Hi!

Thanks for being part of the Growing Up Today Study. We really appreciate your continued participation. By completing the questionnaire you are making a very important contribution to our understanding of how the health and well-being of teens can be improved.

* Please complete the survey - there are 2 ways to do it -
  - complete this questionnaire and mail it back in the enclosed envelope
  - fill it out on-line: go to http://www.CUTSWEB.org and enter your ID number (it is printed above your name on this page)

* We appreciate your input - there is space at the back of the questionnaire for your comments or suggestions. Please let us know if you have any ideas for us.

* You do not have to answer any questions that make you uncomfortable. If you choose not to participate this year, you will still be a valued member of this ongoing study.

If you have any questions or comments, please e-mail us at guts@channing.harvard.edu or call Helaine Rockett collect at (617) 525-2279 any time between 9 a.m. and 4 p.m. Eastern time. The information you give us will remain private and we will take many precautions so that nobody outside the study sees it. The information will be used only for medical statistical purposes.

Thanks again!

Graham A. Colditz, MD, DrPH

Alison E. Field, ScD
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.

EXAMPLE 2:

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 a SPF (Sun Protection Factor) of 15 or more?
- Wear a shirt with sleeves?
- Wear a hat?
- Limit time spent in the sun between 10am and 4pm?
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?

3. How much do you weigh?
   DIRECTIONS:
   Weigh yourself without shoes or heavy clothing.
   [Table for weight measurement]

4. Have you started having menstrual periods?
   ○ Yes, in the last 2 years
   ○ Yes, more than 2 years ago
   ○ No
   age periods began:
   ○ before age 13
   ○ 13
   ○ 14
   ○ 15
   ○ 16
   ○ 17
   ○ 18 or older

5. Where are you living this year?
   ○ At home with parent(s)
   ○ In a dorm
   ○ In a fraternity/sorority
   ○ In apartment or house, not with family
   ○ Other

6. Where do you think you'll be in the fall of 2002?
   ○ 9th grade
   ○ 10th grade
   ○ 11th grade
   ○ College freshman
   ○ College sophomore
   ○ College junior
   ○ College senior
   ○ Trade/technical school
   ○ Working full time
   ○ Military
   ○ Other

TIME IN THE SUN

1. How many of your friends had a tan at the end of 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. During the past year, how many times did you use a tanning booth or tanning salon?
   ○ Never
   ○ 1 time
   ○ 2 times
   ○ 3–4 times
   ○ 5–9 times
   ○ 10 or more times

4. How much do you agree with the following statement?
   It's worth getting a little burned to get a good tan.
   ○ Strongly agree
   ○ Agree
   ○ Neither agree nor disagree
   ○ Disagree
   ○ Strongly disagree
5. When you went outside on a sunny day this past summer for more than 15 minutes, how often did you...

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use sunscreen or sunblock with a SPF (Sun Protection Factor) of 15 or more?</td>
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<td>Wear a shirt with sleeves?</td>
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<td>Wear a hat?</td>
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<tr>
<td>Limit time spent in the sun between 10am and 4pm?</td>
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</table>

6. a. Imagine that you were on the beach in the strong sun for 30 minutes in the middle of the day, without any skin protection such as sunscreen or protective clothing (e.g., shirt), for the first time in summer. How much would your skin burn?

- Not at all
- A little redness
- Some redness
- Deep red painful burn

b. Imagine what would happen if you spent several weeks during the summer in the strong sun, without any skin protection such as sunscreen or protective clothing (e.g., shirt). My skin would:

- Not tan at all
- Tan lightly
- Tan moderately
- Tan deeply

WHAT YOU READ

Do you read or look through any magazines regularly?

- Yes
- No

Please tell us about the 2 magazines you read most frequently...

NAME OF MAGAZINE

HOW OFTEN DO YOU READ IT?

1. [Magazine Name]

   - less than monthly
   - 1-3 times a month
   - at least weekly

2. [Magazine Name]

   - less than monthly
   - 1-3 times a month
   - at least weekly

HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?

Mark one answer for each statement.

- Some teenagers find it hard to make friends.
- Some teenagers do well at all kinds of sports.
- Some teenagers feel they are just as smart as others their age.
- Some teenagers are often disappointed with themselves.
- Some teenagers have a lot of friends.
- Some teenagers think they could do well at almost any new athletic activity.
- Some teenagers are pretty slow at finishing their school work.
- Some teenagers don't like the way they are leading their life.
- Some teenagers are kind of hard to like.
- Some teenagers feel that they are better than others their age at sports.
- Some teenagers do very well at their classwork.
- Some teenagers are happy with themselves most of the time.
- Some teenagers are popular with others their age.
- Some teenagers don't do well at new outdoor games.
- Some teenagers have trouble figuring out answers in school.
- Some teenagers like the kind of person they are.
- Some teenagers feel that they are socially accepted.
- Some teenagers do not feel that they are very athletic.
- Some teenagers feel that they are pretty intelligent.
- Some teenagers are very happy being the way they are.
ACTIVITY

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?  
Spring  Summer  Fall  Winter

What have you done this past YEAR (don’t include gym or Phys Ed)?
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?  
Spring  Summer  Fall  Winter

Basketball
Did you do this activity over the past year?  
○ NO  ○ YES  →  How much did you do it EACH season?  
Spring  Summer  Fall  Winter

Biking
Did you do this activity over the past year?  
○ NO  ○ YES  →  How much did you do it EACH season?  
Spring  Summer  Fall  Winter

Dancing or Aerobics
Did you do this activity over the past year?  
○ NO  ○ YES  →  How much did you do it EACH season?  
Spring  Summer  Fall  Winter

Hard Work Outdoors  
(like mowing the lawn, doing construction)
Did you do this activity over the past year?  
○ NO  ○ YES  →  How much did you do it EACH season?  
Spring  Summer  Fall  Winter

Go to Next Page
# 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?

<table>
<thead>
<tr>
<th>Season</th>
<th>NONE/ZERO</th>
<th>LESS THAN 1/2 HR./WEEK</th>
<th>1/2 - 3 HR./WEEK</th>
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</table>

# 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>Season</th>
<th>NONE/ZERO</th>
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# Swimming

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

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# Rollerblading, Rollskating, or Ice skating

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Season</th>
<th>NONE/ZERO</th>
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# Skateboarding

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
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<th>NONE/ZERO</th>
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# Soccer or Rugby

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Season</th>
<th>NONE/ZERO</th>
<th>LESS THAN 1/2 HR./WEEK</th>
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</table>

# Tennis or Other Racket Sports

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Season</th>
<th>NONE/ZERO</th>
<th>LESS THAN 1/2 HR./WEEK</th>
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</table>

# 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?

<table>
<thead>
<tr>
<th>Season</th>
<th>NONE/ZERO</th>
<th>LESS THAN 1/2 HR./WEEK</th>
<th>1/2 - 3 HR./WEEK</th>
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</tbody>
</table>
## Gymnastics or Cheerleading
Did you do this activity over the past year?  
- NO  
- YES  
How much did you do it EACH season?  
- Spring  
- Summer  
- Fall  
- Winter  

### 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?  
- Spring  
- Summer  
- Fall  
- Winter  

## Volleyball
Did you do this activity over the past year?  
- NO  
- YES  
How much did you do it EACH season?  
- Spring  
- Summer  
- Fall  
- Winter  

## Martial Arts, Karate, or Wrestling
Did you do this activity over the past year?  
- NO  
- YES  
How much did you do it EACH season?  
- Spring  
- Summer  
- Fall  
- Winter  

Did you do any other sports or activities that we haven’t listed? *(Please specify)*  
- Spring  
- Summer  
- Fall  
- Winter  

### Questions

1. How many times per week do you participate in team sports?  
- None  
- 1  
- 2  
- 3  
- 4  
- 5 or more

2. How many times per week do you have gym or Phys Ed class?  
- None  
- 1  
- 2  
- 3  
- 4  
- 5 or more

3. 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>None</th>
<th>1–5 hr.</th>
<th>6–10 hr.</th>
<th>11–15 hr.</th>
<th>16–20 hr.</th>
<th>21–30 hr.</th>
<th>31+ hr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV</td>
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<tr>
<td>Watching DVDs or videos</td>
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<tr>
<td>Nintendo/Play Station/computer games</td>
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<tr>
<td>Internet/Computers (not including schoolwork)</td>
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</table>

4. During the past year, how often did you use any of the following products?  
- Protein powder or shake  
- Weight loss shakes/drinks  
- Creatine  
- Amino acids, HMB  
- DHEA  
- Growth hormone  
- Anabolic/injectable steroids

*Table values can vary with frequency of use.*
### THESE QUESTIONS ASK ABOUT WEIGHT CONTROL

*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
   - [ ] Gain weight
   - [ ] Lose weight

3. **During the past year, did you go on a diet to lose weight or keep from gaining weight?**
   - [ ] Never
   - [ ] A couple of times
   - [ ] Several times
   - [ ] Often
   - [ ] Always on a diet

   **a. How long did you stay on the diet(s)?**
   - [ ] Less than a week
   - [ ] 1–3 weeks
   - [ ] 1–3 months
   - [ ] 3 or more months

   **b. What type of diet(s) did you use? (Mark all that apply)**
   - [ ] Low calorie
   - [ ] Very low calorie
   - [ ] High protein
   - [ ] High carbohydrate
   - [ ] Skipped meals
   - [ ] Limited portion size
   - [ ] Weight loss shakes
   - [ ] Weight Watchers or other program
   - [ ] Low fat
   - [ ] Did not eat snacks or desserts
   - [ ] Other

   **c. Did you lose weight on the diet(s)?**
   - [ ] No
   - [ ] Yes, 1–5 pounds
   - [ ] Yes, 6–10 pounds
   - [ ] Yes, 10 or more pounds

   **d. Did you gain back any of the weight you lost on the diet?**
   - [ ] No, did not regain any of the weight
   - [ ] Gained back a little of the weight
   - [ ] Gained back all of the weight
   - [ ] Gained back more than I lost

4. **During the past year, did you exercise to lose weight or keep from gaining weight?**
   - [ ] Never
   - [ ] Less than monthly
   - [ ] 1–3 times a month
   - [ ] 1–4 times per week
   - [ ] 5 or more times per week

   **a. Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?**
   - [ ] No
   - [ ] Yes, sometimes
   - [ ] Yes, frequently

   **b. Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?**
   - [ ] No
   - [ ] Yes, sometimes
   - [ ] Yes, frequently

5. **During the past year, did you fast (not eat for at least a day) to lose weight or keep from gaining weight?**
   - [ ] Never
   - [ ] Less than monthly
   - [ ] 1–3 times a month
   - [ ] Once per week
   - [ ] 2 or more times per week

6. **During the past year, did you make yourself throw up to lose weight or keep from gaining weight?**
   - [ ] Never
   - [ ] Less than monthly
   - [ ] 1–3 times a month
   - [ ] Once per week
   - [ ] 2–6 times per week
   - [ ] Daily

7. **During the past year, did you take laxatives to lose weight or keep from gaining weight?**
   - [ ] Never
   - [ ] Less than monthly
   - [ ] 1–3 times a month
   - [ ] Once per week
   - [ ] 2–6 times per week
   - [ ] Daily
8. Sometimes people will go on an "eating binge", where they eat an amount of food that most people, like their friends, would consider to be very large, in a short period of time. **During the past year**, how often did you go on an eating binge?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- More than once a week

Was there a period of at least 3 months during the past year when you went on eating binges frequently?

- No
- Yes, weekly
- Yes, more than weekly

---

9. **THESE QUESTIONS REFER TO WHEN YOU WERE ON A BINGE.**

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

b. Did you eat very fast or faster than you normally do?

c. Did you eat until your stomach hurt or you felt sick to your stomach?

d. Did you eat really large amounts of food when you didn't feel hungry?

e. Did you eat by yourself because you did not want anyone to see how much you ate?

f. Did you feel really bad about yourself or feel guilty after eating a lot of food?

---

10. **Describe what you ate in your last eating binge. If the last binge was not typical for you, please tell us about the last one that was typical for you.**

<table>
<thead>
<tr>
<th>SWEETS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ice cream</td>
<td>1-2 scoops</td>
</tr>
<tr>
<td>frozen yogurt</td>
<td>1-2 scoops</td>
</tr>
<tr>
<td>candy bars</td>
<td>1-2 candy bars</td>
</tr>
<tr>
<td>donuts</td>
<td>1</td>
</tr>
<tr>
<td>cookies</td>
<td>1-5</td>
</tr>
<tr>
<td>cake</td>
<td>1 slice</td>
</tr>
<tr>
<td>poptarts</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SALTY SNACKS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>potato or corn chips</td>
<td>1 small bag</td>
</tr>
<tr>
<td>popcorn</td>
<td>1 small bag</td>
</tr>
<tr>
<td>nuts</td>
<td>1-2 handfuls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREAD OR CEREAL</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>bread</td>
<td>1-2 slices</td>
</tr>
<tr>
<td>bagels or rolls</td>
<td>1</td>
</tr>
<tr>
<td>danish or sweet rolls</td>
<td>1</td>
</tr>
<tr>
<td>muffin</td>
<td>1</td>
</tr>
<tr>
<td>cold cereal</td>
<td>1 bowl</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAIRY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>yogurt</td>
<td>1 small container (8 oz)</td>
</tr>
<tr>
<td>cheese</td>
<td>1-2 slices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIN DISHES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>spaghetti or pasta</td>
<td>1 bowl</td>
</tr>
<tr>
<td>pizza</td>
<td>1-2 slices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there other foods that you ate during your last eating binge?</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

---

11. **If there was a period of time when you went on eating binges at least weekly, how long did it last?**

- Doesn't apply to me
- 1 month
- 2 months
- 3 or more months

---

2. **During that time did you do any of the following? (Mark all that apply)**

- Exercised a lot to burn off the calories I had eaten during the eating binges
- Used laxatives to keep from gaining weight
- Made myself throw up to keep from gaining weight

---

Page 7
12. Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia nervosa? (Mark all that apply)
   - No
   - Yes, a friend
   - Yes, a parent
   - Yes, a doctor, nurse, or other health care provider

13. Have you ever been treated for an eating disorder by a doctor, nurse, or other health care provider?
   - No
   - Yes, in the past
   - Yes, currently

---

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

1. In the past year, how often have you thought about wanting to have toned or defined muscles?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

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

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

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

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

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

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

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

9. In the past year, how often has your father made a comment to you about your weight or your eating that made you feel bad? ('Father' means the adult man in your life who acts most like a father to you.)
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

10. In the past year, how often have you changed your eating when you were around girls/women?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

11. In the past year, how often have girls/women (including sisters) made fun of you because of your weight?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

12. In the past year, how often have boys/men (including brothers) made fun of you because of your weight?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

13. In the past year, how often has your mother made a comment to you about your weight or your eating that made you feel bad?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past year, how important has it been to your father that you be thin? (<em>Father</em> means the adult man in your life who acts most like a father to you.)</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how often have you felt fat?</td>
<td>Never</td>
</tr>
<tr>
<td>In the past year, how important has it been to your friends that <em>they</em> be thin?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how often has a teacher or coach made a comment to you about your weight that made you feel bad?</td>
<td>Never</td>
</tr>
<tr>
<td>In the past year, how happy have you been with the way your body looks?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how much do you think your weight made boys/men <em>NOT</em> like you?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how much has your weight made a difference in how you feel about yourself?</td>
<td>Not At All</td>
</tr>
<tr>
<td>If <em>girls/women</em> (<em>including sisters</em>) have teased you about your weight in the past year, how much has it changed the way you feel about yourself?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how much have you worried about gaining two pounds?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how important has it been to your mother that you be thin?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how much do you think your weight made other girls/women <em>NOT</em> like you?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how often have you tried to change your weight so you would not be teased by <em>girls/women</em> (<em>including sisters</em>)?</td>
<td>Never</td>
</tr>
<tr>
<td>If <em>boys/men</em> (<em>including brothers</em>) have teased you about your weight in the past year, how much has it changed the way you feel about yourself?</td>
<td>Not At All</td>
</tr>
<tr>
<td>In the past year, how important has it been to your friends that you be thin?</td>
<td>Not At All</td>
</tr>
<tr>
<td>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?</td>
<td>Totally</td>
</tr>
<tr>
<td>To look like them I have changed or I'm trying to change my... (<em>Mark all that apply)</em></td>
<td>Hair color</td>
</tr>
</tbody>
</table>
HOW YOU FEEL

1. 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

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

3. Has a doctor ever said you have asthma?
   - Yes
   - No
   - Don't know

4. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?
   - Yes
   - No
   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 page 11)
     - 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 4 or more alcohol drinks over a few hours?
     - None
     - 1
     - 2
     - 3-5
     - 6-8
     - 9-11
     - 12 or more times
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. 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
         - 2–5
         - 6–10
         - 11–20
         - 21 or more

   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 every day

   c. 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

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

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

   f. 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

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

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

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

   k. 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
      - 4–6 months
      - More than 6 months

   l. Have you quit smoking?
      - No
      - Yes

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

   n. How often has your mother talked to you about quitting smoking?
      - Often
      - Sometimes
      - Occasionally
      - Rarely
      - Never

   n. Have you ever bought cigarettes on the Internet?
      - No
      - Yes

3. How many of your friends smoke cigarettes?
   - None
   - One
   - A Few
   - Most
   - All
4. 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

5. 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

6. Which statement best describes the rules about smoking inside your home or dorm?
   - No one is allowed to smoke anywhere
   - Smoking is permitted anywhere
   - Smoking is allowed in some places or at some times

7. How do you think your mother would react if you were smoking cigarettes and she knew about it? She would...
   - Tell me to stop and be very upset
   - Tell me to stop but not be too upset
   - Not tell me to stop, but would disapprove
   - Have no reaction
   - Don't know how she would react

8. Do you have a brother or sister who smokes?
   - No
   - Yes

9. Have you used chew, dip, or snuff in the past year?
   - No
   - Yes
   - How often?
   - Less than monthly
   - 1-2 days per week
   - Almost every day
   - Less than weekly
   - 3-5 days per week
   - Daily

10. 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

---

These questions ask about illegal drug use. Remember that we won't tell anyone your answers.

1. Have you EVER used:

   **NUMBER OF TIMES IN THE PAST YEAR**

   - 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.

   - 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 (E,X)?
     - No
     - Yes
     - Not in past yr.
     - 1 time in past yr.
     - 2-10 times in past yr.
     - 11+ times in past yr.

   - CHB (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 hallucinogens?
     - No
     - Yes
     - Not in past yr.
     - 1 time in past yr.
     - 2-10 times in past yr.
     - 11+ times in past yr.

   - Crack, PCP (angel dust), or 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.

   - Vallium, 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), or 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.

2. During the past year, how many of your friends have used illegal drugs?
   - None
   - A Few
   - Some
   - A Lot
   - All
1. During the past year, how often have you been bullied?
   ○ I haven’t been bullied  ○ Once or twice  ○ Sometimes  ○ About once a week  ○ Several times a week

2. During the past year, how often have you taken part in bullying others?
   ○ I haven’t bullied anyone  ○ Once or twice  ○ Sometimes  ○ About once a week  ○ Several times a week

3. How often has your mother talked to you about each of the following...

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>OCCASIONALLY</th>
<th>ONCE</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using sunscreen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing a shirt with sleeves when</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you are outside in the sun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing a hat when you are outside</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the sun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limiting the amount of time spent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the sun between 10am–4pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to protect yourself from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sexually transmitted diseases (STDs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not riding in a car with someone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who has been drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting a Pap smear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The importance of not smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. 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

5. 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. Has your mother ever told you that you should have a Pap smear?
      ○ Yes  ○ No  ○ I don’t know

   b. Have you ever had a Pap smear?
      ○ Yes  ○ No  ○ I don’t know

   c. Did you have a Pap smear in the past year?
      ○ Yes  ○ No  ○ I don’t know

6. Have you ever used birth control pills or injectable estrogen (Lunelle) for any reason (acne, bad cramping, irregular period, birth control)?
   ○ No  ○ Yes

   During the past year did you use birth control pills or injectable estrogen (Lunelle) for any reason?  ○ No  ○ Yes
PERSONAL RELATIONSHIPS

Romantic and sexual relationships can be very private aspects of a person's life. 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.

1. 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

2. If you consider yourself to be gay, lesbian, or bisexual...
   How out are you...
   - How out are you to your family (parents or stepparents, grandparents, brothers, and sisters)?
   - How out are you to your friends?
   - How out are you at school?

3. During your life, the person(s) with whom you have had sexual contact is (are):
   - I have not had sexual contact with anyone
   - Female(s)
   - Male(s)
   - Female(s) and male(s)

4. Have you ever had sexual intercourse?
   - No
   - Yes
   - Don't know
   - Have you had sexual intercourse for the first time in the past year?
     - No
     - Yes
     - Don't know
   - During the past year have you been, or are you currently, pregnant?
     - No
     - Yes, currently
     - Yes, in the past year
     - Don't know

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

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

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

3. How often do you eat fried food away from home (like french fries or chicken nuggets)?
   - Never/less than once per week
   - 1-3 times per week
   - 4-6 times per week
   - Daily
**TELL US ABOUT THE FOODS YOU EAT**

**EXAMPLE**

How often did you drink diet soda?

If you drink one can of diet soda 3 times per week, your answer should look like this.

<table>
<thead>
<tr>
<th>NEVER/LESS THAN 1 A MONTH</th>
<th>1–3 PER MONTH</th>
<th>1/WEEK</th>
<th>2–4 PER WEEK</th>
<th>5–6 PER WEEK</th>
<th>1/DAY</th>
<th>2–3 PER DAY</th>
<th>MORE THAN 3 PER DAY</th>
</tr>
</thead>
</table>

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

**DRINKS**

- Diet soda (1 can or glass)
- Soda—not diet (1 can or glass)
- Hawaiian Punch, lemonade, sport & fruit drinks (1 glass)
- Tea—not hot or iced (1 cup, glass, or bottle)
- Coffee—not decaf. (1 cup)
- Beer (1 glass, bottle or can)
- Wine or wine coolers (1 glass)
- Liquor, like vodka or rum (1 drink or shot)

**DAIRY FOODS**

- Milk (glass or with cereal)
- Chocolate milk (glass)
- High Protein Shake/Instant Breakfast (1 pkt, serv. or can)
- Yogurt (1 cup)—not frozen
- Cottage or ricotta cheese
- Cheese (1 slice)
- Cream cheese
- Butter (1 pat)—not margarine
- Margarine (1 pat)—not butter

**MAIN DISHES**

- Cheeseburger (1)
- Hamburger (1)
- Pizza (2 slices)
- Taco/burrito/enchilada (1)
- Chicken nuggets (6)
- Hot dog (1)
- Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)
- Chicken or turkey sandwich (1)
- Roast beef or ham sandwich (1)
- Salami, bologna, or other deli meat sandwich (1)
- Tuna Sandwich (1)
- Chicken or turkey as main dish (1 serving)
- Fish sticks, fish cakes, or fish sandwich (1 serving)
- Fresh fish as main dish (1 serving)
- Shrimp, lobster, scallops (1 serving)
- Beef (steak, roast) or lamb as main dish (1 serving)
- Pork, ribs, or ham as main dish (1 serving)
- Meatballs or meatloaf (1 serving)
- Lasagna/baked ziti/ravioli (1 serving)
- Macaroni and cheese (1 serving)
- Grilled cheese (1)
- Spaghetti with tomato sauce (1 serving)
- Eggs (1)
- Bacon (2) or Sausage (2)
<table>
<thead>
<tr>
<th>OTHER FOODS</th>
<th>NEVER/LESS THAN 1 A MONTH</th>
<th>1–3 PER MONTH</th>
<th>1/WEEK</th>
<th>2–4 PER WEEK</th>
<th>5–6 PER WEEK</th>
<th>1/DAY</th>
<th>2–3 PER DAY</th>
<th>MORE THAN 3 PER DAY</th>
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<tbody>
<tr>
<td>Brown gravy</td>
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<td>Ketchup</td>
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<tr>
<td>Cream (milk) soups or chowder (1 bowl)</td>
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<tr>
<td>Clear soup (with rice, noodles, vegetables) (1 bowl)</td>
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<td>Mayonnaise</td>
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<tr>
<td>Low calorie or low fat salad dressing</td>
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<td>Salad dressing (not low calorie)</td>
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<td>Salsa</td>
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<td>BREADS AND CEREALS</td>
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<td>Cold breakfast cereal (1 bowl)</td>
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<tr>
<td>Hot breakfast cereal, like oatmeal, grits (1 bowl)</td>
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<td>White bread, pita bread, or toast (1 slice)</td>
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<td>Dark bread (1 slice)</td>
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<td>English muffins or bagels (1)</td>
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<td>Muffin (1) or cornbread (1 piece)</td>
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<td>Pancakes (2), waffles (1) or French toast (2 slices)</td>
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<td>French fries (large order)</td>
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<td>Potatoes—baked, boiled, mashed</td>
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<td>Noodles, pasta</td>
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<td>Rice</td>
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<td>Biscuit/roll (1)</td>
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<td>Tortilla—no filling (1)</td>
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<td>FRUITS AND VEGETABLES</td>
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<td>Raisins (small pack)</td>
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<td>Grapes (bunch)</td>
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<td>Bananas (1)</td>
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<td>Apples (1) or applesauce</td>
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<tr>
<td>Cantaloupe, melons (1/4 melon)</td>
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<td>Pears (1)</td>
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<td>Oranges (1), grapefruit (1/2)</td>
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<td>Strawberries (1/2 cup)</td>
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<td>Peaches, plums, apricots (1)</td>
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<td>Orange juice (1 glass)</td>
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<td>Apple juice and other fruit juices (1 glass)</td>
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<td>Tomatoes (1)</td>
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<td>Tofu</td>
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<td>String beans</td>
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<tr>
<td>Beans/lentils/soybeans</td>
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<td>Peas or lima beans</td>
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<td>Mixed vegetables</td>
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<td>Spinach</td>
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<td>Greens/kale</td>
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<td>Green/red peppers</td>
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<td>Yams/sweet potatoes (1)</td>
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<tr>
<td>Zucchini, summer squash, eggplant</td>
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<td>Carrots, cooked</td>
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<td>Carrots, raw</td>
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<td>Lettuce/tossed salad</td>
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<td>Coleslaw</td>
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<td>Potato salad</td>
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</table>
### Snack Foods/Desserts

<table>
<thead>
<tr>
<th></th>
<th>Never/Less Than 1 A Month</th>
<th>1-3 per Month</th>
<th>1/week</th>
<th>2-4 per Week</th>
<th>5-6 per Week</th>
<th>1/day</th>
<th>2-3 per Day</th>
<th>More Than 3 per Day</th>
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<tbody>
<tr>
<td>Potato chips (1 small bag)</td>
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<tr>
<td>Corn chips/Doritos (1 small bag)</td>
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<td>Nachos with cheese (1 serving)</td>
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<tr>
<td>Popcorn (1 small bag)</td>
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<td>Pretzels (1 small bag)</td>
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<tr>
<td>Peanuts, nuts (1 small bag)</td>
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<tr>
<td>Fun fruit or fruit rollups (1 pack)</td>
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<tr>
<td>Graham crackers</td>
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<tr>
<td>Crackers, like Wheat Thins or Ritz</td>
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<td>Poptart (1)</td>
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<tr>
<td>Cake (1 slice)</td>
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<td>Snack cakes, like Twinkies (1 package)</td>
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<tr>
<td>Pie (1 slice)</td>
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<td>Danish, donut, sweetroll or pastry (1)</td>
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<td>Cookie (1)</td>
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<td>Brownie (1)</td>
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<tr>
<td>Chocolate candy like Snickers or M&amp;M's (1 bar or pack)</td>
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<td>Other candy without chocolate like Skittles (1 pack)</td>
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<td>Pudding</td>
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<td>Frozen yogurt</td>
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<td>Ice cream</td>
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<td>Milkshake or frappe (1)</td>
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<td>Popsicle</td>
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<td>Energy bar (like Power or Cliff Bar)</td>
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<td>High protein bar (like MetRX or Balance Bar)</td>
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</table>

### Questions

1. **What form of margarine do you usually use?**
   (Mark one answer)
   - None
   - Squeeze (liquid)
   - Stick
   - Spray
   - Tub
   - Don't know

2. **Do you currently take vitamins (like One-A-Day, Centrum)?**
   - No
   - Yes

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

4. **Do you take a separate calcium pill or Tums?**
   - Yes
   - No

5. **Do you take a separate iron pill?**
   - Yes
   - No

6. **In the past week, on average, how often did you snack (eat between meals)?**
   - Never
   - 1 time per day
   - 2-3 times per day
   - 4-5 times per day
   - More than 5 times per day

7. **In the past year, on average, how often did you eat something from a fast food restaurant (McDonald's, Burger King, Taco Bell, etc.)?**
   - Never/less than once per month
   - Once per week
   - 1-3 times per month
   - 2-4 times per week
   - 5-6 times per week
   - Once per day or more
1. The following questions relate to how you feel about your standing in society and in your community.

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 any suggestions for questions on next year's GUTS survey?

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

We will not release your e-mail address to anyone!

Thank you for completing this survey!

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

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

All original artwork by Greg Moutafis

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