Hi!

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

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

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

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

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

Thanks very much!
Sincerely,

Graham A. Colditz, MD, DrPH
Principal Investigator

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

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.

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:

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).

3. How much do you weigh?

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.

4. Are you home schooled?

  ○ Yes  ○ No

5. Have you started having menstrual periods?

If yes, age periods began:

  ○ Yes  ➔
  ○ No  ➔

AND month periods began:

  ○ January  ○ June
  ○ February  ○ July
  ○ March  ○ August
  ○ April  ○ September
  ○ May  ○ October

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

  ○ Mother
  ○ Father
  ○ Stepmother
  ○ Stepfather
  ○ Grandmother
  ○ Grandfather
  ○ Other relative
  ○ 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

---

**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

---

**Basketball**

Did you do this activity over the past year?
- [ ] NO  [ ] YES

How much did you do it EACH season?
- Fall
- Winter
- Spring
- Summer

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**Biking**

Did you do this activity over the past year?
- [ ] NO  [ ] YES

How much did you do it EACH season?
- Fall
- Winter
- Spring
- Summer

---

**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

---

**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

---

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.
### Ice, Field, Street Hockey or Lacrosse
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Running or Jogging
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Swimming
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Rollerblading, Rollerskating, or Iceskating
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Skateboarding
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Soccer
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Tennis or Other Raquet Sports
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### Walking (to/from school, friend's house, store)
Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**
### 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**

### 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**

### 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**

### Volleyball

Did you do this activity over the past year?
- **NO**
- **YES**

How much did you do it EACH season?
- **Fall**
- **Winter**
- **Spring**
- **Summer**

### 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**

---

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)*

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>1-5 hr</th>
<th>6-10 hr</th>
<th>11-15 hr</th>
<th>16-20 hr</th>
<th>21-30 hr</th>
<th>31+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
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<tr>
<td>Watching videos or VCR</td>
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<tr>
<td>Reading/Homework</td>
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<tr>
<td>Nintendo/Sega/computer games (not homework)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>1-5 hr</th>
<th>6-10 hr</th>
<th>11-15 hr</th>
<th>16-20 hr</th>
<th>21-30 hr</th>
<th>31+ hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
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<td>Watching videos or VCR</td>
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</tbody>
</table>
**HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?**

Mark one answer for each statement.

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

**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
   - 1-2 times per week
   - 3-4 times per week
   - 5 or more times per week

2. **Where do you usually get your lunch?**
   - Bring from home
   - Get from school
   - Get fast food
   - Get from store or food truck

3. **How often do you sit down with other members of your family to eat dinner or supper?**
   - Never
   - Some days
   - Most days
   - Every day

4. **How many times per week do you make dinner for yourself (and/or others in your house)?**
   - Never or almost never
   - Less than once per week
   - 1-2 times per week
   - 3-4 times per week
   - 5 or more times per week

5. **How often do you have dinner that is ready-made, like frozen dinners, Spaghetti-O’s, microwave meals, etc.?**
   - Never/less than once per week
   - 1-2 times per week
   - 3-4 times per week
   - 5 or more times per week

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

   - Never eat cold breakfast cereal

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**page FIVE**
### Questions about Vitamins and Minerals

7. **Do you now take vitamins (like Flintstones, Centrum)?**
   - [ ] Yes
   - [ ] No
   - **How many do you take per week?**
     - [ ] 2 or less
     - [ ] 3–5
     - [ ] 6–9
     - [ ] 10 or more
   - **What specific brand do you usually use? (Please specify exact brand)**

8. **Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 7b)?**
   - [ ] Yes
   - [ ] No
   - **If yes, do you take any of the following?**
     - Calcium or TUMS
     - Iron
     - Other, please specify:

### Food Consumption

**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:*

**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 glass 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 cup per month
   - 2–6 cups per week
   - 1 cup per week
   - 2–3 cups per day
   - More than 3 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
   - More than 3 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
   - More than 3 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 week
   - 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

13. What type of oil does your family use at home?
    - Canola oil
    - Corn oil
    - Safflower oil
    - Olive oil
    - Vegetable oil
    - Don't know

*Leave blank if you don’t know.*

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**Page SEVEN**

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

### MAIN DISHES

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</thead>
<tbody>
<tr>
<td>1. Cheeseburger (1)</td>
<td>2. Hamburger (1)</td>
<td>3. Pizza (2 slices)</td>
<td>4. Tacos/burritos/enchiladas (1)</td>
<td>5. Chicken nuggets (6)</td>
<td>6. Hot dogs (1)</td>
<td>7. Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)</td>
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</tbody>
</table>

**Which taco filling do you usually have:**
- Beef and beans
- Beef
- Chicken
- Beans

**What type of chicken or turkey sandwich do you usually have:**
- Never/less than 1 per month
- 1–3 per month
- One per week
- 2–4 per week
- More than 4 per week
<p>| | | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>18. Meatballs or meatloaf (1 serving)</td>
<td>19. Lasagna/baked ziti/ravioli (1 serving)</td>
<td>20. Macaroni and cheese (1 serving)</td>
</tr>
<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
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<tr>
<td>○ 1–3 times per month</td>
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<td>○ Once per week</td>
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<td>○ Once per week</td>
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<tr>
<td>○ 2–4 times per week</td>
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<td>○ More than once per week</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Spaghetti with tomato sauce (1 serving)</th>
<th>22. Eggs (1)</th>
<th>23. Bacon (2) or Sausage (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than once per month</td>
</tr>
<tr>
<td>○ 1–3 times per month</td>
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<tr>
<td>○ Once per week</td>
<td>○ One egg per week</td>
<td>○ Once per week</td>
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<td>○ 2–4 times per week</td>
<td>○ 2–4 eggs per week</td>
<td>○ 2–4 times per week</td>
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<tr>
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<td>○ More than 4 times per week</td>
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</table>

<table>
<thead>
<tr>
<th>24. Liver (1 serving)</th>
<th>25. French toast (2 slices)</th>
<th>26. Grilled cheese (1)</th>
<th>27. Eggrolls (1)</th>
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</thead>
<tbody>
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<td>○ Never</td>
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<tr>
<td>○ 1 or more times per week</td>
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</table>

**OTHER FOODS**

<p>| | | | |</p>
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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Brown gravy</td>
<td>2. Ketchup</td>
<td>3. Cream (milk) soups or chowder (1 bowl)</td>
<td>4. Clear soup (with rice, noodles, vegetables) 1 bowl</td>
</tr>
<tr>
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<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
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<tr>
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<td>○ 1 or more times per day</td>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>9. How much fat on your beef, pork, or lamb do you eat?</th>
<th>10. When you have chicken or turkey, do you eat the skin?</th>
</tr>
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<tbody>
<tr>
<td>○ Eat all</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Eat some</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Eat none</td>
<td>○ Sometimes</td>
</tr>
<tr>
<td>○ Don't eat meat</td>
<td></td>
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</table>
Remember, this is how much of these foods you usually ate over the past year.

## Breads and Cereals

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Cold breakfast cereal (1 bowl)</td>
<td>2. Hot breakfast cereal, like oatmeal, grits (1 bowl)</td>
<td>3. White bread, pita bread, or toast (1 slice)</td>
<td></td>
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<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
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<tr>
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<tr>
<td>○ More than 1 bowl per day</td>
<td>○ More than 1 bowl per day</td>
<td>○ More than 3 slices per day</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Dark bread (1 slice)</th>
<th>5. English muffins or bagels (1)</th>
<th>6. Muffin (1)</th>
</tr>
</thead>
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<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
</tr>
<tr>
<td>○ 1 slice per week or less</td>
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<td>○ 1 month</td>
<td>○ 1 muffin per week</td>
</tr>
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<td>○ 5–7 slices per week</td>
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</tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Cornbread (1 square)</th>
<th>8. Biscuit/roll (1)</th>
<th>9. Rice</th>
</tr>
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<tbody>
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<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
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<tr>
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<tr>
<td>○ Once per week</td>
<td>○ 1 month</td>
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<td>○ More than 4 times per week</td>
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<td>○ Never/less than 1 per month</td>
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<tr>
<td>○ 1–3 times per month</td>
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<td>○ 1–3 times per month</td>
</tr>
<tr>
<td>○ Once per week</td>
<td>○ 1 month</td>
<td>○ Once per week</td>
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<tr>
<td>○ 2–4 times per week</td>
<td>○ 2–4 weeks</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Pancakes (2) or waffles (1)</th>
<th>14. French fries (large order)</th>
<th>15. Potatoes—baked, boiled, mashed</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
</tr>
<tr>
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<td>○ 1–3 orders per month</td>
<td>○ 1–3 times per month</td>
</tr>
<tr>
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<td>○ 2–4 times per week</td>
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<tr>
<td>○ More than once per week</td>
<td>○ More than 4 orders per week</td>
<td>○ More than 4 times per week</td>
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</table>

There are no right or wrong answers.

## Fruits and Vegetables

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<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Raisins (small pack)</td>
<td>2. Grapes (bunch)</td>
<td>3. Bananas (1)</td>
</tr>
<tr>
<td></td>
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<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
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</tr>
<tr>
<td>4.</td>
<td><strong>Apples (1) or applesauce</strong></td>
<td><strong>Cantaloupe, melons</strong> (1/4 melon)</td>
</tr>
<tr>
<td></td>
<td>- Never/less than 1 per month</td>
<td>- Never/less than 1 per month</td>
</tr>
<tr>
<td></td>
<td>- 1–3 per month</td>
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<tr>
<td></td>
<td>- 2–6 per week</td>
<td>- More than once per week</td>
</tr>
<tr>
<td></td>
<td>- 1 or more per day</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Oranges (1), grapefruit (1/2)</strong></td>
<td><strong>Strawberries (1/2 cup)</strong></td>
</tr>
<tr>
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<td>- Never/less than 1 per month</td>
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<tr>
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<td>- 1–3 per month</td>
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<td>- 2–6 per week</td>
<td>- 2–4 times per week</td>
</tr>
<tr>
<td></td>
<td>- 1 or more per day</td>
<td>- More than 4 times per week</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Orange juice (1 glass)</strong></td>
<td><strong>Apple juice and other fruit juices (1 glass)</strong></td>
</tr>
<tr>
<td></td>
<td>- Never/less than 1 per month</td>
<td>- Never/less than 1 per month</td>
</tr>
<tr>
<td></td>
<td>- 1–3 glasses per month</td>
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<td></td>
<td></td>
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<tr>
<td>13.</td>
<td><strong>Tofu</strong></td>
<td><strong>String beans</strong></td>
</tr>
<tr>
<td></td>
<td>- Never/less than 1 per month</td>
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<td>- More than 4 times per week</td>
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<tr>
<td>15.</td>
<td><strong>Beans/lentils/soybeans</strong></td>
<td><strong>Broccoli</strong></td>
</tr>
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<td></td>
<td>- Never/less than 1 per month</td>
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<tr>
<td>18.</td>
<td><strong>Peas or lima beans</strong></td>
<td><strong>Mixed vegetables</strong></td>
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<td>- More than 4 times per week</td>
<td>- More than 4 times per week</td>
</tr>
<tr>
<td>21.</td>
<td><strong>Greens/kale</strong></td>
<td><strong>Green/red peppers</strong></td>
</tr>
<tr>
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<tr>
<td></td>
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<td>- More than 4 times per week</td>
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</table>
**Answer how much you usually ate over the past year.**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>○ Never/less than</td>
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<td>○ 1–3 times per month</td>
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<td>○ Once per week</td>
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<td>○ Never/less than 1 per month</td>
<td>○ Never/less than</td>
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<tr>
<td></td>
<td>○ 1 or more per day</td>
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<td>○ More than once per week</td>
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</table>

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

**SNACK FOODS/DESSERTS**

<table>
<thead>
<tr>
<th>1. Potato chips (1 small bag)</th>
<th>2. Corn chips/Doritos (small bag)</th>
<th>3. Nachos with cheese (1 serving)</th>
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<tbody>
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<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
</tr>
<tr>
<td>○ 1–3 small bags per month</td>
<td>○ 1–3 small bags per month</td>
<td>○ 1–3 times per month</td>
</tr>
<tr>
<td>○ One small bag per week</td>
<td>○ One small bag per week</td>
<td>○ One small bag per week</td>
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<tr>
<td>○ 2–6 small bags per week</td>
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<tr>
<td>○ 1 or more small bags per day</td>
<td>○ 1 or more small bags per day</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Popcorn (1 small bag)</th>
<th>5. Pretzels (1 small bag)</th>
<th>6. Peanuts, nuts (1 small bag)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
<td>○ Never/less than 1 per month</td>
</tr>
<tr>
<td>○ 1–3 small bags per month</td>
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<tr>
<th>7. Fun fruit or fruit rollups (1 pack)</th>
<th>8. Graham crackers</th>
<th>9. Crackers, like Wheat Thins or Ritz</th>
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<tr>
<td>○ Never/less than 1 per month</td>
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<td>○ 1–3 packs per month</td>
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<tr>
<td>○ 1–3 poptarts per month</td>
<td>○ 1–3 slices per month</td>
<td>○ 1–3 times per month</td>
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<td>○ 1–6 poptarts per week</td>
<td>○ 1 slice per week</td>
<td>○ Once per week</td>
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<tr>
<td>○ 1 or more poptarts per day</td>
<td>○ More than 1 slice per week</td>
<td>○ 2–6 per week</td>
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<tr>
<td></td>
<td></td>
<td>○ 1 or more per day</td>
</tr>
</tbody>
</table>
### 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
- 1 time 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)
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.

2. Do you have a brother or sister who smokes cigarettes?
   ( ) Yes  ( ) No

3. How many of your friends smoke?
   ( ) None  ( ) One  ( ) A few  ( ) Most  ( ) All

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

   **Did you feel out of control, like you couldn’t stop eating even if you wanted to stop?**
   - Yes
   - No
Remember there are no right or wrong answers. We just want to know what you think.

1. In the past year, how often have you felt fat?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

2. In the past year, how often have your girl friends talked about wanting to lose weight?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

3. In the past year, how often have you worried about having fat on your body?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

4. In the past year, how often have you changed your eating when you were around boys?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

5. In the past year, how often have you tried to change your weight so you would not be teased by boys (including brothers)?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

6. In the past year, how often has your mother tried to lose weight?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always          ○ Don’t Know

7. In the past year, how often have you tried to lose weight?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

8. In the past year, how often have you thought about wanting to be thinner?
   ○ Never          ○ A Little          ○ Sometimes          ○ A Lot          ○ Always

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

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

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

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

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

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
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

YOU'RE DOIN' GREAT! Almost done!
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.

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
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.

- The nipple is raised a little.
- The rest of the breast is still flat.
- 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.
- 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.
- Only the nipple sticks out in this stage.
- The area around the nipple (areola) has moved back down to the breast.

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.

- There is no pubic hair.
- There is a little, long, lightly colored hair.
- This hair may be straight or a little curly.
- The hair is darker, coarser, and more curled.
- It has spread out and thinly covers a larger area.
- The hair is now as dark, curly, and coarse as that of a grown woman.
- The hair has not spread out to the legs.
- The hair is now like that of a grown woman.
- The hair often forms a triangle (\(\bigtriangledown\)) as it spreads out to the legs.

○ Do not want to answer
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