Hi!

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 a part of our study, all you need to do is complete this questionnaire and send it back to us in the enclosed envelope. That's it! It doesn't take that long, and there are no right or wrong answers.

Next year, we plan to send you a newsletter to let you know about all the things that we're finding out. With that, you will receive your next questionnaire. But don't worry! It'll be just as easy as this one.

If you would like to be a part of this fun study, please use a No. 2 pencil and complete the booklet. Although your mom gave us your name, the things that you tell us won't be told to your parents or anyone else. We use them just for the study. We really want to know about you.

We hope you will join us. If you have any questions, call Helaine Rockett collect at (617) 525-2279.

Thanks very much!

Sincerely,

Graham A. Colditz, MD, DrPH
Principal Investigator

P.S. We'd really like to find out about what you think and do. Please fill out the booklet as soon as possible. And remember, we won't share your answers with anyone, so please be really honest!
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:

Never/less than 1 per month
1–3 per month
1–6 per week
1 or more per day
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. Are you:  □ Male  □ Female

3. 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).

4. 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.

5. Have you started having menstrual periods?
   - Yes ▶ If yes, age periods began:
     - Don’t remember □ 10 □ 13
     - <9 years □ 11 □ 14
     - 9 □ 12 □ 15 or older
     - AND month periods began:
       - January □ June □ November
       - February □ July □ December
       - March □ August □ Don’t remember
       - April □ September
       - May □ October

6. What is your age now (years)?
   - 8 □ 11 □ 14 □ 17
   - 9 □ 12 □ 15 □ 18 or older

7. How do you describe yourself?
   **(Mark all that apply.)**
   - White
   - Black
   - Hispanic
   - Asian or Pacific Islander
   - American Indian or Alaskan Native
   - Other

8. Which adults do you live with most of the time?  **(Mark all that apply.)**
   - Mother
   - Father
   - Stepmother
   - Stepfather
   - Grandmother
   - Grandfather
   - Other relative
   - Other adults
ACTIVITY

We want to learn about games you play, the sports you take part in, and other physical activities. It is very important that you tell us about yourself honestly.

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

2. In which seasons did you play a sport that practiced regularly (like swimming, gymnastics, field hockey, basketball)? (Fill in all that apply.)
   a. During the 4th to 6th grade?
      - Do not play sports
      - Fall
      - Winter
      - Spring
      - Summer
   b. During the 7th to 9th grade?
      - Not in the 7th grade yet
      - Do not play sports
      - Fall
      - Winter
      - Spring
      - Summer

3. Do you usually wheeze after you exercise?
   - No
   - Yes
   - Don't know

4. Has a doctor ever said you have asthma?
   - No
   - Yes
   - Don't know

5. In general, how active are you?
   - Very inactive
   - Inactive
   - Average
   - Active
   - Very active

EXAMPLE:

Think about your activity. How often do you do this type of activity—swimming?

If you swim on a swim team 2 hours a week then your answer should look like this . . .

E1. Swimming
   - None
   - Less than ½ hour
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

If you swim on the swim team 2 hours a week but also usually go swimming with your friends every Saturday for 3 hours then your answer should look like this . . .

E2. Swimming
   - None
   - Less than ½ hour
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

Tell us the average amount of time you spent PER WEEK at the following activities in the last 12 months.

6. Baseball or Softball
   - None
   - Less than ½ hour per week
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

7. Basketball
   - None
   - Less than ½ hour per week
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

8. Biking
   - None
   - Less than ½ hour per week
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

9. Dancing or Aerobics
   - None
   - Less than ½ hour per week
   - ½–2 hours per week
   - 2–4 hours per week
   - 4–6 hours per week
   - 6 or more hours per week

10. Soccer
    - None
    - Less than ½ hour per week
    - ½–2 hours per week
    - 2–4 hours per week
    - 4–6 hours per week
    - 6 or more hours per week

11. Hard work outdoors (like mowing the lawn, raking, gardening)
    - None
    - Less than ½ hour per week
    - ½–2 hours per week
    - 2–4 hours per week
    - 4–6 hours per week
    - 6 or more hours per week
12. Ice or Field Hockey or Lacrosse
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

13. Running/Jogging
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

14. Swimming
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

15. Rollerblading or Rollerskating or Ice skating
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

16. Skateboarding
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

17. Tennis/Badminton
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

18. Walking (including to/from school, friend's house, store)
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

19. Playing outdoors (jump rope, kickball)
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

20. Gymnastics/Cheerleading
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

21. Exercises (push-ups, sit-ups, jumping jacks, lifting weights)
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

22. Volleyball
   ○ None
   ○ Less than 1/2 hour per week
   ○ 1/2–2 hours per week
   ○ 2–4 hours per week
   ○ 4–6 hours per week
   ○ 6 or more hours per week

23. On average, how many hours per day do you spend sitting doing the following:
   Watching T.V. (network, cable)  
   Watching videos or VCR  
   Reading  
   Homework  
   Nintendo/computer  
   Talking on the telephone  
   Hanging out with friends

<table>
<thead>
<tr>
<th>USUAL NUMBER OF HOURS PER DAY</th>
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<tbody>
<tr>
<td><strong>Monday thru Friday</strong></td>
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<tr>
<td>None</td>
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<td>1 hr.</td>
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<td>2 hr.</td>
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<td>3 hr.</td>
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<td>4 hr.</td>
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<td>5+ hr.</td>
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<td><strong>Saturday and Sunday</strong></td>
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<td>None</td>
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<td>1 hr.</td>
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<td>2 hr.</td>
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<td>3 hr.</td>
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<tr>
<td>4 hr.</td>
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<td>5+ hr.</td>
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</tbody>
</table>

page THREE
### NOW DESCRIBE YOURSELF:
Tell us how much these statements apply to you. Mark one answer for each statement.

<table>
<thead>
<tr>
<th>Really True for Me</th>
<th>Sort of True for Me</th>
<th>Not True for Me</th>
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</thead>
<tbody>
<tr>
<td>• Some kids feel that they are very good at their school work.</td>
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<td>• Some kids find it hard to make friends.</td>
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<td>• Some kids do very well at sports.</td>
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<td>• Some kids are often unhappy with themselves.</td>
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<td>• Some kids feel like they are just as smart as other kids their age.</td>
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<td>• Some kids don't have very many friends.</td>
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<td>• Some kids wish they could be a lot better at sports.</td>
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<td>• Some kids like the way they are leading their life.</td>
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<td>• Some kids can do their school work quickly.</td>
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<td>• Some kids would like to have a lot more friends.</td>
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<td>• Some kids think they could do well at sports they haven't tried before.</td>
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<td>• Some kids are happy with themselves as a person.</td>
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<td>• Some kids often forget what they learn.</td>
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<tr>
<td>• Some kids are always doing things with a lot of kids.</td>
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<tr>
<td>• Some kids feel that they are better at sports than other kids their age.</td>
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<td>• Some kids like the kind of person they are.</td>
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<tr>
<td>• Some kids don't do very well at their schoolwork.</td>
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<tr>
<td>• Some kids feel that most kids their age like them.</td>
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<tr>
<td>• Some kids usually watch games and sports instead of playing them.</td>
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<tr>
<td>• Some kids wish they were different.</td>
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<tr>
<td>• Some kids have trouble figuring out the answers in school.</td>
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<tr>
<td>• Some kids are popular with other kids their age.</td>
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<tr>
<td>• Some kids don't do well at new outdoor games.</td>
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<tr>
<td>• Some kids are not very happy with the way they do a lot of things.</td>
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</table>

### THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. Do you now take vitamins (like Flintstones, Centrum, etc.)?
   - Yes
   - No

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

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

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

5. How often do you sit down with other members of your family to eat dinner or supper?
   - Never
   - Some days
   - Most days
   - Every day

6. 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

7. 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
TELL US ABOUT THE FOODS YOU EAT

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:

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.

8. How often do you eat food that is fried at home, like fried chicken?
   - Never/less than once per week
   - 1–3 cans per month
   - 1 can per week
   - 2–6 cans per week
   - 1 can per day
   - 2–3 cans per day
   - More than 3 cans per day

9. 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
   - Daily

DRINKS

1. Diet soda (1 can or glass)
   - Never/less than 1 per month
   - 1–3 cans per month
   - 1 can per week
   - 2–6 cans per week
   - 1 can per day
   - 2–3 cans per day
   - More than 3 cans per day

2. Soda—not diet (1 can or glass)
   - Never/less than 1 per month
   - 1–3 cans per month
   - 1 can per week
   - 2–6 cans per week
   - 1 can per day
   - 2–3 cans per day
   - More than 3 cans per day

3. Hawaiian Punch, lemonade, Koolaid or other non-carbonated fruit drink (1 glass)
   - Never/less than 1 per month
   - 1–3 glasses per month
   - 1 glass per week
   - 2–6 glasses per week
   - 1 glass per day
   - 2–3 glasses per day
   - More than 3 glasses per day

4. Iced Tea—sweetened (1 glass, can or bottle)
   - Never/less than 1 per month
   - 1–3 glasses per month
   - 1 glass per week
   - 5–6 glasses per week
   - 1 or more glasses per day

5. Hot tea (1 cup)
   - Never/less than 1 per month
   - 1–3 cups per month
   - 1–2 cups per week
   - 3–6 cups per week
   - 1 or more cups per day

6. Coffee—not decaf, (1 cup)
   - Never/less than 1 per month
   - 1–3 cups per month
   - 1–2 cups per week
   - 3–6 cups per week
   - 1 or more cups per day

7. Beer (1 glass, bottle or can)
   - Never/less than 1 per month
   - 1–3 cans per month
   - 1 can per week
   - More than 1 can per week

8. Wine or wine coolers (1 glass)
   - Never/less than 1 per month
   - 1–3 glasses per month
   - 1 glass per week
   - More than 1 glass per week

9. Liquor, like vodka or rum (1 drink or shot)
   - Never/less than 1 per month
   - 1–3 drinks per month
   - 1 drink per week
   - More than 1 drink per week

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 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

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

**4. Instant Breakfast Drink** (1 packet)
- 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. Whipped 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

**6. 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

**7. Cottage or ricotta cheese**
- Never/less than 1 per month
- 1-3 times per month
- Once per week
- More than once per week

**8. 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

**9. 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 week

**10. What type of yogurt, cottage cheese and dairy products (besides milk) do you use mostly?**
- Nonfat
- Lowfat
- Regular
- Don’t know

**11. 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

**12. 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

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

**13. What form of margarine does your family usually use?**
- None
- Squeeze (liquid)
- Stick
- Spray
- Tub
- Don’t know

**14. What type of oil does your family use at home?**
- Canola oil
- Corn oil
- Safflower oil
- Olive oil
- Vegetable oil
- Don’t know

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**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

**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
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<tbody>
<tr>
<td>6.</td>
<td>Hot dogs (1)</td>
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<td>Never/less than 1 per month</td>
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<td>More than 4 per week</td>
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<td>7.</td>
<td>Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)</td>
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<td>8.</td>
<td>Chicken or turkey sandwich (1)</td>
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<td>9.</td>
<td>Roast beef or ham sandwich (1)</td>
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<td>More than 4 per week</td>
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<td>10.</td>
<td>Salami, bologna, or other deli meat sandwich (1)</td>
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<td>11.</td>
<td>Tuna sandwich (1)</td>
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<td>More than 4 per week</td>
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<td>12.</td>
<td>Chicken or turkey as main dish (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<td>13.</td>
<td>Fish sticks, fish cakes or fish sandwich (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>14.</td>
<td>Fresh fish as main dish (1 serving)</td>
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<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<td>15.</td>
<td>Shrimp, lobster, scallops (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>More than once per week</td>
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<td>16.</td>
<td>Beef (steak, roast) or lamb as main dish (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<td>17.</td>
<td>Pork, ribs, or ham as main dish (1 serving)</td>
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<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<tr>
<td>18.</td>
<td>Meatballs or meatloaf (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<tr>
<td>19.</td>
<td>Lasagna/baked ziti/ravioli (1 serving)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>More than once per week</td>
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<tr>
<td>20.</td>
<td>Macaroni and cheese (1 serving)</td>
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<td>Never/less than 1 per month</td>
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<td>More than once per week</td>
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<tr>
<td>21.</td>
<td>Spaghetti with tomato sauce (1 serving)</td>
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<td>Never/less than 1 per month</td>
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<td>More than 4 times per week</td>
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<td>22.</td>
<td>Eggs (1)</td>
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<td></td>
<td>Never/less than 1 per month</td>
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<td>1–3 eggs per month</td>
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<td>One egg per week</td>
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<td>2–4 eggs per week</td>
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<td>More than 4 eggs per week</td>
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<tr>
<td>23.</td>
<td>Liver (1 serving)</td>
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<tr>
<td></td>
<td>Never</td>
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<td>Less than once per month</td>
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<td>2–3 times per week</td>
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<td>1 or more times per week</td>
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</table>
Remember, these questions ask about what you usually eat over the past year.

### OTHER FOODS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. French toast (2 slices)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-4 times per week&lt;br&gt;- 1 or more times per day</td>
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<tr>
<td>25. Grilled cheese (1)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-4 times per week&lt;br&gt;- More than 4 times per week</td>
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<tr>
<td>26. Eggrolls (1)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-4 times per week&lt;br&gt;- More than 4 times per week</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>1. Brown gravy</td>
<td>- Never/less than 1 per month&lt;br&gt;- Once per week or less&lt;br&gt;- 2-6 times per week&lt;br&gt;- Once per day&lt;br&gt;- More than once per day</td>
</tr>
<tr>
<td>2. Ketchup</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-4 times per week&lt;br&gt;- More than 4 times per week</td>
</tr>
<tr>
<td>3. Cream (milk) soups or chowder (1 bowl)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 bowls per month&lt;br&gt;- 1 bowl per week&lt;br&gt;- 2-6 bowls per week&lt;br&gt;- 1 or more bowls per day</td>
</tr>
<tr>
<td>4. Clear soup (with rice, noodles, vegetables) 1 bowl</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 bowls per month&lt;br&gt;- 1 bowl per week&lt;br&gt;- More than 1 bowl per week</td>
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<tr>
<td>5. Mayonnaise</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-6 times per week&lt;br&gt;- 1 or more times per day</td>
</tr>
<tr>
<td>6. Low calorie or low fat salad dressing</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-6 times per week&lt;br&gt;- 1 or more times per day</td>
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<tr>
<td>7. Salad dressing (not low calorie)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-6 times per week&lt;br&gt;- 1 or more times per day</td>
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<tr>
<td>8. Salsa</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 times per month&lt;br&gt;- Once per week&lt;br&gt;- 2-6 times per week&lt;br&gt;- 1 or more times per day</td>
</tr>
<tr>
<td>9. How much fat on your beef, pork, or lamb do you eat?</td>
<td>- Eat all&lt;br&gt;- Eat some&lt;br&gt;- Eat none&lt;br&gt;- Don’t eat meat</td>
</tr>
<tr>
<td>10. When you have chicken or turkey, do you eat the skin?</td>
<td>- Yes&lt;br&gt;- No&lt;br&gt;- Sometimes</td>
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</tbody>
</table>

There are no right or wrong answers.

### BREADS AND CEREALS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>1. Cold breakfast cereal (1 bowl)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 bowls per month&lt;br&gt;- 1 bowl per week&lt;br&gt;- 2-4 bowls per week&lt;br&gt;- 5-7 bowls per week&lt;br&gt;- More than 1 bowl per day</td>
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<tr>
<td>2. Hot breakfast cereal, like oatmeal, grits (1 bowl)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1-3 bowls per month&lt;br&gt;- 1 bowl per week&lt;br&gt;- 2-4 bowls per week&lt;br&gt;- 5-7 bowls per week&lt;br&gt;- More than 1 bowl per day</td>
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<tr>
<td>3. White bread, pita bread, or toast (1 slice)</td>
<td>- Never/less than 1 per month&lt;br&gt;- 1 slice per week or less&lt;br&gt;- 2-4 slices per week&lt;br&gt;- 5-7 slices per week&lt;br&gt;- 2-3 slices per day&lt;br&gt;- More than 3 slices per day</td>
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</tbody>
</table>
4. 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 per month
   - 1 per week
   - 2-4 per week
   - More than 4 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 per month
    - 1 per week
    - 2-4 per week
    - More than 4 per week

12. Other grains, like kasha, couscous, bulgur
    - Never/less than 1 per month
    - 1-3 times per month
    - Once per week
    - More than once per week

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

There are no right or wrong answers.

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 per month
   - 1 per week
   - 2-4 per week
   - More than 4 per week

4. Apples (1) or applesauce
   - Never/less than 1 per month
   - 1-3 per month
   - 1 per week
   - 2-6 per week
   - 1 or more per day

5. Cantaloupe, melons (1/4 melon)
   - Never/less than 1 per month
   - 1-3 times per month
   - 1 per week
   - 1 or more per week

6. Pears (1)
   - Never/less than 1 per month
   - 1-3 per month
   - 1 per week
   - 2-6 per week
   - 1 or more per day
Remember, this is how much of these foods you usually ate over the past year.

7. Oranges (1), grapefruit (1/2)
   - Never/less than 1 per month
   - 1-3 per month
   - 1 per week
   - 2-6 per week
   - 1 or more per day

8. Strawberries (1/2 cup)
   - 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. Peaches, plums, apricots (1)
   - Never/less than 1 per month
   - 1-3 per month
   - 1 per week
   - 2-4 per week
   - More than 4 per week

10. Orange juice (1 glass)
    - 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

11. Apple juice and other fruit juices (1 glass)
    - 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

12. Tomatoes (1)
    - Never/less than 1 per month
    - 1-3 per month
    - 1 per week
    - 2-6 per week
    - 1 or more per day

13. Tofu
    - 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

14. String beans
    - 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

15. Beans/lentils/soybeans
    - Never/less than 1 per month
    - Once per week or less
    - 2-6 times per week
    - Once per day

16. Broccoli
    - 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

17. Beets (not greens)
    - Never/less than 1 per month
    - Once per week or less
    - More than once per week

18. Corn
    - 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

19. Peas or lima beans
    - 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. Mixed vegetables
    - 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. Spinach
    - 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

22. Greens/kale
    - 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

23. Green/red peppers
    - 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

24. Yams/sweet potatoes (1)
    - 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

25. Zucchini, summer squash, eggplant
    - 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

26. Carrots, cooked
    - 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
<table>
<thead>
<tr>
<th>No.</th>
<th>Food</th>
<th>Frequency Options</th>
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<tbody>
<tr>
<td>27.</td>
<td>Carrots, raw</td>
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<td>2–4 times per week</td>
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<td>More than 4 times per week</td>
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<tr>
<td>28.</td>
<td>Celery</td>
<td>Never/less than 1 per month</td>
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<td>2–4 times per week</td>
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<td>More than 4 times per week</td>
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<td>29.</td>
<td>Lettuce/tossed salad</td>
<td>Never/less than 1 per month</td>
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<td>1–3 times per month</td>
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<td>2–6 times per week</td>
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<td></td>
<td>1 or more times per day</td>
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<td>30.</td>
<td>Coleslaw</td>
<td>Never/less than 1 per month</td>
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<td>1–3 times per month</td>
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<td></td>
<td></td>
<td>More than once per week</td>
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<tr>
<td>31.</td>
<td>Potato salad</td>
<td>Never/less than 1 per month</td>
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<td></td>
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<td>1–3 times per month</td>
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<td>More than once per week</td>
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<tr>
<td>32.</td>
<td>There are no right or wrong answers.</td>
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</table>

**SNACK FOODS/DESSERTS**

<table>
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<th>No.</th>
<th>Food</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Potato chips (1 small bag)</td>
<td>Never/less than 1 per month</td>
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<tr>
<td></td>
<td></td>
<td>1–3 small bags per month</td>
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<td>2–6 small bags per week</td>
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<td>1 or more small bags per day</td>
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<td>2.</td>
<td>Corn chips/Doritos (small bag)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 small bags per month</td>
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<td></td>
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<td>2–6 small bags per week</td>
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<td></td>
<td></td>
<td>1 or more small bags per day</td>
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<tr>
<td>3.</td>
<td>Nachos with cheese (1 serving)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 times per month</td>
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<td></td>
<td>More than once per week</td>
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<td>4.</td>
<td>Popcorn (1 small bag)</td>
<td>Never/less than 1 per month</td>
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<td></td>
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<td>1–3 small bags per month</td>
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<td>More than 4 small bags per week</td>
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<td>5.</td>
<td>Pretzels (1 small bag)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 small bags per month</td>
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<td>More than 1 small bag per week</td>
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<td>6.</td>
<td>Peanuts, nuts (1 small bag)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 small bags per month</td>
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<td>More than 4 small bags per week</td>
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<td>7.</td>
<td>Fun fruit or fruit rollups (1 pack)</td>
<td>Never/less than 1 per month</td>
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<td></td>
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<td>1–3 packs per month</td>
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<td>1–4 packs per week</td>
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<td>More than 4 packs per week</td>
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<td>8.</td>
<td>Graham crackers</td>
<td>Never/less than 1 per month</td>
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<td></td>
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<td>1–3 times per month</td>
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<td>More than 4 times per week</td>
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<tr>
<td>9.</td>
<td>Crackers, like Wheat Thins or Ritz</td>
<td>Never/less than 1 per month</td>
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<td>1–3 times per month</td>
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<td>More than 4 times per week</td>
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<td>10.</td>
<td>Poptarts (1)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 poptarts per month</td>
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<td>1–6 poptarts per week</td>
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<td>1 or more poptarts per day</td>
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<td>11.</td>
<td>Cake (1 slice)</td>
<td>Never/less than 1 per month</td>
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<td></td>
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<td>1–3 slices per month</td>
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<td>1 slice per week</td>
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<td>More than 1 slice per week</td>
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<tr>
<td>12.</td>
<td>Snack cakes, like Twinkies (1 package)</td>
<td>Never/less than 1 per month</td>
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<td>1–3 per month</td>
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<td>2–6 per week</td>
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<td>1 or more per day</td>
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</table>
### Answer how much you usually ate over the past year.

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<thead>
<tr>
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<tbody>
<tr>
<td>13. Danish, sweetrolls, pastry (1)</td>
<td>14. Donuts (1)</td>
<td>15. Cookies (1)</td>
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<td>Never/less than 1 per month</td>
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<td>1–3 per month</td>
<td>1–3 donuts per month</td>
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<td>2–4 per week</td>
<td>2–6 donuts per week</td>
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<td>More than 4 per week</td>
<td>More than 1 donut per day</td>
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<tr>
<td>16. Brownies (1)</td>
<td>17. Pie (1 slice)</td>
<td>18. Chocolate (1 bar or packet) like Hershey's or M &amp; M's</td>
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<td>1–3 candy bars per month</td>
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<td>1 candy bar per week</td>
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<td>2–6 candy bars per week</td>
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<td>1 or more candy bars per day</td>
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<tr>
<td>25. Milkshake or frappe (1)</td>
<td>26. Popsicles</td>
<td>27. Seeds (Sunflower or Pumpkin)</td>
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<td>Never/less than 1 per month</td>
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<td>1–3 times per month</td>
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<td>1 per week</td>
<td>1 time per month</td>
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<tr>
<td></td>
<td>More than 1 per week</td>
<td>More than 4 times per week</td>
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</tbody>
</table>
28. Please list any other foods that you usually eat at least once per week that are not listed (for example, coconut, hummus, falafel, chili, plantains, kiwi, mangoes, etc.)

**FOODS**

a. 

b. 

**HOW MANY TIMES PER WEEK?**

a. 

b. 

**PHEEW! ENOUGH ABOUT FOODS!**

**MORE QUESTIONS**

Remember we won't tell anyone your answers.

1. Have you ever tried or experimented with cigarette smoking, even a few puffs?
   - Yes
   - No
   - If yes, answer a. thru e.

Do you think you will try a cigarette in the next year?
   - Definitely not
   - Maybe
   - Probably
   - Go on to question 2.

a. How old were you when you smoked your first whole cigarette?
   - Never smoked whole cigarette
   - Younger than 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15 or older

b. When you are smoking, how many cigarettes do you smoke in one day?
   - Don't smoke
   - 1–4
   - 5–12
   - 13–24
   - More than 25

c. Why do you smoke? (Mark all that apply.)
   - I think smoking is fun.
   - I think smoking makes me relax.
   - I think smoking makes me feel comfortable in social situations.
   - I think smoking helps keep me thin.
   - I think smoking reduces stress.
   - I think smoking helps me when I am bored.
   - My friends smoke.
   - It seems like all the popular people smoke.
   - I would like to quit but haven't been able to.

d. Have you smoked at least 100 cigarettes in your life?
   - Yes
   - No

e. Have you smoked a cigarette in the last month?
   - Yes
   - No
   - Now go to question 2.

2. Does anyone who lives in your household smoke cigarettes?
   - Yes
   - No

3. How many of your friends smoke?
   - None
   - One
   - A few
   - Most
   - All

4. Have you ever used chewing tobacco?
   - Yes
   - No

5. Have you ever bought or been given stuff like a hat, T-shirt or bag with the name of a cigarette on it (like Joe Camel, Marlboro, Virginia Slims, etc.)?
   - Yes
   - No

6. Do you think that you would ever use something with the name of a cigarette on it (hat, bag, T-shirt)?
   - Yes
   - No
### THESE QUESTIONS ASK ABOUT WEIGHT

1. How do you describe your weight?
   - Very overweight
   - Slightly overweight
   - About the right weight
   - Slightly underweight
   - Very underweight

2. Which of the following are you trying to do about your weight?
   - I am not trying to do anything about my weight
   - Stay the same weight
   - Gain weight
   - Lose weight

3. During the past year, how often did you **diet** to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

4. During the past year, how often did you **exercise** to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

5. During the past year, how often did you make yourself **throw up** to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

6. During the past year, how often did you **take laxatives** to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

7. During the past year, how often did you **take diet pills** to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

8. During the past year, how often did you **fast or starve** yourself to lose weight or to keep from gaining weight?
   - Never
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - 2–6 times a week
   - Every day

9. During the past year, how often have you eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating or gorging)?
   - Never
   - A couple of times
   - Less than once a month
   - 1–3 times a month
   - Once a week
   - More than once a week

   **Did you feel out of control, like you couldn't stop eating even if you wanted to stop?**
   - Yes
   - No

---

*page fourteen*
Remember there are no right or wrong answers. We just want to know what you think.

1. In the past year, how often have you felt fat?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

2. In the past year, how often have your girl friends talked about wanting to lose weight?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

3. In the past year, how often have you worried about having fat on your body?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

4. In the past year, how often have you changed your eating when you were around boys?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

5. In the past year, how often have you tried to change your weight so you would not be teased by boys (including brothers)?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

6. In the past year, how often has your mother tried to lose weight?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

7. In the past year, how often have you tried to lose weight?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

8. In the past year, how often have you thought about wanting to be thinner?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

9. In the past year, how often has your father made a comment to you about your weight or your eating that made you feel bad? (“Father” means the adult man in your life who acts most like a father to you.)
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always
   - Don’t Know

10. In the past year, how often have you changed your eating when you were around girls/young women?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

11. In the past year, how often have girls (including sisters) made fun of you because of your weight?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

12. In the past year, how often have boys (including brothers) made fun of you because of your weight?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always

13. In the past year, how often has your mother made a comment to you about your weight or your eating that made you feel bad?
    - Never
    - A Little
    - Sometimes
    - A Lot
    - Always
    - Don’t Know

14. In the past year, how important has it been to your father that you be thin? (“Father” means the adult man in your life who acts most like a father to you.)
    - Not At All
    - A Little
    - Pretty Much
    - A Lot
    - Totally
    - Don’t Know
15. In the past year, how important has it been to your friends that they be thin?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally
   - Don't Know

16. In the past year, how often has a teacher or coach made a comment to you about your weight that made you feel bad?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

17. In the past year, how happy have you been with the way your body looks?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

18. In the past year, how much do you think your weight made boys NOT like you?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

19. In the past year, how much has your weight made a difference in how you feel about yourself?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

20. If girls (including sisters) have teased you about your weight in the past year, how much has it changed the way you feel about yourself?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally
   - I have not been teased

21. In the past year, how much have you worried about gaining two pounds?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

22. In the past year, how important has it been to your mother that you be thin?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally
   - Don't Know

23. In the past year, how much do you think your weight made other girls NOT like you?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

24. In the past year, how often have you tried to change your weight so you would not be teased by girls (including sisters)?
   - Never
   - A Little
   - Sometimes
   - A Lot
   - Always

25. In the past year, how much have you tried to look like the girls or women you see on television, in movies, or in magazines?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally

26. If boys (including brothers) have teased you about your weight in the past year, how much has it changed the way you feel about yourself?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally
   - I have not been teased

27. In the past year, how important has it been to your friends that you be thin?
   - Not At All
   - A Little
   - Pretty Much
   - A Lot
   - Totally
   - Don't Know

YOU'RE DOIN' GREAT!
Almost done!
28. Girls go through normal changes as they get older. One of these changes is to grow larger breasts. Please LOOK at the drawings and READ the sentences below each of them. Then choose the drawing closest to your stage of breast development and FILL IN THE CIRCLE above it.

**STAGE 1**
- The nipple is raised a little.
- The rest of the breast is still flat.

**STAGE 2**
- The breast is a little larger and the nipple is raised more than in Stage 1.
- The area around the nipple (areola) is larger than in Stage 1.

**STAGE 3**
- The area around the nipple (areola) and the breast are both larger than Stage 2.
- The areola does not stick out away from the breast.

**STAGE 4**
- The area around the nipple (areola) and the nipple stick up above the shape of the breast.
- Only the nipple sticks out in this stage.
- The area around the nipple (areola) has moved back down to the breast.

29. Another change is to grow pubic hair. Please LOOK at the drawings and READ the sentences below each of them. Then choose the drawing closest to your stage of hair development and FILL IN THE CIRCLE above it.

**STAGE 1**
- There is no pubic hair.

**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.
- 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 (\(\n\)) as it spreads out to the legs.
30. Please fill in the circle that looks most like your body shape now:

1  2  3  4  5  6  7  8

31. Please fill in the circle that looks most like how you want your body to look now:

1  2  3  4  5  6  7  8

32. Do you have an internet e-mail address either at home, school, or someplace else?

Yes ▶ Please tell us your e-mail address and we'll send updates on what's going on with the study!
No

E-MAIL ADDRESS

33. Do you have access to the World Wide Web on a computer either at home, school, or someplace else?

Yes
No
Not sure

P.S. We need a cool name for our study! Do you have any suggestions? If we use your idea, your picture will be in our first newsletter with our new name and you'll get a T-shirt!

My idea for what to name the study:

Thank you for completing this survey!

Please remove the front page that has your name and address and return the rest of the booklet in the enclosed envelope.

MAIL TO: Growing Up in the 90's Channing Lab 181 Longwood Ave. Boston, MA 02115

You did it!