Hi!

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

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

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

Thanks very much!
Sincerely,

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

Graham A. Colditz, MD, DrPH
Principal Investigator
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.

EXAMPLE 2:
Running or Jogging
Did you do this activity over the past year?
☐ NO ☐ YES → How much did you do it EACH season?

<table>
<thead>
<tr>
<th></th>
<th>None/ Zero</th>
<th>Less than 1/2 hr./wk.</th>
<th>1/2 - 3 hr./week</th>
<th>4 - 6 hr./week</th>
<th>7 - 9 hr./week</th>
<th>10+ hr./week</th>
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<tbody>
<tr>
<td>Fall</td>
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<td>Summer</td>
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</table>
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

2. How tall are you?

DIRECTIONS: Measure your height in feet and inches. This may be tricky to do by yourself so we suggest asking someone to help. Some hints to get the correct height:

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

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. What type of school do you attend?
(Mark all that apply.)
- Public
- Private
- Boarding school
- Military
- Religious school
- All boys
- Home school
- College
- Not in school

5. What grade/school level will you most likely be in next fall (fall of 2000)?
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College freshman
- College sophomore
- College junior
- College senior
- Trade/technical school
- Working
- Other
6. Which ONE category best describes your favorite kind of music? (Choose just one!)
- Pop/Top 40: Britney Spears, 'N Sync
- Alternative: Offspring, Goo Goo Dolls
- Metal: Korn, Metallica
- Country: Dixie Chicks, Garth Brooks
- R&B: Brandy, Maxwell, TLC
- Classical: Beethoven, Mozart
- Gospel: Winans, Kirk Franklin
- Classic Rock: Led Zeppelin, Van Halen
- Soft Rock: Celine Dion, Elton John
- Rap/Hip Hop: Lauryn Hill, Busta Rhymes
- Light sounds: Bette Midler, Neil Diamond
- Jazz: Miles Davis, Kenny G.
- Christian: Steven C. Chapman, Jars of Clay
- Other

7. How many sports events have you seen on TV in the last month?
- None
- 1
- 2
- 3
- 4–5
- 6–7
- 8–9
- 10 or more

What sport(s) did you watch on TV in the last month?
- Football
- Baseball
- Basketball
- Women's Basketball
- Hockey
- Soccer
- Other

8. Which ONE type of magazine do you read most often? (Choose just one!)
- Don't regularly read magazines
- Music: Rolling Stone, SPIN
- Fashion: Vogue, Elle
- Mens: GQ, Men's Health
- Humor: Mad, Comics
- Sports: Sports Illustrated, Tennis
- Cars/Trucks: Hot Rod, Car and Driver
- Gossip/Celebrities: People, National Enquirer
- News/Variety: Life, Newsweek, Ebony
- Teen: Seventeen, YM
- Health/Fitness: Self, Muscle Fitness
- TV/Movies: Soap Opera Digest, TV Guide
- Women's: Glamour, Cosmo
- Science: Popular Science, Omni
- Computer/Video Games: MacWorld, PC Games
- Other: Travel, Food, etc.

How often do you read this type of magazine?
- Less than once a month
- 1–3 times a month
- At least once a week

9. On a typical night when you have school the next day, how many hours of sleep do you get?
- Less than 5
- 5
- 6
- 7
- 8
- 9
- 10
- 11+

10. How many books have you read "for fun" in the last year? (Don't count textbooks or books you had to read for school.)
- None
- 1–3 times a month
- Once a week
- More than once a week

11. Most teens have at least some acne (pimples) as they grow up. Compared to other people your age, how would you describe your acne? (Mark one answer.)
- I almost never have any pimples
- I usually have a few pimples
- I sometimes get a few pimples
- I sometimes get a lot of pimples
- I usually have a lot of pimples

12. Which of the following pets do you have? (Mark all that apply.)
- None
- Dog
- Cat
- Fish
- Gerbil/Hamster
- Bird
- Other

13. How often do you go to religious meetings or services?
- Never
- Less than once a month
- 1–3 times a month
- Once a week
- More than once a week
14. How often do you pray or meditate?
   ○ Never ○ Less than once a week ○ 1–6 times a week ○ Once a day or more

15. Do you currently have a job where you work for money? (Not including household chores)
   ○ Yes ○ No

16. In the past year, how often did you:
   - Feel worthless?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never
   - Notice you didn’t have as much energy as you usually do?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never
   - Feel “down in the dumps” or “depressed”?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never
   - Feel hopeful about the future?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never
   - Have trouble concentrating?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never
   - Have trouble enjoying activities you usually enjoy?
     ○ Always ○ Usually ○ Sometimes ○ Rarely ○ Never

17. How much stress do you feel in your life? (Mark one answer.)
   ○ I never feel stress ○ I feel stress fairly often ○ I feel a lot of stress
   ○ I sometimes feel a little stress, but it’s no big deal ○ I sometimes feel a lot of stress
   ○ I feel a lot of stress most of the time

**HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?**
Mark one answer for each statement.

<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>
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<tbody>
<tr>
<td>Some kids feel like 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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<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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<td>Some kids feel like they are just as smart as other kids their age.</td>
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<td>Some kids don’t have very many friends.</td>
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<td>Some kids wish they could be a lot better at sports.</td>
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<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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<td>Some kids would like to have a lot more friends.</td>
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<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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<td>Some kids feel that they are better at sports than other kids their age.</td>
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<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 school work.</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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<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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Alcohol

1. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?
   - Yes
   - No

Do you think you will try drinking alcohol in the next year?
   - Definitely not
   - Maybe
   - Probably

Go on to question 2.

a. Have you ever had a whole "drink" of alcohol? (One "drink" means a whole glass, can or bottle of beer; a whole glass of wine; or a whole "mixed drink" or shot of liquor. They all have the same amount of alcohol.)
   - No (SKIP TO QUESTION 2)
   - Yes

b. How old were you when you had your first whole "drink" of alcohol?
   - Never had whole "drink" of alcohol
   - Younger than 8
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16 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
   - Rarely
   - Sometimes
   - Often

f. Do you ever drink alcohol:
   - Before school?
   - During school?
   - Right after you leave school?
   - Yes
   - No

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

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

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

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

6. If you started to drink a beer tomorrow in front of your parents, what do you think they would do?
   - They would tell me to stop and they would be very upset.
   - They would tell me to stop, but they would not be too upset.
   - They would not tell me to stop, but they would disapprove.
   - They would have no reaction.
   - Not sure.

2. None
   - 1
   - 2
   - 3-5
   - 6-8
   - 9-11
   - 12 or more times
7. How often do you ride with a driver who has been drinking alcohol or taking drugs?
   ○ Never  ○ Rarely  ○ Sometimes  ○ Often

8. People have different ideas about the effects of alcohol. We would like to know what YOU THINK about alcohol use, even if you have never tried alcohol.
   If you’re not sure about how to answer a question, please mark your best guess.
   (Alcohol includes drinks like beer, wine, liquor (for example vodka or rum), and mixed drinks.)

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

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

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

11. Do you think that you would ever use something with the name of an alcohol drink on it?
    ○ Yes  ○ No
Smoking

Remember, we won't tell anyone your answers.

1. In the coming year, do you think you will smoke a cigarette, even a few puffs?
   - Definitely not
   - Maybe
   - Probably
   - Definitely

2. Have you EVER tried or experimented with cigarette smoking, even a few puffs?
   - No
   - Yes

   a. Have you smoked at least 100 cigarettes (5 packs) in your life?
      - No
      - Yes

   b. When you are in a place where smoking is forbidden, is it difficult for you not to smoke?
      - Very difficult
      - Difficult
      - Somewhat difficult
      - Slightly difficult
      - Not at all difficult

   c. In the PAST YEAR, have you smoked a cigarette, even a few puffs?
      - No
      - Yes

         a. When you are smoking, how many cigarettes do you smoke in one day?
            - Don't smoke
            - 1-4
            - 5-12
            - 13-24
            - More than 25

         b. When you are smoking, how often do you smoke?
            - Don't smoke
            - Less than once a week
            - 1-2 days per week
            - 3-5 days per week
            - Daily
            - Almost everyday

         c. Do you smoke more in the morning than the rest of the day?
            - Always
            - Usually
            - Sometimes
            - Rarely
            - Never

         d. Do you smoke even when you are really sick [i.e., coughing or vomiting a lot]?
            - Always
            - Usually
            - Sometimes
            - Rarely
            - Never

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

         f. How soon after waking in the morning do you smoke your first cigarette?
            - When I first open my eyes
            - Within the first 15 minutes after waking
            - Between 15 and 30 minutes
            - Between 30 and 60 minutes
            - Between 1 and 2 hours
            - More than 2 hours

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

         h. How many times in the past year have you tried to quit smoking?
            - Never
            - Once
            - 2-3 times
            - 4 or more times

         i. What was the longest time you stayed off cigarettes in the past year?
            - Less than a week
            - More than a week, but less than a month
            - 1-3 months
            - 3-6 months
            - More than 6 months

         j. Have you quit smoking?
            - No
            - Yes

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

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

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

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

6. Have you used chewing tobacco in the past year?
   - No
   - Yes
   - How often?
      - 1-2 times a year
      - Less than once a month
      - Once a month
      - Once a week
7. Have you smoked a cigar in the past year?
   ○ No  ○ Yes ▶ How often?  ○ 1–2 times a year  ○ Less than once a month  ○ Once a month  ○ Once a week

8. How many of your friends smoke cigarettes?
   ○ None  ○ One  ○ A few  ○ Most  ○ All

9. How many of your friends smoke cigars?
   ○ None  ○ One  ○ A few  ○ Most  ○ All

10. Have you ever read a cigar magazine like Cigar Aficionado or Smoke?
    ○ No  ○ Yes

11. Have you ever bought or been given stuff like a hat, T-shirt, or bag with the name of a cigarette on it (like Camel, Marlboro or Virginia Slims)?
    ○ No  ○ Yes

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

13. What is the general rule about smoking inside your home?
    ○ There is no rule  ○ People are not allowed to smoke inside the house

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

1. Have you EVER used:

   Marijuana or hashish (pot, reefer, blunts, hash)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Cocaine (coke, rock)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Smoked cocaine (crack)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Heroin (dope, H)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Ecstasy (X)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   PCP (angel dust)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   GHB (liquid X)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   LSD (acid), mushrooms (shrooms) or any other hallucinogenics?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Ketamine (special K)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Valium, Xanax, or Librium?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Amphetamines (uppers, speed, crystal, glass)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Sleeping pills, Rohypnol (downers, roofies)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   Pain killers like Percodan or codeine?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

   A needle to inject any drug (shooting up)?
   ○ No  ○ Yes ▶ Not in past yr.  ○ 1 time in past yr.  ○ 2–10 times in past yr.  ○ 11+ times in past yr.

2. During the past year, how many of your friends have used illegal drugs?
   ○ None  ○ A few  ○ Some  ○ A lot  ○ All

3. Do you have a brother or a sister who uses illegal drugs?
   ○ No  ○ Yes
THESE QUESTIONS ASK ABOUT WEIGHT

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

1. How do you describe your weight?
   - Very underweight
   - Slightly underweight
   - About the right weight
   - Slightly overweight
   - Very overweight

2. Which of the following are you trying to do about your weight?
   - I am not trying to do anything about my weight
   - Stay the same weight
   - Gain weight
   - Lose weight

3. During the past year, how often did you diet to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

4. During the past year, to lose weight or to keep from gaining weight, how often did you exercise?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

5. During the past year, how often did you make yourself throw up to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

6. During the past year, how often did you take laxatives to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

7. During the past year, how often did you take diet pills to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

8. During the past year, how often have you eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating or gorging)?
   - Never
   - A couple of times
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - More than once a week
   - Go to question 9.

Did you feel out of control, like you couldn’t stop eating even if you wanted to stop?
   - Yes
   - No

9. In the past year, how often have you felt fat?
   - Never
   - A little
   - Sometimes
   - A lot
   - Always

10. In the past year, how often have you worried about having fat on your body?
    - Never
    - A little
    - Sometimes
    - A lot
    - Always

11. In the past year, how often have you tried to lose weight?
    - Never
    - A little
    - Sometimes
    - A lot
    - Always

12. In the past year, how often have you tried to gain weight?
    - Never
    - A little
    - Sometimes
    - A lot
    - Always

13. In the past year, how often has your mother tried to lose weight?
    - Never
    - A little
    - Sometimes
    - A lot
    - Always
    - Don’t know
14. In the past year, how often have you thought about wanting to be thinner?
   - Never
   - A little
   - Sometimes
   - A lot
   - Always

15. In the past year, how often have you thought about wanting to have bigger muscles?
   - Never
   - A little
   - Sometimes
   - A lot
   - Always

16. In the past year, how happy have you been with the way your body looks?
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally

17. In the past year, how much has your weight made a difference in how you feel about yourself?
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally

18. In the past year, how much have you tried to look like the guys you see on television, in movies, or in magazines?
   - Totally
   - A lot
   - Pretty much
   - Sometimes (go on to question 19)
   - A little (go on to question 19)
   - Not at all (go on to question 19)

To look like them I have changed or I'm trying to change my . . .
(Mark all that apply.)
- Hair color
- Hair style
- Body shape
- Muscle definition
- Clothing
- Weight (trying to lose)
- Weight (trying to gain)
- Other

19. In the past year, how important has it been to your mother that you not be fat?
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally
   - Don't know

20. In the past year, how important has it been to your father that you not be fat?
   (*"Father" means the adult man in your life who acts most like a father to you.)
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally
   - Don't know

21. In the past year, how important has it been to your friends that you not be fat?
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally
   - Don't know

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

- Protein powder or shake
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- Creatine
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- Weight loss shakes/drinks
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- Amino acids, HMB
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- DHEA
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- Growth hormone
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily
- Anabolic/injectable steroids
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily

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

   ![Stage 1](image1)
   - There is no pubic hair.
   - Do not want to answer

   ![Stage 2](image2)
   - There is a little soft, long, lightly colored hair.
   - Most of the hair is at the base of the penis.
   - This hair may be straight or a little curly.

   ![Stage 3](image3)
   - The hair is darker, coarser, and more curled.
   - It has spread out and thinly covers a larger area.

   ![Stage 4](image4)
   - The hair is now as dark, curly, and coarse as that of a grown man.
   - The hair has not spread out to the thighs.

   ![Stage 5](image5)
   - The hair has spread out to the thighs, like a grown man.
**ACTIVITY**

It is very important you tell us about yourself honestly.

Please read the following example before answering the activity questions.

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

| Swimming | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|-----------|-----------|----------------------|--------------|------------|------------|-----------
| Fall      |           |                      |              |            |            |           |
| Winter    |           |                      |              |            |            |           |
| Spring    |           |                      |              |            |            |           |
| Summer    |           |                      |              |            |            |           |

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

Choose yes or no for each activity. Mark "None/Zero" for any season you did not do that activity.

**Baseball or Softball**

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Basketball**

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Biking**

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

**Dancing or Aerobics**

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Football**

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Hard Work Outdoors** (like mowing the lawn, raking, gardening)

| Did you do this activity over the past year? | None/Zero | Less than 1/2 hr/wk. | 1/2-3 hr/wk. | 4-6 hr/wk. | 7-9 hr/wk. | 10+ hr/wk.
|---------------------------------------------|-----------|----------------------|--------------|------------|------------|-----------
| NO  |           |                      |              |            |            |           |
| YES |           |                      |              |            |            |           |

<table>
<thead>
<tr>
<th>How much did you do it EACH season?</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Did you do this activity over the past year?</td>
<td>How much did you do it EACH season?</td>
<td>None/Zero</td>
<td>Less than 1/2 hr./wk.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Ice, Field, Street Hockey or Lacrosse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running or Jogging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rollerblading, Rollerskating, or Iceskating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skateboarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soccer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennis or Other Racquet Sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking (to/from school, friend's house, store)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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**

<table>
<thead>
<tr>
<th>None/Zero</th>
<th>Less than 1/2 hr./wk.</th>
<th>1/2-3 hr./week</th>
<th>4-6 hr./week</th>
<th>7-9 hr./week</th>
<th>10+ hr./week</th>
</tr>
</thead>
</table>

### 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**

<table>
<thead>
<tr>
<th>None/Zero</th>
<th>Less than 1/2 hr./wk.</th>
<th>1/2-3 hr./week</th>
<th>4-6 hr./week</th>
<th>7-9 hr./week</th>
<th>10+ hr./week</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>None/Zero</th>
<th>Less than 1/2 hr./wk.</th>
<th>1/2-3 hr./week</th>
<th>4-6 hr./week</th>
<th>7-9 hr./week</th>
<th>10+ hr./week</th>
</tr>
</thead>
</table>

### 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**

<table>
<thead>
<tr>
<th>None/Zero</th>
<th>Less than 1/2 hr./wk.</th>
<th>1/2-3 hr./week</th>
<th>4-6 hr./week</th>
<th>7-9 hr./week</th>
<th>10+ hr./week</th>
</tr>
</thead>
</table>

---

**2.** It is safe to walk or jog alone in my neighborhood during the day.
- **Really true for me**
- **Usually true for me**
- **Not usually true for me**
- **Not true for me**

**3.** There is someone to take me to team practices or other places where I can get exercise.
- **Really true for me**
- **Usually true for me**
- **Not usually true for me**
- **Not true for me**

**4.** In school, how many times per week do you participate in team sports?
- **None**
- **1**
- **2**
- **3**
- **4**
- **5 or more**

**5.** Has a doctor ever said you have asthma?
- **Yes**
- **No**
- **Don’t know**

**6.** How many hours, Monday thru Friday, do you spend doing the following? (a **TOTAL** for the week)
- Watching T.V.
- Watching videos or VCR
- Nintendo/Sega/computer games (not homework)

**Monday thru Friday (Total Hours)**

<table>
<thead>
<tr>
<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>
</table>

**7.** How many hours, Saturday and Sunday, do you spend doing the following? (a **TOTAL** for the weekend)
- Watching T.V.
- Watching videos or VCR
- Nintendo/Sega/computer games (not homework)

**Saturday thru Sunday (Total Hours)**

<table>
<thead>
<tr>
<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>
</table>
THESE QUESTIONS ASK ABOUT TIME YOU SPEND IN THE SUN

1. How many of your friends had a tan at the end of the summer (this past summer)?
   - None
   - A few
   - Some
   - Most
   - All

2. How many times did you get a sunburn this past summer (that is, how many times did exposed parts of your skin stay red for several hours after you had been out in the sun)?
   - Didn’t get a sunburn
   - 1 time
   - 2 times
   - 3–4 times
   - 5 or more times

3. When you went outside on a sunny day this past summer for more than 15 minutes, how often did you use sunscreen or sunblock with an SPF (Sun Protection Factor) of 15 or more?
   - Never
   - Seldom
   - Sometimes
   - Often
   - Always

4. What is the color of your untanned skin?
   - Very fair
   - Fair
   - Olive
   - Dark
   - Very dark

5. During the past year, how many times did you use a tanning booth or tanning salon?
   - Never
   - Once
   - Twice
   - 3 or 4 times
   - 5 to 9 times
   - 10 or more times

6. How much do you agree with the following statements?
   a. The more sun you get now, the more likely you are to get skin cancer when you are an adult.
      - Strongly agree
      - Agree
      - Neither agree nor disagree
      - Disagree
      - Strongly disagree
   b. It’s worth getting a little burned to get a good tan.
      - Strongly agree
      - Agree
      - Neither agree nor disagree
      - Disagree
      - Strongly disagree
   c. People look more attractive when they have a suntan.
      - Strongly agree
      - Agree
      - Neither agree nor disagree
      - Disagree
      - Strongly disagree

7. What kind of tan is most attractive to you? (Mark one answer.)
   - Very dark brown suntan
   - A light brown suntan
   - A moderate brown suntan
   - A little color from the sun
   - Natural skin color

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. Are you currently eating a vegetarian diet?
   - No
   - Yes

As a vegetarian, what do you NOT eat? (Mark all that apply.)
   - Red Meat
   - Poultry
   - Dairy
   - Fish
   - Eggs
   - Other, specify

2. Do you now take vitamins (like Flintstones, Centrum)?
   - No
   - Yes

How many do you take per week?
   - 1 or 2
   - 3–5
   - 6–9
   - 10 or more

Go on to the next page.
3. Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 2)?
   O No   O Yes  
   If yes, do you take any of the following at least once a week?
   O Calcium or TUMS   O Iron   O Beta Carotene   O Other, please specify:
   O Fluoride   O Vitamin C   O Vitamin E

4. How often do you eat fried food away from home (like french fries, chicken nuggets)?
   O Never/less than once per week   O 1–3 times per week   O 4–6 times per week   O Daily

5. What type of milk do you usually drink?
   O Whole   O 2%   O 1%   O Skim/nonfat   O Soy   O Don't know   O Don't drink milk

6. Which cold breakfast cereal do you eat most often?
   Specify type and brand

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

<table>
<thead>
<tr>
<th></th>
<th>Never/less than 1 a month</th>
<th>1–3 per month</th>
<th>1 per week</th>
<th>2–4 per week</th>
<th>5–6 per week</th>
<th>1 per day</th>
<th>2–3 per day</th>
<th>More than 3 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soda—not diet (1 can or glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hawaiian punch, lemonade, sport &amp; fruit drinks</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Milk (glass or on cereal)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chocolate milk (glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cheese (1 slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Yogurt (1 cup)—not frozen</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cold breakfast cereal</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peanut butter &amp; jelly sandwich</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chicken or turkey sandwich</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hamburger or cheeseburger</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Roast beef or ham sandwich</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Salami, bologna, or other deli meat sandwich</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chicken or turkey as main dish (1 serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Beef (steak, roast) or lamb as main dish (1 serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pork, ribs, or ham as main dish (1 serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Spaghetti with tomato sauce (1 serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Macaroni and cheese (1 serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pizza</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>French Fries (large order)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Noodles, pasta (not in above foods)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bread, pita bread, toast (1 slice, not in sandwiches)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Orange juice (1 glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Apple (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oranges (1), grapefruit (1/2)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carrots (raw or cooked)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Mayonnaise or salad dressing</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ice cream</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Beer, wine, liquor</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
PERSONAL RELATIONSHIPS

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

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

☐ I don’t want to respond to this section

1. Have you ever gone out on a date with someone?  ○ Yes  ○ No  ○ I’m not sure

2. Have you ever spent time kissing, hugging, and touching someone other than a family member (“made out”)?  ○ Yes  ○ No  ○ I’m not sure

3. Have you ever touched another person’s genitals, that is, their private parts, or has another person ever touched your genitals in a sexual way?  ○ Yes  ○ No  ○ I’m not sure

4. Which one of the following best describes your feelings? (Mark one answer.)
   ○ Completely heterosexual (attracted to persons of the opposite sex)
   ○ Mostly heterosexual
   ○ Bisexual (equally attracted to men and women)
   ○ Mostly homosexual
   ○ Completely homosexual (gay/lesbian, attracted to persons of the same sex)
   ○ Not sure

5. Is there any pressure from your friends for you to have sexual intercourse?
   ○ No pressure at all  ○ Some pressure  ○ A great deal of pressure
   ○ A little pressure  ○ A fair amount of pressure

6. How likely is it that you will have sexual intercourse in the next year?
   ○ I definitely will not  ○ I probably will not  ○ I’m not sure if I will or will not  ○ I probably will  ○ I’m sure I will

7. Have you ever had sexual intercourse?
   ○ Yes ➔ Go to question 9.
   ○ No ➔ Go to question 8.
   ○ I’m not sure ➔ Go to question 8.

8. Many teenagers have decided not to have sexual intercourse yet. Please read the following list of reasons why teenagers have not had sexual intercourse, and mark how important each is for you.

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

Now skip to page 17.
9. How old were you when you had sexual intercourse for the first time?
- 10 years old or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 years or older

10. During your life, with how many people have you had sexual intercourse?
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

11. The last time you had sexual intercourse, did you or your partner use a condom?
- Yes
- No

12. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Please mark all that apply.)
- No method was used to prevent pregnancy
- Birth control pills
- Condoms (rubbers)
- Depo-Provera
- Norplant
- Diaphragm
- Withdrawal
- Rhythm (safe time)
- Foam, jelly, cream, suppository
- Some other method
- Not sure

13. How many times have you gotten someone pregnant?
- 0 times
- 1 time
- 2 or more times
- Not sure

14. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease or STD (examples are listed below)?
- Yes
- No
- I don’t know

Which of the following sexually transmitted diseases have you had? (Please mark all that apply.)
- Chlamydia
- Gonorrhea
- Genital warts
- Genital herpes
- Syphilis
- HIV or AIDS
- Pubic lice (crabs)
- I don’t know
- Not sure
A. Imagine that this ladder pictures how American society is set up.
   - At the top of the ladder are the people who are the best off—they have the most money, the highest amount of schooling, and the jobs that bring the most respect.
   - At the bottom are people who are the worst off—they have the least money, little or no education, no job or jobs that no one wants or respects.

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

B. Now assume that the ladder is a way of picturing your school.
   - At the top of the ladder are the people in your school with the most respect and the highest standing.
   - At the bottom are the people who no one respects and no one wants to hang around with.

Where would you place yourself on this ladder? Fill in the circle that best represents where you would be on this ladder.
Do you have an internet e-mail address either at home, school, or someplace else?

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

E-MAIL ADDRESS

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

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