



HARVARD  
MEDICAL  
SCHOOL

# Growing Up Today Study

Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804



HARVARD SCHOOL  
of  
PUBLIC HEALTH

A554608-5



Dear Colleague and Parent:

We would like to thank you and your child(ren) for your continued involvement in the Growing Up Today Study (GUTS). Your commitment over the past three years has made our study successful. To enhance the value of the information we receive from your child(ren), we are writing to ask you to complete this brief questionnaire. The questions we ask relate to subject matter about which only **you** can provide the most accurate information.

To let you know what is coming up: In September, your child(ren) will receive the 1999 GUTS questionnaire. The content will be somewhat different from last year's form. We have expanded the questionnaire to include sections assessing topics, such as depression and drug use, which are important in the lives of adolescents. We will continue to assess physical activity and diet, but in less detail. Findings from the 1998 GUTS survey will be highlighted in next year's Nurses' Health Study newsletter.

If you have any questions or concerns, please contact the study coordinator, Helaine Rockett, collect at (617) 525-2279.

Sincerely,

Graham A. Colditz, MD, DrPH

Walter Willett, MD, DrPH

CORRECT MARK



## Your Child's Medical History

This form is for information about: **JOSIAH**

1. Has a doctor ever said that this child had any of the following conditions?

- |   |                          |                           |                      |
|---|--------------------------|---------------------------|----------------------|
| Tendinitis                                      | <input type="radio"/> No | <input type="radio"/> Yes |                      |
| Stress fracture                                 | <input type="radio"/> No | <input type="radio"/> Yes |                      |
| Osgood-Schlatter Syndrome                       | <input type="radio"/> No | <input type="radio"/> Yes |                      |
| Anterior cruciate ligament (ACL) tear           | <input type="radio"/> No | <input type="radio"/> Yes |                      |
| Asthma (reactive airway disease)                | <input type="radio"/> No | <input type="radio"/> Yes | ▶ At what age? _____ |
| Hayfever, seasonal allergies, allergic rhinitis | <input type="radio"/> No | <input type="radio"/> Yes | ▶ At what age? _____ |
| Eczema (atopic dermatitis)                      | <input type="radio"/> No | <input type="radio"/> Yes | ▶ At what age? _____ |

2. How often did this child have a sunburn so severe that it blistered:

- |                    |                             |                              |                                 |                             |
|--------------------|-----------------------------|------------------------------|---------------------------------|-----------------------------|
| before age 5?      | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often |
| between ages 5-10? | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often |

3. At what age did this child first enter day-care outside the home?

- Never     <6 months     6-11 months     12-23 months     24+ months

4. When this child was one year old, how many people lived together in his or her home (including the child)?

- 2     3     4     5     6+

0	0	
1	1	1
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
0	0	
1	1	a
2	2	
3	3	a
4	4	
5	5	a
6	6	
7	7	2
8	8	
9	9	
0	0	
1	1	3
2	2	
3	3	
4	4	
5	5	4
6	6	
7	7	
8	8	
9	9	

## Your Prenatal History

5. Think back to your pregnancy with JOSIAH

A) How much did you weigh before this pregnancy? \_\_\_\_\_ lbs

B) How much weight did you gain during this pregnancy? \_\_\_\_\_ lbs

6. During this pregnancy, were you diagnosed with:

Gestational diabetes?  No  Yes

High blood pressure (pregnancy-related)?  No  Yes

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

## Physical Activity & Diet

7. How important is it to you that JOSIAH be physically active (*Mark one*)?

1 Not at all important       2       3 Somewhat important       4       5 Very important

8. How important is it to this child's father that he or she be physically active (*Mark one*)?

1 Not at all important       2       3 Somewhat important       4       5 Very important

9. In general, how much influence do you have over what JOSIAH eats and drinks?

None       A little       Some       A lot       Total

## Weight Concern

### Thinking of yourself:

10. In the past year, how often have you thought about wanting to be thinner?

Never       A little       Sometimes       A lot       Always

11. In the past year, how often have you tried to lose weight?

Never       A little       Sometimes       A lot       Always

12. I think that I

am just about the right weight.       should gain weight.       should lose weight.

### Thinking of your child:

13. In the past year, how often has JOSIAH tried to lose weight?

Never       A little       Sometimes       A lot       Always       Don't know

14. How important is it to you that JOSIAH be thin?

Not at all       A little       Somewhat       Very

15. How important is it to you that JOSIAH not be fat?

Not at all       A little       Somewhat       Very

16. I think that JOSIAH

is just about the right weight.       should gain weight.       should lose weight.

17. *Maintaining our ability to keep in contact with your child as he or she gets older is important to the continuation and success of the Growing Up Today Study. For that reason we would like to ask that you provide us with your child's social security number. The social security numbers will be held in strict confidence, and will be used only for maintaining contact with your child.*

Please write JOSIAH's social security number here: \_\_\_\_\_

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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