

B00

# HARVARD MEDICAL SCHOOL



## Please reply to:

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



## HI!

Here it is, as promised, the **MUCH SHORTER** (4 PAGE) Growing Up Today Study survey! Don't forget that this year you have the option of completing the survey on the web. Just go to [www.GUTSWEB.org](http://www.GUTSWEB.org) and enter your ID number. As an added bonus, we are having a drawing in which 8 of you will receive a cash prize of \$250. All you have to do to be eligible is complete the survey (either the paper version or the web version).

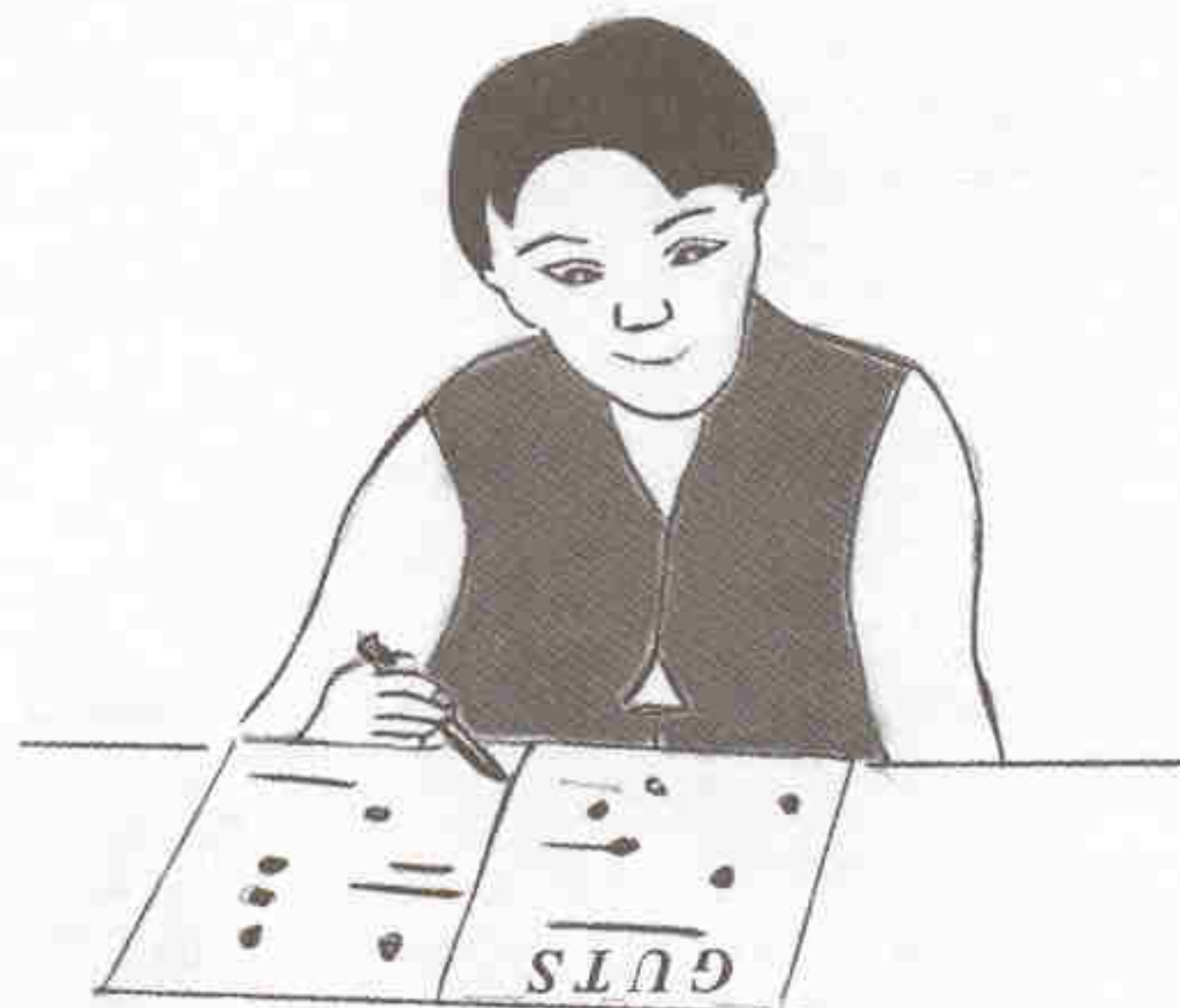
Please complete the survey because it helps us learn about young people today. There are no right or wrong answers to questions on the GUTS survey, so please answer honestly. All information we get from your questionnaire will remain private.

**Keep in mind, don't throw away the measuring tape enclosed with this mailing, even if you are going to complete the survey over the web. You will need it to answer one of the survey questions.**

Thank you so much for continuing to be part of GUTS. If you ever have any questions or comments, please don't hesitate to send us email at [guts@channing.harvard.edu](mailto:guts@channing.harvard.edu), or call Helaine Rockett collect at (617) 525-2279, 9 a.m to 4 p.m. Eastern time.

Sincerely,

Graham A. Colditz, MD, DrPH  
Principal Investigator



**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.



# HARVARD SCHOOL OF PUBLIC HEALTH

## INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the circles completely. There are no right or wrong answers. We just want to know what you do and think. The questions will be read by a machine so if you need to change your answer, erase the incorrect mark **completely**. If you have comments, please write them on the last page of the booklet.



### EXAMPLE 1:

Write your weight in the boxes and fill in the circle below the number at the top of each column. Please fill in the circle.

Do not mark this way:

**NOTE:** It is important that you **write in** your weight **and** fill in the circles. That way we can check that the correct circles have been filled in.

**E1.**

CURRENT WEIGHT		
POUNDS		
0	9	0
<input checked="" 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 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 checked="" type="radio"/>	<input type="radio"/>

### EXAMPLE 2:

On average, how many hours per week do you spend in each of the following activities?  
(A total for the entire 7 day week)

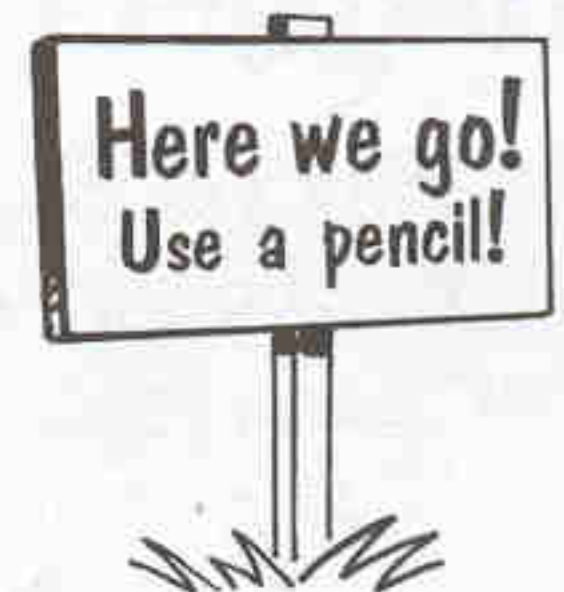
	Total Hours Per Week						
	None	1-5 hours	6-10 hours	11-15 hours	16-20 hours	21-30 hours	31+ hours
Watching T.V.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching videos or VCR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nintendo/Sega/computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet/Computers (not schoolwork)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





- 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?**

**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:

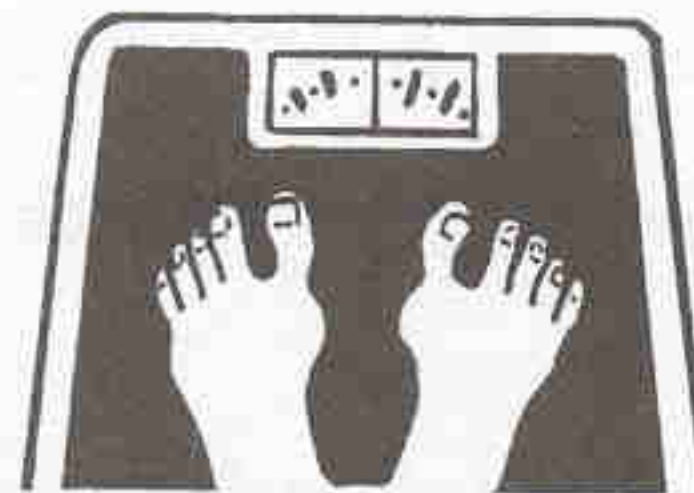
- Stand up straight against a wall with your feet flat on the floor without shoes or hats.
- Measure from your feet to the top of your head (not the top of your hair).

**YOUR HEIGHT WITHOUT SHOES**

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?**

**DIRECTIONS:** Weigh yourself without shoes or heavy clothing.



**YOUR WEIGHT WITHOUT SHOES**

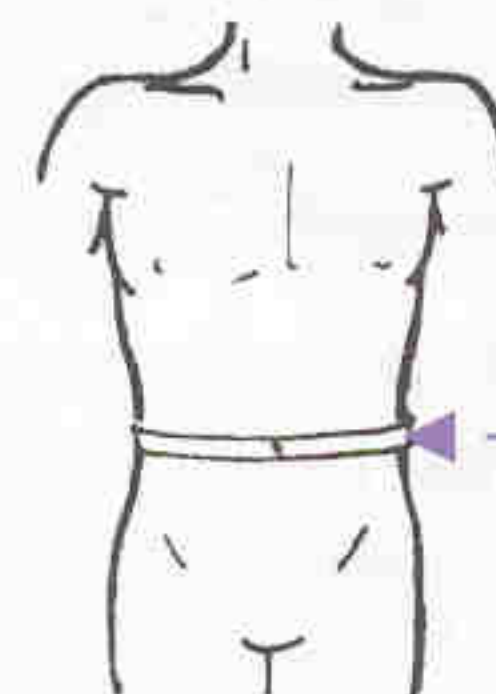
POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

**4. Measure your waist**

**DIRECTIONS:** Use the TAPE MEASURE that came with your survey to measure your waist. Your measurement will be more accurate if you follow these suggestions:

- Make measurements while standing
- Don't measure over bulky clothing
- Record answers to the nearest 1/4 inch

If for some reason you lost your tape measure and do not have another one available, please skip this question.



WAIST:  
Measure  
at navel

WAIST		FRACTION
INCHES		
0	0	0
1	1	1/4
2	2	2/4
3	3	3/4
4	4	
5	5	
6	6	
	7	
	8	
	9	

**5. What grade/school level are you in now?**

- ☐ High school ☐ College ☐ Work/other

**6. Where are you currently living?**

- ☐ At home with parents ☐ In dorm ☐ Fraternity/Sorority ☐ Other

**TIME IN THE SUN**

**7. How many times did you get a sunburn this past summer (that is, how many times did exposed parts of your skin stay red for several hours after you had been out in the sun)?**

- ☐ Didn't get a sunburn ☐ 1 time ☐ 2 times ☐ 3-4 times ☐ 5 or more times

**8. When you went outside on a sunny day this past summer for more than 15 minutes, how often did you use sunscreen or sunblock with an SPF (Sun Protection Factor) of 15 or more?**

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☐ Always



## THESE QUESTIONS ASK ABOUT WEIGHT

9. 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

10. During the past year, how often did you make yourself **throw up or 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

11. In the past year, how important has it been to your **father** that you not be fat?

- ☐ Not at all
- ☐ A little
- ☐ Pretty much
- ☐ A lot
- ☐ Totally
- ☐ Don't know

12. 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

13. 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 question 14.
- ☐ 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

14. In the past year, how much have you tried to look like the guys you see on television, in movies, or in magazines?

- ☐ Totally
- ☐ A lot
- ☐ Pretty much
- ☐ Sometimes (go on to question 15)
- ☐ A little (go on to question 15)
- ☐ Not at all (go on to question 15)

To look like them I have changed or I'm trying to change my ...  
(Mark all that apply.)

- ☐ Hair color
- ☐ Hair style
- ☐ Clothing
- ☐ Body shape
- ☐ Weight (trying to gain)
- ☐ Weight (trying to lose)
- ☐ Muscle definition
- ☐ Other

## ACTIVITY

15. On average, how many hours per week do you spend in each of the following activities?  
(A total for the entire 7 day week)

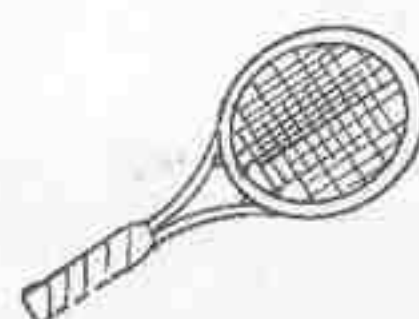
Total Hours Per Week

	None	1-5 hours	6-10 hours	11-15 hours	16-20 hours	21-30 hours	31+ hours
Watching T.V.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching videos or VCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nintendo/Sega/computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet/Computers (not schoolwork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How many total hours per week of physical activity (like biking, swimming, working outdoors, or team sports) did you get, on average, during each season of the past year? (A total for the entire 7 day week)

Total Hours Per Week

	0-1 hour	1-3 hours	4-6 hours	7-9 hours	10-13 hours	14-18 hours	19-23 hours	24+ hours
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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

**17.** Do you now take vitamins (like One-A-Day, Centrum)?

☐ No

☐ Yes →

How many do you take per week?

☐ 1 or 2

☐ 3-5

☐ 6-9

☐ 10 or more



**18. a.** Do you take a separate calcium pill or Tums? ☐ Yes ☐ No

**b.** Do you take a separate iron pill? ☐ Yes ☐ No

**19.** 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

**20.** What type of milk do you usually drink?

☐ Whole

☐ 2%

☐ 1%

☐ Skim/nonfat

☐ Soy

☐ Don't know

☐ Don't drink milk

**21.** Which cold breakfast cereal do you eat most often? →

☐ Don't eat cold breakfast cereal.

Specify type and brand

**22.** For each food listed, fill in the circle indicating how often, on average, you have eaten the amount specified, during the past year.



## AVERAGE USE IN THE PAST YEAR

	Never/ less than 1 a month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	More than 3 per day
Soda—not diet (1 can or glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soda—diet (1 can or glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hawaiian punch, lemonade, sport & fruit drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk (glass or on cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate milk (glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (1 cup)—not frozen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold breakfast cereal (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter & jelly sandwich (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey sandwich (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger or cheeseburger (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast beef or ham sandwich (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salami, bologna, or other deli meat sandwich (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey as main dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef (steak, roast) or lamb as main dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork, ribs, or ham as main dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti with tomato sauce (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macaroni and cheese (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French Fries (large order)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noodles, pasta (not in above foods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread, pita bread, toast (1 slice, not in sandwiches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1), grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots (raw or cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, wine, liquor (1 glass, can, drink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

page **3**

PLEASE DO  
NOT WRITE  
IN THIS AREA



12704



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

- ☐ Yes  
☐ No

**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 (skip to question 24) ☐ Yes

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

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

**c.** Did you drink any alcohol in the past month?

- ☐ Yes ☐ No

**d.** In the past year, did you drink so much alcohol that you became drunk?

- ☐ Yes ☐ No

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

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

**24.** In the **COMING** year, do you think you will smoke a cigarette, even a few puffs?

- ☐ Definitely not ☐ Maybe ☐ Probably ☐ Definitely

**25.** In the **PAST YEAR**, have you smoked a cigarette, even a few puffs? ☐ Yes ☐ No (skip to question 26)

**a.** Have you smoked at least 100 cigarettes (5 packs) in your life?

- ☐ Yes ☐ No

**b.** Have you smoked a cigarette in the last month?

- ☐ Yes ☐ No

**c.** How many times in the past year have you tried to quit smoking?

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

**d.** What was the longest time you stayed off cigarettes in the past year?

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

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

**26.** Have you smoked a cigar in the past year?

- ☐ Yes ☐ No

**27.** Have you used chewing tobacco in the past year?

- ☐ Yes ☐ No

**28.** Has a doctor ever said you have asthma?

- ☐ Yes ☐ No

**29.** Have you ever had sexual intercourse?

- ☐ Yes ☐ No ☐ I'm not sure



*Thank you for completing this survey!*

All original artwork by Greg Moutafis and Nicole Balzarini

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