HI!

Here it is, as promised, the MUCH SHORTER (4 PAGE) Growing Up Today Study survey! Don't forget that this year you have the option of completing the survey on the web. Just go to www.GUTSWEB.org and enter your ID number. As an added bonus, we are having a drawing in which 8 of you will receive a cash prize of $250. All you have to do to be eligible is complete the survey (either the paper version or the web version).

Please complete the survey because it helps us learn about young people today. There are no right or wrong answers to questions on the GUTS survey, so please answer honestly. All information we get from your questionnaire will remain private.

Keep in mind, don't throw away the measuring tape enclosed with this mailing, even if you are going to complete the survey over the web. You will need it to answer one of the survey questions.

Thank you so much for continuing to be part of GUTS. If you ever have any questions or comments, please don't hesitate to send us email at guts@channing.harvard.edu, or call Helaine Rockett collect at (617) 525-2279, 9 a.m. to 4 p.m. Eastern time.

Sincerely,

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:
On average, how many hours per week do you spend in each of the following activities?
(A total for the entire 7 day week)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
<td>0</td>
</tr>
<tr>
<td>Watching videos or VCR</td>
<td>1–5 hours</td>
</tr>
<tr>
<td>Nintendo/Sega/computer games</td>
<td>6–10 hours</td>
</tr>
<tr>
<td>Internet/Computers (not schoolwork)</td>
<td>11–15 hours</td>
</tr>
<tr>
<td></td>
<td>16–20 hours</td>
</tr>
<tr>
<td></td>
<td>21–30 hours</td>
</tr>
<tr>
<td></td>
<td>31+ hours</td>
</tr>
</tbody>
</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 is tricky to do by yourself so we suggest asking someone to help. Some hints to get the correct height:
   • Stand up straight against a wall with your feet flat on the floor without shoes or hats.
   • Measure from your feet to the top of your head (not the top of your hair).

3. How much do you weigh?
   **DIRECTIONS:** Weigh yourself without shoes or heavy clothing.

4. Measure your waist
   **DIRECTIONS:** Use the TAPE MEASURE that came with your survey to measure your waist. Your measurement will be more accurate if you follow these suggestions:
   • Make measurements while standing
   • Don’t measure over bulky clothing
   • Record answers to the nearest 1/4 inch
   If for some reason you lost your tape measure and do not have another one available, please skip this question.

5. What grade/school level are you in now?
   □ High school □ College □ Work/other

6. Where are you currently living?
   □ At home with parents □ In dorm □ Fraternity/Sorority □ Other

**TIME IN THE SUN**

7. 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

8. 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

**PLEASE DO NOT WRITE IN THIS AREA**
THESE QUESTIONS ASK ABOUT WEIGHT

9. 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

10. During the past year, how often did you make yourself throw up or 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

11. In the past year, how important has it been to your father that you be thin?
   - Not at all
   - A little
   - Pretty much
   - A lot
   - Totally
   - Don’t know

12. 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

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

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

14. 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 15)
   - A little (go on to question 15)
   - Not at all (go on to question 15)

ACTIVITY

15. On average, how many hours per week do you spend in each of the following activities?
   (A total for the entire 7 day week)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
<td>None</td>
</tr>
<tr>
<td>Watching videos or VCR</td>
<td></td>
</tr>
<tr>
<td>Nintendo/Sega/computer games</td>
<td></td>
</tr>
<tr>
<td>Internet/Computers (not schoolwork)</td>
<td></td>
</tr>
</tbody>
</table>

16. How many total hours per week of physical activity (like biking, swimming, working outdoors, or team sports) did you get, on average, during each season of the past year? (A total for the entire 7 day week)

<table>
<thead>
<tr>
<th>Season</th>
<th>0–1 hour</th>
<th>1–3 hours</th>
<th>4–6 hours</th>
<th>7–9 hours</th>
<th>10–13 hours</th>
<th>14–18 hours</th>
<th>19–23 hours</th>
<th>24+ hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Winter</td>
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<td>Spring</td>
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<td>Summer</td>
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</tbody>
</table>
**THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR**

17. Do you now take vitamins (like One-A-Day, Centrum)?
   - [ ] No
   - [ ] Yes
   - How many do you take per week?
     - [ ] 1 or 2
     - [ ] 3–5
     - [ ] 6–9
     - [ ] 10 or more

18. a. Do you take a separate calcium pill or Tums?
    - [ ] Yes
    - [ ] No

b. Do you take a separate iron pill?
    - [ ] Yes
    - [ ] No

19. 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

20. What type of milk do you usually drink?
    - [ ] Whole
    - [ ] 2%
    - [ ] 1%
    - [ ] Skim/nonfat
    - [ ] Soy
    - [ ] Don't know
    - [ ] Don't drink milk

21. Which cold breakfast cereal do you eat most often?
    - [ ] Don't eat cold breakfast cereal.
    - Specify type and brand

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

<table>
<thead>
<tr>
<th>Food</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></td>
<td></td>
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<tr>
<td>Soda—diet (1 can or glass)</td>
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<tr>
<td>Hawaiian punch, lemonade, sport &amp; fruit drinks</td>
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<td></td>
<td></td>
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<tr>
<td>Milk (glass or on cereal)</td>
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<tr>
<td>Chocolate milk (glass)</td>
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<tr>
<td>Cheese (1 slice)</td>
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<tr>
<td>Yogurt (1 cup)—not frozen</td>
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<tr>
<td>Cold breakfast cereal (1 bowl)</td>
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<td></td>
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<tr>
<td>Peanut butter &amp; jelly sandwich (1)</td>
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<tr>
<td>Chicken or turkey sandwich (1)</td>
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<tr>
<td>Hamburger or cheeseburger (1)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Roast beef or ham sandwich (1)</td>
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<tr>
<td>Salami, bologna, or other deli meat sandwich (1)</td>
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<tr>
<td>Chicken or turkey as main dish (1 serving)</td>
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<tr>
<td>Beef (steak, roast) or lamb as main dish (1 serving)</td>
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<tr>
<td>Pork, ribs, or ham as main dish (1 serving)</td>
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<td></td>
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<tr>
<td>Spaghetti with tomato sauce (1 serving)</td>
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<td></td>
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<tr>
<td>Macaroni and cheese (1 serving)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Pizza (2 slices)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>French Fries (large order)</td>
<td></td>
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<td></td>
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<tr>
<td>Noodles, pasta (not in above foods)</td>
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<td></td>
<td></td>
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<tr>
<td>Bread, pita bread, toast (1 slice, not in sandwiches)</td>
<td></td>
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<tr>
<td>Orange juice (1 glass)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Apple (1)</td>
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<td></td>
<td></td>
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<tr>
<td>Oranges (1), grapefruit (1/2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Carrots (raw or cooked)</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Mayonnaise or salad dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ice cream</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer, wine, liquor (1 glass, can, drink)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE DO NOT WRITE IN THIS AREA**
23. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?

- 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 24)
  - Yes

- b. 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

- c. Did you drink any alcohol in the past month?
  - Yes
  - No

- d. In the past year, did you drink so much alcohol that you became drunk?
  - Yes
  - No

- e. 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

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

- Definitely not
- Maybe
- Probably
- Definitely

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

- Yes
- No (skip to question 26)

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

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

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

- d. What was the longest time you stayed off cigarettes in the past year?
  - Longer than a month
  - Longer than a week, but less than a month
  - Less than a week

26. Have you smoked a cigar in the past year?

- Yes
- No

27. Has a doctor ever said you have asthma?

- Yes
- No

28. Have you started having menstrual periods?

- Yes, in last 2 years
  - Age periods began: AND
  - January
  - February
  - March
  - April
  - May
  - June
  - July
  - August
  - September
  - October
  - November
  - December
  - Don’t remember

- Yes, more than 2
  - <13
  - 13
  - 14
  - 15

- No

29. Have you ever had sexual intercourse?

- Yes
- No
- I’m not sure

30. Have you ever had a pelvic or gynecologic examination? This is when a doctor or nurse examines your vagina and other female organs and may do a Pap smear or check for sexually transmitted diseases (STDs).

- No
- Yes

Have you ever had a Pap smear? (A Pap smear is done when a doctor or nurse places a metal or plastic instrument [speculum] in your vagina. Then, they use a flat stick and small brush to take cells from your cervix to make sure they are normal.)

- No, I haven’t had a Pap smear
- Yes, I have had a Pap smear
- I’m not sure