Growing Up Today Study

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HARVARD MEDICAL SCHOOL

HARVARD SCHOOL of PUBLIC HEALTH

USE A NO. 2 PENCIL ONLY

CORRECT MARK ●

GUTS Mothers 2004

These Questions Ask About Weight

1a. I think I ...

- ○ am about the right weight
- ○ should gain weight
- ○ should lose weight
- ○ is about the right weight
- ○ should gain weight
- ○ should lose weight

	Not at all	A little	Somewhat	Very
2a. How important is it to you that *you* be thin?	○	○	○	○
	○	○	○	○
	○	○	○	○

3. Have any of the following members of your family ever had an eating disorder, such as anorexia nervosa or bulimia nervosa? *(Mark all that apply)*

- ○ No one in the family
- ○ I had/have an eating disorder
- ○ Someone else in the family

4. Has anyone in your family ever been treated for an eating disorder by a doctor, nurse, or other health care provider? *(Mark all that apply)*

- ○ No one in the family treated for an eating disorder
- ○ I have been treated
- ○ Someone else in the family has been treated

○ No ○ Yes

FOR OFFICE USE ONLY

A	1	1	1	1	1	1	1	1
B	2	2	2	2	2	2	2	2
C	4	4	4	4	4	4	4	4
D	8	8	8	8	8	8	8	8
E	P	P	P	P	P	P	P	P

(Mark all that apply)

- ○ Lack of transportation
- ○ Lack of interest in sports or activity
- ○ Homework
- ○ After-school classes
- ○ Lack of available facilities
- ○ Other: _____
- ○ Part-time or full-time job
- ○ Lack of parks or play field nearby
- ○ No limiting factors

IF YOU HAVE MORE THAN ONE CHILD IN GUTS, YOU ONLY NEED TO ANSWER THE QUESTIONS IN THIS BLUE BOX ONCE.

7. During the past <u>10 years</u>, have *you* ever attended a weight loss clinic, camp, or other weight loss treatment program? *(Mark all that apply)*

- ○ No
- ○ Yes, I have attended Weight Watchers®, Jenny Craig®, or other commercial weight loss program
- ○ Yes, I have been on a medically supervised weight loss program

8. During the <u>past year</u> did *you* try to lose weight?

○ No ○ Yes → **Have you used any of the following to control your weight? *(Mark all that apply)***

- ○ Changed diet
- ○ Skipped meals
- ○ Used diet pills
- ○ Limited portion size
- ○ Exercised
- ○ Used laxatives
- ○ Did not eat between meals
- ○ Smoked
- ○ Made myself throw-up

9. During the <u>past year</u>, how often have *you* eaten, in a relatively short period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time?

- ○ Never
- ○ A couple of times
- ○ Less than once a month
- ○ Monthly
- ○ Weekly

→ **Did you feel out of control, like you couldn't stop eating even if you wanted to stop?**

○ No ○ Yes

Mark Reflex® forms by NCS Pearson EM-227602-2:654321 Printed in U.S.A.

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A 0 1 2 0 1 2 3 4 5 6 7 8 9 M 0 1 2 0 1 2 3 4 5 6 7 8 9 D 0 1 2 0 1 2 3 4 5 6 7 8 9
12 0 1 2 3 4 5 6 0 1 2 3 4 5 6 7 8 9 13 0 1 2 3 4 5 0 1 2 3 4 5 6 7 8 9

Asthma (reactive airway disease) ○ No ○ Yes → At what age? _____
Multiple Sclerosis ○ No ○ Yes → At what age? _____
Diabetes ○ No ○ Yes, Type I ○ Yes, Type II → At what age? _____

		Age at 1st diagnosis	Site	Was it sports-related?	Time off from playing sports
Tendinitis	○ No ○ Yes ▶	_____ Age	○ Knee ○ Ankle ○ Wrist ○ Elbow ○ Other: _____	○ No ○ Yes	○ No time off ○ < 1 month ○ 1–2 months ○ 3 or more months
Chondromalacia Patella or Patella Femoral Syndrome	○ No ○ Yes ▶	_____ Age	Knee	○ No ○ Yes	○ No time off ○ < 1 month ○ 1–2 months ○ 3 or more months
Stress fracture	○ No ○ Yes ▶	_____ Age	○ Foot ○ Leg ○ Arm ○ Wrist ○ Other: _____	○ No ○ Yes	○ No time off ○ < 1 month ○ 1–2 months ○ 3 or more months
Anterior cruciate ligament (ACL) tear	○ No ○ Yes ▶	_____ Age	Knee	○ No ○ Yes	○ No time off ○ < 1 month ○ 1–2 months ○ 3 or more months
Osteochondritis dissecans or osteochondral defect	○ No ○ Yes, confirmed by MRI ▶ ○ Yes, confirmed by surgery ▶	_____ Age	○ Knee ○ Ankle ○ Elbow	○ No ○ Yes	○ No time off ○ < 1 month ○ 1–2 months ○ 3–6 months ○ More than 6 months

○ No
○ Yes, but he has quit smoking → **How many years ago did he quit smoking?** _____ ○ Don't know
○ Yes, and he currently smokes
○ Don't know

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13. Have *you* smoked 100 or more cigarettes (5 packs) in your life?

○ Yes → **Do you currently smoke?**
○ No
- ○ No → **How many times did you try to quit smoking before you were successful?** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ > 5
  At what age did you quit smoking (for good)? _____
- ○ Yes → **Have you ever quit smoking for at least 24 hours?** ○ No ○ Yes → **How many times have you quit for at least 24 hours?** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ > 5

14. How much do you agree with the following statements:

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

It is important to me that my child(ren) be heterosexual (attracted only to persons of the opposite sex).
○ Strongly agree ○ Agree ○ Mixed/Not sure ○ Disagree ○ Strongly disagree

15. We know that many GUTS participants prefer to receive information about the study via e-mail (including links to the online questionnaire). Would you be willing to give us your child's most recent or most used e-mail address?

○ None

We will not release this address to anyone and it will only be used for correspondence related to the study.