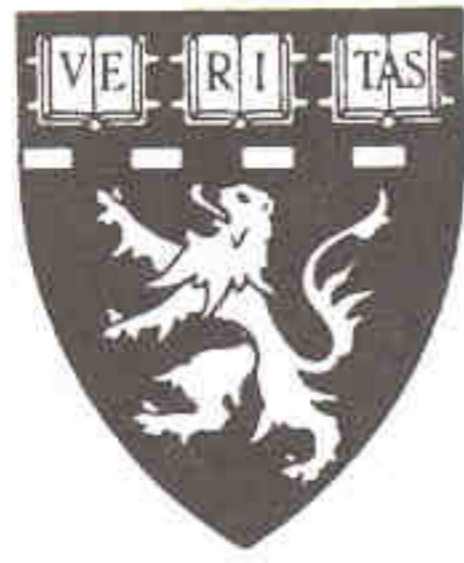


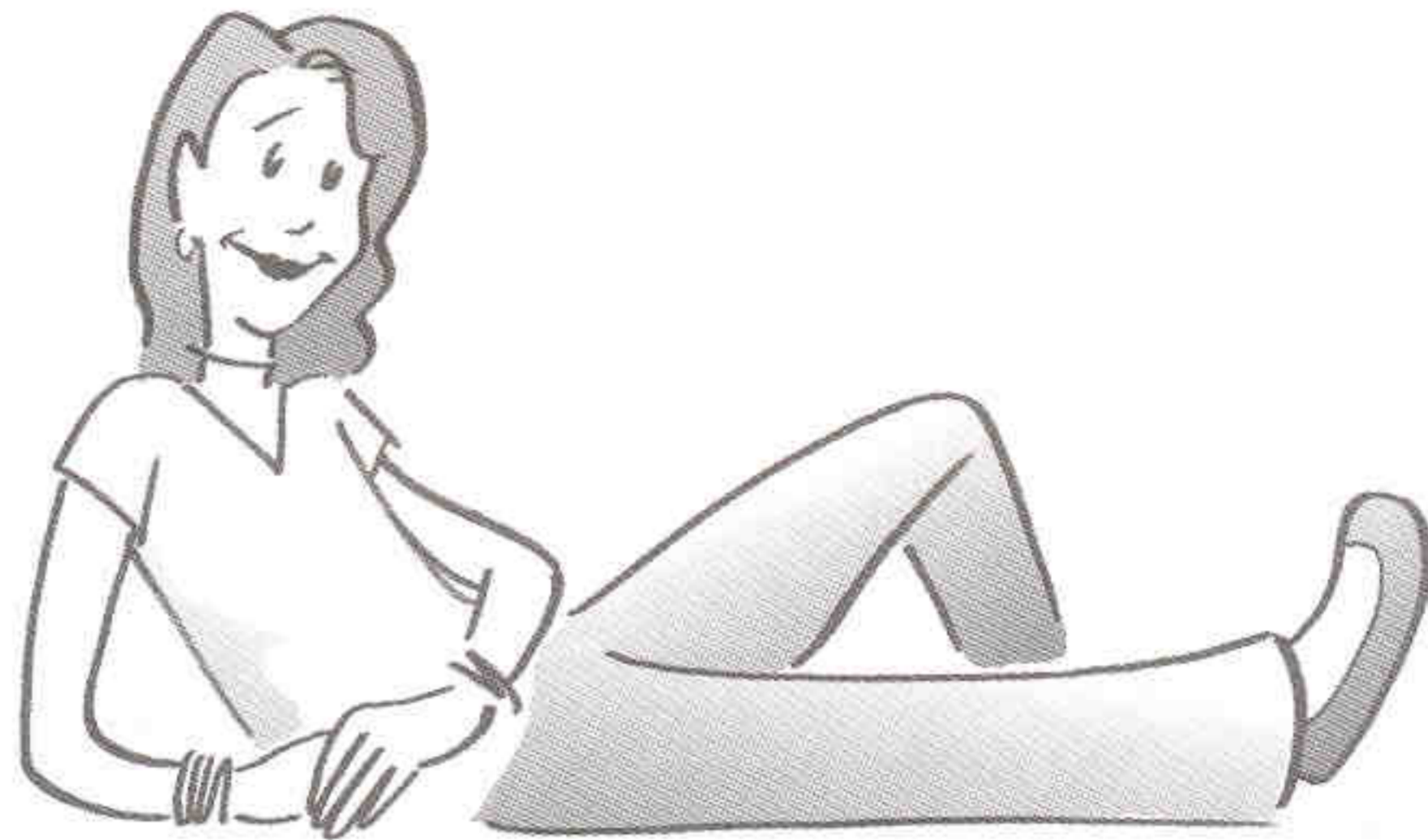
G99

# HARVARD MEDICAL SCHOOL



## Please reply to:

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



**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](mailto:guts@channing.harvard.edu), or call Helaine Rockett collect at (617) 525-2279, 9 a.m. to 4 p.m. Eastern time.

**Thanks very much!**

Sincerely,

Graham A. Colditz, MD, DrPH  
Principal Investigator

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

PLEASE REMOVE THIS COVER PAGE ALONG PERFORATION BEFORE MAILING QUESTIONNAIRE.

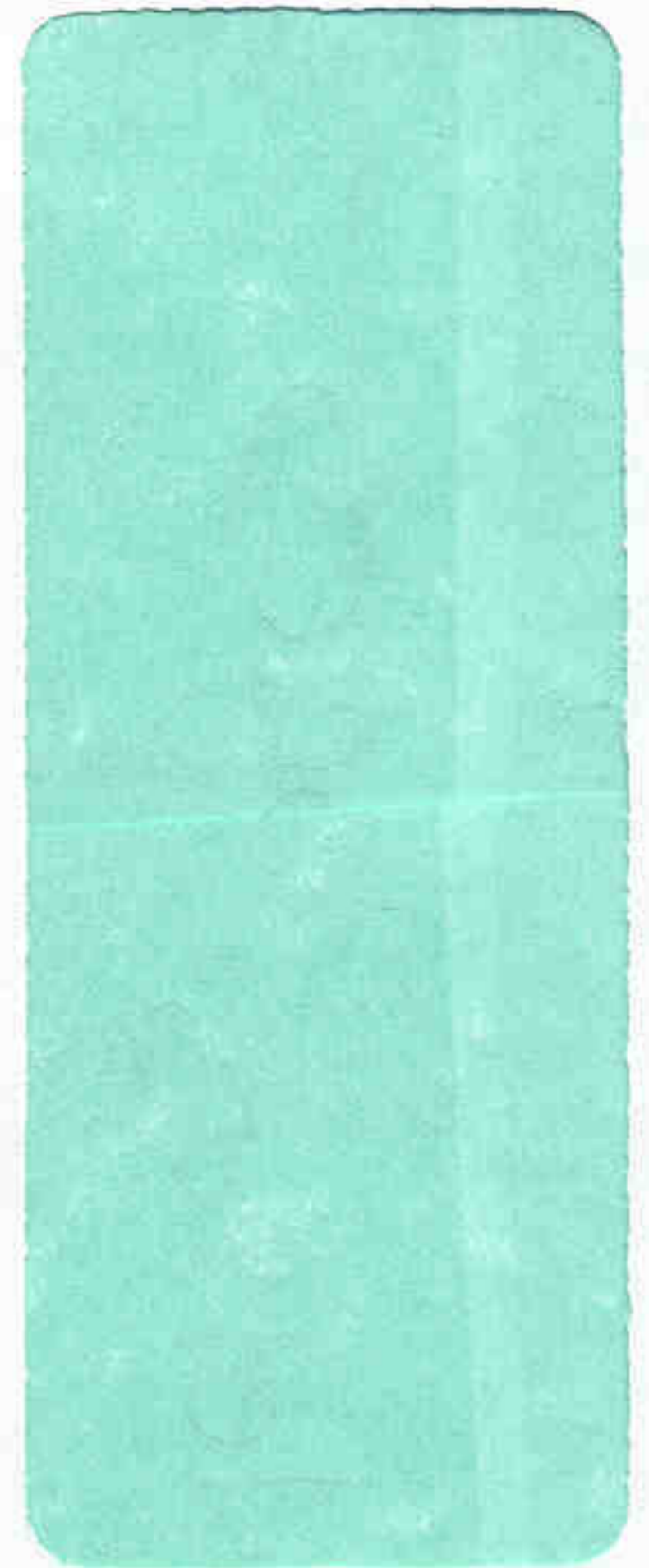
**Do we have your correct address and name?**

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

# HARVARD SCHOOL OF PUBLIC HEALTH

## 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.

CURRENT WEIGHT		
POUNDS		
0	9	0
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### EXAMPLE 2:

#### Running or Jogging

Did you do this activity over the past year?

NO  YES → How much did you do it EACH season?

Fall  
Winter  
Spring  
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 -3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

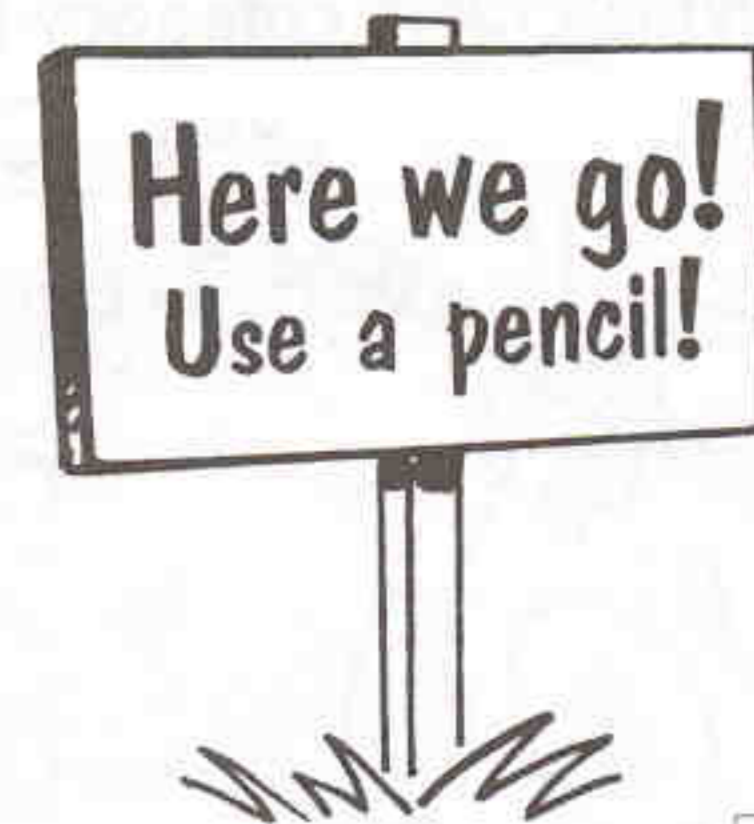
**1. Is this your correct Date of Birth**

(Month/Day/Year):

Yes

No **▶** If No, please write your date of birth below:

MONTH	DAY	YEAR
/	/	



**2. How tall are you?**

**YOUR HEIGHT WITHOUT SHOES**

**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).

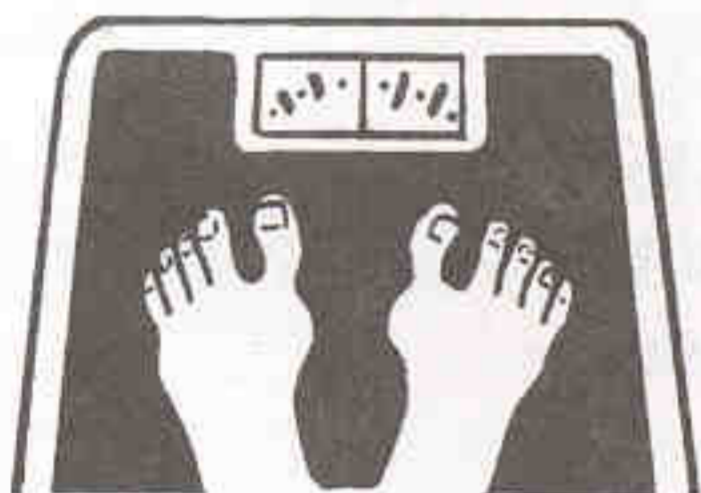
FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11



**3. How much do you weigh?**

**YOUR WEIGHT WITHOUT SHOES**

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



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

**4. Have you started having menstrual periods?**

Yes

No **▶** Go to question 5.

If yes, **age** periods began:

Don't remember

11

14

<10 years

12

15

10

13

16 or older

AND **month** periods began:

January

June

November

February

July

December

March

August

Don't remember

April

September

May

October

**5. What type of school do you attend? (Mark all that apply.)**

Public

Military

Home schooled

Private

Religious school

College

Boarding school

All girls

Not in school

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

7<sup>th</sup> grade

10<sup>th</sup> grade

College freshman

College senior

Other

8<sup>th</sup> grade

11<sup>th</sup> grade

College sophomore

Trade/technical school

9<sup>th</sup> grade

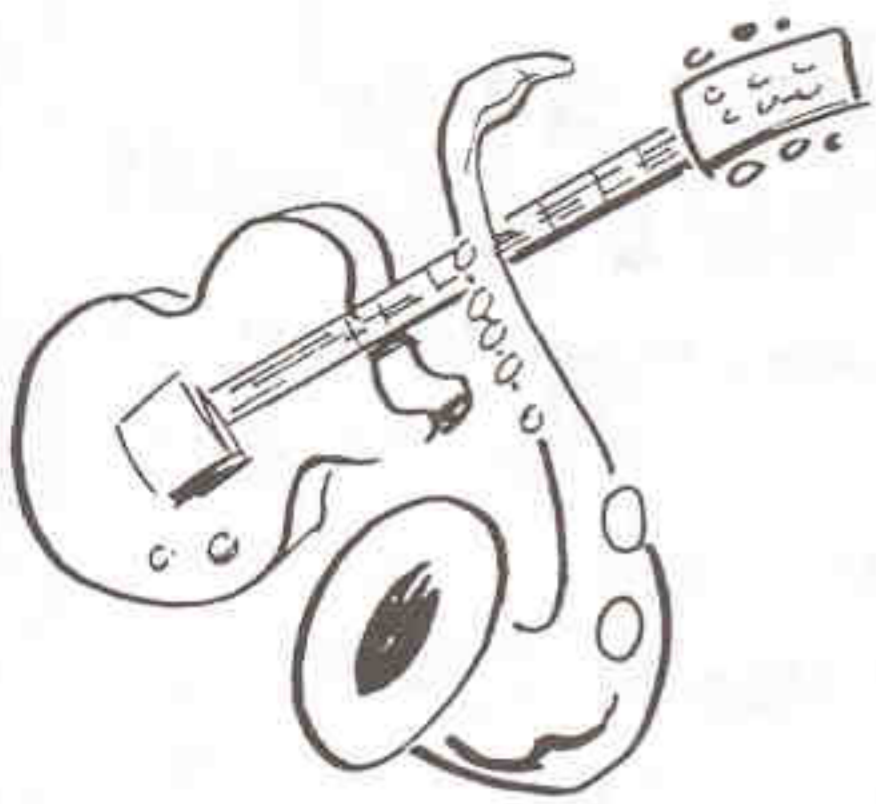
12<sup>th</sup> grade

College junior

Working



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



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

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

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

**What sport(s) did you watch on TV in the last month?**

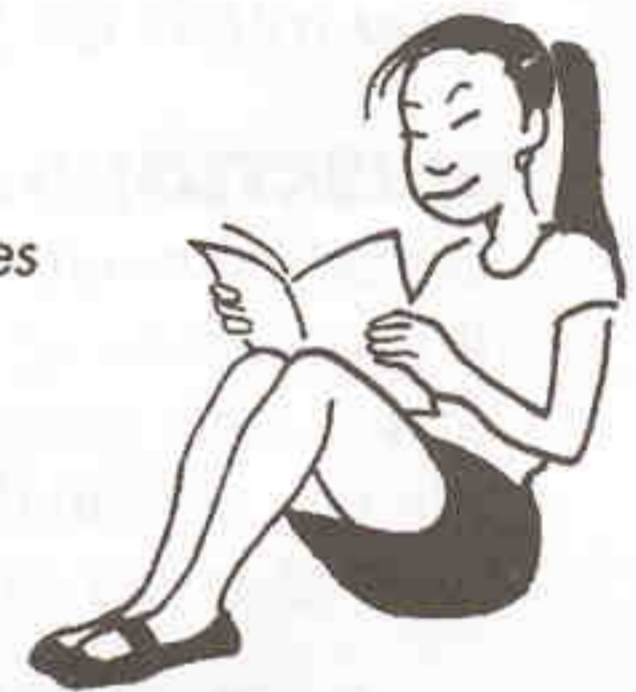
- Football
- Baseball
- Basketball
- Women's Basketball
- Hockey
- Autoracing
- Figure skating
- Gymnastics
- Soccer
- Other

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

- Don't regularly read magazines
- Music: *Rolling Stone, SPIN*
- Fashion: *Vogue, Elle*
- Mens: *GQ, Men's Health*
- Humor: *Mad, Comics*
- Sports: *Sports Illustrated, Tennis*
- Cars/Trucks: *Hot Rod, Car and Driver*
- Gossip/Celebrities: *People, National Enquirer*
- News/Variety: *Life, Newsweek, Ebony*
- Teen: *Seventeen, YM*
- Health/Fitness: *Self, Muscle Fitness*
- TV/Movies: *Soap Opera Digest, TV Guide*
- Womens: *Glamour, Cosmo*
- Science: *Popular Science, Omni*
- Computer/Video Games: *MacWorld, PC Games*
- Other: *Travel, Food, etc.*

**How often do you read this type of magazine?**

- Less than once a month
- 1-3 times a month
- At least once a week



**10. 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+

**11. 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
- 2-3
- 4-6
- 7-10
- 11-20
- 21 or more

**12. 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 sometimes get a few pimples
- I usually have a few pimples
- I sometimes get a lot of pimples
- I usually have a lot of pimples

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

- None
- Dog
- Cat
- Fish
- Gerbil/Hamster
- Bird
- Other \_\_\_\_\_

**14. 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



# 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?  Yes  No  
during school?  Yes  No  
right after you leave school?  Yes  No

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

- No  Yes

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

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

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

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

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

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

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

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

6. If you started to drink a beer tomorrow in front of your parents, what do you think they would do?

- They would tell me to stop and they would be very upset.  
 They would tell me to stop, but they would not be too upset.  
 They would not tell me to stop, but they would disapprove.
- They would have no reaction.  
 Not sure.

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

- Never     Rarely     Sometimes     Often

**8.** People have different ideas about the effects of alcohol. We would like to know what YOU THINK about alcohol use, even if you have never tried alcohol.

If you're not sure about how to answer a question, please mark your best guess.

(Alcohol includes drinks like beer, wine, liquor (for example vodka or rum), and mixed drinks.)

**TRUE    FALSE    WHAT DO YOU THINK?**

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

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

- Yes     No

**10.** Have you ever bought or been given stuff like a hat, T-shirt, bag, or cards with the name of an alcohol drink on it (like Coors beer, Absolut vodka, or Kahlua)?

- Yes     No

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

- Yes     No

# Smoking

Remember, we won't tell anyone your answers.

1. In the coming year, do you think you will smoke a cigarette, even a few puffs?

- Definitely not    Maybe    Probably    Definitely

2. Have you EVER tried or experimented with cigarette smoking, even a few puffs?

- No    Yes

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

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

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

- No    Yes

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

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

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

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

- Always    Usually    Sometimes    Rarely    Never

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

- Always    Usually    Sometimes    Rarely    Never

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

f. How soon after waking in the morning do you smoke your first cigarette?

- When I first open my eyes    Between 30 and 60 minutes  
 Within the first 15 minutes after waking    Between 1 and 2 hours  
 Between 15 and 30 minutes    More than 2 hours

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

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

- Never    Once    2-3 times    4 or more times

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

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

j. Have you quit smoking?    No    Yes

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

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

Go on to question 3.



- 7. Have you smoked a cigar in the past year?**  
 No  Yes ▶ **How often?**  1-2 times a year  Less than once a month  Once a month  Once a week
- 8. How many of your friends smoke cigarettes?**  None  One  A few  Most  All
- 9. How many of your friends smoke cigars?**  None  One  A few  Most  All
- 10. Have you ever read a cigar magazine like Cigar Aficionado or Smoke?**  No  Yes
- 11. Have you ever bought or been given stuff like a hat, T-shirt, or bag with the name of a cigarette on it (like Camel, Marlboro or Virginia Slims)?**  No  Yes
- 12. Do you think that you would ever use something (for example a hat, bag or T-shirt) with the name of a cigarette on it?**  No  Yes
- 13. What is the general rule about smoking inside your home?**  
 There is no rule  People are not allowed to smoke inside the house  
 People are allowed to smoke inside the house

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

**1. Have you EVER used:**

**NUMBER OF TIMES IN THE PAST YEAR**

- |  |                          |                           |   |  |  |   |
|--|--------------------------|---------------------------|---|--|--|---|
| <b>Marijuana or hashish (pot, reefer, blunts, hash)?</b>             | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Cocaine (coke, rock)?</b>   | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Smoked cocaine (crack)?</b>                                       | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Heroin (dope, H)?</b>   | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Ecstasy (X)?</b>  | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>PCP (angel dust)?</b>   | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>GHB (liquid X)?</b>   | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>LSD (acid), mushrooms (shrooms) or any other hallucinogenics?</b> | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Ketamine (special K)?</b>   | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Valium, Xanax, or Librium?</b>                                    | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Amphetamines (uppers, speed, crystal, glass)?</b>                 | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Sleeping pills, Rohypnol (downers, roofies)?</b>                  | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>Pain killers like Percodan or codeine?</b>                        | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |
| <b>A needle to inject any drug (shooting up)?</b>                    | <input type="radio"/> No | <input type="radio"/> Yes | ▶ <input type="radio"/> Not in past yr. | <input type="radio"/> 1 time in past yr. | <input type="radio"/> 2-10 times in past yr. | <input type="radio"/> 11+ times in past yr. |

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

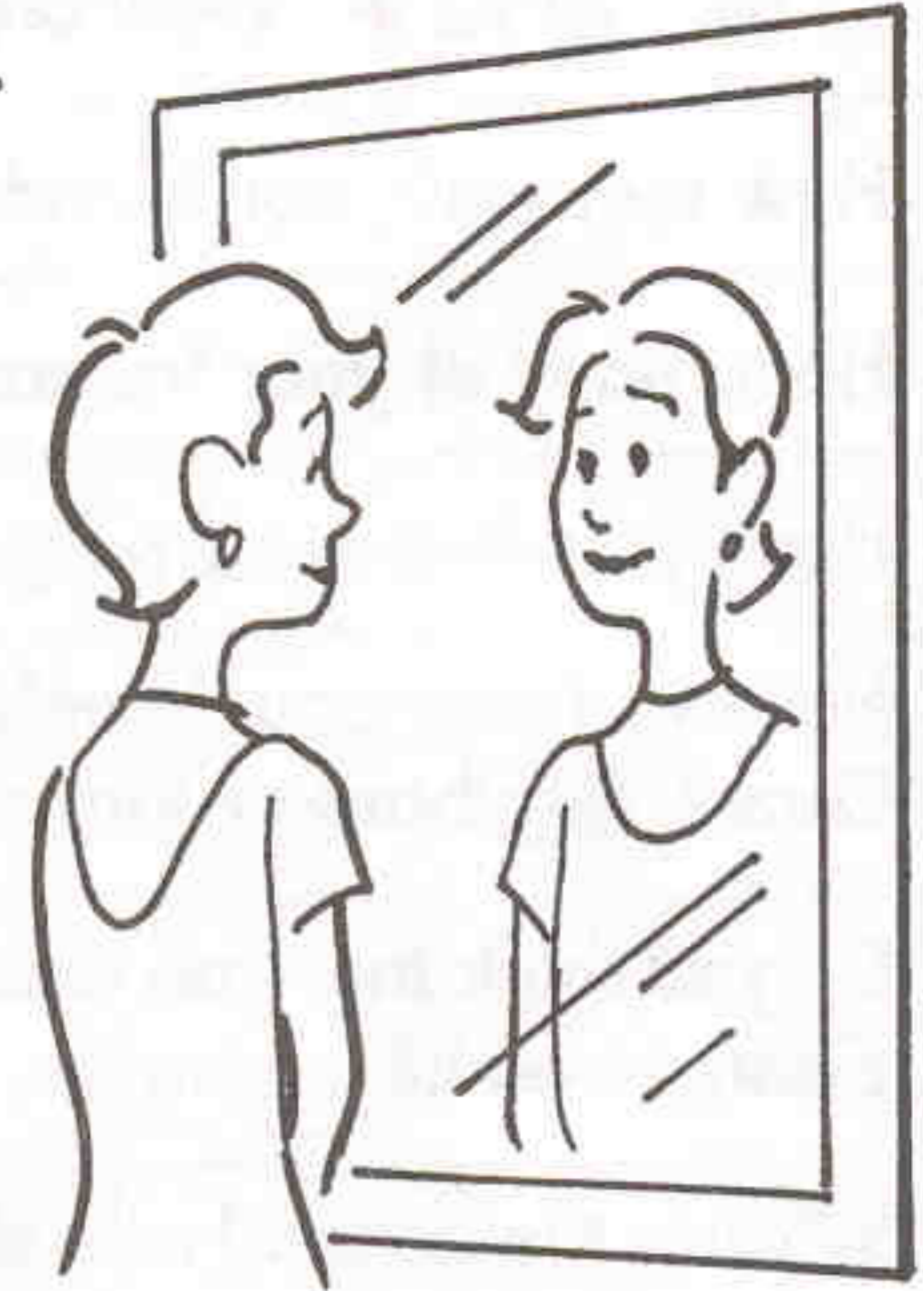
- None  A few  Some  A lot  All

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

- No  Yes

## THESE QUESTIONS ASK ABOUT WEIGHT

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



1. How do you describe your weight?

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

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

- I am *not* trying to do anything about my weight
- Stay the same weight
- Gain weight
- Lose weight

3. During the past year, how often did you **diet** to lose weight or to keep from gaining weight?

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

4. During the past year, to lose weight or to keep from gaining weight, how often did you **exercise**?

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

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

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

6. During the past year, how often did you **take laxatives** to lose weight or to keep from gaining weight?

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

7. During the past year, how often did you **take diet pills** to lose weight or to keep from gaining weight?

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

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

Never ▶ Go to question 9.

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

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

- Yes
- No

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

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

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

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

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

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

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

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

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

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

**14.** In the past year, how often have you thought about wanting to have toned or defined muscles?

- Never     A little     Sometimes     A lot     Always

**15.** 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

**16.** 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

**17.** 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?

- Totally  
 A lot  
 Pretty much  
 Sometimes (go on to question 18)  
 A little (go on to question 18)  
 Not at all (go on to question 18)

To look like them I have changed or I'm trying to change my . . .  
 (Mark one answer.)

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

**18.** 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

**19.** 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

**20.** 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

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

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

**22.** 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 pubic hair development and **FILL IN THE CIRCLE** above it.

Stage 1



Stage 2



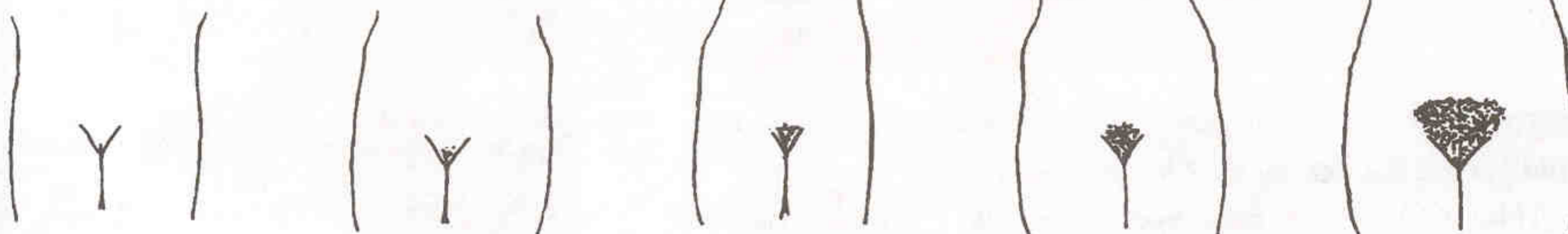
Stage 3



Stage 4



Stage 5



• 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 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 (▽) as it spreads out to the legs.

Do not want to answer


# 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?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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


Choose yes or no for each activity.

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

 **Baseball or Softball**

Did you do this activity over the past year?  
 NO  YES → How much did you do it EACH season?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **Basketball**


Did you do this activity over the past year?  
 NO  YES → How much did you do it EACH season?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **Biking**


Did you do this activity over the past year?  
 NO  YES → How much did you do it EACH season?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **Dancing or Aerobics**

Did you do this activity over the past year?  
 NO  YES → How much did you do it EACH season?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **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?

	None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### 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

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Running or Jogging

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Swimming

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Rollerblading, Rollerskating, or Iceskating

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Skateboarding

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Soccer

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Tennis or Other Racquet Sports

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### 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

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Gymnastics or Cheerleading

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?

- Fall
- Winter
- Spring
- Summer

None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Strength Training Exercises (push-ups, lifting weights)

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?

- Fall
- Winter
- Spring
- Summer

None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Volleyball

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?

- Fall
- Winter
- Spring
- Summer

None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Martial Arts, Karate, or Wrestling

Did you do this activity over the past year?

NO  YES

How much did you do it EACH season?

- Fall
- Winter
- Spring
- Summer

None/Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. It is safe to walk or jog alone in my neighborhood during the day.

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

3. There is someone to take me to team practices or other places where I can get exercise.

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

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

- None     1     2     3     4     5 or more

5. Has a doctor ever said you have asthma?

- Yes     No     Don't know

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

	None	1-5 hr.	6-10 hr.	11-15 hr.	16-20 hr.	21-30 hr.	31+ hr.
Watching T.V. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching videos or VCR ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nintendo/Sega/computer games (not homework) ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	None	1-5 hr.	6-10 hr.	11-15 hr.	16-20 hr.	21-30 hr.	31+ hr.
Watching T.V. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching videos or VCR ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nintendo/Sega/computer games (not homework) ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## THESE QUESTIONS ASK ABOUT TIME YOU SPEND IN THE SUN

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

- None     A few     Some     Most     All

1

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

2

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

3

4. What is the color of your untanned skin?

- Very fair     Fair     Olive     Dark     Very dark

4

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

5

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

6

a

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

- Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree

b

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

- Strongly agree     Agree     Neither agree nor disagree     Disagree     Strongly disagree

c

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

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

7



## THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. Are you currently eating a vegetarian diet?

No

Yes

As a vegetarian, what do you NOT eat?

(Mark all that apply.)

- Red Meat     Fish  
 Poultry     Eggs  
 Dairy     Other, specify \_\_\_\_\_

1

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

No

Yes

How many do you take per week?

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

2

Go on to the next page.

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

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

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

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

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

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

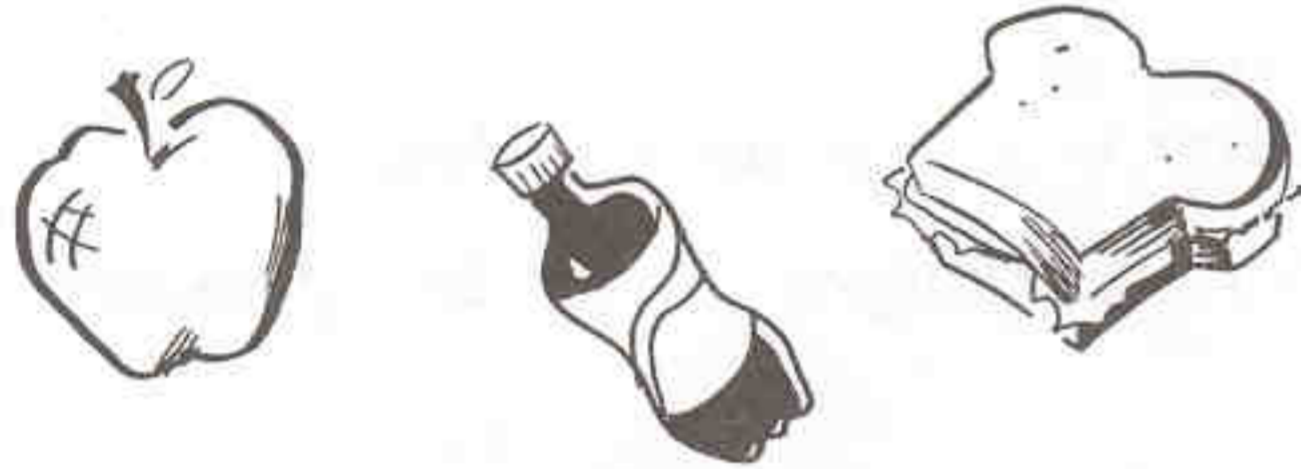
5. What type of milk do you usually drink?

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

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

Specify type and brand

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



AVERAGE USE IN THE PAST YEAR

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



# 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
- A little pressure
- Some pressure
- A fair amount of pressure
- A great deal 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**.

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

Now go to question 15.

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

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

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

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

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

- Yes     No

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

- No method was used to prevent pregnancy     Norplant     Foam, jelly, cream, suppository  
 Birth control pills     Diaphragm     Some other method  
 Condoms (rubbers)     Withdrawal     Not sure  
 Depo-Provera     Rhythm (safe time)

**13. How many times have you been 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     Genital warts     Pubic lice (crabs)  
 Gonorrhea     Genital herpes     I don't know  
 Trichomoniasis (trich)     Syphilis  
 Bacterial vaginosis     HIV or AIDS

**15. Have you ever had a pelvic or gynecologic examination (this is when a doctor or nurse examines your private parts or female organs)?**

- Yes     No     I don't know



**16. When a doctor or nurse does a pelvic or gynecologic exam, sometimes a small, flat stick is used to scrape the cervix. This is to get a sample of the cells to make sure they are normal. It is called a Pap smear. A teen with an abnormal Pap smear may be asked to come back to have the Pap smear repeated or to have a colposcopy procedure done.**

**Have you ever had a Pap smear?**

- Yes     No     I don't know



**Have you ever been told by a doctor or nurse that you had an abnormal Pap smear?**

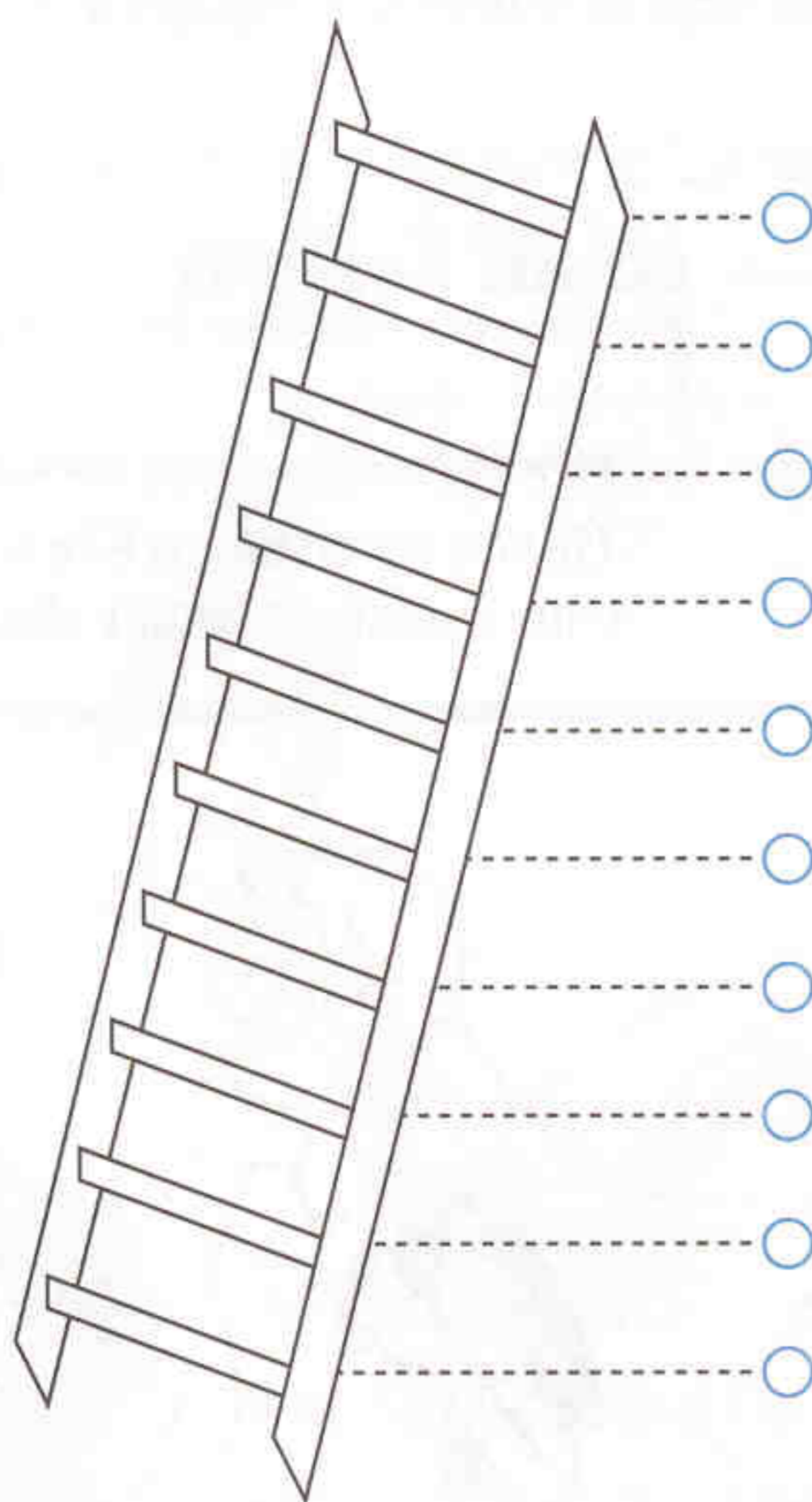
- Yes     No     I don't know

# YOUR PLACE IN SOCIETY

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

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

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

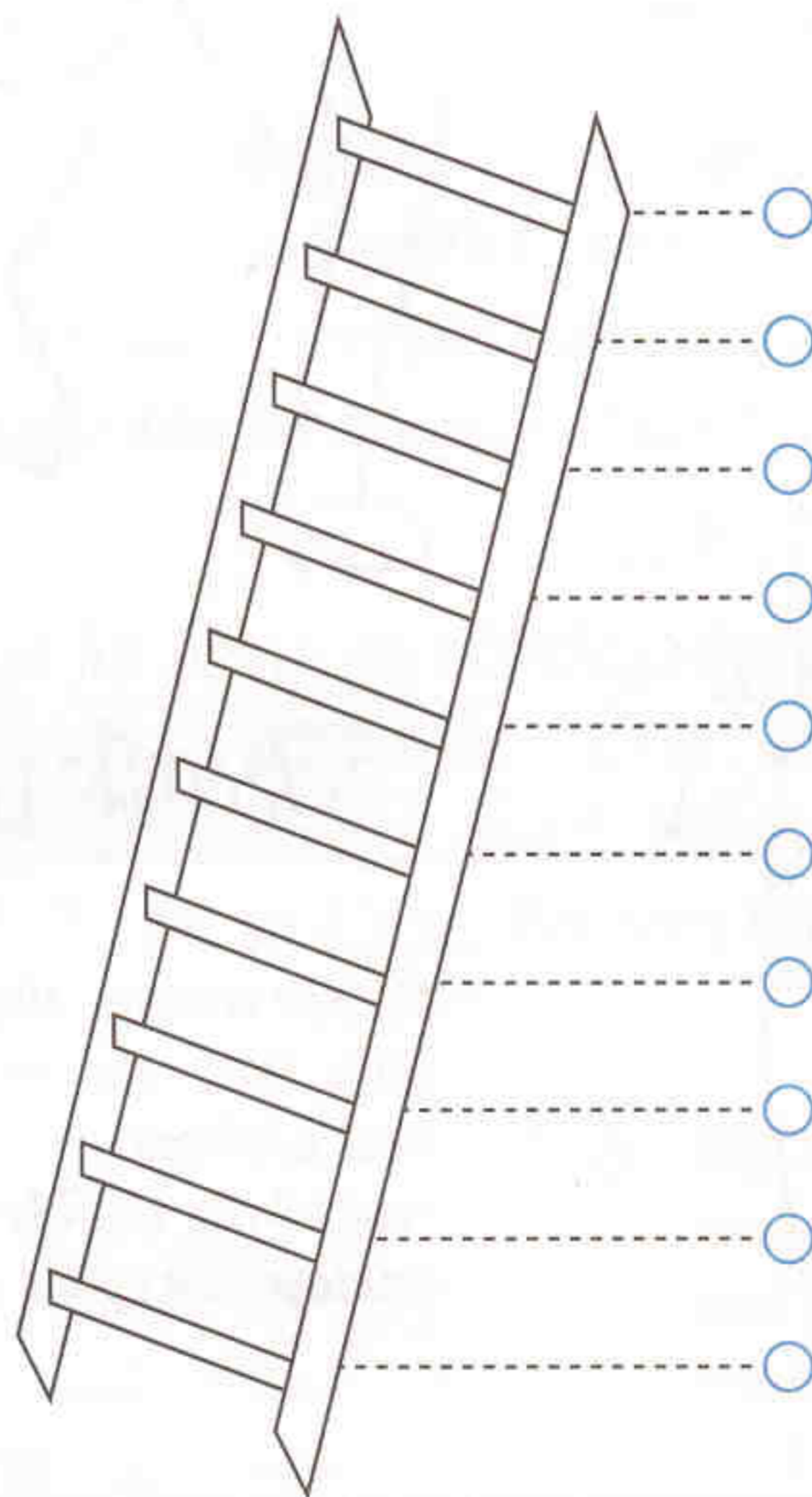


A

**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.



B

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

No

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

**E-MAIL ADDRESS**

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



All original artwork by Greg Moutafis



*Thank you for completing this survey!*

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

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

