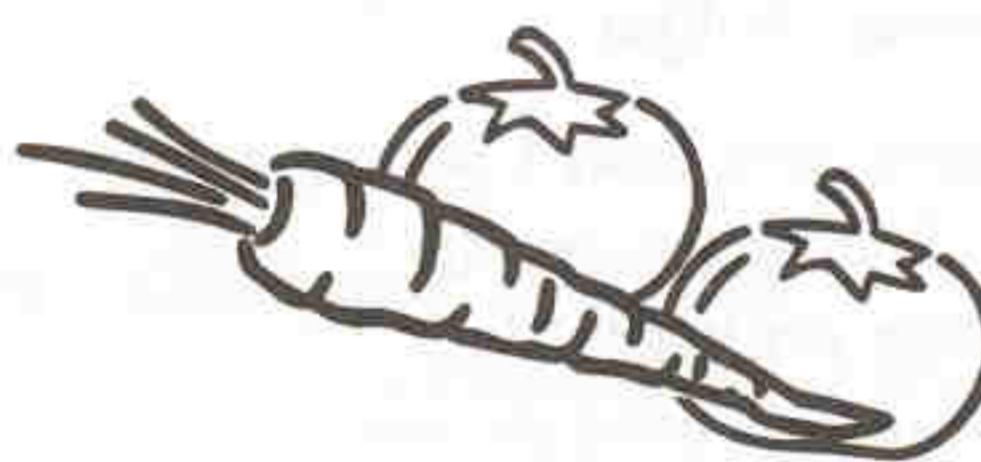
- Never/less than 1 per month
- 1–3 glasses per month
- 1 glass per week
- 2–6 glasses per week
- 1 glass per day
- More than 1 glass per day

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

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

12. Tomatoes (1)

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



13. Tofu

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

14. String beans

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

15. Beans/lentils/soybeans

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

16. Broccoli

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

17. Beets (not greens)

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

18. 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

19. 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

20. 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

21. 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

22. Greens/kale

- 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. 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

24. 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

25. 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

26. 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

27. 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

**30. Coleslaw**

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

28. Celery

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

29. 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 times per day

There are no right or wrong answers.

**SNACK FOODS/DESSERTS****1. Potato chips (1 small bag)**

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

2. Corn chips/Doritos (small bag)

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

3. Nachos with cheese (1 serving)

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

4. Popcorn (1 small bag)

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

5. Pretzels (1 small bag)

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

6. Peanuts, nuts (1 small bag)

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

7. Fun fruit or fruit rollups (1 pack)

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

8. Graham crackers

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

9. Crackers, like Wheat Thins or Ritz

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

10. Poptarts (1)

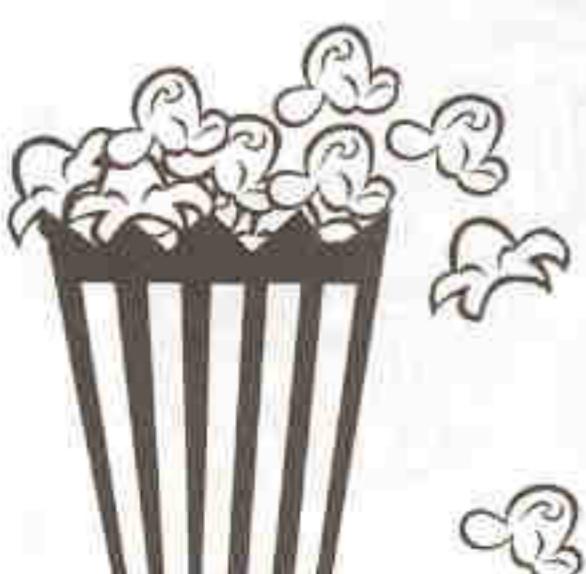
- Never/less than 1 per month
- 1–3 poptarts per month
- 1–6 poptarts per week
- 1 or more poptarts per day

11. Cake (1 slice)

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

12. Snack cakes, like Twinkies (1 package)

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



Answer how much you usually ate over the past year.

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

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

14. Donuts (1)

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

15. Cookies (1)

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

16. Brownies (1)

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

17. Pie (1 slice)

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

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

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

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

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

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

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

21. Jello

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

22. Pudding

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

23. Frozen yogurt

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

24. Ice cream

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

25. Milkshake or frappe (1)

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

26. Popsicles

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

27. Seeds (Sunflower or Pumpkin)

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



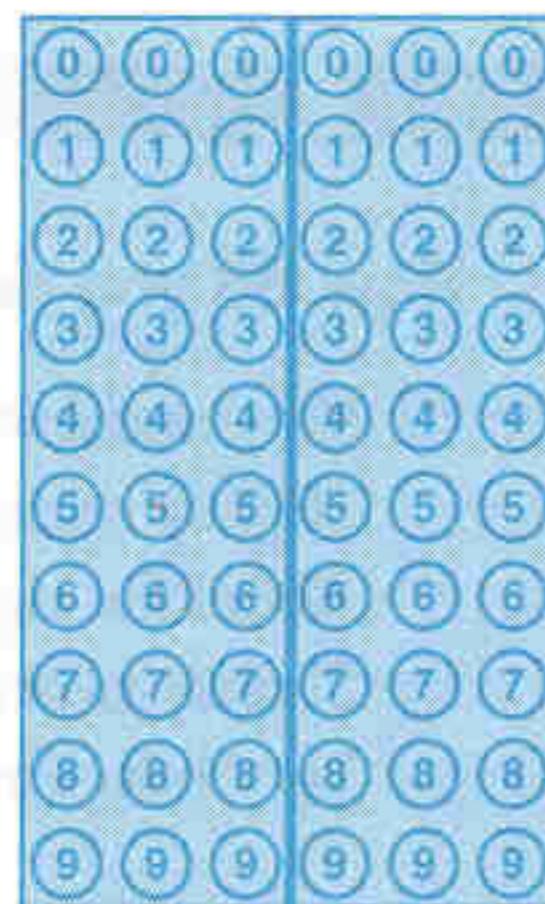
- 28.** Please list any other foods that you usually eat **at least once per week** that are not listed (for example, coconut, hummus, falafel, chili, plantains, kiwi, mangoes, etc. . .)

FOODS

a _____
b _____

HOW MANY TIMES PER WEEK?

a _____
b _____



PHEEW!
ENOUGH ABOUT
FOODS!

MORE QUESTIONS

Remember we won't tell anyone your answers.

- 1.** Have you ever tried or experimented with cigarette smoking, even a few puffs?

Yes No If yes, answer a. thru e.

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

Definitely not
 Maybe
 Probably

Go on to question 2.

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

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

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

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

- c.** Why do you smoke? (Mark all that apply.)

I think smoking is fun.
 I think smoking makes me relax.
 I think smoking makes me feel comfortable in social situations.
 I think smoking helps keep me thin.

I think smoking reduces stress.
 I think smoking helps me when I am bored.
 My friends smoke.
 It seems like all the popular people smoke.
 I would like to quit but haven't been able to.

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

Yes No

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

Yes No

Now go to question 2.

- 2.** Does anyone who lives in your household smoke cigarettes?

Yes
 No

- 3.** How many of your friends smoke?

None Most
 One All
 A few

- 4.** Have you ever used chewing tobacco?

Yes
 No

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

Yes No

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

Yes No

THESE QUESTIONS ASK ABOUT WEIGHT

1. How do you describe your weight?

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

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, how often did you **exercise** to lose weight or to keep from gaining weight?

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

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

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

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 did you **fast or starve** yourself to lose weight or to keep from gaining weight?

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

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

- Never ► Go to page 15.
- 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

1

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

Never A Little Sometimes A Lot Always

2

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

Never A Little Sometimes A Lot Always

3

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

Never A Little Sometimes A Lot Always

4

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

Never A Little Sometimes A Lot Always

5

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

Never A Little Sometimes A Lot Always Don't Know

6

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

Never A Little Sometimes A Lot Always

7

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

Never A Little Sometimes A Lot Always

8

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

Never A Little Sometimes A Lot Always Don't Know

9

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

Never A Little Sometimes A Lot Always

10

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

Never A Little Sometimes A Lot Always

11

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

Never A Little Sometimes A Lot Always

12

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

Never A Little Sometimes A Lot Always Don't Know

13

14. In the past year, how important has it been to your **father** that you be thin? ("Father" means the adult man in your life who acts most like a father to you.)

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

14



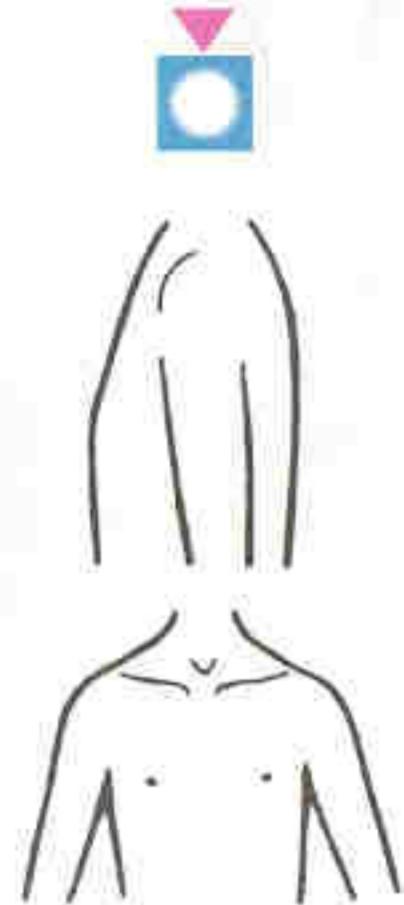
- 15.** In the past year, how important has it been to your friends that **they** be thin?
 Not At All A Little Pretty Much A Lot Totally Don't Know
- 16.** In the past year, how often has a **teacher** or **coach** made a comment to you about your weight that made you feel bad?
 Never A Little Sometimes A Lot Always
- 17.** 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
- 18.** In the past year, how much do you think your weight made **boys NOT** like you?
 Not At All A Little Pretty Much A Lot Totally
- 19.** 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
- 20.** If **girls** (including sisters) have teased you **about your weight** in the past year, how much has it changed the way you feel about yourself?
 Not At All A Little Pretty Much A Lot Totally I have not been teased
- 21.** In the past year, how much have you worried about gaining two pounds?
 Not At All A Little Pretty Much A Lot Totally
- 22.** 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
- 23.** In the past year, how much do you think your weight made other **girls NOT** like you?
 Not At All A Little Pretty Much A Lot Totally
- 24.** In the past year, how often have you tried to change your weight so you would not be teased by **girls** (including sisters)?
 Never A Little Sometimes A Lot Always
- 25.** 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
- 26.** If **boys** (including brothers) have teased you **about your weight** in the past year, how much has it changed the way you feel about yourself?
 Not At All A Little Pretty Much A Lot Totally I have not been teased
- 27.** In the past year, how important has it been to your friends that **you** be thin?
 Not At All A Little Pretty Much A Lot Totally Don't Know



THIS IS KINDA
EMBARRASSING!

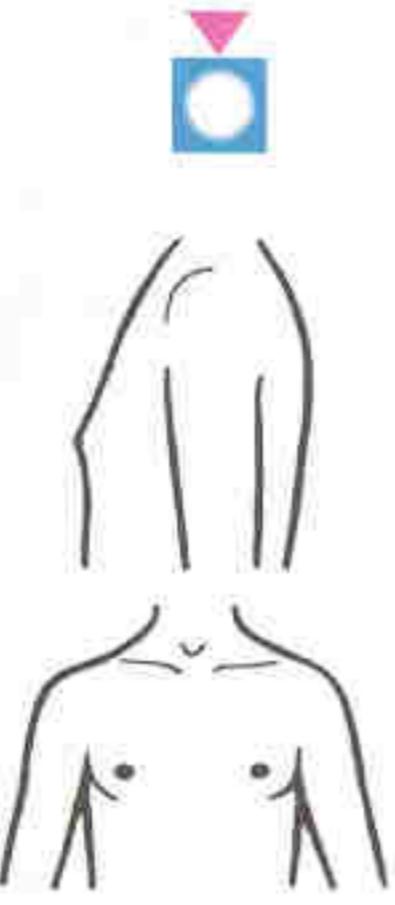
28. Girls go through normal changes as they get older. One of these changes is to grow larger breasts. Please LOOK at the drawings and READ the sentences below each of them. Then choose the drawing closest to your stage of breast development and FILL IN THE CIRCLE above it.

STAGE 1



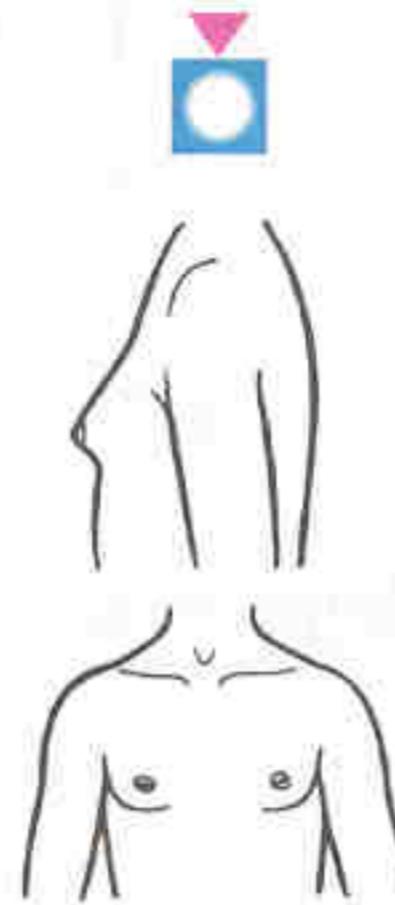
- The nipple is raised a little.
- The rest of the breast is still flat.

STAGE 2



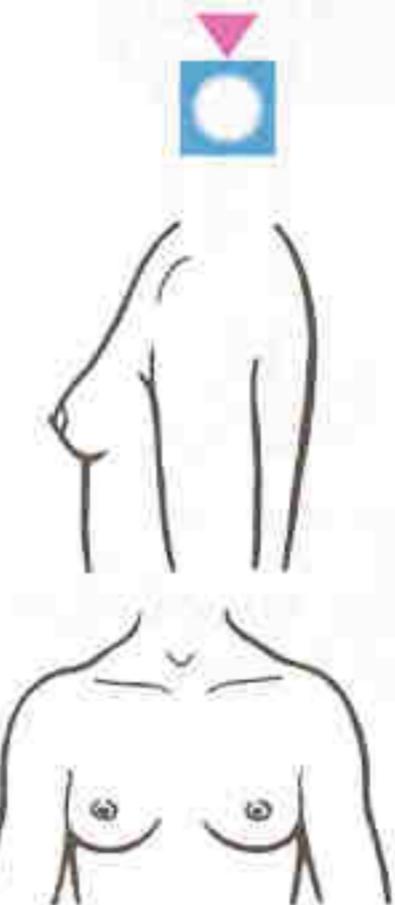
- The breast is a little larger and the nipple is raised more than in Stage 1.
- The area around the nipple (areola) is larger than in Stage 1.

STAGE 3



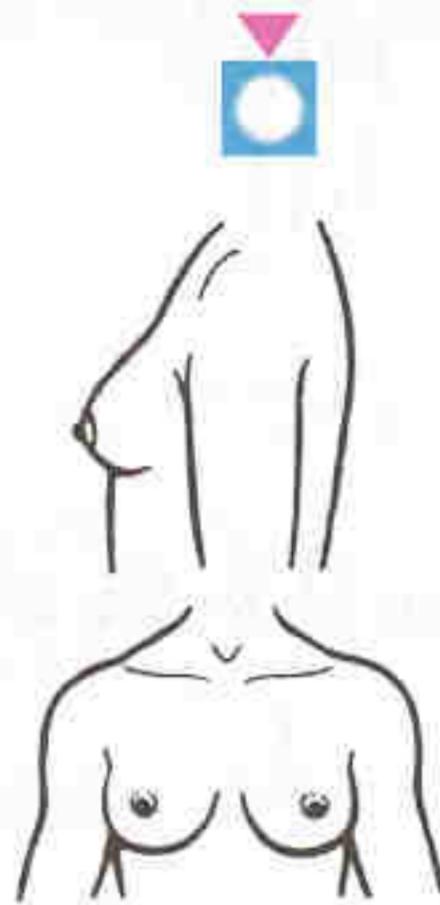
- The area around the nipple (areola) and the breast are both larger than Stage 2.
- The areola does not stick out away from the breast.

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.

29. Another change is to grow pubic hair. Please LOOK at the drawings and READ the sentences below each of them. Then choose the drawing closest to your stage of 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

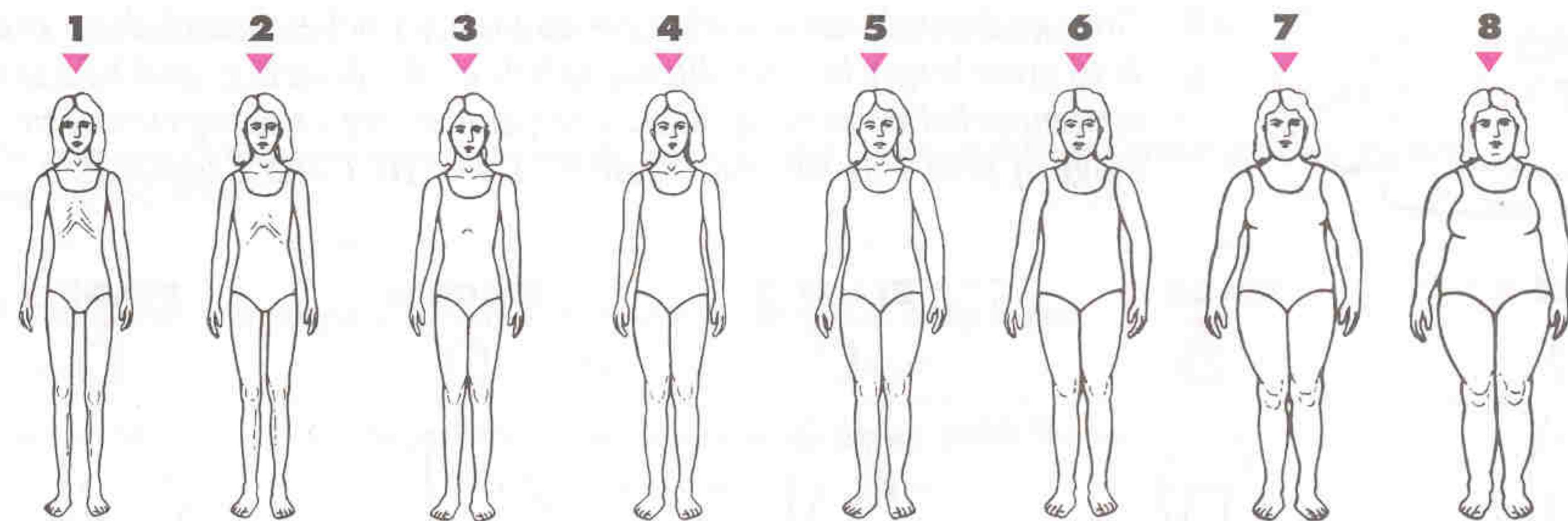


- The hair is now as dark, curly, and coarse as that of a grown woman.
- The hair has not spread out to the legs.

STAGE 5



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



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

- 1 2 3 4 5 6 7 8

31. 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

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

- Yes ► Please tell us your e-mail address and we'll send updates on what's going on with the study!
 No

E-MAIL ADDRESS

33. Do you have access to the World Wide Web on a computer either at home, school, or someplace else?

- Yes
 No
 Not sure

P.S. We need a cool name for our study! Do you have any suggestions? If we use your idea, your picture will be in our first newsletter with our new name and you'll get a T-shirt!

My idea for what to name the study:

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 envelope.

MAIL TO: Growing Up in the 90's
 Channing Lab
 181 Longwood Ave.
 Boston, MA 02115

