

B98



HARVARD MEDICAL SCHOOL

Please reply to:

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

Hi!

Thank you for being part of the Growing Up Today Study (GUTS)! Since many things in your life are probably changing pretty quickly as you grow, we would like to update the information you gave us in the last two years. This year's questionnaire may look a little different from the others. We've shortened some questions and added others, so that we can get a good picture of what you think and do. Please complete the enclosed questionnaire, and send it back to us in the attached envelope.

The things that you tell us will not be told to anyone, not even your parents. So please be honest as you answer the questions. We really want to know about you.

Remember, there are no right or wrong answers, and you do not have to answer any questions that you do not want to. But please complete the questionnaire because it helps us learn what kids are like today.

Thank you again for being part of GUTS. Your help is important to us. If you have any questions, please call Helaine Rockett collect at (617) 525-2279, 8 a.m. to 4 p.m. Eastern time.

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.

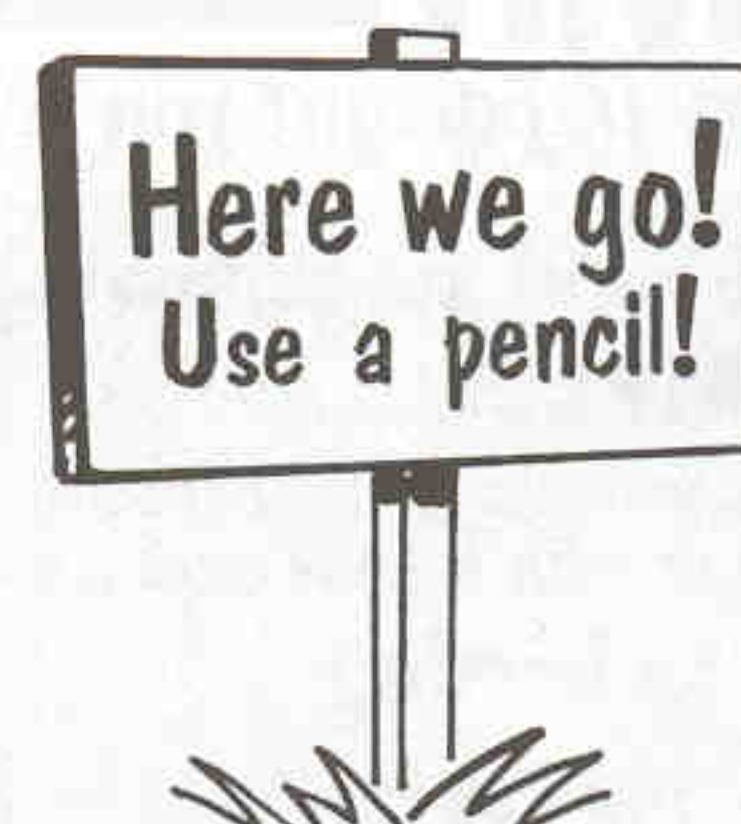


POUNDS		
0	9	0
☒	☐ 0	☒
☐ 1	☐ 1	☐ 1
☐ 2	☐ 2	☐ 2
☐ 3	☐ 3	☐ 3
☐ 4	☐ 4	☐ 4
☐ 5	☐ 5	☐ 5
☐ 6	☐ 6	☐ 6
	☐ 7	☐ 7
	☐ 8	☐ 8
☐	☒	☐ 9

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

☐ Yes☐ No

MONTH / DAY / YEAR



WITHOUT SHOES

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.

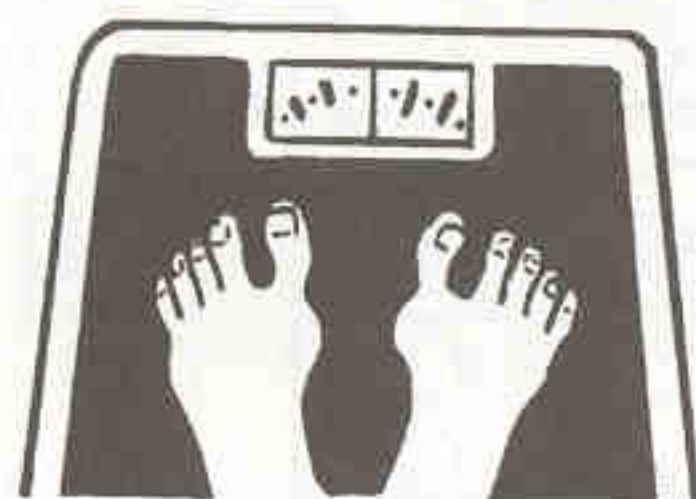
- Measure from your feet to the top of your head (not the top of your hair).

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



YOUR WEIGHT WITHOUT SHOES

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. Which adults do you live with most of the time?
(Mark all that apply.)

- ☐ Mother
 ☐ Grandmother
☐ Father
 ☐ Grandfather
☐ Stepmother
 ☐ Other relative
☐ Stepfather
 ☐ Other adults

5. What type of school do you attend?
(Mark all that apply.)

- ☐ Public
- ☐ Private
- ☐ Boarding school
- ☐ Military
- ☐ All boys
- ☐ Home schooled
- ☐ Not in school

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?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☒	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☒	☐	☐
Spring	☒	☐	☐	☐	☐	☐
Summer	☐	☐	☒	☐	☐	☐

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

Choose yes or no for each activity.

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?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐

 **Basketball**

Did you do this activity over the past year?
☐ NO ☐ YES → How much did you do it EACH season?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐

 **Biking**

Did you do this activity over the past year?
☐ NO ☐ YES → How much did you do it EACH season?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐

 **Dancing or Aerobics**

Did you do this activity over the past year?
☐ NO ☐ YES → How much did you do it EACH season?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐

 **Football**

Did you do this activity over the past year?
☐ NO ☐ YES → How much did you do it EACH season?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐

 **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?

Season	None/Zero	Less than 1/2 hr./wk.	1/2 - 3 hr./week	4-6 hr./week	7-9 hr./week	10+ hr./week
Fall	☐	☐	☐	☐	☐	☐
Winter	☐	☐	☐	☐	☐	☐
Spring	☐	☐	☐	☐	☐	☐
Summer	☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



Tennis or Other Racquet 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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐



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
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

2. It is safe to walk or jog alone in my neighborhood during the day.

☐ Really true for me

☐ Usually true for me

☐ Not usually true for me

☐ Not true for me

3. There is someone 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

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

☐ None
☐ 1

☐ 2
☐ 3

☐ 4
☐ 5 or more

5. Do you usually wheeze after you exercise?

☐ No
☐ Yes

☐ Don't know

6. Has a doctor ever said you have asthma?

☐ No
☐ Yes

☐ Don't know

7. 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.
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐

8. 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.
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐

HOW MUCH DO THESE STATEMENTS DESCRIBE YOU?



Mark one answer for each statement.

- Some kids feel like they are very good at their school work.
- Some kids are often unhappy with themselves.
- Some kids like the way they are leading their life.
- Some kids often forget what they learn.
- Some kids feel like they are just as smart as other kids their age.
- Some kids wish they were different.
- Some kids can do their school work quickly.
- Some kids are not very happy with the way they do a lot of things.
- Some kids like the kind of person they are.
- Some kids don't do very well at their school work.
- Some kids are happy with themselves as a person.
- Some kids have trouble figuring out the answers in school.

Really True for Me	Sort of True for Me	Not True for Me
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐



THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

1. How many times each week (including weekdays and weekends) do you eat breakfast?

- ☐ Never or almost never
☐ 1-2 times per week
☐ 3-4 times per week
☐ 5 or more times per week

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

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

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

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

- ☐ Yes
☐ No

a. How many do you take per week?

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

b. What specific brand do you usually use? (Please specify exact brand)

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

5. Do you take any other separate vitamin or mineral pills (NOT the multivitamin pill listed in question 4b)?

- ☐ Yes
☐ No

If yes, do you take any of the following at least once a week?

- ☐ Calcium or TUMS ☐ Iron ☐ Beta Carotene ☐ Other, please specify:
☐ Fluoride ☐ Vitamin C ☐ Vitamin E

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

6. How often do you eat food that is fried at home, like fried chicken?

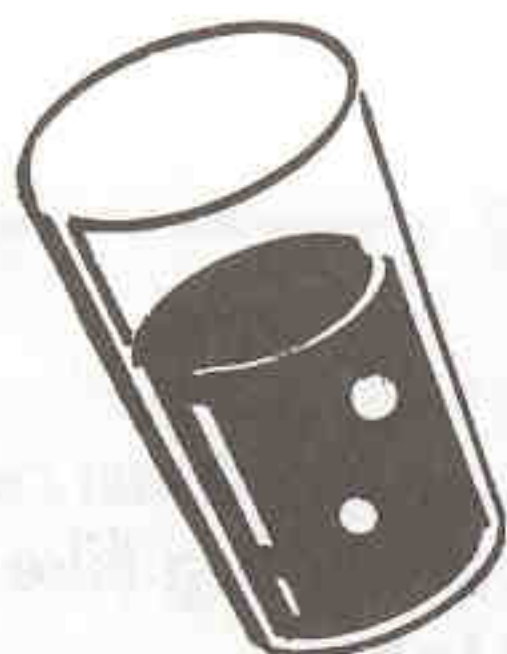
- ☐ Never/less than once per week
- ☐ 1-3 times per week
- ☐ 4-6 times per week
- ☐ Daily

7. 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

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



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. Tea—hot or iced (1 cup, glass 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. 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

6. 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

7. 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

8. 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

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

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

4. Instant Breakfast Drink/ High Protein Shake or Drink (1 packet, serving, or can)

- ☐ Never/less than 1 per month
- ☐ 1–3 times per month
- ☐ 1 time 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?

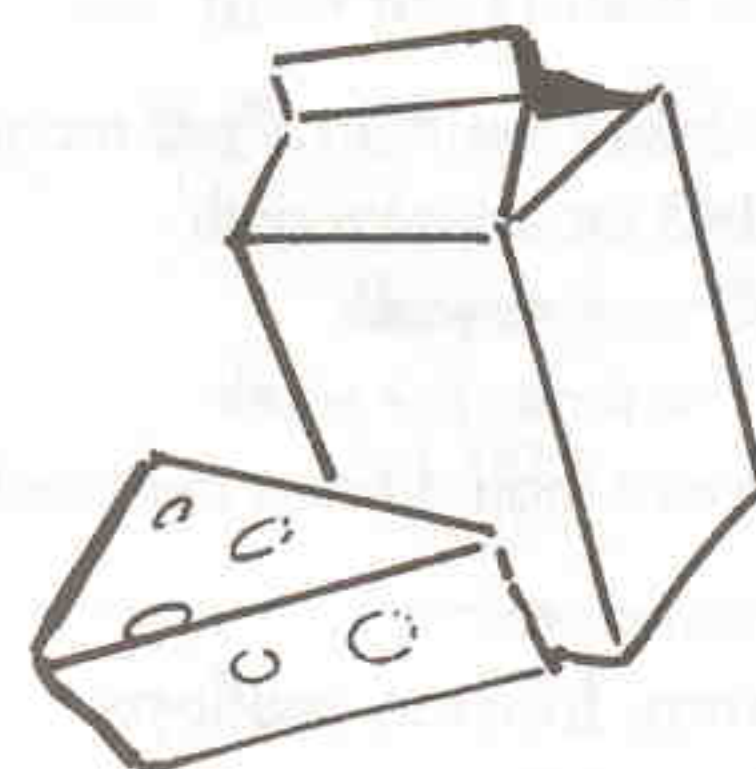
- ☐ Nonfat
- ☐ Lowfat
- ☐ Regular
- ☐ Don't know

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
- ☐ Stick
- ☐ Tub
- ☐ Squeeze (liquid)
- ☐ Spray
- ☐ 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

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)

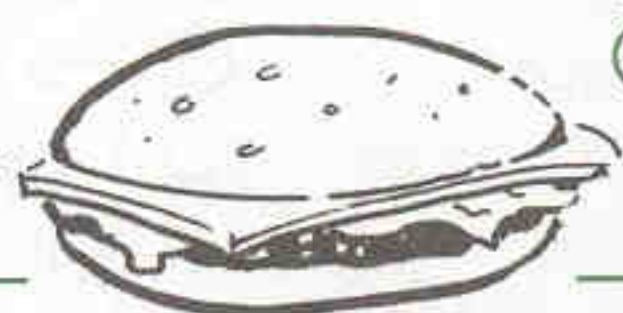
- ☐ Never/less than 1 per month
- ☐ 1–3 times per month
- ☐ Once per week
- ☐ 2–4 times per week
- ☐ More than 4 times per week

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
- ☐ One per week
- ☐ 2-4 per week
- ☐ More than 4 per week

15. Shrimp, lobster, scallops (1 serving)

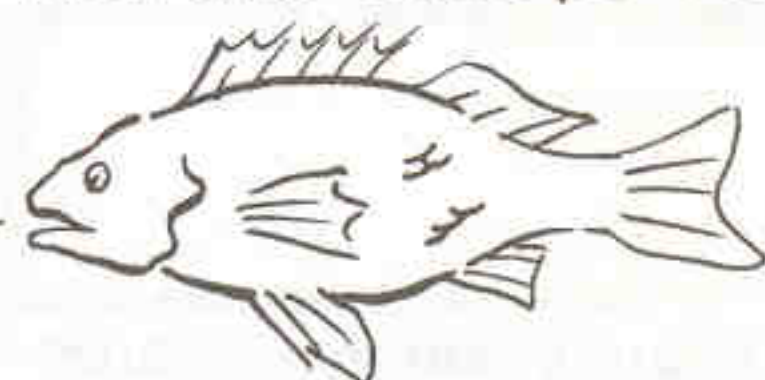
- ☐ Never/less than 1 per month
- ☐ 1-3 times per month
- ☐ Once per week
- ☐ More than once per week

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. 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

22. 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

23. 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

24. 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

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

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

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) or Cornbread (1 piece)

- ☐ 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. Pancakes (2), waffles (1) or French toast (2 slices)

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

8. 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

9. 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

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. Rice

- ☐ 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

12. Biscuit/roll (1)

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

13. 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

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

Answer how much you usually ate over the past year.

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

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. 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

28. Coleslaw

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

29. Potato salad

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

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. Pie (1 slice)

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

14. Danish, donut, sweetroll or pastry (1)

- ☐ Never/less than 1 per month
- ☐ 1-3 per month
- ☐ 1 per week
- ☐ 2-6 per week
- ☐ 1 or more 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. Chocolate candy like Hershey's, Snickers or M & M's (1 bar or pack)

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

18. Other candy without chocolate like 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

19. 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

20. 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

21. 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

22. Milkshake or frappe (1)

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

23. 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

24. Energy bar (like Power or Cliff Bar)

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

25. High protein bar (like MetRx or Balance Bar)

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

**26. 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!

TAKE A BREAK!

Which **TWO** categories of **night-time** TV do you watch most often?



- ☐ Don't watch TV regularly
- ☐ Adult comedies: *Frasier*, *Friends*
- ☐ Family comedies: *Sabrina*, *Family Matters*
- ☐ Family Dramas: *Touched by an Angel*
- ☐ Sports: *Basketball*, *Skating*, *Autocrossing*
- ☐ Action/Sci-Fi: *X-Files*, *JAG*
- ☐ Dramas: *E.R.*, *Dawson's Creek*
- ☐ Animation: *South Park*, *King of the Hill*
- ☐ Nature/Science: *Nova*, *Documentaries*
- ☐ Movies/Specials
- ☐ Other

How many sports events have you seen on TV in the last month?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4-5 ☐ 6-7 ☐ 8-9 ☐ 10 or more

What sport(s) did you watch on TV in the last month?

- ☐ Football ☐ Baseball ☐ Basketball ☐ Women's Basketball ☐ Hockey
☐ Autocrossing ☐ Figure skating ☐ Gymnastics ☐ Soccer ☐ Other

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

- ☐ Don't regularly read magazines
- ☐ Music: *Rolling Stone*, *Spin*
- ☐ Fashion: *Vogue*, *Elle*
- ☐ Mens: *GQ*, *Men's Health*
- ☐ Humor: *Mad*, *Comics*
- ☐ Sports: *Sports Illustrated*, *Tennis*
- ☐ Cars/Trucks: *Hot Rod*, *Car and Driver*
- ☐ Gossip/Celebrities: *People*, *National Enquirer*
- ☐ News/Variety: *Life*, *Newsweek*, *Ebony*
- ☐ Teen: *Seventeen*, *YM*
- ☐ Health/Fitness: *Self*, *Muscle Fitness*
- ☐ TV/Movies: *Soap Opera Digest*, *TV Guide*
- ☐ Womens: *Glamour*, *Cosmo*
- ☐ Science: *Popular Science*, *Omni*
- ☐ Computer/Video Games: *MacWorld*, *PC Games*
- ☐ Other: *Travel*, *Food*, etc.



How often do you read this type of magazine?

- ☐ Less than once a month ☐ 1-3 times a month ☐ At least once a week

In the last month, have you talked with your friends about any advertisement or TV commercial involving alcohol (for example, the Budweiser frogs)? ☐ Yes ☐ No

Have you ever bought or been given stuff like a hat, T-shirt, bag, or cards with the name of an alcohol drink on it (like Coors beer, Absolut vodka, or Kahlua)? ☐ Yes ☐ No

Do you think that you would ever use something with the name of an alcohol drink on it?

- ☐ Yes ☐ No

MORE QUESTIONS *Remember we won't tell anyone your answers.*

1. In the coming year, do you think you will smoke a cigarette, even a few puffs?

- ☐ Definitely not ☐ Maybe ☐ Probably ☐ Definitely

2. Have your EVER tried or experimented with cigarette smoking, even a few puffs?

- ☐ No ☐ Yes

a. Have you smoked at least 100 cigarettes (5 packs) in your life? ☐ No ☐ Yes

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. When you are smoking, how often do you smoke?

- ☐ Less than once a month ☐ Less than once a week ☐ 1-2 days per week ☐ 3-5 days per week ☐ Almost everyday

d. When you are in a place where smoking is forbidden, is it difficult for you not to smoke?

- ☐ Very difficult ☐ Difficult ☐ Somewhat difficult ☐ Slightly difficult ☐ Not at all difficult

e. In the PAST YEAR, have you smoked a cigarette, even a few puffs?

- ☐ No ☐ Yes

Go on to question 3.

a. Do you smoke more in the morning than the rest of the day?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

b. Do you smoke even when you are really sick (i.e., coughing or vomiting a lot)?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

c. How deeply do you inhale the smoke?

- ☐ Just into the mouth ☐ As far back as the throat ☐ Partly into the chest ☐ Deeply into the chest

d. How soon after waking in the morning do you smoke your first cigarette?

- ☐ When I first open my eyes ☐ Between 30 and 60 minutes
☐ Within the first 15 minutes after waking ☐ Between 1 and 2 hours
☐ Between 15 and 30 minutes ☐ More than 2 hours

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

- ☐ No ☐ Yes

f. Have you ever thought seriously about quitting?

- ☐ 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?

- ☐ Longer than a month ☐ Less than a week
☐ Longer than a week, but less than a month

3. Do you have a brother or sister who smokes cigarettes? ☐ No ☐ Yes

4. How many of your friends smoke? ☐ None ☐ One ☐ A few ☐ Most ☐ All

5. Have you used chewing tobacco in the past year? ☐ No ☐ Yes

6. Have you ever smoked a cigar? ☐ No ☐ Yes

7. Have you ever smoked anything other than tobacco like clove cigarettes or marijuana? ☐ No ☐ Yes

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

9. Do you think that you would ever use something with the name of a cigarette on it (hat, bag, T-shirt)? ☐ No ☐ Yes

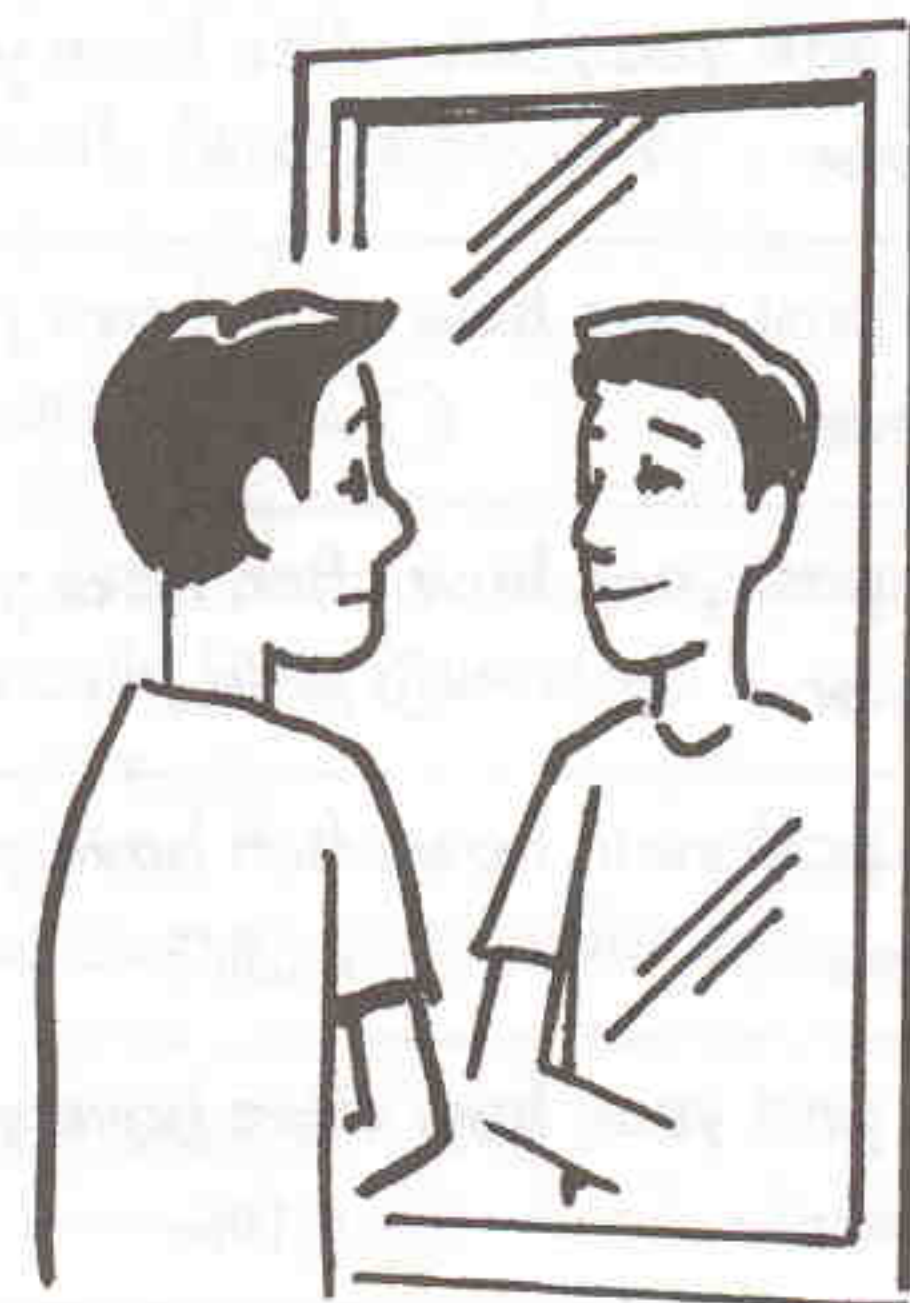
THESE QUESTIONS ASK ABOUT WEIGHT

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 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 male friends talked about wanting to **lose** weight?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
3. In the past year, how often have your male friends talked about wanting to **gain** weight?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
4. In the past year, how often have you worried about having fat on your body?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
5. In the past year, how often have you changed your eating when you were around other **boys**?
☐ 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 tried to **gain** weight?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
9. In the past year, how often have you thought about wanting to be thinner?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
10. In the past year, how often have you thought about wanting to have bigger muscles?
☐ Never ☐ A Little ☐ Sometimes ☐ A Lot ☐ Always
11. 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
12. 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
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 not be fat?
("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 **father** that you be physically fit or muscular?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally ☐ Don't Know

16. In the past year, how important has it been to your friends that **they** not be fat?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally

17. In the past year, how important has it been to your friends that **they** be physically fit or muscular?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally

18. 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

19. 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

20. 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

21. In the past year, how important has it been to your **mother** that you not be fat?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally ☐ Don't know

22. In the past, 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

23. In the past year, how much have you tried to look like the guys you seen on television, in movies, or in magazines?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally

24. 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

25. In the past year, how important has it been to your friends that **you** not be fat?
☐ Not At All ☐ A Little ☐ Pretty Much ☐ A Lot ☐ Totally



26. 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 27.

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 27) ☐ 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 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 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 ☐ Rarely ☐ Sometimes

f. Do you ever drink alcohol:

- before school? ☐ Yes ☐ No
during school? ☐ Yes ☐ No
right after you leave school? ☐ Yes ☐ No

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

- ☐ Yes ☐ No

When was the last time you were drunk? (Mark only one answer.)

- ☐ Within past day ☐ Within past year
☐ Within past week ☐ More than 1 year ago
☐ Within past month ☐ Never

h. Over the past year, how many times did you drink 5 or more alcohol drinks over a few hours?

- ☐ None ☐ 1 ☐ 2 ☐ 3-5 ☐ 6-8 ☐ 9-11 ☐ 12 or more times

27. Do any adults who live in your household drink alcohol? ☐ Yes ☐ No

28. Do you have a brother or sister younger than 21 who drinks alcohol? ☐ Yes ☐ No

29. How many of your friends drink alcohol? ☐ None ☐ One ☐ A few ☐ Most ☐ All

30. Have your parents ever told you not to drink alcohol? ☐ Yes ☐ No

31. If you started to drink a beer tomorrow in front of your parents, what do you think they would do?

- ☐ They would tell me to stop and they would be very upset.
- ☐ They would tell me to stop, but they would not be too upset.
- ☐ They would not tell me to stop, but they would disapprove.
- ☐ They would have no reaction.
- ☐ Not sure.

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

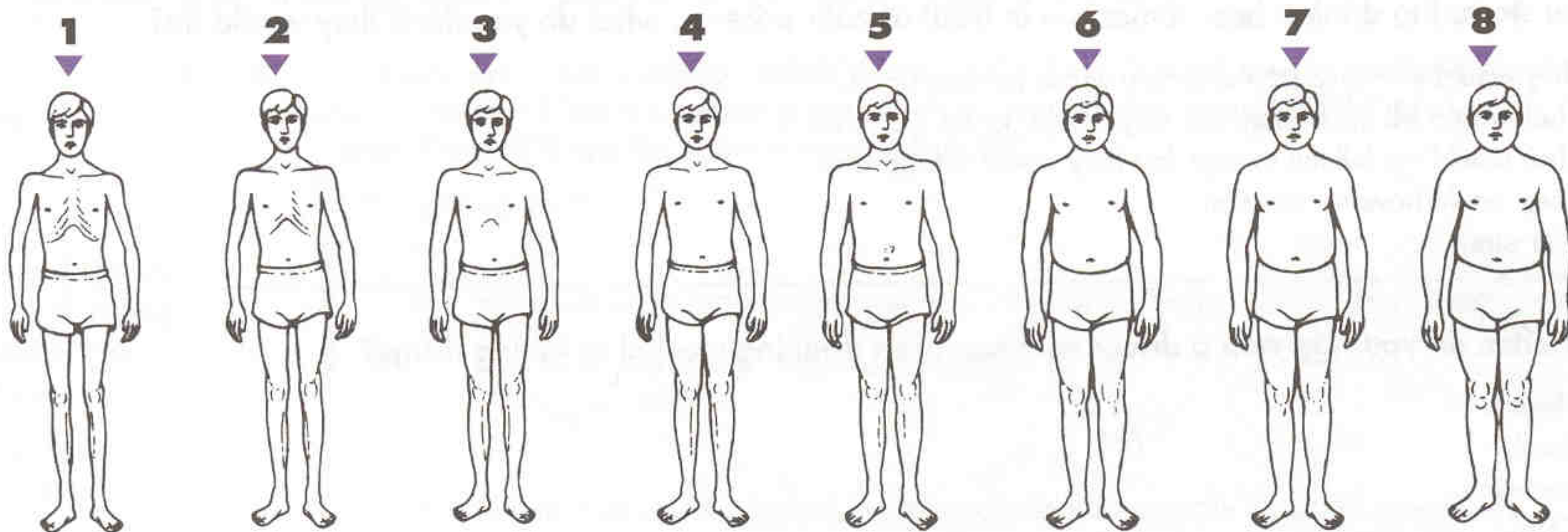
33. • People have different ideas about the effects of alcohol. We would like to know what **YOU THINK** about alcohol use, even if you have never tried alcohol.

• If you're not sure about how to answer a question, please mark your best guess.

(Alcohol includes drinks like beer, wine, liquor (vodka or rum), and mixed drinks.)

TRUE FALSE WHAT DO YOU THINK?

- | | | |
|-----------------------|-----------------------|--|
| ☐ | ☐ | Most alcohol tastes terrible. |
| ☐ | ☐ | People become harder to get along with after they have had a few drinks of alcohol. |
| ☐ | ☐ | Drinking alcohol creates problems. |
| ☐ | ☐ | Drinking alcohol makes a bad impression on others. |
| ☐ | ☐ | Teenagers drink alcohol in order to get attention. |
| ☐ | ☐ | Parties are <u>not</u> as much fun if people are drinking alcohol. |
| ☐ | ☐ | People feel more caring and giving after a few drinks of alcohol. |
| ☐ | ☐ | Sweet alcoholic drinks taste good. |
| ☐ | ☐ | Drinking alcohol makes people more friendly. |
| ☐ | ☐ | Drinking alcohol is O.K. because it allows people to join in with others who are having fun. |
| ☐ | ☐ | People act like better friends after a few drinks of alcohol. |
| ☐ | ☐ | Having a few drinks of alcohol is a nice way to enjoy holidays. |
| ☐ | ☐ | It's fun to watch others act silly when they are drinking alcohol. |
| ☐ | ☐ | Most alcoholic drinks taste good. |
| ☐ | ☐ | Teenagers drink alcohol because they feel forced to do so by their peers. |
| ☐ | ☐ | Alcoholic beverages make parties more fun. |
| ☐ | ☐ | People get in better moods after a few drinks of alcohol. |



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

THIS IS KINDA EMBARRASSING!

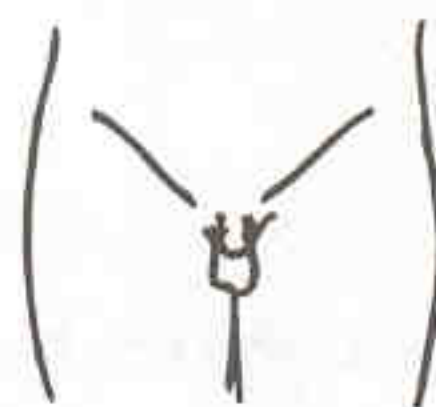
36. Boys go through normal changes as they get older. Please **LOOK** at the drawings and **READ** the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and **FILL IN THE CIRCLE** above it.

Stage 1



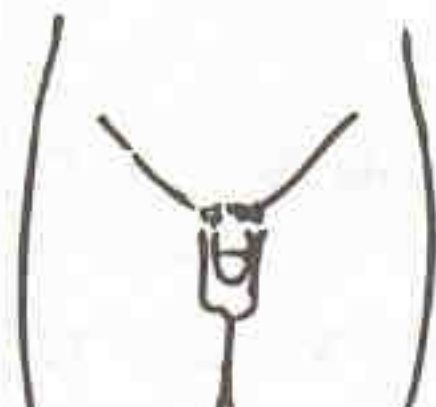
- There is no pubic hair.

Stage 2



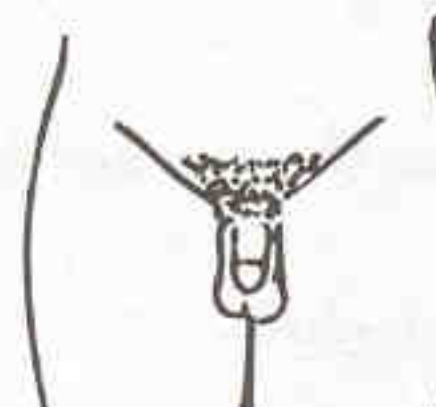
- There is a little soft, long, lightly colored hair.
- Most of the hair is at the base of the penis.
- This hair may be straight or a little curly.

Stage 3



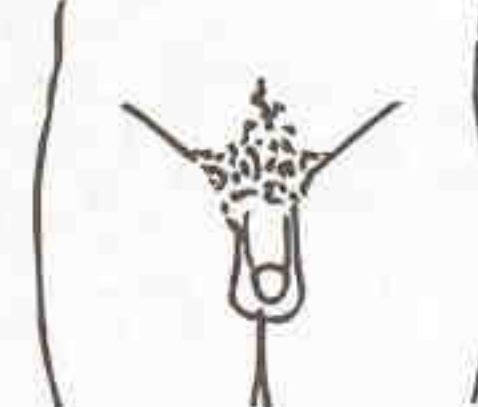
- The hair is darker, coarser and more curled.
- It has spread out and thinly covers a larger area.

Stage 4



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

Stage 5



- The hair has spread out to the thighs, like a grown man.

☐ Do not want to answer

Do you have any suggestions for questions on next year's GUTS survey?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.)



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



All original artwork by Greg Moutafis

page **22**

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PLEASE DO
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