Thank you for being part of the Growing Up Today Study II!

We appreciate your time and commitment in helping us understand how American young people live in today’s world. Without your participation, we would not be able to study activity levels, eating habits, sunbathing, acne, etc. The information you give us will help future generations of American youth.

**Use our ONLINE questionnaire!**

If you prefer to do it on-line, grab your id number from the box to the left and go to www.guts2.org. But if you would like to do it “by hand,” just grab your pencil, fill out the questionnaire, and return it to us.

Check out our new informational website where we have polls, quizzes, biographies of researchers, articles related to health, and a place to contact us. www.guts2blog.com

We have approximately 10,000 participants throughout the United States in GUTS II.

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

Everything you tell us is confidential and private. (We do not tell anyone your answers, and the information is only used for research.)

If you have any questions, please email us at guts2@channing.harvard.edu or call Helaine Rockett at 617-525-2279 anytime between 9 am and 4 pm Eastern Time.

Thanks!

Graham Colditz, MD, DrPH

Walter Willett, MD, DrPH

HARVARD SCHOOL OF PUBLIC HEALTH

HARVARD MEDICAL SCHOOL
Instructions

There are two ways to complete this survey.

Complete the questionnaire online:

➢ Go to www.guts2.org

➢ Enter your ID# (printed on top left corner of page 1) and your date of birth to enter our secure server.

At the end of the survey make sure to hit the “Submit” button.

OR complete the paper questionnaire:

➢ Please use No. 2 pencil and fill in response circles completely as shown below.

➢ Tear off the cover letter (to preserve your confidentiality) and return the questionnaire in the enclosed postage paid envelope.

➢ Please make any necessary changes to your name and address on this letter and return it to us.

As always, the answers you give us will remain strictly confidential.

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 this way:

✓ X ● ●

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 food?

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

Poptarts (1)

➢ Never/less than 1 per month
➢ 1–3 per month
➢ 1–6 per week
➢ 1 or more per day

Federal regulations require us to include the following information:

There are no direct benefits to you from participation in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary, and you may decline or withdraw at any time without penalty. Although complete information is important to the study, you may skip any question you do not wish to answer. You will not receive 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 Subjects Committee at the Brigham and Women’s Hospital (617-424-4100).

Questions and Comments

We are always interested in what you think.

There are several ways to contact us.

1. Include any ideas, comments, or suggestions with your survey.

2. Email us at: guts2@channing.harvard.edu

3. Call Helaine Rockett at (617)525-2279 anytime between 9 am and 4 pm Eastern Time.
1. **a) Is this your correct Date of Birth**
   
   [Month/Day/Year]:
   
   - Yes
   - No ➤ If No, please write your date of birth below:
   
   [MONTH] / [DAY] / [YEAR]

   **b) Has your address changed? Make corrections on the cover page and return with the questionnaire.**

   Is this your: permanent or temporary address? Good until:

   **c) Please tell us your email address. We will not release your email address to anyone!**

2. **How tall are you?**

   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?**

   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.

4. **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
   
   b) The month periods began:
     - January
     - February
     - March
     - April
     - May
     - June
     - July
     - August
     - September
     - October
   
   c) The year periods began:
     - 1999 or earlier
     - 2000
     - 2001
     - 2002
     - 2003
     - 2004
     - 2005
     - 2006
     - 2007
     - Don’t remember
   
   d) Are you currently taking birth control pills for any reason?
     - No
     - Yes

5. **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

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**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>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseball or Softball</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biking (including exercise bike)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dancing or Aerobics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard Work Outdoors (like mowing the lawn, raking, gardening)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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?

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BASKETBALL**

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BIKING (including exercise bike)**

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DANCING OR AEROBICS**

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HARD WORK OUTDOORS**

(like mowing the lawn, raking, gardening)

Did you do this activity over the past year?

- NO
- YES

How much did you do it EACH season?

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Ice, Field, Street Hockey or Lacrosse

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

### Running or Jogging (including treadmill)

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

### Swimming

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

### Rollerblading, Rollerskating, or Iceskating

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

### Skateboarding, Snowboarding, Skiing

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

### Soccer, Rugby

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

### Tennis or Other Racquet Sports

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

### Walking (to/from school, friend’s house, store, or on treadmill)

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/ Zero</td>
<td>Less than 1/2 hr./wk.</td>
<td>1/2–3/2 hr./week</td>
<td>4–6 1/2 hr./week</td>
</tr>
</tbody>
</table>
### 2. How many times per week do you have gym or Phys Ed at school?

- None
- 1
- 2
- 3
- 4
- 5 or more

### 3. Do you usually wheeze after you exercise?

- No
- Yes
- Don't know

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

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

- Watching T.V.
- Watching DVDs/Videos
- Reading/Homework
- Video Games (PC/Nintendo/Sony/Gameboy)
- Computer/Internet (not games and not schoolwork)

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

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

- Watching T.V.
- Watching DVDs/Videos
- Reading/Homework
- Video Games (PC/Nintendo/Sony/Gameboy)
- Computer/Internet (not games and not schoolwork)
ACNE

1. How has your acne looked at its worst ever?
   - a. No significant acne
   - b. Mild acne
     • inflamed (pink-reddish in color)
     • several, all smaller than a pinhead
   - c. Moderate acne
     • inflamed (pink-reddish in color)
     • several to many, some pinhead size or larger
     • some contain pus or fluid
   - d. 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.)
   - Non-prescription skin cream/gels, like Clearasil
   - Tretinoin (Retin-A)
   - Contraceptive pills or other hormones
   - Adapalene (Differin)
   - Cleocin-T gel or cream
   - Antibiotic pills, like tetracycline, doxycycline, minocycline (Minocin), erythromycin
   - Spirinolactone (Aldactone)
   - 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 on school days?
   - Never or almost never
   - 1–2 times per week
   - 3–4 times per week
   - 5 or more times per week

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
   - 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, takeout, 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)?
   - Never eat cold breakfast cereal
7. Do you now take vitamins (like Flintstones, Centrum)?
   - Yes
   - No
   a. How many do you take per week?
      - 1-2
      - 3-5
      - 6-9
      - 10 or more
   b. What specific brand do you usually take?
      (Please specify exact brand)

8. Do you take any other separate vitamin or mineral pills? (NOT the multivitamin pill listed in question 7b)
   - Yes
   - No
   Other, please specify:

9. How often do you eat food that is fried at home, like fried chicken?
   - Never/less than once per week
   - 1-3 times per week
   - 4-6 times per week
   - Daily

10. How often do you eat fried food away from home (like french fries, chicken nuggets)?
    - Never/less than once per week
    - 1-3 times per week
    - 4-6 times per week
    - Daily

**TELL US ABOUT THE FOODS YOU EAT**

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.

**EXAMPLE:**

How often do you eat the following foods:

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

<table>
<thead>
<tr>
<th>DRINKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Diet soda (1 can or individual bottle)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 bottles per month</td>
</tr>
<tr>
<td>1 bottle per week</td>
</tr>
<tr>
<td>2-6 bottles per week</td>
</tr>
<tr>
<td>1 bottle per day</td>
</tr>
<tr>
<td>2-3 bottles per day</td>
</tr>
<tr>
<td>More than 3 bottles per day</td>
</tr>
<tr>
<td><strong>2. Soda—not diet (1 can or individual bottle)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 bottles per month</td>
</tr>
<tr>
<td>1 bottle per week</td>
</tr>
<tr>
<td>2-6 bottles per week</td>
</tr>
<tr>
<td>1 bottle per day</td>
</tr>
<tr>
<td>2-3 bottles per day</td>
</tr>
<tr>
<td>More than 3 bottles per day</td>
</tr>
<tr>
<td><strong>3. Fruit drinks/punch, lemonade, Sunny D, Koolaid or other non-carbonated fruit drink (1 glass or individual bottle) (Not juice)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 bottles per month</td>
</tr>
<tr>
<td>1 bottle per week</td>
</tr>
<tr>
<td>2-6 bottles per week</td>
</tr>
<tr>
<td>1 bottle per day</td>
</tr>
<tr>
<td>2-3 bottles per day</td>
</tr>
<tr>
<td>More than 3 bottles per day</td>
</tr>
<tr>
<td><strong>4. Sport drinks—Powerade or Gatorade (individual bottle)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 bottles per month</td>
</tr>
<tr>
<td>1 bottle per week</td>
</tr>
<tr>
<td>2-6 bottles per week</td>
</tr>
<tr>
<td>1 bottle per day</td>
</tr>
<tr>
<td>2-3 bottles per day</td>
</tr>
<tr>
<td>More than 3 bottles per day</td>
</tr>
<tr>
<td><strong>5. Tea—hot or iced (1 cup, glass or bottle)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 cups per month</td>
</tr>
<tr>
<td>1-2 cups per week</td>
</tr>
<tr>
<td>3-6 cups per week</td>
</tr>
<tr>
<td>1 or more cups per day</td>
</tr>
<tr>
<td><strong>6. Coffee—not decaf. (1 cup)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 cups per month</td>
</tr>
<tr>
<td>1-2 cups per week</td>
</tr>
<tr>
<td>3-6 cups per week</td>
</tr>
<tr>
<td>1 or more cups per day</td>
</tr>
<tr>
<td><strong>7. Coffee drinks—Latte, Coolers, Coolatas, Frappuccinos, Mochachinos . . . (1 cup)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 cups per month</td>
</tr>
<tr>
<td>1-2 cups per week</td>
</tr>
<tr>
<td>3-6 cups per week</td>
</tr>
<tr>
<td>1 or more cups per day</td>
</tr>
<tr>
<td><strong>8. Water—tap and bottled (1 glass or bottle)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 glasses per month</td>
</tr>
<tr>
<td>1 glass per week</td>
</tr>
<tr>
<td>2-6 glasses per week</td>
</tr>
<tr>
<td>1 glass per day</td>
</tr>
<tr>
<td>2-3 glasses per day</td>
</tr>
<tr>
<td>More than 3 glasses per day</td>
</tr>
<tr>
<td><strong>9. Beer (1 glass, bottle or can)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 cans per month</td>
</tr>
<tr>
<td>1 can per week</td>
</tr>
<tr>
<td>2-6 cans per week</td>
</tr>
<tr>
<td>7 or more cans per week</td>
</tr>
<tr>
<td><strong>10. Wine or wine coolers (1 glass)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 glasses per month</td>
</tr>
<tr>
<td>1 glass per week</td>
</tr>
<tr>
<td>2-6 glasses per week</td>
</tr>
<tr>
<td>7 or more glasses per week</td>
</tr>
<tr>
<td><strong>11. Liquor, like vodka or rum (1 drink or shot)</strong></td>
</tr>
<tr>
<td>Never/less than 1 per month</td>
</tr>
<tr>
<td>1-3 drinks per month</td>
</tr>
<tr>
<td>1 drink per week</td>
</tr>
<tr>
<td>2-6 drinks per week</td>
</tr>
<tr>
<td>7 or more drinks per week</td>
</tr>
</tbody>
</table>
### DAIRY FOODS

**Answer these questions how you usually ate over the past year.**

**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
- 2–6 times per week
- Once per day
- More than once per week

**7. Cheese (1 slice)**
- Never/less than 1 per month
- 1–3 slices per month
- 1 slice per week
- 2–6 slices per week
- 1 slice per day
- 2–3 slices per day
- More than 3 slices per day

**8. Cream cheese**
- Never/less than 1 per month
- 1–3 times per month
- Once per week
- 2–6 times per week
- Once per day
- More than once per day

**9. What type of yogurt, cottage cheese and dairy products (besides milk) do you usually use?**
- 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
- 2–4 pats 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
- 2–4 pats 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.)

---

### MAIN DISHES

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

**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 times per month
- Once per week
- 2–4 times per week
- More than 4 times 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

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

**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

**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
- One 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 times per week
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<tr>
<td><strong>8.</strong> Chicken or turkey sandwich (1)</td>
<td><strong>9.</strong> Roast beef or ham sandwich (1)</td>
<td><strong>10.</strong> Salami, bologna, or other deli meat sandwich (1)</td>
<td><strong>11.</strong> Tuna sandwich (1)</td>
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<td><strong>12.</strong> Chicken or turkey as main dish (1 serving)</td>
<td><strong>13.</strong> Fish sticks, fish cakes or fish sandwich (1 serving)</td>
<td><strong>14.</strong> Fresh fish as main dish (1 serving)</td>
<td><strong>15.</strong> Shrimp, lobster, scallops (1 serving)</td>
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<td><strong>16.</strong> Beef (steak, roast) or lamb as main dish (1 serving)</td>
<td><strong>17.</strong> Pork, ribs, or ham as main dish (1 serving)</td>
<td><strong>18.</strong> Meatballs or meatloaf (1 serving)</td>
<td><strong>19.</strong> Lasagna/baked ziti/ravioli (1 serving)</td>
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<td><strong>20.</strong> Macaroni and cheese (1 serving)</td>
<td><strong>21.</strong> Spaghetti or other pasta with tomato sauce (1 serving)</td>
<td><strong>22.</strong> Eggs (1)</td>
<td><strong>23.</strong> Bacon (2) or Sausage (2)</td>
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<td><strong>24.</strong> French toast (2 slices)</td>
<td><strong>25.</strong> Grilled cheese (1)</td>
<td><strong>26.</strong> Eggrolls (1)</td>
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**OTHER FOODS**

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<tr>
<td><strong>1.</strong> Brown gravy</td>
<td><strong>2.</strong> Ketchup</td>
<td><strong>3.</strong> Cream (milk) soups or chowder (1 bowl)</td>
<td><strong>4.</strong> Clear soup (with noodles, rice, vegetables) 1 bowl</td>
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<td>1 or more bowls per day</td>
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5. Mayonnaise
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–6 times per week
   - 1 or more times per day

6. Low calorie or low fat salad dressing
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–6 times per week
   - 1 or more times per day

7. Salad dressing (not low calorie)
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–6 times per week
   - 1 or more times per day

8. Salsa
   - Never/less than 1 per month
   - 1–3 times per month
   - Once per week
   - 2–6 times per week
   - 1 or more times per day

9. How much fat on your beef, pork, or lamb do you eat?
   - Eat all
   - Eat some
   - Eat none
   - Don’t eat meat

10. When you have chicken or turkey, do you eat the skin?
    - Yes
    - No
    - Sometimes

Remember, this is how much of these foods you usually ate over the past year.

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 and 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

3. 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

4. Wheat or 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

5. English muffins or bagels (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

6. 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

7. 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

8. 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

9. 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

10. 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

11. Tortilla—no filling (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

12. Pancakes (2) or waffles (1)
    - Never/less than 1 per month
    - 1–3 times per month
    - Once per week
    - More than once per week

13. 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

14. 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
   - 1 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 times per week
   - More than 4 times per week
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<td>4.</td>
<td>Apples (1) or applesauce</td>
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<td>5.</td>
<td>Cantaloupe, melons (1/4 melon)</td>
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<td>6.</td>
<td>Pears (1)</td>
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<td>Oranges (1), grapefruit (1/2)</td>
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<td>8.</td>
<td>Strawberries (1/2 cup)</td>
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<td>9.</td>
<td>Peaches, plums, apricots (1)</td>
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<td>10.</td>
<td>Orange juice (1 glass)</td>
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<td>Apple juice and other 100% fruit juices (1 glass)</td>
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<td>String beans</td>
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<td>Beans/lentils/soybeans</td>
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<td>Broccoli</td>
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<td>18.</td>
<td>Peas or lima beans</td>
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<td>Mixed vegetables</td>
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<td>Collard greens/kale</td>
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<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>22.</td>
<td>Green/red peppers</td>
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<td></td>
<td>Never/less than 1 per month</td>
<td>1–3 times per month</td>
<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>23.</td>
<td>Yams/sweet potatoes (1)</td>
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<td></td>
<td>Never/less than 1 per month</td>
<td>1–3 times per month</td>
<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>24.</td>
<td>Zucchini, summer squash, eggplant</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>25.</td>
<td>Carrots, cooked</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>26.</td>
<td>Carrots, raw</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>27.</td>
<td>Celery</td>
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<td></td>
<td>Never/less than 1 per month</td>
<td>1–3 times per month</td>
<td>1 per week</td>
<td>2–4 times per week</td>
<td>More than 4 times per week</td>
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<tr>
<td>28.</td>
<td>Lettuce/tossed salad</td>
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<td></td>
<td>Never/less than 1 per month</td>
<td>1–3 times per month</td>
<td>1 per week</td>
<td>2–6 times per week</td>
<td>1 or more per day</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Coleslaw</td>
<td></td>
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<td></td>
<td>Never/less than 1 per month</td>
<td>1–3 times per month</td>
<td>1 per week</td>
<td>2–6 times per week</td>
<td>1 or more per day</td>
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<tr>
<td>30.</td>
<td>Potato salad</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>1 per week</td>
<td>2–6 times per week</td>
<td>1 or more per day</td>
<td></td>
</tr>
</tbody>
</table>

**Answer how much you usually ate over the past year.**
<table>
<thead>
<tr>
<th>Snack Foods/Desserts</th>
<th>Frequency Options</th>
</tr>
</thead>
</table>
| **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 (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 |
| **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 packs per month  
- One pack per week  
- 2–6 packs per week  
- 1 or more packs 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  
- One poptart per week  
- 2–6 poptarts per week  
- 1 or more poptarts per day |
| **10. Cake (1 slice)** | - Never/less than 1 per month  
- 1–3 slices per month  
- One slice per week  
- More than 1 slice per week |
| **11. Snack cakes, like Twinkies (1 package)** | - Never/less than 1 per month  
- 1–3 times per month  
- Once per week  
- 2–6 times per week  
- 1 or more times per day |
| **12. Danish, sweetrolls, pastry (1)** | - Never/less than 1 per month  
- 1–3 per month  
- One per week  
- 2–6 per week  
- More than 4 per week |
| **13. Donuts (1)** | - Never/less than 1 per month  
- 1–3 donuts per month  
- One 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  
- One cookie per week  
- 2–6 cookies per week  
- 1–3 cookies per day  
- More than 3 cookies per day |
| **15. Brownies (1)** | - Never/less than 1 per month  
- 1–3 per month  
- One per week  
- 2–6 per week  
- More than 4 per week |
| **16. Pie (1 slice)** | - Never/less than 1 per month  
- 1–3 slices per month  
- One 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  
- One 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  
- One candy bar per week  
- 2–6 candy bars per week  
- 1 or more candy bars per day |

There are no right or wrong answers.
19. Other candy without chocolate (Skittles) (1 pack)
   - 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

20. Jello
   - 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

21. Pudding
   - 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

22. Frozen yogurt
   - 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

23. Ice cream
   - 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

24. Milkshake or frappe (1)
   - 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

25. Popsicles
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 popsicle per week
   - 2–4 popsicles per week
   - More than 4 popsicles per week

26. Seeds (Sunflower or Pumpkin)
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 time per week
   - 2–4 times per week
   - More than 4 times per week

27. Energy bar (like Power or Cliff Bar)
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 time per week
   - 2–4 times per week
   - More than 4 times per week

28. High protein bar (like MetRx or Balance Bar)
   - Never/less than 1 per month
   - 1–3 times per month
   - 1 time per week
   - 2–4 times per week
   - More than 4 times per week

29. How many servings of fruit do you usually eat each day?
   - 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

30. How many servings of vegetables do you usually eat each day?
   - 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

**PAIN RELIEVERS**

<table>
<thead>
<tr>
<th>How many tablets per week do you take of the following pain relievers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

- Acetaminophen (e.g., Tylenol)
- Aspirin or aspirin-containing products
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
- Naproxen (e.g., Aleve)

**ALLERGIES**

1. Have you ever had DOCTOR-DIAGNOSED . . . (mark all that apply)
   - Food allergies
   - Asthma
   - Hayfever
   - Eczema
   - None of these (go to next page)

   a) What type?
   - Peanut
   - Treenut*
   - Shellfish
   - Milk
   - Eggs
   - Other

2. Have you ever had an allergic reaction to peanuts or treenuts?*
   - Yes
   - No

   What type of symptoms have you had? (Mark all that apply)
   - Hives, swelling
   - Shortness of breath, wheezing, cough
   - Dizziness or fainting
   - Vomiting, crampy abdominal pain, diarrhea
   - Severe, multi-symptom allergic reaction (Anaphylaxis) . . . and received epinephrine
   - Severe, multi-symptom allergic reaction (Anaphylaxis) . . . and did not receive epinephrine

*(Treenuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.)
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.
     - Do not want to answer

   - Stage 2
     - There is a little, long, lightly colored hair.
     - This hair may be straight or a little curly.

   - Stage 3
     - The hair is darker, coarser, and more curled.
     - It has spread out and thinly covers a larger area.

   - Stage 4
     - The hair is now as dark, curly, and coarse as that of a grown woman.

   - 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 10:
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8

SMOKING

Remember, we won’t tell anyone your answers.

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
TIME IN THE SUN

1. How many of your friends had a tan at the end of this past summer?
   - None
   - A few
   - Same
   - 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

SLEEP

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

☆ 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!)

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 II
Channing Lab
181 Longwood Ave.
Boston, MA 02115

Thank you for completing this survey!

All original artwork by Greg Moutafis