Do we have your correct name and address?
Make any necessary changes and return this page to us.

Please remove this page along perforation before mailing back questionnaire.

DIE CUT

We need your help. We would like to find out what kids think and do during their everyday lives. We are trying to get information on all kinds of activities and food. This information will help us understand what it is like to be a girl or young woman today.

To be part of the study, all you need to do is complete this questionnaire. Over 16,000 kids have been participating in the Growing Up Today Study since 1996. We're now expanding the study and we want to include YOU! You will be a member of the Growing Up Today Study II, a new study with its own questionnaire.

And... Everything you tell us is confidential or private. We don't tell anyone your answers and the information is only used for research.

There are no right or wrong answers. You do not have to answer any questions you don't want to.

Graham Colditz, MD, DrPH
Walter Willett, MD, DrPH

Thanks!

If you have any questions, please email us at growup@channing.harvard.edu, or call Helen Rockett, collect at 617.525.2279 anytime between 9 am and 4 pm Eastern time.

Hi!

We are growing up today study.
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:

Think about your usual snacks. How often do you eat each type of snack food.

For example, if you eat poptarts rarely (about 6 per year) then your answer should look like this:

Federal research regulations require us to include the following information:

There are no direct benefits to you from participation in this study. There is a very small risk of breach of confidentiality associated with the participation in this study. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any questions you do not wish to answer. You will not receive any monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Research Committee at Brigham and Women’s Hospital at (617) 525-3170.
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 your shoes or heavy clothing. If you don’t have a scale at home, try to find one at school or a friend’s house that you can use.

<table>
<thead>
<tr>
<th>FEET</th>
<th>INCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
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<td>3</td>
<td>3</td>
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<td>4</td>
<td>4</td>
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<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

4. Do you consider yourself to be Spanish/Hispanic/Latina?

- No
- Yes

Which categories best describe your race? (Mark one or more to indicate what you consider yourself to be.)

- White
- Black or African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian or Pacific Islander
- Other

5. Have you started having menstrual periods?

- No ➤ GO TO NEXT PAGE
- Yes ➤ a) If yes, age periods began:
  - Don’t remember
  - <9 years
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15 or older
  b) The month periods began:
    - January
    - February
    - March
    - April
    - May
    - June
    - July
    - August
    - September
    - October
    - November
    - December
  c) The year periods began:
    - 1996 or earlier
    - 1997
    - 1998
    - 1999
    - 2000
    - 2001
    - 2002
    - 2003
    - 2004
    - Don’t remember
  d) Are you currently taking birth control pills for any reason?
    - No
    - Yes

6. What is the current usual pattern of your menstrual cycles (when not using birth control pills)?

- Extremely regular (no more than 1–2 days before or after expected)
- Very regular (within 3–4 days)
- Regular (within 5–7 days)
- Usually irregular
- Always irregular
- No periods in past 6 months
**ACTIVITY**

It is very important you tell us about yourself honestly.

Please read the following example before answering the activity questions.

**EXAMPLE:**

If you were on a swim team during the winter that practiced 4 hours a week and had one meet each week and during the summer you swam with friends once a week, then your answer would look like this . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>None/Zero</th>
<th>Less than 1/2 hr/wk</th>
<th>1/2-3 1/2 hr/wk</th>
<th>4-6 1/2 hr/wk</th>
<th>7-9 1/2 hr/wk</th>
<th>10+ hr/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Baseball or Softball</td>
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<tr>
<td>Basketball</td>
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<tr>
<td>Biking (including exercise bike)</td>
<td></td>
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<tr>
<td>Dancing or Aerobics</td>
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<tr>
<td>Hard Work Outdoors (like mowing the lawn, raking, gardening)</td>
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</tr>
</tbody>
</table>

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

Mark “None/Zero” for any season you did not do that activity.
<table>
<thead>
<tr>
<th>Activity</th>
<th>None/Zero</th>
<th>Less than ½ hr./wk.</th>
<th>½–3½ hr./week</th>
<th>3–4½ hr./week</th>
<th>4–6½ hr./week</th>
<th>6–7½ hr./week</th>
<th>7–9½ hr./week</th>
<th>9–10 hr./week</th>
<th>10+ hr./week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice, Field, Street Hockey or Lacrosse</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Running or Jogging (including treadmill)</td>
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<td></td>
<td></td>
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<tr>
<td>Swimming</td>
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<tr>
<td>Rollerblading, Rollerskating, or Iceskating</td>
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<tr>
<td>Tennis or Other Raquet Sports</td>
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<td></td>
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<tr>
<td>Walking (to/from school, friend's house, store, or on treadmill)</td>
<td></td>
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</tbody>
</table>
### Stairmaster, Elliptical Trainer, or Rowing Machine

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

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Zero</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than</td>
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<td></td>
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</tr>
<tr>
<td>1/2 hr/wk.</td>
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<tr>
<td>7/2–3 hr/wk.</td>
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</tr>
<tr>
<td>4–6 hr/wk.</td>
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<tr>
<td>7–9 1/2 hr/wk.</td>
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<tr>
<td>10+ hr/wk.</td>
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</tr>
</tbody>
</table>

### Gymnastics or Cheerleading

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

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Zero</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Less than</td>
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<tr>
<td>1/2 hr/wk.</td>
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<tr>
<td>7/2–3 hr/wk.</td>
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<tr>
<td>4–6 hr/wk.</td>
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<tr>
<td>7–9 1/2 hr/wk.</td>
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<tr>
<td>10+ hr/wk.</td>
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</tbody>
</table>

### 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?  

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Zero</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Less than</td>
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<tr>
<td>1/2 hr/wk.</td>
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<tr>
<td>7/2–3 hr/wk.</td>
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<tr>
<td>4–6 hr/wk.</td>
<td></td>
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<td></td>
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<tr>
<td>7–9 1/2 hr/wk.</td>
<td></td>
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</tr>
<tr>
<td>10+ hr/wk.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Volleyball

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

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Zero</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Less than</td>
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<tr>
<td>1/2 hr/wk.</td>
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<tr>
<td>7/2–3 hr/wk.</td>
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<tr>
<td>4–6 hr/wk.</td>
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<tr>
<td>7–9 1/2 hr/wk.</td>
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<tr>
<td>10+ hr/wk.</td>
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</tbody>
</table>

Did you do any other sports or activities that we haven’t listed? (Please specify)  

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Zero</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Less than</td>
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<tr>
<td>1/2 hr/wk.</td>
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<tr>
<td>7/2–3 hr/wk.</td>
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<tr>
<td>4–6 hr/wk.</td>
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</tr>
<tr>
<td>7–9 1/2 hr/wk.</td>
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<tr>
<td>10+ hr/wk.</td>
<td></td>
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</tr>
</tbody>
</table>

### Are these statements true for you:

a) It is safe to walk or jog alone in my neighborhood during the day.  
- Really true for me  Usually true for me  Not usually true for me  Not true for me

b) There is someone to take me to team practices or other places where I can get exercise.  
- Really true for me  Usually true for me  Not usually true for me  Not true for me

### In school, how many times per week do you have gym or Phys Ed?  
- None  1  2  3  4  5 or more

### Do you usually wheeze after you exercise?  
- No  Yes  Don’t know

### Has a doctor ever said you have asthma?  
- No  Yes  Don’t know

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

- Watching T.V.  
- Watching DVDs/Videos  
- Reading/Homework  
- Video Games (PS2/Gameboy)  
- Computer/Internet (not games)  

### Monday thru Friday (Add up the TOTAL number of hours from Monday thru Friday)

<table>
<thead>
<tr>
<th></th>
<th>None/Zero</th>
<th>Less than 1/2 hr/wk.</th>
<th>1/2–3 1/2 hr/wk.</th>
<th>4–6 hr/wk.</th>
<th>7–9 1/2 hr/wk.</th>
<th>10+ hr/wk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching DVDs/Videos</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading/Homework</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Video Games (PS2/Gameboy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer/Internet (not games)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

- Watching T.V.  
- Watching DVDs/Videos  
- Reading/Homework  
- Video Games (PS2/Gameboy)  
- Computer/Internet (not games)  

### Saturday thru Sunday (Add up the TOTAL number of hours on Saturday and Sunday)

<table>
<thead>
<tr>
<th></th>
<th>None/Zero</th>
<th>Less than 1/2 hr/wk.</th>
<th>1/2–3 1/2 hr/wk.</th>
<th>4–6 hr/wk.</th>
<th>7–9 1/2 hr/wk.</th>
<th>10+ hr/wk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching T.V.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching DVDs/Videos</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reading/Homework</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Video Games (PS2/Gameboy)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Computer/Internet (not games)</td>
<td></td>
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</tr>
</tbody>
</table>
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. Have you ever avoided any of these foods for fear of “zits”? (Mark all that apply.)

Options: Dairy foods, Fried foods, Cereal or bread, Seafood, Chocolate

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

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

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. How many times each week (including weekdays and weekends) do you eat breakfast?
   - Never or almost never
   - 1–2 times per week
   - 3–4 times per week
   - 5 or more times per week

2. Where do you usually get your lunch?
   - Bring from home
   - Get from school
   - Get from vending machine
   - Get fast food
   - Get from store or food truck

3. How often do you sit down with other members of your family to eat dinner or supper?
   - Never or almost never
   - 1–2 times per week
   - 3–4 times per week
   - 5 or more times per week

4. How many times per week do you make dinner for yourself (and/or others in your house)?
   - Never or almost never
   - Less than once per week
   - 1–2 times per week
   - 3–4 times per week
   - 5 or more times per week

5. How often do you have dinner that is ready-made, like frozen dinners, Spaghetti-O’s, microwave meals, etc.?
   - Never/less than once per week
   - 1–2 times per week
   - 3–4 times per week
   - 5 or more times per week

6. Which cold breakfast cereal do you eat most often (like Cheerios or Froot Loops)?

Options: Never eat cold breakfast cereal

### TELL US ABOUT THE FOODS YOU EAT

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

**EXAMPLE:**

How often do you eat the following foods:

For example, if you drink one can of diet soda 2–3 times per week, then your answer should look like this:

How many do you take per week?

<table>
<thead>
<tr>
<th>Never/less than 1 per month</th>
<th>1–3 cans per month</th>
<th>1 can per week</th>
<th>2–6 cans per week</th>
<th>1 can per day</th>
<th>More than 1 can per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1–3 cans per month</td>
<td>1 can per week</td>
<td>2–6 cans per week</td>
<td>1 can per day</td>
<td>More than 1 can per day</td>
</tr>
</tbody>
</table>

3. **Hawaiian Punch, lemonade, Koolaid or other non-carbonated fruit drink (1 glass)**

4. **Sport drinks—Powerade or Gatorade (individual bottle)**

5. **Tea—hot or iced (1 cup, glass or bottle)**

6. **Coffee—not decaf. (1 cup)**

7. **Beer (1 glass, bottle or can)**

8. **Wine or wine coolers (1 glass)**

9. **Liquor, like vodka or rum (1 drink or shot)**

### DRINKS

1. **Diet soda (1 can or glass)**

2. **Soda—not diet (1 can or glass)**

3. **Hawaiian Punch, lemonade, Koolaid or other non-carbonated fruit drink (1 glass)**

4. **Sport drinks—Powerade or Gatorade (individual bottle)**

5. **Tea—hot or iced (1 cup, glass or bottle)**

6. **Coffee—not decaf. (1 cup)**

7. **Beer (1 glass, bottle or can)**

8. **Wine or wine coolers (1 glass)**

9. **Liquor, like vodka or rum (1 drink or shot)**
### DAIRY FOODS

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

#### 2. Milk (glass or with cereal)
- [ ] Never/less than 1 per month
- [ ] 1 glass per week or less
- [ ] 2-6 glasses per week
- [ ] 1 glass per day
- [ ] 2-3 glasses per day
- [ ] More than 3 glasses per day

#### 3. Chocolate or other flavored milk (glass)
- [ ] Never/less than 1 per month
- [ ] 1-3 glasses per month
- [ ] 1 glass per week
- [ ] 2-6 glasses per week
- [ ] 1-2 glasses per day
- [ ] More than 2 glasses per day

#### 4. Instant breakfast drink/high protein shake or drink (1 packet, serving, or can)
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] 2-4 times per week
- [ ] More than 4 times per week

#### 5. Yogurt (1 cup)—not frozen
- [ ] Never/less than 1 per month
- [ ] 1-3 cups per month
- [ ] 1 cup per week
- [ ] 2-6 cups per week
- [ ] 1 cup per day
- [ ] More than 1 cup per day

#### 6. Cottage or ricotta cheese
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] More than once per week

#### 7. Cheese (1 slice)
- [ ] Never/less than 1 per month
- [ ] 1-3 slices per month
- [ ] Once per week
- [ ] More than once per week

#### 8. Cream cheese
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] More than once per week

#### 9. What type of yogurt, cottage cheese and dairy products (besides milk) do you use mostly?
- [ ] Nonfat
- [ ] Lowfat
- [ ] Regular
- [ ] Don't know

#### 10. Butter (1 pat)*—not margarine
- [ ] Never/less than 1 per month
- [ ] 1-3 pats per month
- [ ] 1 pat per week
- [ ] 2-6 pats per week
- [ ] 1 pat per day
- [ ] More than 4 pats per day

#### 11. Margarine (1 pat)*—not butter
- [ ] Never/less than 1 per month
- [ ] 1-3 pats per month
- [ ] 1 pat per week
- [ ] 2-6 pats per week
- [ ] 1 pat per day
- [ ] More than 4 pats per day

#### 12. What form of margarine does your family usually use?
- [ ] None
- [ ] Stick
- [ ] Tub
- [ ] Squeeze (liquid)
- [ ] Spray
- [ ] Don't know

#### 13. What type of oil does your family use at home?
- [ ] Canola oil
- [ ] Corn oil
- [ ] Olive oil
- [ ] Vegetable oil
- [ ] Safflower oil
- [ ] Don't know

* (A pat is the size of an individual package of margarine or butter that you get at school or a restaurant.)

Remember, these questions ask about what you usually ate over the past year.

### MAIN DISHES

#### 1. Cheeseburger (1)
- [ ] Never/less than 1 per month
- [ ] 1-3 per month
- [ ] One per week
- [ ] 2-4 per week
- [ ] More than 4 per week

#### 2. Hamburger (1)
- [ ] Never/less than 1 per month
- [ ] 1-3 per month
- [ ] One per week
- [ ] 2-4 per week
- [ ] More than 4 per week

#### 3. Pizza (2 slices)
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] 2-4 times per week
- [ ] More than 4 times per week

#### 4. Tacos/burritos/enchiladas (1)
- [ ] Never/less than 1 per month
- [ ] 1-3 per month
- [ ] One per week
- [ ] 2-4 per week
- [ ] More than 4 per week

#### 4a. Which taco filling do you usually have:
- [ ] Beef and beans
- [ ] Beef
- [ ] Chicken
- [ ] Beans

#### 5. Chicken nuggets (6)
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] 2-4 times per week
- [ ] More than 4 times per week

#### 6. Hot dogs (1)
- [ ] Never/less than 1 per month
- [ ] 1-3 times per month
- [ ] Once per week
- [ ] 2-4 times per week
- [ ] More than 4 times per week

#### 7. Peanut butter sandwich (1)
- [ ] plain or with jelly, fluff, etc.
- [ ] Never/less than 1 per month
- [ ] 1-3 per month
- [ ] One per week
- [ ] 2-4 per week
- [ ] More than 4 per week
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Chicken or turkey sandwich (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, One per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>9</td>
<td>Roast beef or ham sandwich (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, One per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>10</td>
<td>Salami, bologna, or other deli meat sandwich (1)</td>
<td>Never/less than 1 per month, 1–3 per month, One per week, 2–4 per week, More than 4 per week</td>
</tr>
<tr>
<td>11</td>
<td>Tuna sandwich (1)</td>
<td>Never/less than 1 per month, 1–3 per month, One per week, 2–4 per week, More than 4 per week</td>
</tr>
<tr>
<td>12</td>
<td>Chicken or turkey as main dish (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>13</td>
<td>Fish sticks, fish cakes or fish sandwich (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>14</td>
<td>Fresh fish as main dish (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>15</td>
<td>Shrimp, lobster, scallops (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 per week, More than 4 per week</td>
</tr>
<tr>
<td>16</td>
<td>Beef (steak, roast) or lamb as main dish (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>17</td>
<td>Pork, ribs, or ham as main dish (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>18</td>
<td>Meatballs or meatloaf (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>19</td>
<td>Lasagna/baked ziti/ravioli (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 per week, More than 4 per week</td>
</tr>
<tr>
<td>20</td>
<td>Macaroni and cheese (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>21</td>
<td>Spaghetti or other pasta with tomato sauce (1 serving)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>22</td>
<td>Eggs (1)</td>
<td>Never/less than 1 per month, 1–3 eggs per month, One egg per week, 2–4 eggs per week, More than 4 eggs per week</td>
</tr>
<tr>
<td>23</td>
<td>Bacon (2) or Sausage (2)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 per week, More than 4 per week</td>
</tr>
<tr>
<td>24</td>
<td>Liver (1 serving)</td>
<td>Never, Less than once per month, Once per month, 2–3 times per month, 1 or more times per week</td>
</tr>
<tr>
<td>25</td>
<td>French toast (2 slices)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>26</td>
<td>Grilled cheese (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>27</td>
<td>Eggrolls (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 per week, More than 4 per week</td>
</tr>
</tbody>
</table>

**OTHER FOODS**

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<thead>
<tr>
<th></th>
<th>Description</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brown gravy</td>
<td>Never/less than 1 per month, Once per week or less, 2–6 times per week, Once per day, More than once per day</td>
</tr>
<tr>
<td>2</td>
<td>Ketchup</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>3</td>
<td>Cream (milk) soups or chowder (1 bowl)</td>
<td>Never/less than 1 per month, 1–3 bowls per month, 1 bowl per week, 2–6 bowls per week, 1 or more bowls per day</td>
</tr>
<tr>
<td>4</td>
<td>Clear soup (with noodles, rice, vegetables) 1 bowl</td>
<td>Never/less than 1 per month, 1–3 bowls per month, 1 bowl per week, More than 1 bowl per week</td>
</tr>
</tbody>
</table>
### Breads and Cereals

1. **Cold breakfast cereal (1 bowl)**
   - Never/less than 1 per month
   - 1–3 bowls per month
   - 1 bowl per week
   - 2–4 bowls per week
   - 5–7 bowls per week
   - More than 1 bowl per day

2. **Oatmeal (1 bowl)**
   - Never/less than 1 per month
   - 1–3 bowls per month
   - 1 bowl per week
   - 2–4 bowls per week
   - 5–7 bowls per week
   - More than 1 bowl per day

3. **Other hot breakfast cereal, like farina or grits (1 bowl)**
   - Never/less than 1 per month
   - 1–3 bowls per month
   - 1 bowl per week
   - 2–4 bowls per week
   - 5–7 bowls per week
   - More than 1 bowl per day

4. **White bread, pita bread, or toast (1 slice)**
   - Never/less than 1 per month
   - 1 slice per week or less
   - 2–4 slices per week
   - 5–7 slices per week
   - 2–3 slices per day
   - More than 3 slices per day

5. **Dark bread (1 slice)**
   - Never/less than 1 per month
   - 1 slice per week or less
   - 2–4 slices per week
   - 5–7 slices per week
   - 2–3 slices per day
   - More than 3 slices per day

6. **English muffins or bagels (1)**
   - Never/less than 1 per month
   - 1–3 per month
   - 1 per week
   - 2–4 per week
   - More than 4 per week

7. **Muffin (1)**
   - Never/less than 1 per month
   - 1–3 muffins per month
   - 1 muffin per week
   - 2–4 muffins per week
   - More than 4 muffins per week

8. **Cornbread (1 square)**
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–4 times per week
   - More than 4 times per week

9. **Biscuit/roll (1)**
   - Never/less than 1 per month
   - 1–3 per month
   - 1 per week
   - 2–4 per week
   - More than 4 per week

10. **Rice**
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - 2–4 times per week
    - More than 4 times per week

11. **Noodles, pasta**
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - 2–4 times per week
    - More than 4 times per week

12. **Tortilla—no filling (1)**
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - 2–4 per week
    - More than 4 per week

13. **Pancakes (2) or waffles (1)**
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - 2–4 orders per week
    - More than 4 orders per week

14. **French fries (large order)**
    - Never/less than 1 per month
    - 1–3 orders per month
    - 1 order per week
    - 2–4 orders per week
    - More than 4 orders per week

15. **Potatoes—baked, boiled, mashed**
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - 2–4 times per week
    - More than 4 times per week

### Fruits and Vegetables

1. **Raisins (small pack)**
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 per week
   - 2–4 times per week
   - More than 4 times per week

2. **Grapes (bunch)**
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–4 times per week
   - More than 4 times per week

3. **Bananas (1)**
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 per week
   - 2–4 per week
   - More than 4 per week
<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Apples (1) or applesauce</td>
<td>Never/less than 1 per month, 1–3 per month, 1 per week, 2–6 times per week, 1 or more per day</td>
</tr>
<tr>
<td>5. Cantaloupe, melons (1/4 melon)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>6. Pears (1)</td>
<td>Never/less than 1 per month, 1–3 per month, Once per week, 2–6 times per week, 1 or more per day</td>
</tr>
<tr>
<td>7. Oranges (1), grapefruit (1/2)</td>
<td>Never/less than 1 per month, 1–3 glasses per month, 1 glass per week, 2–6 glasses per week, 1 glass per day, More than 1 glass per day</td>
</tr>
<tr>
<td>8. Strawberries (1/2 cup)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>9. Peaches, plums, apricots (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>10. Orange juice (1 glass)</td>
<td>Never/less than 1 per month, 1–3 glasses per month, 1 glass per week, 2–6 glasses per week, 1 glass per day, More than 1 glass per day</td>
</tr>
<tr>
<td>11. Apple juice and other fruit juices (1 glass)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>12. Tomatoes (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, 1 or more per day</td>
</tr>
<tr>
<td>13. Tofu</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>14. String beans</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>15. Beans/lentils/soybeans</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>16. Broccoli</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>17. Corn</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>18. Peas or lima beans</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>19. Mixed vegetables</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>20. Spinach</td>
<td>Never/less than 1 per month, 1–3 times per month, Once a week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>21. Collard greens/kale</td>
<td>Never/less than 1 per month, 1–3 times per month, Once a week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>22. Green/red peppers</td>
<td>Never/less than 1 per month, 1–3 times per month, Once a week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>23. Yams/sweet potatoes (1)</td>
<td>Never/less than 1 per month, 1–3 times per month, Once a week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>24. Zucchini, summer squash, eggplant</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>25. Carrots, cooked</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>26. Carrots, raw</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>27. Celery</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–4 times per week, More than 4 times per week</td>
</tr>
<tr>
<td>28. Lettuce/tossed salad</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–6 times per week, 1 or more per day</td>
</tr>
<tr>
<td>29. Coleslaw</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–6 times per week, More than once per week</td>
</tr>
<tr>
<td>30. Potato salad</td>
<td>Never/less than 1 per month, 1–3 times per month, Once per week, 2–6 times per week, 1 or more per day</td>
</tr>
</tbody>
</table>

**Answer how much you usually ate over the past year.**
There are no right or wrong answers.

**SNACK FOODS/DESSERTS**

1. **Potato chips (1 small bag)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

2. **Corn chips/Doritos (small bag)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

3. **Popcorn (1 small bag)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

4. **Pretzels (1 small bag)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

5. **Peanuts, nuts (1 small bag)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

6. **Fun fruit or fruit rollups (1 pack)**
   - Never/less than 1 per month
   - 1–3 small bags per month
   - One small bag per week
   - 2–6 small bags per week
   - 1 or more small bags per day

7. **Graham crackers**
   - Never/less than 1 per month
   - 1–3 times per month
   - 1–4 times per week
   - More than 4 times per week

8. **Crackers, like Wheat Thins or Ritz**
   - Never/less than 1 per month
   - 1–3 times per month
   - 1–4 times per week
   - More than 4 times per week

9. **Poptarts (1)**
   - Never/less than 1 per month
   - 1–3 poptarts per month
   - 1–6 poptarts per week
   - 1 or more poptarts per day

10. **Cake (1 slice)**
    - Never/less than 1 per month
    - 1–3 slices per month
    - 1 slice per week
    - More than 1 slice per week

11. **Snack cakes, like Twinkies (1 package)**
    - Never/less than 1 per month
    - 1–3 per month
    - 1–4 per week
    - More than 4 per week

12. **Danish, sweetrolls, pastry (1)**
    - Never/less than 1 per month
    - 1–3 per month
    - 1–4 per week
    - More than 4 per week

13. **Donuts (1)**
    - Never/less than 1 per month
    - 1–3 donuts per month
    - 1 donut per week
    - 2–6 donuts per week
    - More than 1 donut per day

14. **Cookies (1)**
    - Never/less than 1 per month
    - 1–3 cookies per month
    - 1 cookie per week
    - 2–6 cookies per week
    - 1 or more cookies per day

15. **Brownies (1)**
    - Never/less than 1 per month
    - 1–3 per month
    - 1 per week
    - 2–4 per week
    - More than 4 per week

16. **Pie (1 slice)**
    - Never/less than 1 per month
    - 1–3 slices per month
    - 1 slice per week
    - More than 1 slice per week

17. **Chocolate (1 bar or packet) like Hershey’s or M & M’s**
    - Never/less than 1 per month
    - 1–3 per month
    - 1 per week
    - 2–6 per week
    - 1 or more per day

18. **Other candy bars (Milky Way, Snickers)**
    - Never/less than 1 per month
    - 1–3 candy bars per month
    - 1 candy bar per week
    - 2–6 candy bars per week
    - 1 or more candy bars per day
<p>| | | |</p>
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<tr>
<td>Never/less than 1 per month</td>
<td>Never/less than 1 per month</td>
<td>Never/less than 1 per month</td>
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<tr>
<td>1–3 times per month</td>
<td>1–3 times per month</td>
<td>1–3 times per month</td>
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<tr>
<td>Once per week</td>
<td>Once per week</td>
<td>Once per week</td>
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<tr>
<td>2–4 times per week</td>
<td>2–4 times per week</td>
<td>2–4 times per week</td>
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<tr>
<td>More than 4 times per week</td>
<td>More than 4 times per week</td>
<td>More than 4 times per week</td>
</tr>
</tbody>
</table>

| Never/less than 1 per month | Never/less than 1 per month | Never/less than 1 per month | Never/less than 1 per month | Never/less than 1 per month |
| 1–3 times per month | 1–3 times per month | 1–3 times per month | 1–3 times per month | 1–3 times per month |
| Once per week | Once per week | Once per week | 1 time per week | 1 time per week |
| 2–4 times per week | 2–4 times per week | 2–4 times per week | 2–4 times per week | 2–4 times per week |
| More than 4 times per week | More than 4 times per week | More than 4 times per week | More than 4 times per week | More than 4 times per week |

| 27. Energy bar (like Power or Cliff Bar) | 28. High protein bar (like MetRx or Balance Bar) | 29. How many servings of fruit do you usually eat each day? | 30. How many servings of vegetables do you usually eat each day? |
| Never/less than 1 per month | Never/less than 1 per month | 0 | 0 |
| 1–3 times per month | 1–3 times per month | 1 | 1 |
| Once per week | 1 time per week | 2 | 2 |
| 2–4 times per week | 2–4 times per week | 3 | 3 |
| More than 4 times per week | More than 4 times per week | 4 | 4 |
|   |   | 5 | 5 |
|   |   | 6+ | 6+ |

**PAIN RELIEVERS**

Do you use any of the following pain relievers at least once a week? If you do, please indicate which one(s) you use and how many days per week you usually take it. Also, tell us the average total number of tablets you use in a week.

- Acetaminophen (example: Tylenol)
  - Average number of days per week: 1 day, 2–3 days, 4–5 days, 6–7 days
  - Average number of tablets per week: 1–2 tablets/wk, 3–5 tablets/wk, 6–14 tablets/wk, 15+ tablets/wk

- Aspirin or aspirin-containing products
  - Average number of days per week: 1 day, 2–3 days, 4–5 days, 6–7 days
  - Average number of tablets per week: 1–2 tablets/wk, 3–5 tablets/wk, 6–14 tablets/wk, 15+ tablets/wk

- Ibuprofen (examples: Advil, Motrin, Nuprin)
  - Average number of days per week: 1 day, 2–3 days, 4–5 days, 6–7 days
  - Average number of tablets per week: 1–2 tablets/wk, 3–5 tablets/wk, 6–14 tablets/wk, 15+ tablets/wk
YOUR BODY

1. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and FILL IN THE CIRCLE above it.

- **Stage 1**
  - There is no pubic hair.
  - This hair may be straight or a little curly.
  - Do not want to answer

- **Stage 2**
  - There is a little, long, lightly colored hair.
  - It has spread out and thinly covers a larger area.

- **Stage 3**
  - The hair is darker, coarser, and more curled.

- **Stage 4**
  - The hair is now as dark, curly, and coarse as that of a grown woman.
  - The hair has not spread out to the legs.

- **Stage 5**
  - The hair is now like that of a grown woman.
  - The hair often forms a triangle (▽) as it spreads out to the legs.

2. a. Please fill in the circle that looks most like your body shape now:
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8

   b. Please fill in the circle that looks most like how you looked like at age 5:
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8

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
Do you have an e-mail address either at home, school, or some place 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**

Please print neatly and differentiate numbers and letters (e.g., 1 vs l, 0 vs O, 5 vs S)
(We will not release your e-mail address to anyone)

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Do you have any suggestions for questions on next year’s GUTS survey?

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**CONGRATULATIONS!**

You finished the entire booklet!

Now that you’ve filled out the whole questionnaire, how do you feel?
(Fill in the circle below the face that best describes your feelings. **Mark only ONE face!**)

- ☐ ☐ ☐ ☐ ☐

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Thank you for completing this survey!

Carefully 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