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 sorority 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 girls or women 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
   - Hair style
   - Makeup
   - Clothing
   - Body shape
   - Muscle definition
   - Tan/skin color
   - Weight (trying to gain)
   - Weight (trying to lose)
   - Other

   Totally
   A lot
   Pretty much
   Sometimes
   A little
   Not at all

Page 1
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

During the past year, how often 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

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

During the past year, how often 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

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

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

During the past year, did you do any of the following to lose weight or keep from gaining weight?

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>LESS THAN MONTHLY</th>
<th>1–3 TIMES A MONTH</th>
<th>ONCE PER WEEK</th>
<th>2–6 TIMES PER WEEK</th>
<th>DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast (not eat for at least a day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make yourself throw up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take laxatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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
- 1–4 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><strong>SWEETS</strong></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>1–2</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><strong>SALTY SNACKS</strong></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><strong>BREAD OR CEREAL</strong></td>
<td></td>
</tr>
<tr>
<td>bread</td>
<td>1–2 slices</td>
</tr>
<tr>
<td>bagels or rolls</td>
<td>2</td>
</tr>
<tr>
<td>danish or sweet rolls</td>
<td>2</td>
</tr>
<tr>
<td>muffin</td>
<td>1</td>
</tr>
<tr>
<td>cold cereal</td>
<td>1 bowl</td>
</tr>
<tr>
<td><strong>DAIRY</strong></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><strong>MAIN DISHES</strong></td>
<td></td>
</tr>
<tr>
<td>spaghetti or pasta</td>
<td>1–2 slices</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><strong>OTHER</strong></td>
<td></td>
</tr>
</tbody>
</table>

Are there other foods that you ate during your last eating binge?

1.  

2.  

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...

- you thought about wanting to have toned or defined muscles?
- your girl friends talked about wanting to lose weight?
- you worried about having fat on your body?
- you changed your eating when you were around boys/men?
- you tried to change your weight so you would not be teased by boys/men (including brothers)?
- you thought about wanting to be thinner?
- you tried to lose weight?
- you changed your eating when you were around girls/young women?
- girls/women (including sisters) made fun of you because of your weight?
- boys/men (including brothers) made fun of you because of your weight?
- you felt fat?
- you tried to change your weight so you would not be teased by girls/women (including sisters)?

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

- they be thin?
- you be thin?

10. In the past year, how much...

- do you think your weight made boys/men NOT like you?
- has your weight made a difference in how you feel about yourself?
- have you worried about gaining two pounds?

11. Has a doctor ever said you have asthma?
1. In the coming year, do you think you will smoke a cigarette, even a few puffs?  
   - Definitely not
   - Maybe
   - Probably
   - Definitely

2. 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
   - 4
   - 2–5
   - 6–10
   - 11–20
   - 21 or more

   how often do you smoke?  
   - Don’t smoke
   - Less than once a month
   - 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
   - Between 15 and 30 minutes
   - Between 1 and 2 hours
   - Between 30 and 60 minutes
   - More than 2 hours
   - Within the first 15 minutes

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

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
   - 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

3. How many of your friends smoke cigarettes?  
   - 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
   - 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
   - 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

2. **In the past year, have you had sexual intercourse?**
   - No
   - Yes
   - Not sure
   - Have you had sexual intercourse for the first time in the past year?

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
   - 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 lesbian, gay, or bisexual social events, cafes, dance clubs, bars, or hung around these places?**
   - Never
   - 1–5 times
   - 6–11 times
   - 1 time/month
   - 2–3 times/month
   - 1 time/week
   - 2+ times/week

6. **In the past year, how often did you go to lesbian, gay, or bisexual meetings or educational events at a community center or other place?**
   - Never
   - 1–5 times
   - 6–11 times
   - 1 time/month
   - 2–3 times/month
   - 1 time/week
   - 2+ times/week

7. **In the past year, how often did you read or watch lesbian, gay, or bisexual magazines, newspapers, books, web sites, videos or movies?**
   - Never
   - 1–5 times
   - 6–11 times
   - 1 time/month
   - 2–3 times/month
   - 1 time/week
   - 2+ times/week

8. **How many of your close friends (people you can confide in) are lesbian, gay, or bisexual?**
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 or more

9. **I feel uneasy around people who are very open in public about being gay, lesbian, or bisexual.**
   - Strongly agree
   - Agree
   - Mixed/not sure
   - Disagree
   - Strongly disagree

10. **I worry a lot that others might think I am lesbian, gay, or bisexual.**
    - Strongly agree
    - Agree
    - Mixed/not sure
    - Disagree
    - Strongly disagree
DRUGS AND ALCOHOL

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

On average, in the past year, how often did you drink beer, wine, or liquor?
   - None
   - 1–2 times a month
   - Less than once a month
   - 1–2 times a week
   - More than once a week

When you drink alcohol, how much do you usually drink at one time?
   - 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

During the past year, how many times did you drink 4 or more alcohol drinks over a few hours?
   - None
   - 1 drink
   - 2 drinks
   - 3–5 drinks
   - 6 or more drinks

2. During the past year, how often did you use any of the following products?
   - Ephedra-containing products (like Metabolife)
   - Creatine
   - Amino acids, DHEA
   - Growth hormone or anabolic/injectable steroids

3. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?
   - Yes
   - No
   - Not sure

   On average, in the past year, how often did you drink beer, wine, or liquor?
   - Don't drink
   - 1 time
   - 2 times
   - 3–5 times
   - 6–8 times
   - 9–11 times
   - 12 or more times

   When you drink alcohol, how much do you usually drink at one time?
   - 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

   During the past year, how many times did you drink 4 or more alcohol drinks over a few hours?
   - None
   - 1 drink
   - 2 drinks
   - 3–5 drinks
   - 6 or more drinks

YOUNG WOMEN’S HEALTH

1. When a doctor or nurse does a pelvic or gynecologic exam, sometimes a small, flat stick or a very small brush 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 test.

   Have you ever had a Pap test?
   - Yes
   - No
   - Not sure

2. Have you ever used birth control pills, patch (Ortho-Evra), ring (Nuvaring), Depo Provera or injectable estrogen (Lunelle) for any reason (acne, bad cramping, irregular period, birth control)?
   - Yes
   - No
   - Not sure

3. During the past year, have you been pregnant or breast-feeding?
   - Yes
   - No
   - Not sure

4. How old were you when you started having menstrual periods?
   - Before age 10
   - 10
   - 12
   - 15
   - 14
   - 11
   - 13
   - 17 or older
   - Not yet

   Go to Acne section.
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