BEGIN WITH THE BASICS

1. Is this your correct Date of Birth? [ ] Yes [ ] No

If No, please write your date of birth:

[ ] MONTH / [ ] DAY / [ ] YEAR

2. How tall are you? _____ feet _____ inches

3. How much do you weigh? ________ pounds

4. What is your marital status? [ ] Never married [ ] Married [ ] Other

5. Where do you live most of the time?
   [ ] In apartment or house [ ] In a fraternity house [ ] In a dorm [ ] Military [ ] Other

6. Who do you live with most of the time? (Mark all that apply.)
   [ ] Parent(s) [ ] Partner or spouse [ ] Roommate(s) [ ] I live alone [ ] Other

TIME IN THE SUN

1. 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. 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

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 of 15 or more?
   [ ] Never [ ] Seldom [ ] Sometimes [ ] Often [ ] Always

   Wear a shirt with sleeves?
   [ ] Never [ ] Seldom [ ] Sometimes [ ] Often [ ] Always

   Wear a hat?
   [ ] Never [ ] Seldom [ ] Sometimes [ ] Often [ ] Always

   Limit time spent in the sun between 10am and 4pm?
   [ ] Never [ ] Seldom [ ] Sometimes [ ] Often [ ] Always

   Lie in the sun to get a suntan?
   [ ] Never [ ] Seldom [ ] Sometimes [ ] Often [ ] Always

MOVIE/TV/MAGAZINE SCENE

1. Do you read or look through any magazines regularly? [ ] Yes [ ] No

   Please tell us the names of the 2 magazines you read most frequently.
   1. ______________________ 2. ______________________

2. On average, how many hours per week do you spend watching TV? (a total for the entire 7 day week)
   [ ] None [ ] 1–5 hours [ ] 6–10 hours [ ] 11–15 hours [ ] 16–20 hours [ ] 21–30 hours [ ] 31+ hours

3. In the past year, how much have you tried to look like the boys or men you see on television, in movies, or in magazines?
   To look like them I have changed or I’m trying to change my . . . (Mark all that apply.)
   [ ] Hair color [ ] Body shape [ ] Weight (trying to gain)
   [ ] Hair style [ ] Muscle definition [ ] Weight (trying to lose)
   [ ] Clothing [ ] Tan/skin color [ ] Other
   [ ] Totally [ ] A lot [ ] Pretty much
   [ ] Sometimes [ ] A little [ ] Not at all
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

4. **QUESTIONS ABOUT WEIGHT**

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

1. How would 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, how often did you:

- **Go to question 3.**

   - **Fast** (not eat for at least a day)
   - **Make yourself throw up**
   - **Take laxatives**

3. 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

4. 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

**HOW YOU FEEL** *Mark one answer for each statement.*

1. In the past year, how often did you:

   - Feel worthless?
   - Notice you didn’t have as much energy as you usually do?
   - Feel “down in the dumps” or “depressed”?
   - Feel hopeful about the future?
   - Have trouble concentrating?
   - Have trouble enjoying activities you usually enjoy?

2. How much do these statements describe you?

   - Some people are happy with themselves most of the time.
   - Some people are often disappointed with themselves.
   - Some people like the kind of person they are.
   - Some people don’t like the way they are leading their life.
   - Some people are very happy being the way they are.
5. 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
- 1–5 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

6. Describe what you ate in your last eating binge.

<table>
<thead>
<tr>
<th>FOOD</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWEETS</td>
<td></td>
</tr>
<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>
<tr>
<td>SALTY SNACKS</td>
<td></td>
</tr>
<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>
<tr>
<td>BREAD OR CEREAL</td>
<td></td>
</tr>
<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>
<tr>
<td>DAIRY</td>
<td></td>
</tr>
<tr>
<td>yogurt</td>
<td>1 small container</td>
</tr>
<tr>
<td>cheese</td>
<td>1–2 slices</td>
</tr>
<tr>
<td>MAIN DISHES</td>
<td></td>
</tr>
<tr>
<td>spaghetti or pasta</td>
<td>1 bowl</td>
</tr>
<tr>
<td>pizza</td>
<td>1–2 slices</td>
</tr>
<tr>
<td>chicken</td>
<td>1 breast</td>
</tr>
<tr>
<td>sandwich</td>
<td>1</td>
</tr>
<tr>
<td>OTHER</td>
<td>Are there other foods that you ate during your last eating binge?</td>
</tr>
<tr>
<td>FOOD</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

7. In the past year, 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

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
8. In the past year, how often have . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>A Little</th>
<th>Sometimes</th>
<th>A Lot</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>You thought about wanting to have toned or defined muscles?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your male friends talked about wanting to lose weight?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>You worried about having fat on your body?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You changed your eating when you were around boys/men?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>You tried to change your weight so you would not be teased by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>girls/women (including sisters)?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>You thought about wanting to be thinner?</td>
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</tr>
<tr>
<td>You tried to lose weight?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You changed your eating when you were around girls/young women?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>girls/women (including sisters) made fun of you because of your weight?</td>
<td></td>
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</tr>
<tr>
<td>boys/men (including brothers) made fun of you because of your weight?</td>
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<td></td>
</tr>
<tr>
<td>You felt fat?</td>
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<tr>
<td>You tried to change your weight so you would not be teased by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boys/men (including brothers)?</td>
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<td></td>
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</tr>
<tr>
<td>Your male friends talked about wanting to gain weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>You tried to gain weight?</td>
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<td></td>
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</tbody>
</table>

Remember there are no right or wrong answers.

We just want to know what you think.

9. In the past year, how important has it been to your friends that . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At All</th>
<th>A Little</th>
<th>Pretty Much</th>
<th>A Lot</th>
<th>Totally</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>They not be fat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You not be fat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They be physically fit or muscular?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You be physically fit or muscular?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
1. In the coming year, do you think you will smoke a cigarette, even a few puffs?
   - Definitely not
   - Maybe
   - No
   - Yes

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

3. In the PAST YEAR, have you smoked a cigarette, even a few puffs?
   - No
   - Go to question 3.
   - Yes

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

   How long ago did you smoke your last cigarette?
   - In past week
   - In past month, but not in past week
   - 1–3 months
   - 4–6 months
   - 6+ months

   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
   - how often do you smoke?
     - Don’t smoke
     - Less than once a month
     - Less than once a week
     - 1–2 days per week
     - Weekly
     - Almost everyday
     - Daily
   - do you smoke . . .
     - Mainly with other people
     - Mainly by yourself
     - As often by yourself as with other people
   - is it difficult for you not to smoke in a place where smoking is forbidden?
     - Very difficult
     - Difficult
     - Somewhat difficult
     - Slightly difficult
     - Not at all difficult
   - do you smoke more in the morning than the rest of the day?
     - Always
     - Usually
     - Sometimes
     - Rarely
     - Never
   - do you smoke when you are really sick (i.e., coughing or vomiting a lot)?
     - Always
     - Usually
     - Sometimes
     - Rarely
     - Never
   - 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
   - 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 1 and 2 hours
     - More than 2 hours

4. In the PAST YEAR, have you quit smoking?
   - No
   - Yes, and stayed quit
   - Yes, but restarted

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

6. Do you think you would be able to stop smoking if you wanted to?
   - No
   - Yes
   - Maybe
   - Already quit
3. How many of your friends smoke cigarettes? (Mark all that apply.)
   - None
   - One
   - A few
   - Most
   - All

4. Which statement best describes the rules about smoking inside the place where you live most of the time?
   - No one is allowed to smoke anywhere
   - Smoking is allowed in some places or at some times
   - Smoking is permitted anywhere

5. 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

6. In the past year, have you 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

7. Who in your family smokes cigarettes? (Mark all that apply.)
   - Mother
   - Father
   - Sister(s)
   - Brother(s)
   - Spouse or partner

PERSONAL RELATIONSHIPS

1. Have you ever had sexual intercourse?
   - No
   - Yes
   - Not sure
   - Go to question 3.

2. In the past year, have you had sexual intercourse?
   - No
   - Yes
   - Not sure
   - Go to question 3.

3. 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

How many people in your family know about your same-sex feelings (parents or stepparents, grandparents, brothers, and sisters)?
   - Everyone knows
   - Most people know
   - Some people know
   - A few people know
   - No one knows

How many of your friends know about your same-sex feelings?
   - Everyone knows
   - Most people know
   - Some people know
   - A few people know
   - No one knows

How many people at school know about your same-sex feelings?
   - Everyone knows
   - Most people know
   - Some people know
   - A few people know
   - No one knows

I wish I were not attracted to the same sex.
   - Strongly agree
   - Agree
   - Mixed/not sure
   - Disagree
   - Strongly disagree

4. 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)

5. In the past year, how often did you go to gay, lesbian, or bisexual social events, cafes, dance clubs, bars, or hung around these places?
   - Never
   - 1–5 times
   - 6–11 times
   - 1 time/month
   - 2–5 times/month
   - 1 time/week
   - 2+ times/week
DRUGS AND ALCOHOL

Remember your answers are confidential.

1. During the past year, have you used any of the following drugs? (Mark all that apply.)
   - Marijuana
   - Ecstasy (E, X)
   - Heroin
   - Cocaine
   - Crystal Meth
   - Speed
   - Mushrooms
   - LSD
   - OxyContin
   - Percocet/Percodan
   - Ritalin, Adderall
   - Valium, Xanax, Librium
   - Sleeping pills (Rohypnol, roofies)
   - I have not taken any of these drugs
   - Other (please specify)

2. During the past year, how often did you use any of the following products?

<table>
<thead>
<tr>
<th>Product</th>
<th>NEVER</th>
<th>LESS THAN MONTHLY</th>
<th>MONTHLY</th>
<th>WEEKLY</th>
<th>DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ephedra-containing products (like Metabolife)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amino acids, DHEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth hormone or anabolic/injectable steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   On average, in the past year, how often did you drink beer, wine, or liquor?
   - Don’t drink
   - 3–5 days per week
   - Less than once a month
   - Almost every month
   - Less than once a week
   - Daily

   When you drink alcohol, how much do you usually drink at one time?
   - Don’t drink alcohol
   - 2 glasses/cans/drinks
   - 5 glasses/cans/drinks
   - Less than 1 glass/can/drink
   - 1 glass/can/drink
   - 3 glasses/cans/drinks
   - 4 glasses/cans/drinks
   - 6 or more glasses/cans/drinks

   During the past year, how many times did you drink 5 or more alcohol drinks over a few hours?
   - None
   - 1 time
   - 2 times
   - 1–2 times/month
   - 3–5 times
   - 6–8 times
   - 9–11 times
   - 12 or more times
   - 1 drink= 1 can/bottle of beer
               1 glass of wine
               1 shot of liquor
               1 mixed drink

   They all have the same amount of alcohol.
ACNE

1. How has your acne looked at its worst ever?

☐ 1. No significant acne
☐ 2. Mild acne
  • inflamed (pink-reddish in color)
  • several; all smaller than a pinhead
☐ 3. Moderate acne
  • inflamed (pink-reddish in color)
  • several to many; some pinhead size or larger
  • some contain pus or fluid
☐ 4. Severe acne
  • inflamed (pink-reddish in color)
  • many pinhead size or larger
  • some contain pus or fluid
  • persistent scarring
  • persistent discharge

2. Which of these medications have you ever used for “zits”? (Mark all that apply.)

☐ None
☐ Cleocin-T gel or cream
☐ Antibiotic pills, like tetracycline, doxycycline, minocycline (Minocin), erythromycin
☐ Non-prescription skin creams/gels, like Clearasil
☐ Tretinoin (Retin-A)
☐ Spironolactone (Aldactone)
☐ Isotretinoin (Accutane)
☐ Adapalene (Differin)
☐ None

Do you have any suggestions for the next GUTS survey? We’d love to hear them!

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for completing this survey!

Mail to: Growing Up Today Study
Channing Lab
181 Longwood Ave.
Boston, MA 02115

Photographs courtesy of Getty Images