

G97



HARVARD MEDICAL SCHOOL

Please reply to:

Channing Laboratory
181 Longwood Avenue • Boston, MA 02115
(617) 525-2279 • Fax (617) 525-2008

Hi!

Thanks for being part of the GROWING UP TODAY STUDY. Almost **17,000** kids from ALL OVER THE COUNTRY joined the study! It's been a year since we sent you the first questionnaire. Because many things in your life change as you grow, we need your help to update what you think and do during your everyday life. A lot of the questions will seem the same as the first survey, but we need to ask these things again to find out what you are doing now. Please complete the attached questionnaire and send it back to us in the enclosed envelope.

There are no right or wrong answers. You do not have to answer any question you do not want to. But remember it is very important to complete the questionnaire because it helps us to learn what it is like to be a kid today.

We sent out the newsletter this summer telling you more about the study. Next year, we plan to send you another newsletter in the summer and the questionnaire in September.

Please use a **pencil** to complete the booklet. Remember 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 that you will stay with us. If you have any questions, call Helaine Rockett collect at (617) 525-2279.

Thanks very much!

Sincerely,

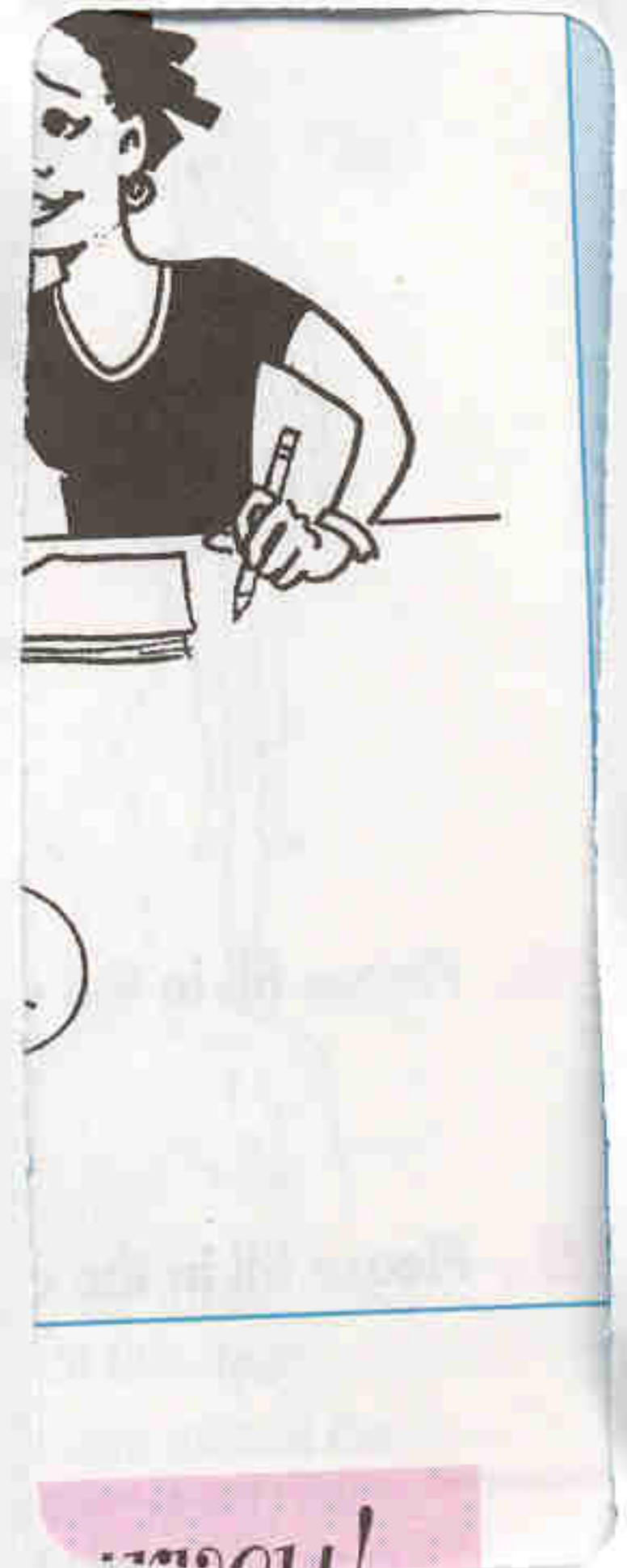
Graham A. Colditz, MD, DrPH
Principal Investigator

P.S. We'd really like to find out more 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!

Do we have your correct address and name?

Make any necessary changes and return this page with your completed booklet.

PLEASE REMOVE THIS COVER PAGE ALONG PERFORATION BEFORE MAILING QUESTIONNAIRE.



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.

E1.

CURRENT WEIGHT		
POUNDS		
0	9	0
<input checked="" type="radio"/>	<input type="radio"/> 0	<input checked="" type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> 9

E2. Poptarts (1)

- ☒ 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. How tall are you?

YOUR HEIGHT WITHOUT SHOES

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).

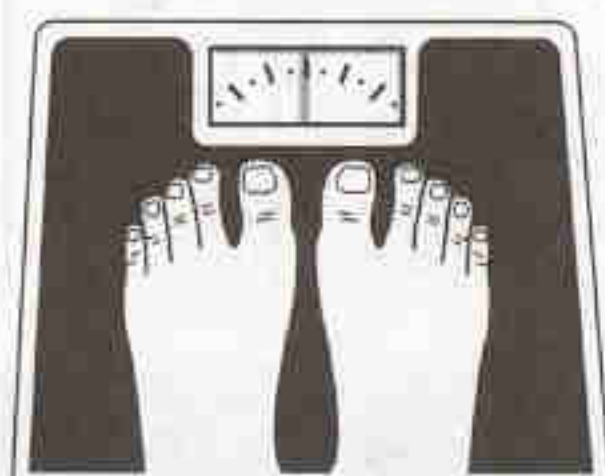
FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11



3. How much do you weigh?

YOUR WEIGHT WITHOUT SHOES

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.



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

4. Are you home schooled?

☐ Yes

☐ No

5. Have you started having menstrual periods?

☐ Yes ▶ If yes, **age** periods began:

☐ No

- ☐ Don't remember
☐ <9 years
☐ 9

- ☐ 10
☐ 11
☐ 12

- ☐ 13
☐ 14
☐ 15 or older

AND month periods began:

- ☐ January
☐ February
☐ March
☐ April
☐ May

- ☐ June
☐ July
☐ August
☐ September
☐ October

- ☐ November
☐ December
☐ Don't remember

6. 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

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 . . .



Swimming

Did you do this activity over the past year?

☐ NO ☒ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Mark "None/Zero" for any season you did not do that activity.



Baseball or Softball

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Basketball

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Biking

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Dancing or Aerobics

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Ice, Field, Street Hockey or Lacrosse

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Running or Jogging

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Swimming

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Rollerblading, Rollerskating, or Iceskating

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Skateboarding

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Soccer

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Tennis or Other Raquet Sports

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Walking (to/from school, friend's house, store)

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Playing Outdoors (jump rope, kickball, dodgeball)

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Gymnastics or Cheerleading

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Strength Training Exercises (push-ups, lifting weights)

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Volleyball

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Martial Arts, Karate, or Wrestling

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2-3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In school, how many times per week do you have gym or Phys Ed?

☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

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

Monday thru Friday (Total Hours)

Watching T.V.

Watching videos or VCR

Reading/Homework

Nintendo/Sega/computer games (not homework)

None	1-5 hr.	6-10 hr.	11-15 hr.	16-20 hr.	21-30 hr.	31+ hr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Saturday thru Sunday (Total Hours)

Watching T.V.

Watching videos or VCR

Reading/Homework

Nintendo/Sega/computer games (not homework)

None	1-5 hr.	6-10 hr.	11-15 hr.	16-20 hr.	21-30 hr.	31+ hr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?

Mark one answer for each statement.

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

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 ☐ 3–4 times per week
☐ 1–2 times per week ☐ 5 or more times per week

- 2. Where do you usually get your lunch?**

- ☐ Bring from home
- ☐ Get from school
- ☐ Get fast food
- ☐ Get from store or food truck

- 3.** How often do you sit down with other members of your family to eat dinner or supper?

- ☐ Never
 ☐ Most days
☐ Some days
 ☐ Every day

- 4.** How many times per week do you make dinner for yourself (and/or others in your house)?

- ☐ Never or almost never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5 or more times per week

- 5.** How often do you have dinner that is ready-made, like frozen dinners, Spaghetti-O's, microwave meals, etc.?

- ☐ Never/less than once per week
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5 or more times per week

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

- ☐ Never eat cold breakfast cereal

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

7. Do you now take vitamins (like Flintstones, Centrum)?

- ☐ Yes
☐ No

a. How many do you take per week?

- ☐ 2 or less
☐ 3-5
☐ 6-9
☐ 10 or more

b. What specific brand do you usually use? (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

If yes, do you take any of the following?

☐ Calcium or TUMS

☐ Iron

☐ Other, please specify: _____

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

TELL US ABOUT THE FOODS YOU EAT

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

EXAMPLE:

How often do you eat the following foods:

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

E1. Diet soda (1 can or glass)

- ☐ Never
☐ 1-3 cans per month
☐ 1 can per week
☒ 2-6 cans per week
☐ 1 can per day
☐ More than 1 can per day



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

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
☐ 1-4 glasses 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
☐ 2-6 cans per week
☐ 7 or more cans per week

8. Wine or wine coolers (1 glass)

- ☐ Never/less than 1 per month
☐ 1-3 glasses per month
☐ 1 glass per week
☐ 2-6 glasses per week
☐ 7 or more glasses 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
☐ 2-6 drinks per week
☐ 7 or more drinks per week

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

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

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. Yogurt (1 cup)—not frozen

- ☐ Never/less than 1 per month
- ☐ 1-3 cups per month
- ☐ 1 cup per week
- ☐ 2-6 cups per week
- ☐ 1 cup per day
- ☐ More than 1 cup per day

6. Cottage or ricotta cheese

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

7. Cheese (1 slice)

- ☐ Never/less than 1 per month
- ☐ 1-3 slices per month
- ☐ 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 use mostly?

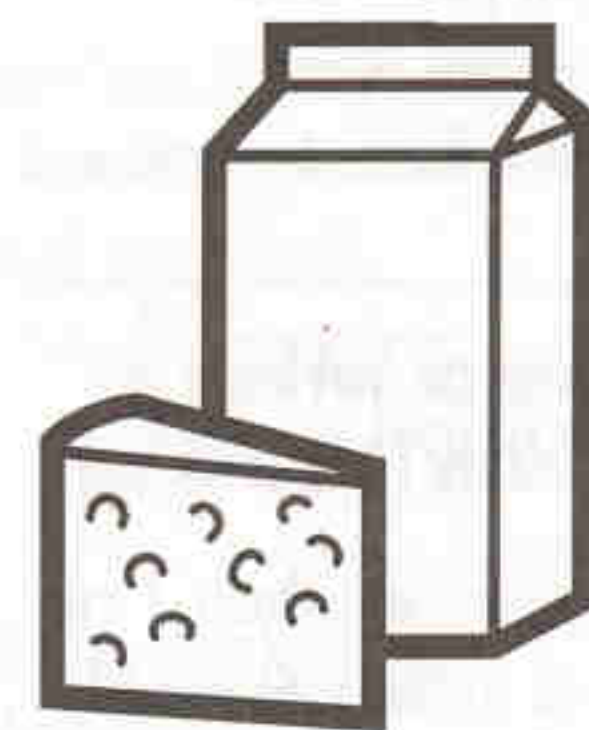
- ☐ Nonfat
- ☐ Lowfat
- ☐ Regular
- ☐ Don't know

10. Butter (1 pat)*—**not** margarine

- ☐ Never/less than 1 per month
- ☐ 1-3 pats per month
- ☐ 1 pat per week
- ☐ 2-6 pats per week
- ☐ 1 pat per day
- ☐ 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



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

12. What **form** of margarine does your family usually use?

- ☐ None
- ☐ Squeeze (liquid)
- ☐ Stick
- ☐ Spray
- ☐ Tub
- ☐ Don't know

What specific brand and type of margarine (like "Promise Light Spread")?

Leave blank if you don't know.

13. What **type** of oil does your family use at home?

- ☐ Canola oil
- ☐ Corn oil
- ☐ Safflower oil
- ☐ Olive oil
- ☐ Vegetable oil
- ☐ Don't know

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

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

MAIN DISHES



1. Cheeseburger (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

2. Hamburger (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

3. Pizza (2 slices)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ More than 4 times per week

4. Tacos/burritos/enchiladas (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week



Which taco filling do you usually have:

- ☐ Beef and beans
- ☐ Beef
- ☐ Chicken
- ☐ Beans

5. Chicken nuggets (6)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ More than 4 times per week

6. Hot dogs (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

7. Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

8. Chicken or turkey sandwich (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

9. Roast beef or ham sandwich (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

10. Salami, bologna, or other deli meat sandwich (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

11. Tuna sandwich (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

12. Chicken or turkey as main dish (1 serving)

- ☐ 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

13. Fish sticks, fish cakes or fish sandwich (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

14. Fresh fish as main dish (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ Once per week
- ☐ 2-4 per week
- ☐ More than 4 per week

15. Shrimp, lobster, scallops (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

16. Beef (steak, roast) or lamb as main dish (1 serving)

- ☐ 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. Pork, ribs, or ham as main dish (1 serving)

- ☐ 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



18. Meatballs or meatloaf (1 serving)

- ☐ 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. Lasagna/baked ziti/ravioli (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

20. Macaroni and cheese (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

21. Spaghetti with tomato sauce (1 serving)

- ☐ 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. Eggs (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 eggs per month
- ☐ One egg per week
- ☐ 2-4 eggs per week
- ☐ More than 4 eggs per week

23. Bacon (2) or Sausage (2)

- ☐ Never/less than once per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ More than 4 times per week

24. Liver (1 serving)

- ☐ Never
- ☐ Less than once per month
- ☐ Once per month
- ☐ 2-3 times per month
- ☐ 1 or more times per week

25. French toast (2 slices)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ 1 or more per day

26. Grilled cheese (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

27. Eggrolls (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

OTHER FOODS



1. Brown gravy

- ☐ Never/less than 1 per month
- ☐ Once per week or less
- ☐ 2-6 times per week
- ☐ Once per day
- ☐ More than once per day

2. Ketchup

- ☐ 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. Cream (milk) soups or chowder (1 bowl)

- ☐ Never/less than 1 per month
- ☐ 1-3 bowls per month
- ☐ 1 bowl per week
- ☐ 2-6 bowls per week
- ☐ 1 or more bowls per day

4. Clear soup (with rice, noodles, vegetables) 1 bowl

- ☐ Never/less than 1 per month
- ☐ 1-3 bowls per month
- ☐ 1 bowl per week
- ☐ More than 1 bowl per week

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?

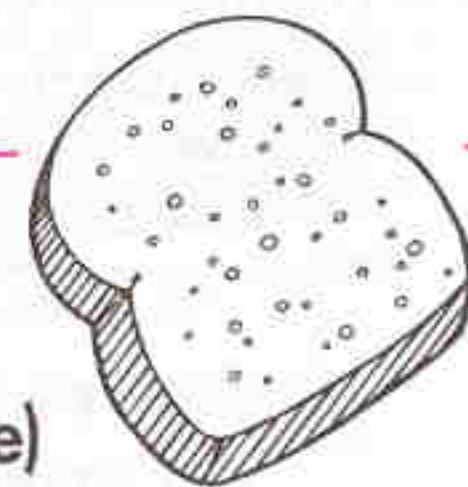
- ☐ Eat all
- ☐ Eat some
- ☐ Eat none
- ☐ Don't eat meat

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.

BREADS AND CEREALS



1. Cold breakfast cereal (1 bowl)

- ☐ Never/less than 1 per month
- ☐ 1-3 bowls per month
- ☐ 1 bowl per week
- ☐ 2-4 bowls per week
- ☐ 5-7 bowls per week
- ☐ More than 1 bowl per day

2. Hot breakfast cereal, like oatmeal, 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. 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)

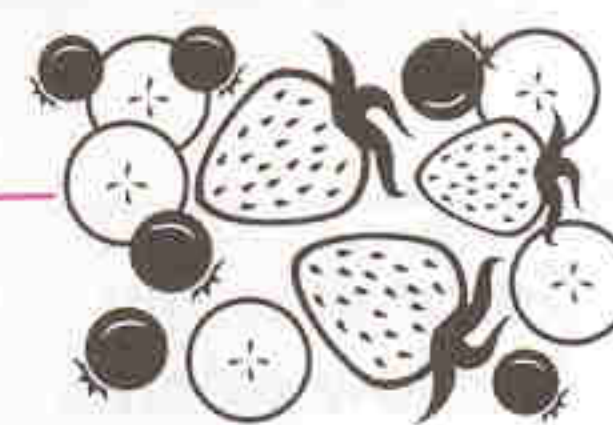
- ☐ Never/less than 1 per month
- ☐ 1-3 orders per month
- ☐ 1 order per week
- ☐ 2-4 orders per week
- ☐ More than 4 orders per week

15. Potatoes—baked, boiled, mashed

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times 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)

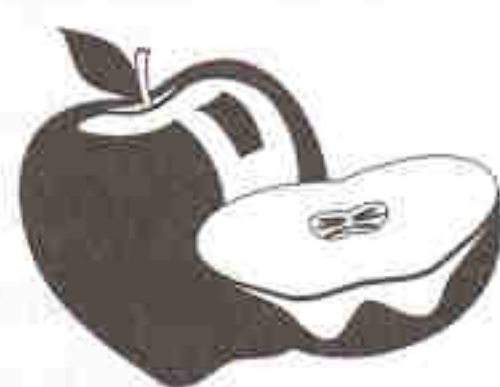
- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ More than 4 times per week

3. Bananas (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 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 once per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once 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

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)

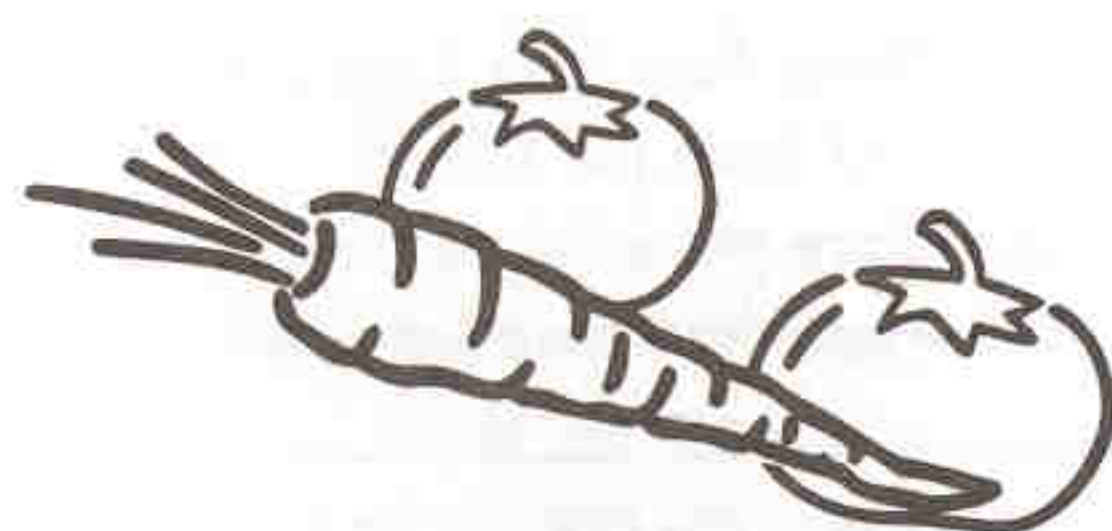
- ☐ Never/less than 1 per month
- ☐ 1-3 glasses per month
- ☐ 1 glass per week
- ☐ 2-6 glasses per week
- ☐ 1 glass per day
- ☐ More than 1 glass per day

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. 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

18. 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

19. 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

20. 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

21. Greens/kale

- ☐ 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. 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

23. 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

Answer how much you usually ate over the past year.

24. 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

25. 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

26. Carrots, raw

- ☐ 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

27. Celery

- ☐ 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

28. Lettuce/tossed salad

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ 2-6 times per week
- ☐ 1 or more per day

29. Coleslaw

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

30. Potato salad

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

There are no right or wrong answers.

SNACK FOODS/DESSERTS

1. Potato chips (1 small bag)

- ☐ Never/less than 1 per month
- ☐ 1-3 small bags per month
- ☐ One small bag per week
- ☐ 2-6 small bags per week
- ☐ 1 or more small bags per day

2. Corn chips/Doritos (small bag)

- ☐ Never/less than 1 per month
- ☐ 1-3 small bags per month
- ☐ One small bag per week
- ☐ 2-6 small bags per week
- ☐ 1 or more small bags per day

3. Nachos with cheese (1 serving)

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week



4. Popcorn (1 small bag)

- ☐ Never/less than 1 per month
- ☐ 1-3 small bags per month
- ☐ 1-4 small bags per week
- ☐ More than 4 small bags per week

5. Pretzels (1 small bag)

- ☐ Never/less than 1 per month
- ☐ 1-3 small bags per month
- ☐ 1 small bag per week
- ☐ More than 1 small bag per week

6. Peanuts, nuts (1 small bag)

- ☐ Never/less than 1 per month
- ☐ 1-3 small bags per month
- ☐ 1-4 small bags per week
- ☐ More than 4 small bags per week

7. Fun fruit or fruit rollups (1 pack)

- ☐ Never/less than 1 per month
- ☐ 1-3 packs per month
- ☐ 1-4 packs per week
- ☐ More than 4 packs per week

8. Graham crackers

- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ 1-4 times per week
- ☐ More than 4 times per week

9. 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

10. Poptarts (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 poptarts per month
- ☐ 1-6 poptarts per week
- ☐ 1 or more poptarts per day



11. Cake (1 slice)

- ☐ Never/less than 1 per month
- ☐ 1-3 slices per month
- ☐ 1 slice per week
- ☐ More than 1 slice per week

12. Snack cakes, like Twinkies (1 package)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ Once per week
- ☐ 2-6 per week
- ☐ 1 or more per day

13. Danish, sweetrolls, pastry (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ 1 per week
- ☐ 2-4 per week
- ☐ More than 4 per week

14. Donuts (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 donuts per month
- ☐ 1 donut per week
- ☐ 2-6 donuts per week
- ☐ More than 1 donut per day

15. Cookies (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 cookies per month
- ☐ 1 cookie per week
- ☐ 2-6 cookies per week
- ☐ 1-3 cookies per day
- ☐ More than 3 cookies per day

16. Brownies (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ 1 per week
- ☐ 2-4 per week
- ☐ More than 4 per week

17. Pie (1 slice)

- ☐ Never/less than 1 per month
- ☐ 1-3 slices per month
- ☐ 1 slice per week
- ☐ More than 1 slice per week

18. Chocolate (1 bar or packet) like Hershey's or M & M's

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ 1 per week
- ☐ 2-6 per week
- ☐ 1 or more per day

19. Other candy bars (Milky Way, Snickers)

- ☐ Never/less than 1 per month
- ☐ 1-3 candy bars per month
- ☐ 1 candy bar per week
- ☐ 2-6 candy bars per week
- ☐ 1 or more candy bars per day

20. Other candy without chocolate (Skittles) (1 pack)

- ☐ 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

21. 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

22. 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

23. 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

24. 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

25. Milkshake or frappe (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ 1 per week
- ☐ More than 1 per week

26. Popsicles

- ☐ Never/less than 1 per month
- ☐ 1-3 popsicles per month
- ☐ 1 popsicle per week
- ☐ 2-4 popsicles per week
- ☐ More than 4 popsicles per week

27. 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

28. Think about the snack foods you eat like chips, cake, cookies, and ice cream. When you have these snacks, do you ever eat the low fat or no fat kinds (like Snackwells or Healthy Choice)?

- ☐ No ☐ Yes → **If yes, do you eat them:**

- ☐ Always (I eat snack foods only if they are low fat or no fat)
- ☐ Sometimes (I eat some low fat or no fat snacks)
- ☐ Rarely (I usually don't eat low fat or no fat snacks)



**PHEEW!
ENOUGH ABOUT
FOODS!**

If you feel like it,
TAKE A BREAK!

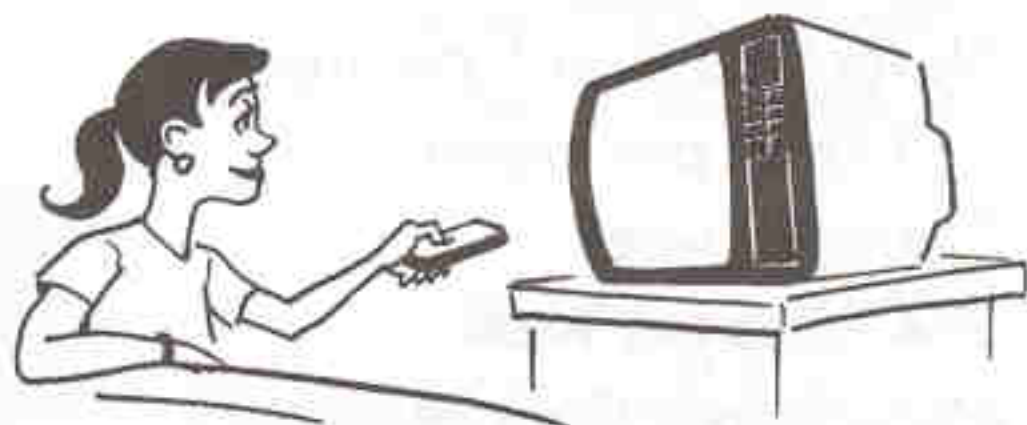
Then tell us about some of your
FAVORITE THINGS!

Which category best describes your **favorite** kind of music? (Choose just one!)

- | | |
|--|---|
| <input type="radio"/> Don't really listen to music | <input type="radio"/> Hard Rock: <i>Led Zeppelin, Van Halen</i> |
| <input type="radio"/> Pop/Top 40: <i>Hanson, Madonna</i> | <input type="radio"/> Soft Rock: <i>Michael Bolton, Eagles</i> |
| <input type="radio"/> Alternative: <i>Bush, No Doubt</i> | <input type="radio"/> Rap/Hip Hop: <i>Dr Dre, Foxy Brown</i> |
| <input type="radio"/> Metal: <i>AC/DC, Helmet</i> | <input type="radio"/> Light Sounds: <i>Neil Diamond, Bette Midler</i> |
| <input type="radio"/> Country: <i>LeAnn Rimes, Clint Black</i> | <input type="radio"/> Jazz: <i>Kenny G, Miles Davis</i> |
| <input type="radio"/> R&B: <i>Blackstreet, En Vogue</i> | <input type="radio"/> Christian: <i>Steven C. Chapman, Jars of Clay</i> |
| <input type="radio"/> Classical: <i>Beethoven, Mozart</i> | <input type="radio"/> Other |
| <input type="radio"/> Gospel: <i>Kirk Franklin</i> | |



Which **ONE** category of **night-time** TV show do you watch most often? (Choose just one!)



- | | |
|---|--|
| <input type="radio"/> Don't watch TV regularly | <input type="radio"/> Dramas: <i>E.R., 90210</i> |
| <input type="radio"/> Adult comedies: <i>Frasier, Seinfeld</i> | <input type="radio"/> Nature/Science: <i>Nova, Documentaries</i> |
| <input type="radio"/> Family comedies: <i>Sabrina, Family Matters</i> | <input type="radio"/> Movies/Specials |
| <input type="radio"/> Sports: <i>Basketball, Skating</i> | <input type="radio"/> Other |
| <input type="radio"/> Action/Sci-Fi: <i>X-Files, Walker: Texas Ranger</i> | |

Which **ONE** type of **magazine** do you read most often? (Choose just one!)

- | | |
|--|--|
| <input type="radio"/> Don't regularly read magazines | <input type="radio"/> News: <i>Time, Newsweek</i> |
| <input type="radio"/> Music: <i>Rolling Stone, Spin</i> | <input type="radio"/> Teen: <i>17, YM</i> |
| <input type="radio"/> Fashion: <i>Glamour, Elle</i> | <input type="radio"/> Health/Fitness: <i>Self, Muscle Fitness</i> |
| <input type="radio"/> Mens: <i>GQ, Men's Health</i> | <input type="radio"/> TV/Movies: <i>Entertainment Weekly, TV Guide</i> |
| <input type="radio"/> Humor/Games: <i>Mad, Comics</i> | <input type="radio"/> Womens: <i>Cosmopolitan, Redbook</i> |
| <input type="radio"/> Sports: <i>Sports Illustrated, Tennis</i> | <input type="radio"/> Science: <i>Popular Science, Omni</i> |
| <input type="radio"/> Gossip/Celebrities: <i>People, National Enquirer</i> | <input type="radio"/> Other: <i>Travel, Food, etc.</i> |



😊 What is your **favorite color**? (Choose just one!)

- | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Red | <input type="radio"/> Yellow | <input type="radio"/> Blue | <input type="radio"/> Other |
| <input type="radio"/> Orange | <input type="radio"/> Green | <input type="radio"/> Purple | |

MORE QUESTIONS

Remember we won't tell anyone your answers.

1. In the past year, have you tried or experimented with cigarette smoking, even a few puffs?

- ☐ Yes
☐ No

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
☐ 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. Have you smoked at least 100 cigarettes in your life?

- ☐ No ☐ Yes

d. During the past year, did you smoke to reduce stress?

- ☐ No ☐ Yes

e. During the past year, did you smoke to try to lose weight or keep thin?

- ☐ No ☐ Yes

f. Have you smoked a cigarette in the last month?

- ☐ No ☐ Yes → **If yes, how often do you smoke?**

- ☐ Less than once per week
☐ 1-2 days per week
☐ 3-5 days per week
☐ Almost every day

g. When do you usually smoke your first cigarette?

- ☐ Before school ☐ During school ☐ After school

h. Have you ever thought seriously about quitting smoking?

- ☐ No ☐ Yes → **a) How many times in the past year have you tried to quit smoking?**

- ☐ Never ☐ 2-3 times
☐ Once ☐ 4 or more times

b) What was the longest time you stayed off cigarettes in the past year?

- ☐ Greater than one week
☐ Less than one week

Go on to question 2.

2. Do you have a brother or sister who smokes cigarettes?

- ☐ Yes
☐ No

3. How many of your friends smoke?

- ☐ None ☐ Most
☐ One ☐ All
☐ A few

4. Have you used chewing tobacco in the past year?

- ☐ Yes
☐ No

5. Have you ever smoked a cigar?

- ☐ Yes
☐ No

6. Have you ever smoked anything other than tobacco like clove cigarettes or marijuana?

- ☐ Yes ☐ No

7. 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 or Virginia Slims)?

- ☐ Yes ☐ No

THESE QUESTIONS ASK ABOUT WEIGHT

1. How do you describe your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight

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, to lose weight or to keep from gaining weight, how often did you **exercise**?

- ☐ 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 ► Go to page 16.

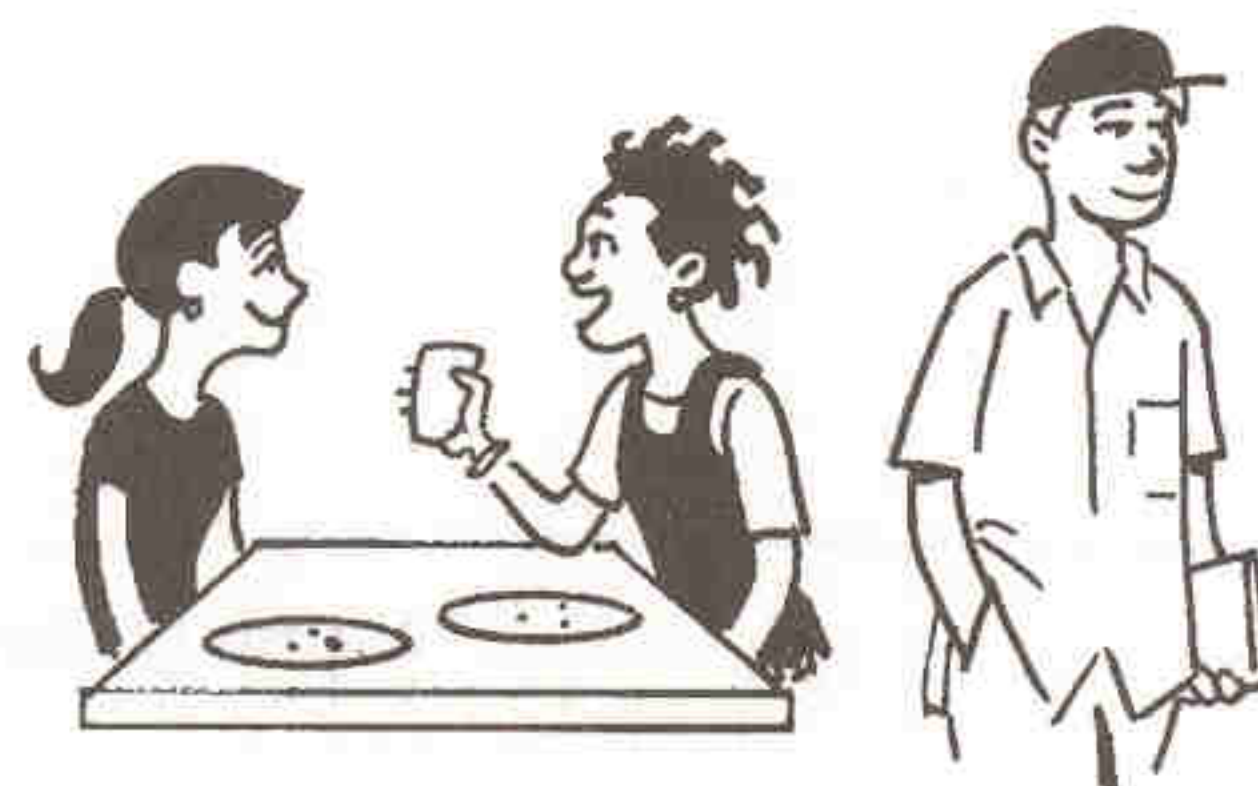
- ☐ A couple of times
- ☐ Less than once a month
- ☐ 1-3 times a month
- ☐ Once a week
- ☐ More than once a week

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

- ☐ Yes
- ☐ No

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 ☐ Don't Know
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

15

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

16

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

17

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

18

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

19

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

20

21. In the past year, how much have you worried about gaining two pounds?

- ☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally

21

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

22

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

23

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

24

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

25

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

26

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

27



28. Have you ever tried drinking alcohol (beer, wine, or liquor), even a few sips?

- ☐ Yes
☐ No

Do you think you will try drinking alcohol in the next year?

- ☐ Definitely not
☐ Maybe
☐ Probably

Go on to question 29.

a. Have you ever had a whole "drink" of alcohol? (One "drink" means a whole glass, can, or bottle of beer; a whole glass of wine; or a whole "mixed drink" or shot of liquor. They all have the same amount of alcohol.)

- ☐ No (go to question 29) ☐ Yes

b. How old were you when you had your first whole "drink" of alcohol?

- ☐ Never had whole "drink" of alcohol
☐ Younger than 8
☐ 8 ☐ 12
☐ 9 ☐ 13
☐ 10 ☐ 14
☐ 11 ☐ 15 or older

c. When you drink alcohol, how much do you usually drink at one time?

- ☐ Don't drink alcohol
☐ Less than 1 glass/can/drink
☐ 1 glass/can/drink
☐ 2 glasses/cans/drinks
☐ 3 glasses/cans/drinks
☐ 4 glasses/cans/drinks
☐ 5 glasses/cans/drinks
☐ 6 or more glasses/cans/drinks

d. Did you drink any alcohol in the past month?

- ☐ Yes ☐ No

e. When you drink alcohol, how often is it with meals?

- ☐ Never drink alcohol with meals ☐ Sometimes
☐ Rarely ☐ Almost always

f. Do you ever drink alcohol:

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| <u>before</u> school? | <input type="radio"/> Yes | <input type="radio"/> No |
| <u>during</u> school? | <input type="radio"/> Yes | <input type="radio"/> No |
| <u>right after</u> you leave school? | <input type="radio"/> Yes | <input type="radio"/> No |

g. Did you ever drink so much alcohol that you became drunk?

- ☐ Yes ☐ No

29. Do any adults who live in your household drink alcohol?

- ☐ Yes ☐ No

30. How many of your friends drink alcohol?

- ☐ None ☐ One ☐ A few ☐ Most ☐ All

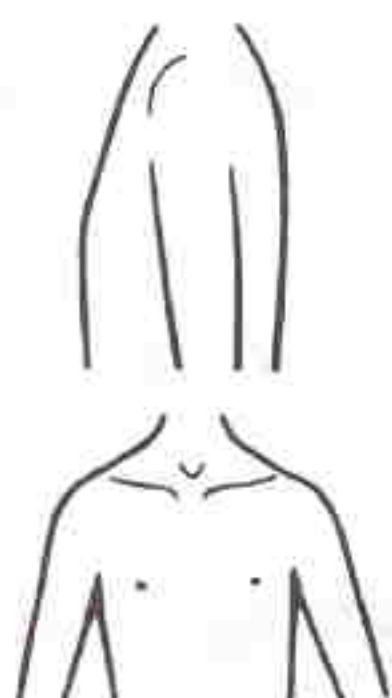
31. How often do you ride with a driver who has been drinking alcohol or taking drugs?

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

THIS IS KINDA EMBARRASSING!

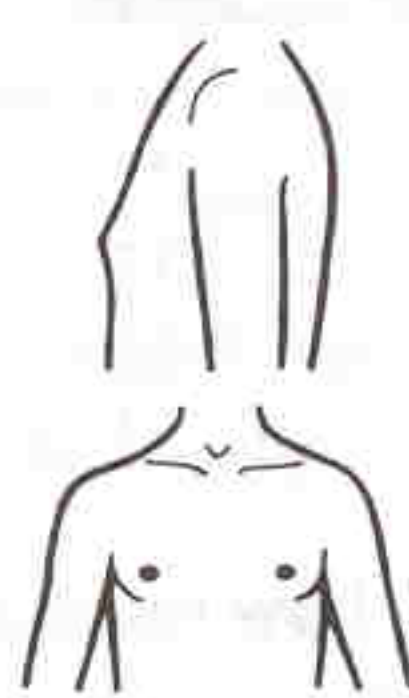
32. Girls go through normal changes as they get older. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of breast development and FILL IN THE CIRCLE above it.

Stage 1



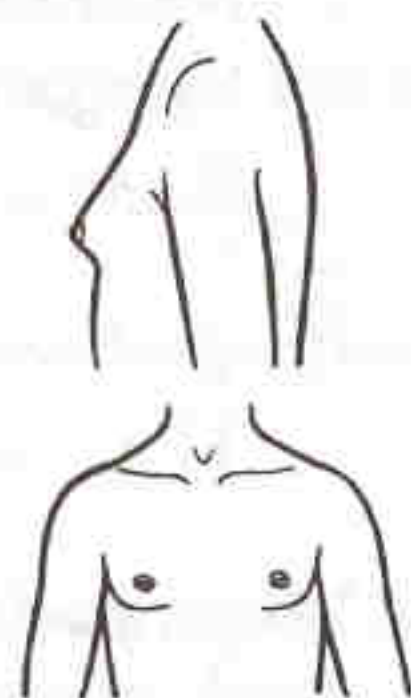
- The nipple is raised a little.
- The rest of the breast is still flat.

Stage 2



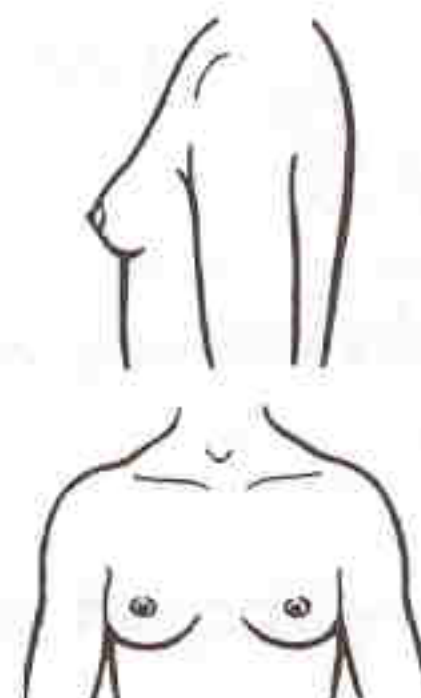
- The breast is a little larger and the nipple is raised more than in Stage 1.
- The area around the nipple (areola) is larger than in Stage 1.

Stage 3



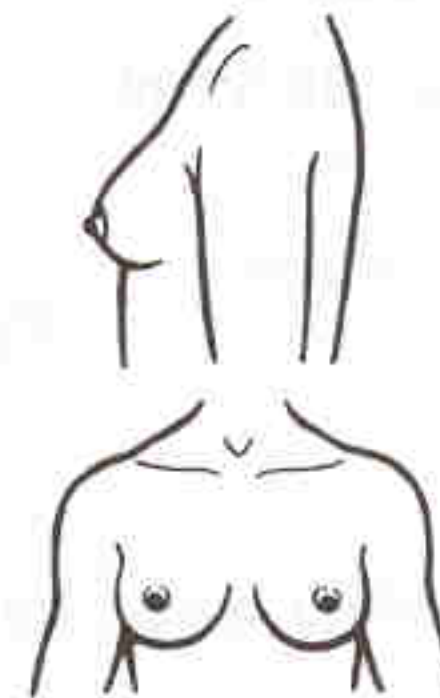
- The area around the nipple (areola) and the breast are both larger than Stage 2.
- The areola does not stick out away from the breast.

Stage 4



- The area around the nipple (areola) and the nipple stick up above the shape of the breast.

Stage 5

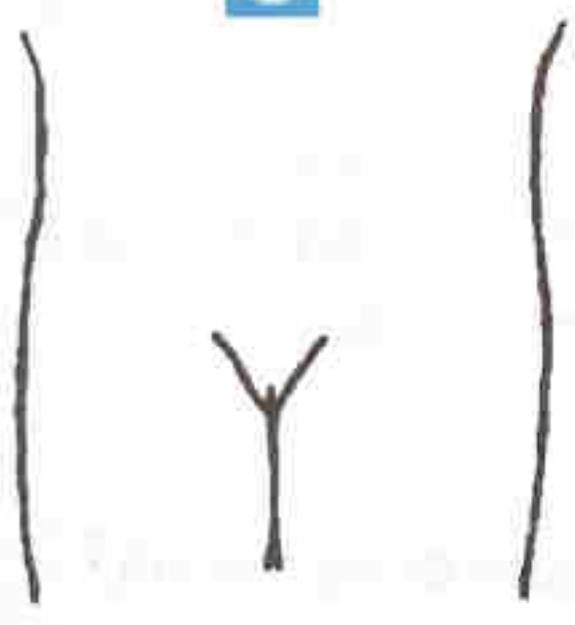


- Only the nipple sticks out in this stage.
- The area around the nipple (areola) has moved back down to the breast.

☐ Do not want to answer

33. 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



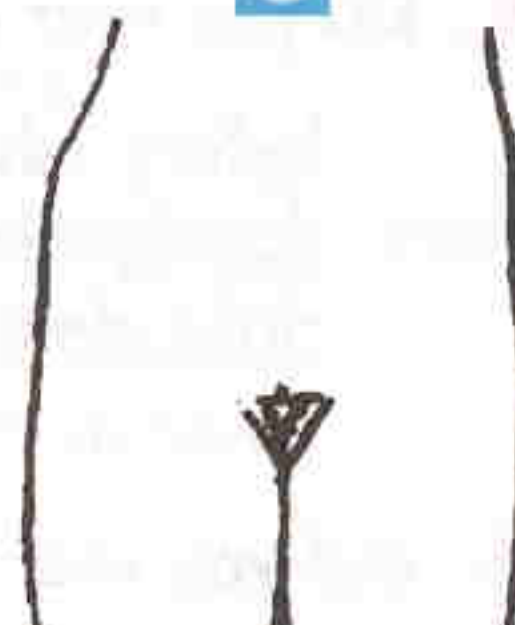
- There is no pubic hair.

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



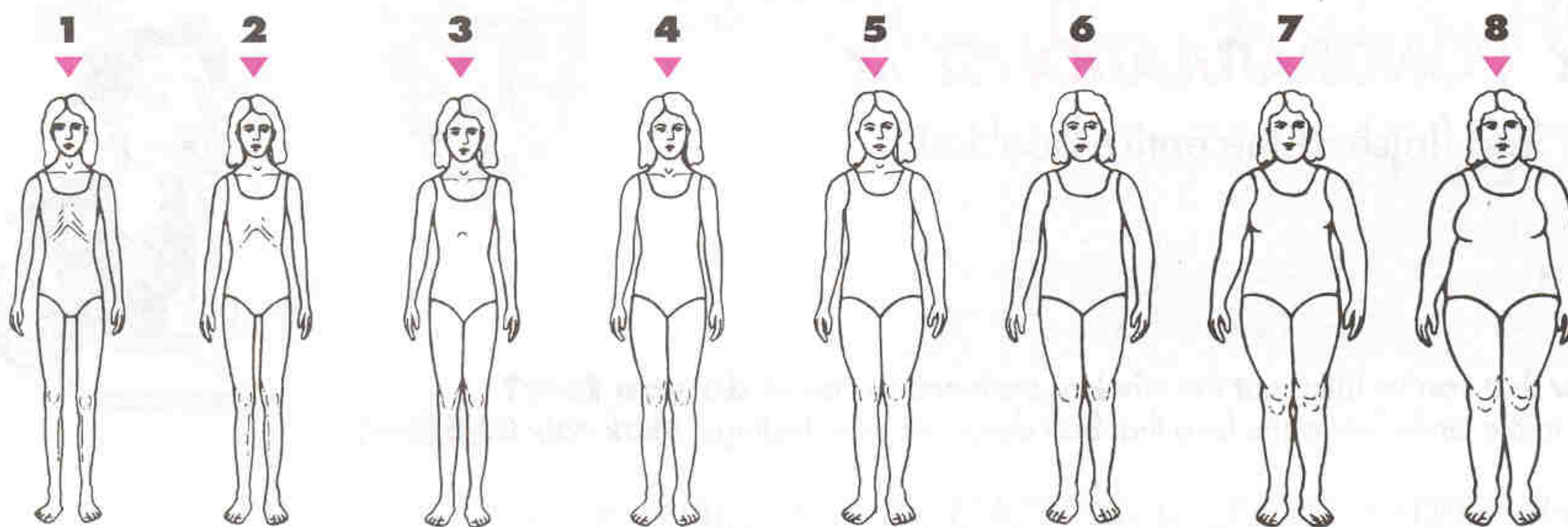
- The hair is now as dark, curly, and coarse as that of a grown woman.
- The hair has not spread out to the legs.

Stage 5



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

☐ Do not want to answer



34. Please fill in the circle that looks most like your body shape now:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

35. 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

36. How much do these things keep you from getting exercise, like playing a sport, working out, swimming, or playing outside?

a. It's not safe enough in my neighborhood to go out and get some exercise.

- ☐ Really true for me ☐ Usually true for me ☐ Not usually true for me ☐ Not true for me

b. There's no one to take me to team practices or other places where I can get exercise.

- ☐ Really true for me ☐ Usually true for me ☐ Not usually true for me ☐ Not true for me

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

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

E-MAIL ADDRESS

(If you received an e-mail from us last summer and your e-mail address hasn't changed, you can leave this blank.)

★ CONGRATULATIONS! ★

You finished the entire booklet!



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


☐

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☐

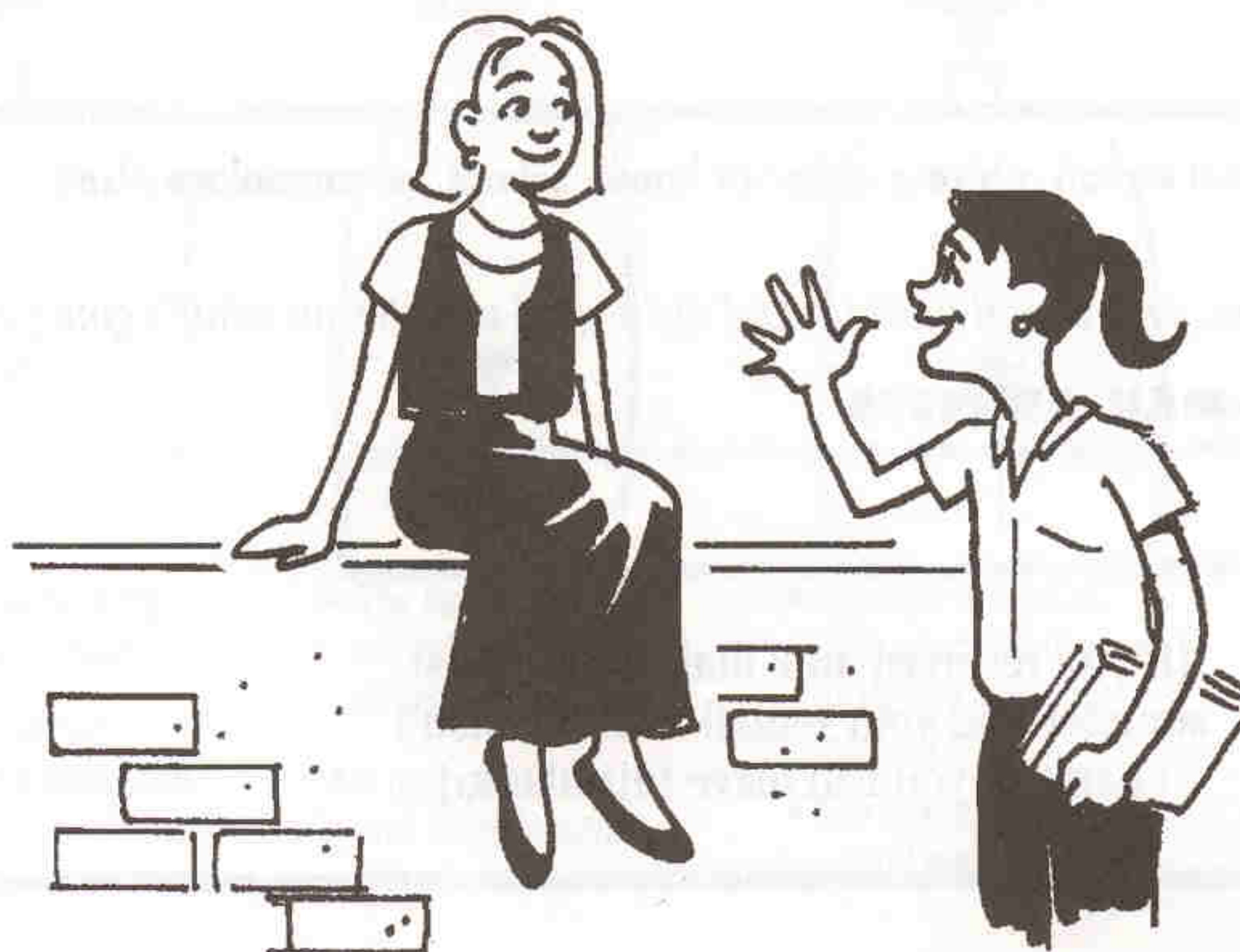
☐

☐


Thank you for completing this survey!

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

MAIL TO: Growing Up Today Study
Channing Lab
181 Longwood Ave.
Boston, MA 02115



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page **TWENTY-ONE**

9 10 11 12 1 2 3 4 5 6 7 8

PLEASE DO NOT WRITE IN THIS AREA



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