



HARVARD MEDICAL SCHOOL

Please reply to:

Channing Laboratory

181 Longwood Avenue • Boston, MA 02115

(617) 525-2279 • Fax (617) 525-2008

Hi!

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

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

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

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

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

Thanks very much!

Sincerely,

Graham A. Colditz, MD, DrPH
Principal Investigator

Do we have your correct address and name?

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

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

INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the circles completely. There are no right or wrong answers. We just want to know what you do and think. The questions will be read by a machine so if you need to change your answer, erase the incorrect mark completely. If you have comments, please write them on the last page of the booklet.

**EXAMPLE 1:**

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

NOTE: It is important that you **write in** your weight **and** fill in the circles. That way we can check that the correct circles have been filled in.

E1.

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

EXAMPLE 2:

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

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

E2. Poptarts (1)

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

1. Is this your correct Date of Birth

(Month/Day/Year):

Yes

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

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

Here
we go!
Use a pencil!

2. How tall are you?

DIRECTIONS: Measure your height in feet and inches.

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

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

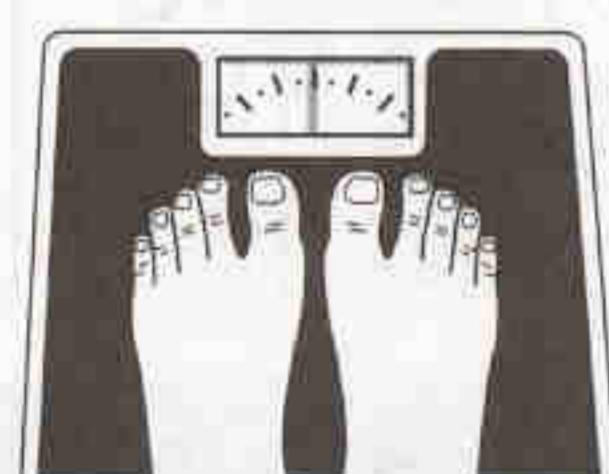
**YOUR HEIGHT
WITHOUT SHOES**

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



**3. How much do you weigh? ► YOUR WEIGHT
WITHOUT SHOES**

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



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

4. Are you home schooled?

Yes

No

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. 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

It is very important you tell us about yourself honestly.

Please read the following example before answering the activity questions.

EXAMPLE:

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



Swimming

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

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

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

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



Baseball or Softball

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Basketball

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Biking

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Dancing or Aerobics

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



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



Playing Outdoors (jump rope, kickball, dodgeball)

Did you do this activity over the past year?

NO YES

→ How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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. In school, how many times per week do you have gym or Phys Ed?

None 1 2 3 4 5 or more

3. Do you usually wheeze after you exercise?

No Yes Don't know

4. Has a doctor ever said you have asthma?

No Yes Don't know

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

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

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

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

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

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

HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?

Mark one answer for each statement.

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

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

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

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

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

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

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

- Never
 - Most days
 - Some days
 - Every day

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

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

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

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

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

我喜歡吃...
我喜歡吃...
我喜歡吃...

- Never eat cold breakfast cereal



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

- Yes → **a. How many do you take per week?**
- No

2 or less 6–9
 3–5 10 or more

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

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

a
b

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

- Yes → **If yes, do you take any of the following?**
- No

Calcium or TUMS Iron Other, please specify: _____

TELL US ABOUT THE FOODS YOU EAT

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

EXAMPLE:

How often do you eat the following foods:

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

E1. Diet soda (1 can or glass)

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



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

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

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

- Never/less than once per week 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
- 2–6 cans per week
- 7 or more cans per week

8. Wine or wine coolers (1 glass)

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

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

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

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

DAIRY FOODS

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

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

2. Milk (glass or with cereal)

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

3. Chocolate milk (glass)

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

4. Instant Breakfast Drink (1 packet)

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

5. Yogurt (1 cup)—not frozen

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

6. Cottage or ricotta cheese

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

7. Cheese (1 slice)

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

8. Cream cheese

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

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

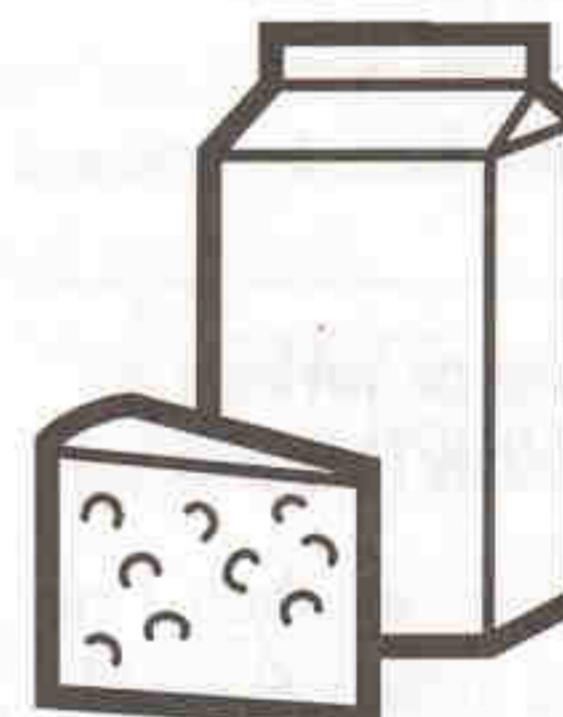
- Nonfat
- Lowfat
- Regular
- Don't know

10. Butter (1 pat)*—**not** margarine

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

11. Margarine (1 pat)*—**not** butter

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



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

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

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

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

Leave blank if you don't know.

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

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

0	0	0	12
1	1	1	A
2	2	2	13
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

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

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 per month
- One per week
- 2–4 per week
- More than 4 per week

15. Shrimp, lobster, scallops (1 serving)

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



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

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

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

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



- 18. Meatballs or meatloaf (1 serving)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week
- 19. Lasagna/baked ziti/ravioli (1 serving)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - More than once per week
- 20. Macaroni and cheese (1 serving)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - More than once per week
- 21. Spaghetti with tomato sauce (1 serving)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week
- 22. Eggs (1)**
- Never/less than 1 per month
 - 1–3 eggs per month
 - One egg per week
 - 2–4 eggs per week
 - More than 4 eggs per week
- 23. Bacon (2) or Sausage (2)**
- Never/less than once per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week
- 24. Liver (1 serving)**
- Never
 - Less than once per month
 - Once per month
 - 2–3 times per month
 - 1 or more times per week
- 25. French toast (2 slices)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - 1 or more per day
- 26. Grilled cheese (1)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week
- 27. Eggrolls (1)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week

OTHER FOODS

- 1. Brown gravy**
- Never/less than 1 per month
 - Once per week or less
 - 2–6 times per week
 - Once per day
 - More than once per day
- 2. Ketchup**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–4 times per week
 - More than 4 times per week
- 3. Cream (milk) soups or chowder (1 bowl)**
- Never/less than 1 per month
 - 1–3 bowls per month
 - 1 bowl per week
 - 2–6 bowls per week
 - 1 or more bowls per day
- 4. Clear soup (with rice, noodles, vegetables) 1 bowl**
- Never/less than 1 per month
 - 1–3 bowls per month
 - 1 bowl per week
 - More than 1 bowl per week
- 5. Mayonnaise**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–6 times per week
 - 1 or more times per day
- 6. Low calorie or low fat salad dressing**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–6 times per week
 - 1 or more times per day
- 7. Salad dressing (not low calorie)**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–6 times per week
 - 1 or more times per day
- 8. Salsa**
- Never/less than 1 per month
 - 1–3 times per month
 - Once per week
 - 2–6 times per week
 - 1 or more times per day
- 9. How much fat on your beef, pork, or lamb do you eat?**
- Eat all
 - Eat some
 - Eat none
 - Don't eat meat
- 10. When you have chicken or turkey, do you eat the skin?**
- Yes
 - No
 - Sometimes



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

BREADS AND CEREALS

1. Cold breakfast cereal (1 bowl)

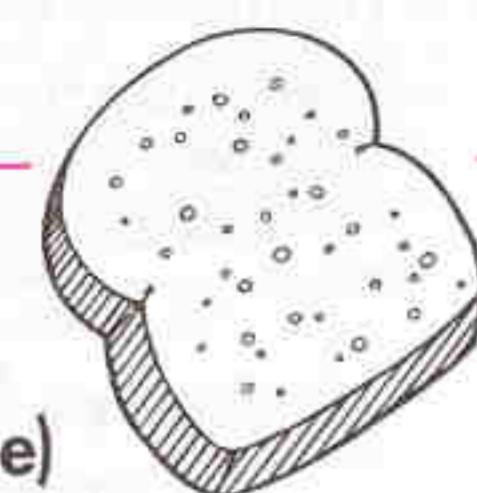
- Never/less than 1 per month
- 1–3 bowls per month
- 1 bowl per week
- 2–4 bowls per week
- 5–7 bowls per week
- More than 1 bowl per day

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

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

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

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



4. Dark bread (1 slice)

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

5. English muffins or bagels (1)

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



6. Muffin (1)

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

7. Cornbread (1 square)

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

8. Biscuit/roll (1)

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

9. Rice

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

10. Noodles, pasta

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

11. Tortilla—no filling (1)

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

12. Other grains, like kasha, couscous, bulgur

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

13. Pancakes (2) or waffles (1)

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

14. French fries (large order)

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

15. Potatoes—baked, boiled, mashed

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

There are no right or wrong answers.

FRUITS AND VEGETABLES

1. Raisins (small pack)

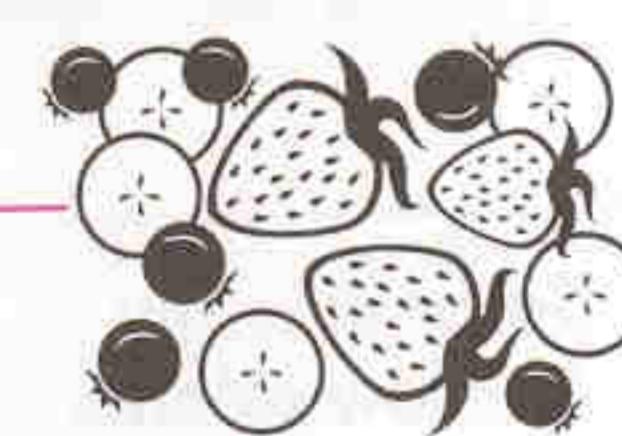
- Never/less than 1 per month
- 1–3 times per month
- 1 per week
- 2–4 times per week
- More than 4 times per week

2. Grapes (bunch)

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

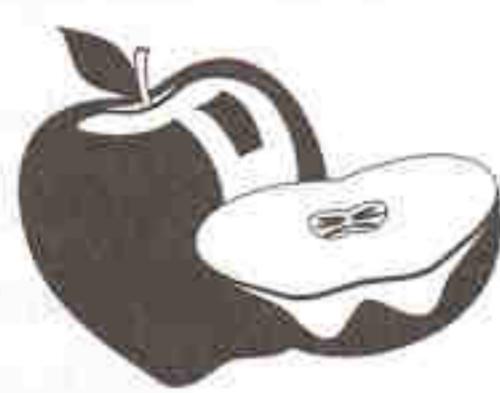
3. Bananas (1)

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



4. Apples (1) or applesauce

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

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

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

6. Pears (1)

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

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

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

8. Strawberries (1/2 cup)

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

9. Peaches, plums, apricots (1)

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

10. Orange juice (1 glass)

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

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

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

12. Tomatoes (1)

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

15. Beans/lentils/soybeans

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

18. Peas or lima beans

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

21. Greens/kale

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

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

19. Mixed vegetables

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

17. Corn

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

22. Green/red peppers

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

23. Yams/sweet potatoes (1)

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

Answer how much you usually ate over the past year.

24. Zucchini, summer squash, eggplant

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

25. Carrots, cooked

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

26. Carrots, raw

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

27. Celery

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

28. Lettuce/tossed salad

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

29. Coleslaw

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

30. Potato salad

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

There are no right or wrong answers.

SNACK FOODS/DESSERTS

1. Potato chips (1 small bag)

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

2. Corn chips/Doritos (small bag)

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

3. Nachos with cheese (1 serving)



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

4. Popcorn (1 small bag)

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

5. Pretzels (1 small bag)

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

6. Peanuts, nuts (1 small bag)

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

7. Fun fruit or fruit rollups (1 pack)

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

8. Graham crackers

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

9. Crackers, like Wheat Thins or Ritz

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

10. Poptarts (1)

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



11. Cake (1 slice)

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

12. Snack cakes, like Twinkies (1 package)

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

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

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

14. Donuts (1)

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

15. Cookies (1)

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

16. Brownies (1)

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

17. Pie (1 slice)

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

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

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

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

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

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

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

21. Jello

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

22. Pudding

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

23. Frozen yogurt

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

24. Ice cream

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

25. Milkshake or frappe (1)

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

26. Popsicles

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

27. Seeds (Sunflower or Pumpkin)

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

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

No Yes → If yes, do you eat them:

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



PHEEW!
ENOUGH ABOUT
FOODS!

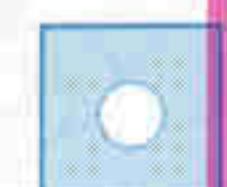
If you feel like it,
TAKE A BREAK!

Then tell us about some of your
FAVORITE THINGS!

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

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

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

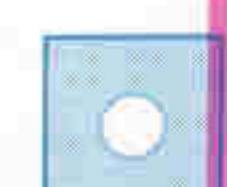


Which ONE category of **night-time** TV show do you watch most often? (Choose just one!)



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

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



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

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

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



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

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



MORE QUESTIONS

Remember we won't tell anyone your answers.

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

- Yes
 No

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

- Definitely not
 Maybe
 Probably

Go on to question 2.

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

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

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

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

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

- No Yes

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

- No Yes

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

- No Yes

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

- No Yes → If yes, how often do you smoke?

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

g. When do you usually smoke your first cigarette?

- Before school During school After school

h. Have you ever thought seriously about quitting smoking?

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

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

- Greater than one week
 Less than one week

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

- Yes
 No

3. How many of your friends smoke?

- None Most
 One All
 A few

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

- Yes
 No

5. Have you ever smoked a cigar?

- Yes
 No

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

- Yes No

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

- Yes No

THESE QUESTIONS ASK ABOUT WEIGHT

1. How do you describe your weight?

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

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 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 16.
- A couple of times
- Less than once a month
- 1–3 times a month
- Once a week
- More than once a week

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

- Yes
- No

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

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

Never A Little Sometimes A Lot Always

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



28. 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 29.

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

- No (go to question 29) Yes

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

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

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

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

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

- Yes No

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

- Never drink alcohol with meals Sometimes
 Rarely Almost always

f. Do you ever drink alcohol:

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

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

- Yes No

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

- Yes No

30. How many of your friends drink alcohol?

- None One A few Most All

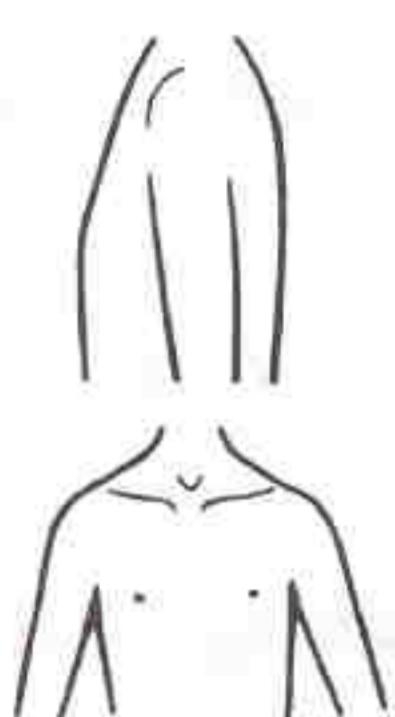
31. How often do you ride with a driver who has been drinking alcohol or taking drugs?

- Never Rarely Sometimes Often

THIS IS KINDA
EMBARRASSING!

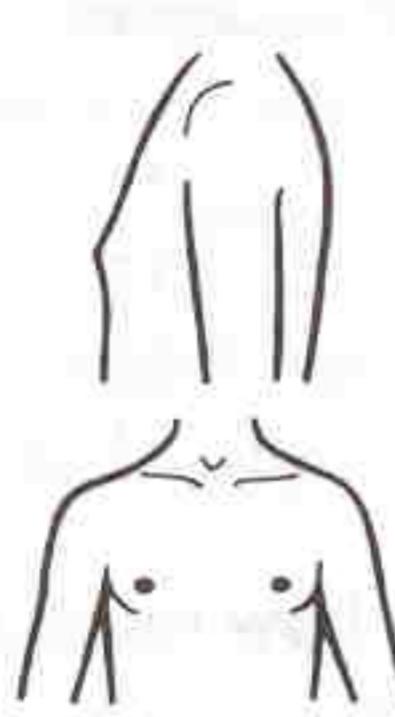
32. Girls go through normal changes as they get older. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of breast development and FILL IN THE CIRCLE above it.

Stage 1



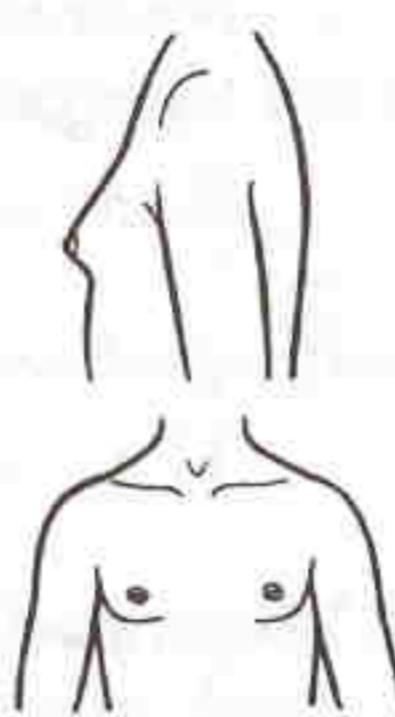
- The nipple is raised a little.
- The rest of the breast is still flat.

Stage 2



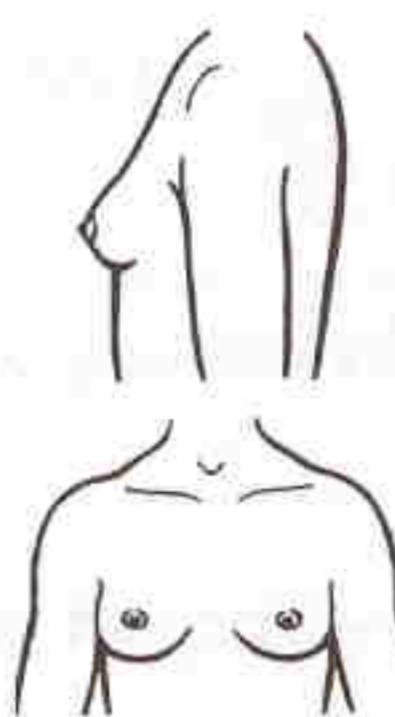
- The breast is a little larger and the nipple is raised more than in Stage 1.
- The area around the nipple (areola) is larger than in Stage 1.

Stage 3



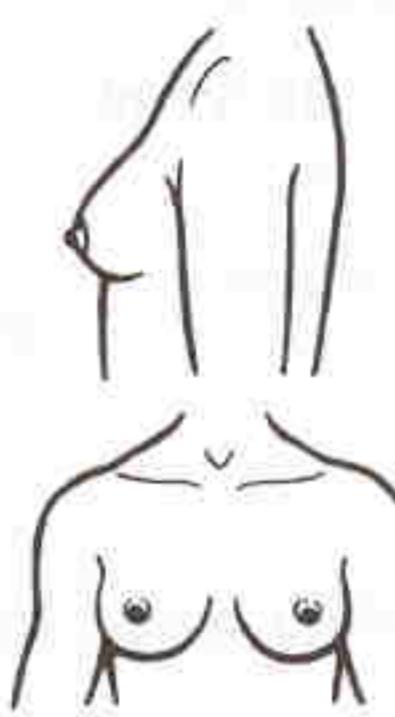
- The area around the nipple (areola) and the breast are both larger than Stage 2.
- The areola does not stick out away from the breast.

Stage 4



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

Stage 5



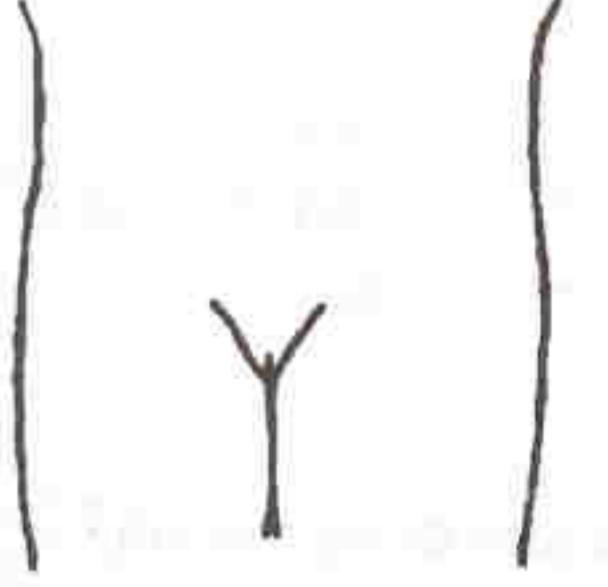
- Only the nipple sticks out in this stage.
- The area around the nipple (areola) has moved back down to the breast.

Do not want to answer

32

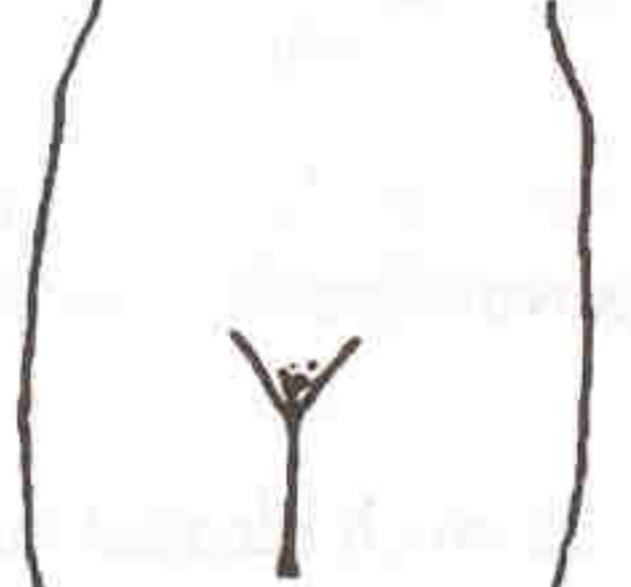
33. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and FILL IN THE CIRCLE above it.

Stage 1



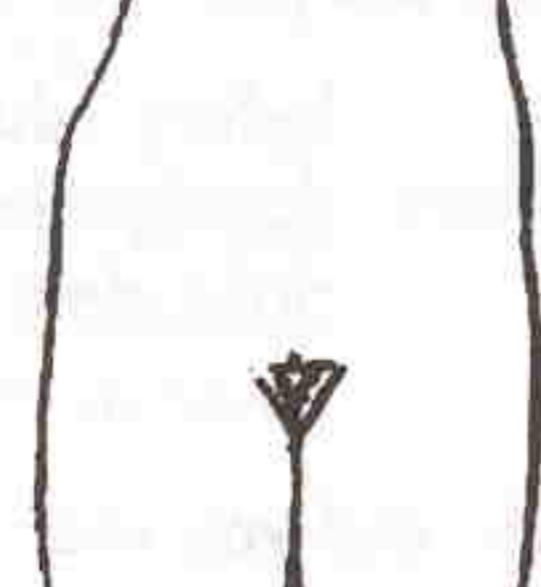
- There is no pubic hair.

Stage 2



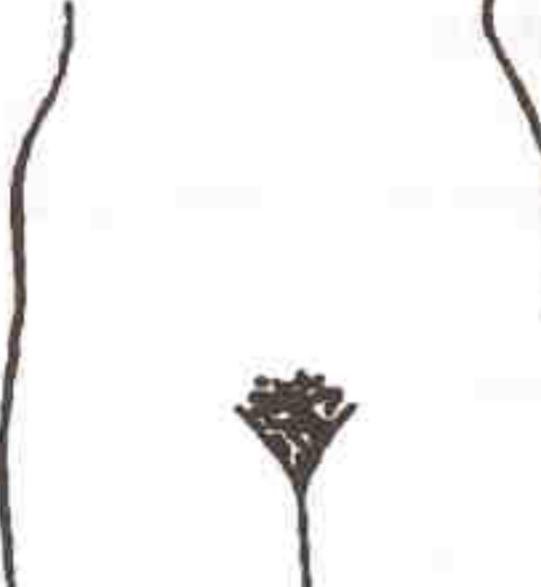
- There is a little, long, lightly colored hair.
- This hair may be straight or a little curly.

Stage 3



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

Stage 4



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

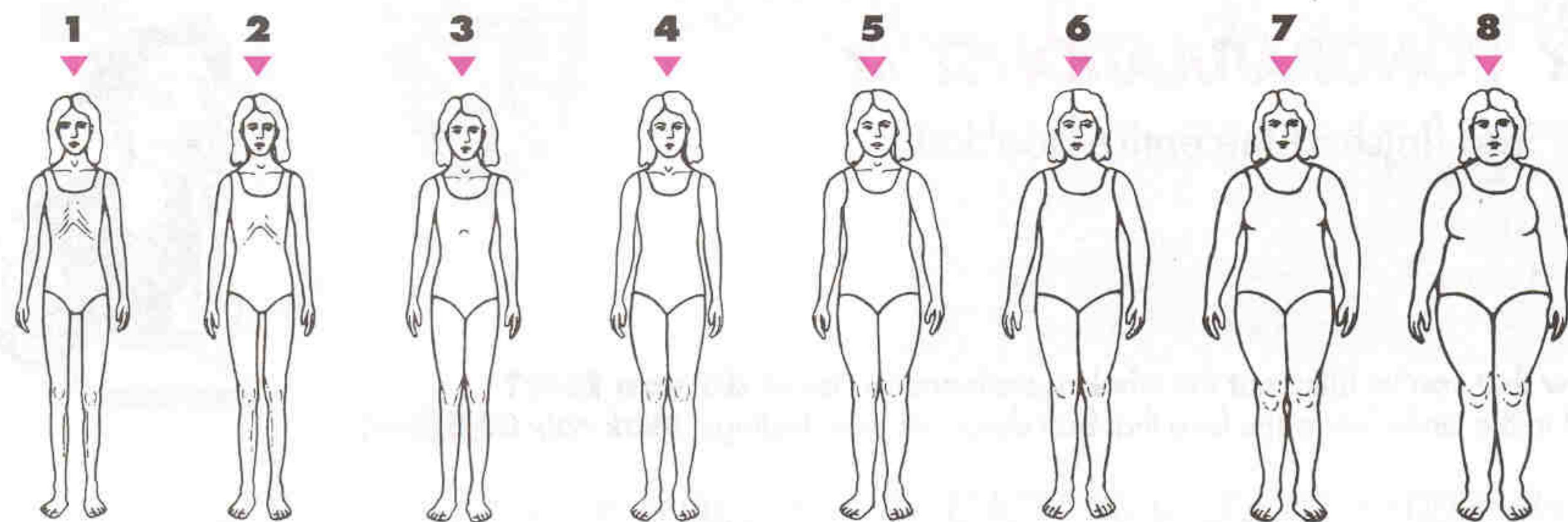
Stage 5



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

Do not want to answer

33



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

- 1 2 3 4 5 6 7 8

35. 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

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

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

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

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

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

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

No

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

E-MAIL ADDRESS

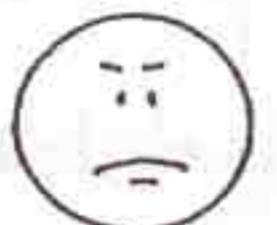
(If you received an e-mail from us last summer and your e-mail address hasn't changed, you can leave this blank.)

★ CONGRATULATIONS! ★

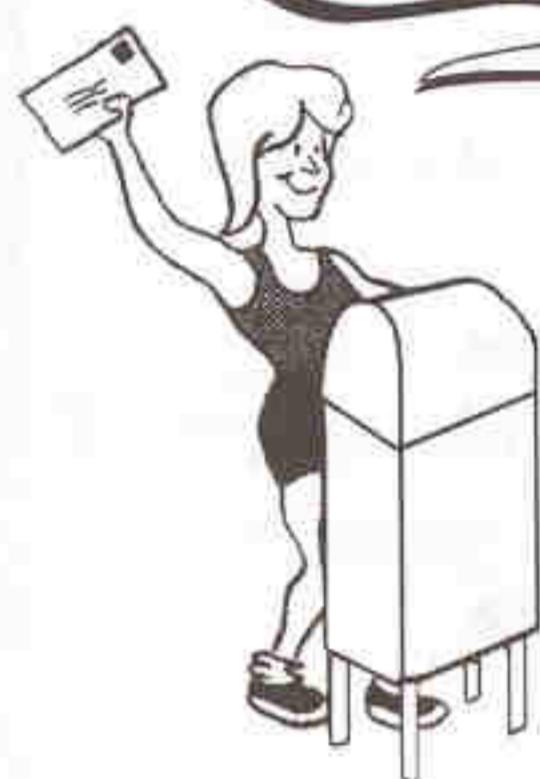
You finished the entire booklet!



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



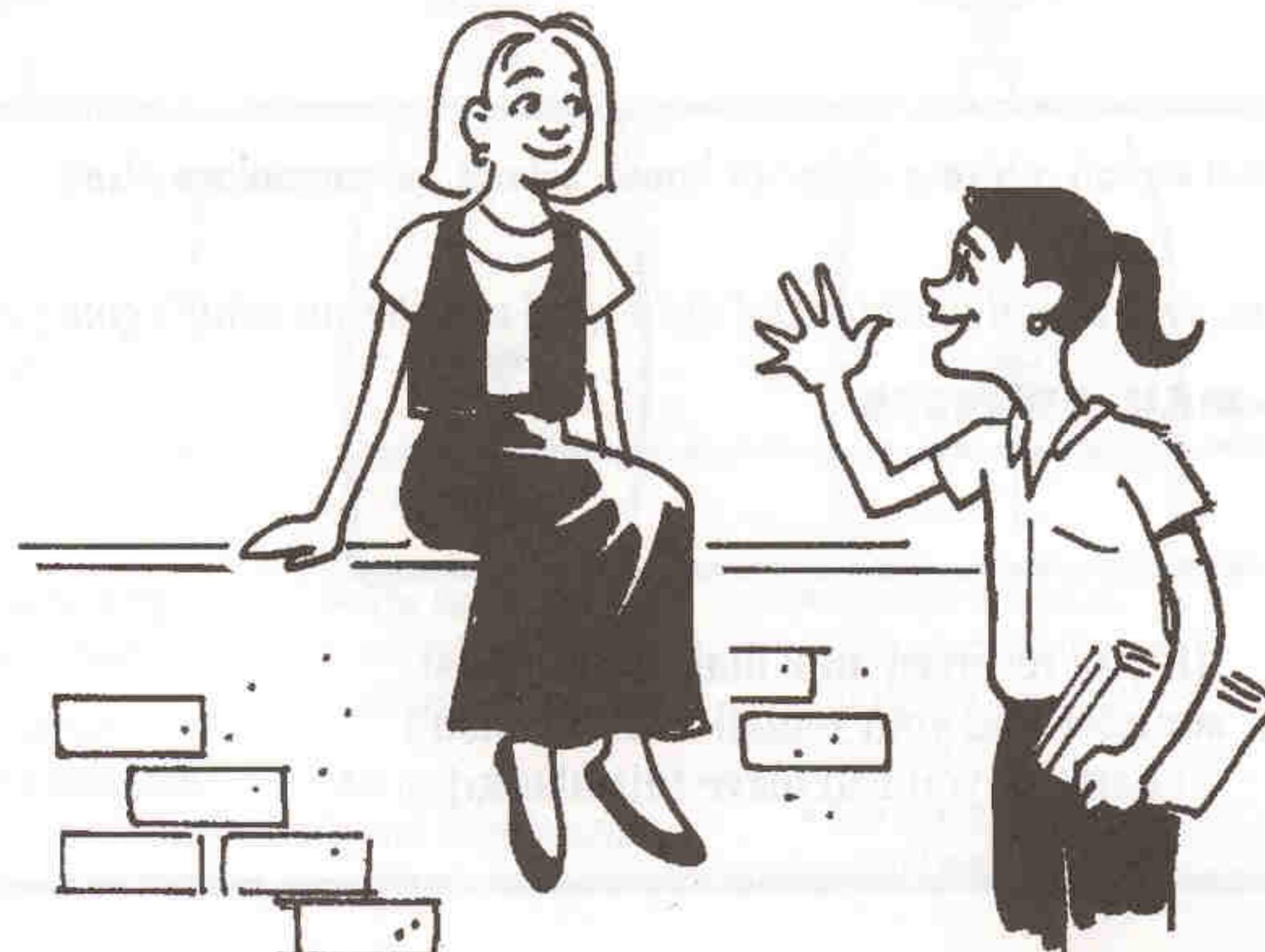
You did it!



Thank you for completing this survey!

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

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



All original artwork by Greg Moutafis

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page **TWENTY-ONE**

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

PLEASE DO
NOT WRITE
IN THIS AREA



9521

