# address and name? Make any necessary changes and return this page with your completed booklet

# 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. We really appreciate your continued participation. By completing the questionnaire you are making a very important contribution to our understanding of how the health and well-being of teens can be improved.

\* Please complete the survey - there are 2 ways to do it - complete this questionnaire and mail it back in the enclosed envelope

OI

fill it out on-line: go to <a href="www.GUTSWEB.org">www.GUTSWEB.org</a> and enter your ID number (it is printed above your name on this page)

- \* We appreciate your input there is space at the back of the questionnaire for your comments or suggestions. Please let us know if you have any ideas for us.
- \* You do not have to answer any questions that make you uncomfortable. If you choose not to participate this year, you will still be a valued member of this ongoing study.

If you have any questions or comments, please e-mail us at <a href="mailto:guts@channing.harvard.edu">guts@channing.harvard.edu</a>
or call Helaine Rockett collect at (617) 525-2279 any time between 9 a.m. and 4 p.m.
Eastern time. The information you give us will remain <a href="mailto:private">private</a> and we will take many precautions so that nobody outside the study sees it. The information will be used only for medical statistical purposes.

Thanks again!

Graham A. Colditz, MD, DrPH

Glim Chu

Alison E. Field, ScD

# 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.



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### **EXAMPLE 1**:

**NOTE:** It is important that you write in your weight and fill in the circles.

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		(7)	7				
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### **EXAMPLE 2:**

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 a SPF (Sun Protection Factor) of 15 or more? Wear a shirt with sleeves? Wear a hat?
Limit time spent in the sun between 10am and 4pm?

NEVER	SELDOM	SOMETIMES	OFTEN	ALWAYS	
8					

		MONTH	/ DAY	/	Y	EAR				
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Wear a shirt with sleeves?				×	
Wear a hat?					
Limit time spent in the sun between 10am and 4pm?	0	0			
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### ACTIVITY

### 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 . . .



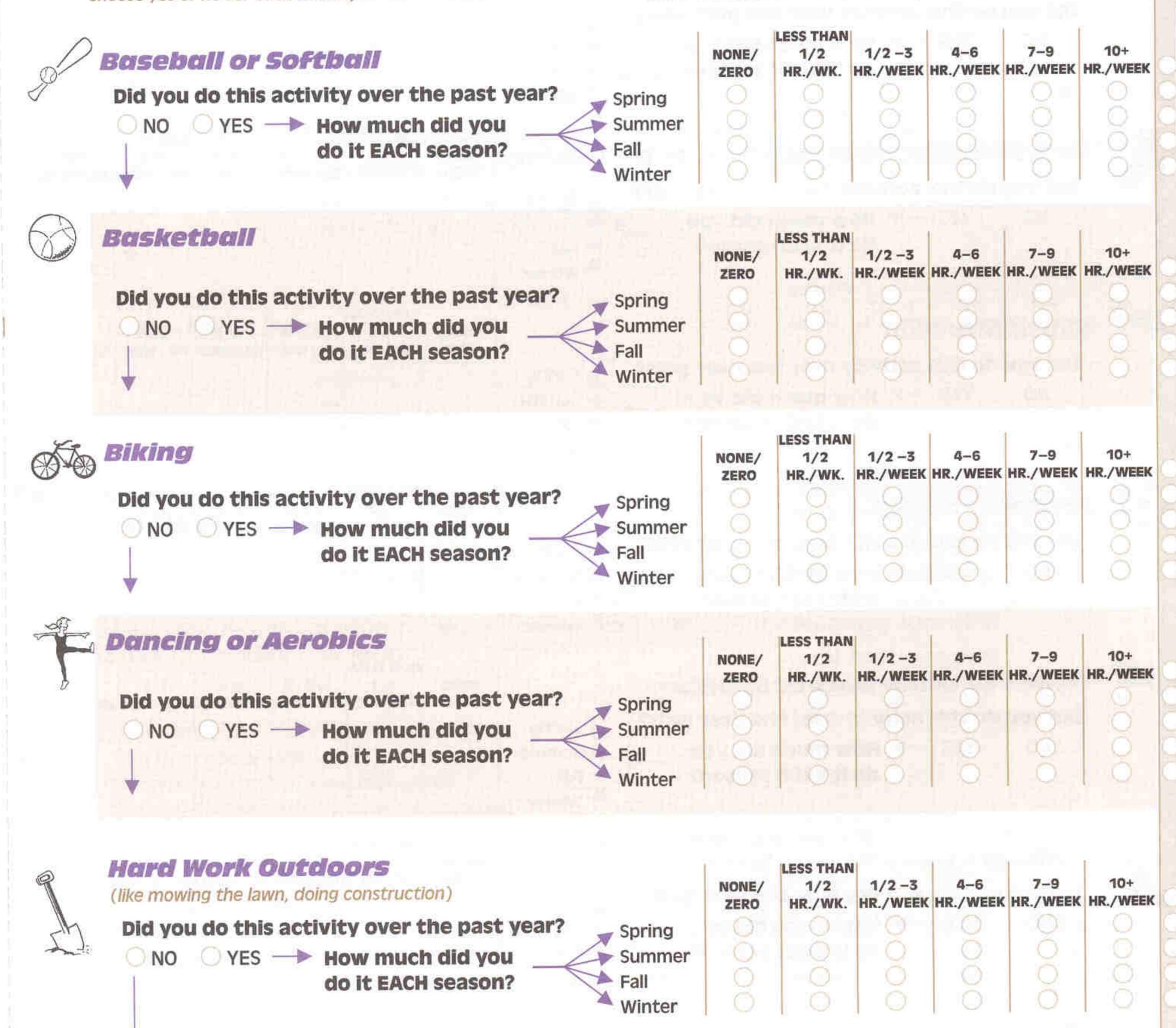
### What have you done this past YEAR (don't include gym or Phys Ed)?

Choose yes or no for each activity.

Go to Next Page

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

Page 3



	Ice, Field, Street Hockey or Lacrosse  Did you do this activity over the past year? Spring	NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 -3	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEE
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	do it EACH season? Fall Winter	ŏ	lő	ŏ	ŏ	ŏ	ŏ
	Running or Jogging	NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 -3	4-6 HR /WEEK	7-9 HR./WEEK	10+ HR /WEE
W Z	Did you do this activity over the past year?Spring						
	○ NO YES → How much did you Summer	Ŏ		ŏ	ŏ	ŏ	ŏ
	do it EACH season? Fall	0	i ō	Ó	Ö	Ó	O
	Winter	0			0	0	0
	Swimming	NONE/ ZERO	LESS THAN 1/2 HR./WK.	1/2 -3	4-6 HR/WEEK	7-9 HR./WEEK	10+ HR./WEI
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	○ NO ○ YES → How much did you ✓ Summer	Ŏ	O	Ŏ	O	Ŏ	Ŏ
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12			LESS THAN				
THE STATE OF THE S	Rollerblading, Rollerskating, or ice skating  Did you do this activity over the past year? Spring	NONE/ ZERO	1/2 HR./WK.	1/2 -3 HR./WEEK	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WE
9				12	8	2	X
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	do it EACH season? Fall	8	l 8	X	×	×	- X
	Winter						
132 p	Skateboarding	NONE/	LESS THAN	1/2 -3	4-6	7-9	10+
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	Soccer or Rugby	NONE/	LESS THAN	1/2 -3	4-6	7-9	10+
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	Tennis or Other Racket Sports	NONE/ ZERO	1/2 HR./WK.	1/2 -3	4-6 HR./WEEK	7-9 HR./WEEK	10+ HR./WEI
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	Winter	0	$\bigcirc$	0	0	0	0
07	Walking (to/from school, friend's house, store)	NONE/	1/2	1/2 -3	4-6	7-9	10+
Mas	Did you do this activity over the past year?	ZERO	HR./WK.	nk./ WEEK	HK./ WEEK	HR./WEEK	HK./WEI
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	Winter	ŏ	Ŏ	ŏ	ŏ	ŏ	ŏ

£3,							LESS THAN	15,000,000		Mar La	15.000
180	Gymnastics or	Cheerle	ading			NONE/ ZERO	1/2 HR./WK.	1/2 -3 HR./WEEK	4-6	7-9	HP /WE
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	Strength Traini	ing Exe	rcises				LESS THAN			100	
	(push-ups, lifting weights)					NONE/	1/2	1/2 -3	4-6	7-9	10+
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3	Volleyball					NONE/	LESS THAN	1/2-3	4-6	7-9	10+
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3	Martial Arts, Ka					ZERO		HR./WEEK	15 50	12 272	1555
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	How many times per venter that the sports?  None  1  None  2  1  3  On average, how man  A total for the entire 7  A total for the entire 7	se specify) Spring Summer Fall Winter  week do y  4  5 or monology hours per day week)	<b>ou partic</b>	ipate	Ho gy	w man m or P None	y times hys Ed c	per wedlass?  /ing act	ek do you	bu have	HR./WE
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	How many times per venter team sports?  None  1  None  2  1  On average, how man  A total for the entire 7  Watching TV  Watching DVDs or videos	Spring Summer Summer Fall Winter week do y  4 5 or moi sumputer ga	ou partic	ipate	Ho gy	w man m or P None	y times hys Ed c	per wedlass?  /ing act	ek do you	bu have	HR./WE
	How many times per venter team sports?  None  1  None  2  1  On average, how man  (A total for the entire 7  Watching TV  Watching DVDs or videos  Nintendo/Play Station/o	Spring Summer Summer Fall Winter  week do y  4 5 or monotone day week)  scomputer gas of including s	ou partic	ipate	pend in eac	w man m or P None 1	y times hys Ed c  2 3  e follow TOTAL F	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do you	bu have	HR./WE
	haven't listed? (Please of the image)  How many times per very many times per very many times per very many times per very many many many many many many many man	Spring Summer Fall Winter  week do y  4	ou partic	ipate do you s	pend in eac	w man m or P None 1	y times hys Ed c  2 3  e follow TOTAL F	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do you	ou have	HR./WE
	haven't listed? (Pleas  How many times per v n team sports?  None  2  1  On average, how man (A total for the entire 7  Watching TV  Watching DVDs or videos Nintendo/Play Station/o Internet/Computers (no During the past year,  Protein powder or shake	Spring Summer Fall Winter  week do y  4	ou partic	ipate  lo you specification of the second se	pend in eac	w man m or P None 1	y times hys Ed c  2 3  e follow TOTAL F	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do you	bu have	HR./WE
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	How many times per in team sports?  None  1  None  2  1  3  Naverage, how man  A total for the entire 7  Watching TV  Watching DVDs or videos  Nintendo/Play Station/o  Internet/Computers (no  During the past year,  Protein powder or shake  Weight loss shakes/drinle  Creatine  Amino acids, HMB	Spring Summer Fall Winter  week do y  4	ou partic	ipate  do you specification of the second se	pend in eac  None  of the following than monthly than mon	w man m or P None 1	y times hys Ed c  2 3  e follow TOTAL II 6-10 hr.  Monthly Monthly Monthly Monthly	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do your weekly weekly weekly weekly weekly	bu have	HR./WE
	How many times per venteam sports?  None  None  None  Matching TV  Watching TV  Watching DVDs or videos Nintendo/Play Station/ounternet/Computers (no During the past year,  Protein powder or shake Weight loss shakes/drink Creatine  Amino acids, HMB  DHEA	Spring Summer Fall Winter  week do y  4	ou partic	ipate  do you specification of the second se	pend in eac  None  Than monthly	w man m or P None 1	y times hys Ed c  2 3  e follow  TOTAL F  6-10 hr.  Monthly  Monthly  Monthly  Monthly  Monthly  Monthly  Monthly	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do you have weekly weekly weekly weekly weekly weekly weekly	bu have	ily aily aily
	How many times per in team sports?  None  1  None  2  1  3  Naverage, how man  A total for the entire 7  Watching TV  Watching DVDs or videos  Nintendo/Play Station/o  Internet/Computers (no  During the past year,  Protein powder or shake  Weight loss shakes/drinle  Creatine  Amino acids, HMB	se specify) Spring Summer Fall Winter  week do y  4	ou partic	ipate  do you specification of the second se	pend in each wone when monthly than monthly	w man m or P None 1	y times hys Ed c  2 3  e follow  TOTAL II  6-10 hr.  Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly	per wedlass?  Ing act  Ours Pi  11-15 hr.	ek do you weekly weekly weekly weekly weekly weekly weekly weekly weekly	bu have	ily aily aily aily

## These questions ask about weight control

There are no right or wrong answers. We just want to know what you think.

	underweight Slightly underweight About the right weight Slightly overweight Very over
Vhich	of the following are you trying to do about your weight?
) I am	not trying to do anything about my weight Stay the same Gain weight Lose weight
	g the past year, did you go on a diet to lose weight or keep gaining weight?
) Neve	er O A couple of times O Several times O Often O Always on a diet
<b>a</b>	How long did you stay on the diet(s)?
	Less than a week 0 1–3 weeks 0 1–3 months 0 3 or more months
0	What type of diet(s) did you use? (Mark all that apply)
	Low calorie       Very low calorie       Low fat         High protein       High carbohydrate       Did not eat snacks or desserts         Skipped meals       Limited portion size       Other         Weight loss shakes       Weight Watchers or other program
0	Did you lose weight on the diet(s)?
	No Yes, 1–5 pounds Yes, 6–10 pounds Yes, 10 or more pounds
0	Did you gain back any of the weight you lost on the diet?
	<ul> <li>No, did not regain any of the weight</li> <li>Gained back a little of the weight</li> <li>Gained back most of the weight</li> <li>Gained back most of the weight</li> </ul>
	g the past year, did you exercise to lose weight or keep from gaining weight?
uring Neve	Less than monthly 0 1-3 times a month 0 1-4 times per week 0 5 or more times per week  Did you exercise to lose weight or keep from gaining weight even when
Neve	Less than monthly 0 1-3 times a month 0 1-4 times per week 0 5 or more times per week  Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No  Yes, sometimes  Yes, frequently  Was it difficult for you to do your work or school work because of the amount
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently  Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No  Yes, sometimes  Yes, frequently  Was it difficult for you to do your work or school work because of the amount
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?  No Yes, sometimes Yes, frequently g the past year, did you fast (not eat for at least a day) to lose weight or keep gaining weight?
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently  Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?  No Yes, sometimes Yes, frequently  g the past year, did you fast (not eat for at least a day) to lose weight or keep gaining weight?  Less than monthly 1-3 times a month Once per week 2 or more times per week
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?  No Yes, sometimes Yes, frequently Yes, frequently g the past year, did you fast (not eat for at least a day) to lose weight or keep gaining weight?
Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently  Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?  No Yes, sometimes Yes, frequently  g the past year, did you fast (not eat for at least a day) to lose weight or keep gaining weight?  Less than monthly 1-3 times a month Once per week 2 or more times per week  g the past year, did you make yourself throw up to lose weight or keep from ng weight?
o Neve	Did you exercise to lose weight or keep from gaining weight even when you were sick or injured?  No Yes, sometimes Yes, frequently  Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?  No Yes, sometimes Yes, frequently  g the past year, did you fast (not eat for at least a day) to lose weight or keep gaining weight?  Less than monthly 1-3 times a month Once per week 2 or more times per week  g the past year, did you make yourself throw up to lose weight or keep from no weight?

D 0

Less than once a mo	next page Was there	e a period of at least	ng binge? 3 months during the	е
1–3 times a month	nact voar	when you went on e	eating binges freque	ntly?
Once a week	O No O	Yes, weekly Yes, m	ore than weekly	
─ More than once a we				
				NO VES
Did you feel ou Did you eat ver Did you eat un Did you eat rea Did you eat by	t of control, like you y fast or faster than til your stomach hur ally large amounts of yourself because you ally bad about yourse	couldn't stop eating you normally do? t or you felt sick to y food when you didn u did not want anyon	even if you wanted your stomach? I't feel hungry? The to see how much	you ate?
	ou ate in your last e out the last one tha			t typical for you,
SWEETS	ice cream	1-2 scoops	3-4 scoops	5 or more scoops
	frozen yogurt	1-2 scoops	3-4 scoops	5 or more scoops
	candy bars	1-2 candy bars	3-4 candy bars	5 or more candy ba
	donuts	O 1	O 2	3 or more
	cookies	0 1-5	0 6-9	10 or more
	cake	1 slice	2 slices	3 or more slices
	poptarts		2	3 or more
SALTY SNACKS	potato or corn chips	1 small bag	2 small bags	1 or more large bag
	popcorn	1 small bag	2 small bags	1 or more large bag
	nuts	1-2 handfuls	3-4 handfuls	5 or more handfuls
BREAD OR CEREAL	bread	1-2 slices	3-4 slices	5 or more slices
	bagels or rolls	O 1	O 2	3 or more
	danish or sweet rolls	01	02	3 or more
	muffin	Q1	O 2	3 or more
	cold cereal	1 bowl	2 bowls	3 or more bowls
DAIRY	yogurt	1 small	2 small	3 or more small
		container (8 oz)	containers	containers
	cheese	1-2 slices	3-4 slices	5 or more slices
MAIN DISHES	spaghetti or pasta	O 1 bowl	2 bowls	3 or more bowls
	pizza	1–2 slices	3-4 slices	5 or more slices
and the second last the believe and the		ods that you ate duri		oinge? AOUNT
OTHER	1.			
OTHER	1. 2.			
OTHER	1. 2. 3.			
long did it la				st weekly, how
If there was long did it la	to me 1 month	2 months	O 3 or more months	
If there was long did it la Doesn't apply  Durin Exercised Used	to me 1 month  g that time did you cised a lot to burn off the did laxatives to keep from gain	2 months  I do any of the follocalories I had eaten during the ning weight	O 3 or more months  owing? (Mark all that the eating binges  Monthly O Weekly	t apply)  Two or more times a w
If there was long did it la Doesn't apply  Durin Exercised Used	to me 1 month  g that time did you cised a lot to burn off the	2 months  I do any of the follocalories I had eaten during the ning weight	O 3 or more months  owing? (Mark all that the eating binges  Monthly O Weekly	t apply)

	Man Von a frier	The same of the sa			Table 1 A
	O No Yes, a frier			ctor, nurse, or other he	
	Have you ever been tre health care provider?	ated for an eating diso	rder by a doctor	, nurse, or other	
	○ No ○ Yes, in the	past Yes, currently			*
		mber there are no rig We just want to know			
1	In the past year, how of	ten have you thought at	out wanting to	have toned or de	fined muscles
	Never A Little	Sometimes	O A Lot	<ul><li>Always</li></ul>	
2.	In the past year, how o	ften have your girl frier	nds talked about	t wanting to los	e weight?
	O Never O A Little	Sometimes	O A Lot	Always	
3.	In the past year, how o	ften have you worried a	about having fat	on your body?	
	Never A Little		O A Lot	Always	
4.	In the past year, how of	ften have you changed y	our eating whe	n you were arou	nd <i>boys/men</i>
	Never A Little		O A Lot	Always	
	In the past year, how o teased by <i>boys/men</i> (	ften have you tried to continuing brothers)?	hange your wei	ght so you woul	d not be
	Never A Little	Sometimes	O A Lot	Always	
6.	In the past year, how o	ften has your <i>mother</i> 1	tried to lose wei	ght?	
	O Never O A Little	Sometimes	O A Lot	Always	O Don't Know
7	In the past year, how o	ften have <i>you</i> tried to l	ose weight?		
	Never A Little	Sometimes	O A Lot	Always	
8.	In the past year, how o	ften have you thought	about wanting 1	to be thinner?	
	O Never O A Little		O A Lot	Always	
9.		ften has your <i>father</i> m you feel bad? ("Father" n			
	Never A Little	Sometimes	O A Lot	<ul><li>Always</li></ul>	
10.	In the past year, how o girls/young women?	ften have you changed	your eating who	en you were aro	und
	O Never O A Little	Sometimes	O A Lot	O Always	
11)	In the past year, how o of your weight?	ften have <i>girls/wome</i>	n (including sisters	made fun of y	ou because
	Never A Little		O A Lot	Always	
12.	In the past year, how o of your weight?	ften have <i>boys/men</i> (i	ncluding brothers)	made fun of yo	u because
	O Never O A Little		O A Lot	Always	
13.	In the past year, how o or your eating that ma	ften has your <i>mother</i> i de you feel bad?	made a commen	t to you about y	our weight
	Never A Little	e Sometimes	O A Lot	( Always	

1			n in your life who					
	Not At All	A Little	O Pretty Mi	uch	O A Lot	O Totally	O Don't Know	(14)
15)	In the past ye	ar, how ofte	n have you fel	t fat?				
	Never	O A Little	O Sometime	es	O A Lot	Always		15)
16.	In the past ye	ar, how imp	ortant has it be	een to you	ir friends that	t <i>they</i> be thin?	? sy ministra	
	Not At All	A Little	O Pretty M	uch	O A Lot	Totally	O Don't Know	16
17.	In the past ye weight that r		en has a <i>teach</i> el bad?	er or coa	ch made a cor	mment to you	about your	
	Never	O A Little	Sometim	es	O A Lot	Always		17)
18	In the past ye	ear, how <i>hap</i>	py have you b	een with 1	the way your	body looks?		
	Not At All	A Little	O Pretty M	uch	O A Lot	O Totally		18
19.	In the past ye	ear, how muc	h do you think	your wei	ght made <i>bo</i> y	/s/men NOT li	ke you?	
	O Not At All	O A Little	O Pretty M	uch	O A Lot	O Totally		19
20	In the past ye	ar, how muc	h has your weig	ght made	a difference i	n how you feel	about yourself	?
	Not At All	A Little	O Pretty M	uch	O A Lot	<ul> <li>Totally</li> </ul>		(20)
21.			sisters) have tea			<i>eight</i> in the pa	ast year, how	
	O Not At All	O A Little	Pretty Much	O A Lot	Totally	1 have <b>not</b> b	een teased	21
22	In the past ye	ear, how muc	h have you wo	rried abou	t gaining two	pounds?		
	Not At All	A Little	Pretty M	uch	O A Lot	O Totally		22
23.	In the past ye	ear, how impo	ortant has it be	en to you	r <i>mother</i> tha	t you be thin?		
	Not At All	O A Little	O Pretty M	luch	O A Lot	Totally	O Don't Know	23
24	In the past ye	ear, how muc	h do you think	your weig	ht made othe	r girls/wome	n NOT like you?	?
	Not At All	A Little	Pretty M	luch	O A Lot	O Totally		24
25.			en have you tri (including sisters		nge your weig	ht so you woul	ld not be	
	Never	O A Little	O Sometim	nes	O A Lot	Always		25
26.			thers) have teas way you feel al			eight in the pas	st year, how	
	Not At All	A Little	Pretty Much	O A Lot	O Totally	O I have <i>not</i> b	een teased	26
27.	In the past ye	ear, how imp	ortant has it be	en to you	r friends that	you be thin?		
	O Not At All	O A Little	O Pretty M	luch	O A Lot	Totally	O Don't Know	27
28.	television, in		h have you trie magazines?	ed to look	like the girls o	r women you s	ee on	28
	O Totally O A lot O Pretty much O Sometimes		to cha	k like then nge my		ed or I'm tryin	9	а
	A little  Not at all		Hair of Hair o	style	Clothing Body shape Muscle definition	Tan/skin color Weight (trying Weight (trying Other	to gain)	

Page 9

the past ye	662					
reel worthie	Always	Usually	Sometimes	Rarely	Never	
Nedles were d					Never	
Notice you d	idn't have as m	Usually	Sometimes	Rarely	O Never	
Ecol "down i	n the dumps" or	- 3-23-00000		Karciy		
reel down i	Always	Usually	Sometimes	Rarely	Never	
Eeel honeful	about the futu		5011100111100	133, 31,		
. cernopera.	Always	Usually	Sometimes	Rarely	Never	
Have trouble	concentrating	- Someway	Cara anno Cara con Il Wasses			
	Always	Usually	Sometimes	Rarely	O Never	
Have trouble	e enjoying activ	ities you usu:	ally enjoy?	ا ، "ا الا إلى قالية ا		
	Always	Usually	Sometimes	Rarely	O Never	
n a typical pic	nht when vou h	ave school or	work the nev	t day how r	nany hours o	f sleep do you ge
Less than 5 hou		6	7 08	9	0 10	11 or more hours
		o actionas				
as a doctor every		n't know				
	No O Dor	n't know	eer. wine. or lia	uor). <b>even</b> a	few sips?	
) Yes 🔘	no Dor	n't know  g alcohol (be	ole "drink" of	alcohol? (Or	e "drink" me	ans a whole glass
Yes ave you eve	r tried drinkin  a Have you e can or bot	n't know g alcohol (be ever had a wh the of beer; a	ole "drink" of whole glass o	alcohol? (Or f wine; or a	e "drink" me whole "mixe	ans a whole glass d drink" or shot o
Yes ou eve	r tried drinkin  The Have you e can or bot liquor. The	n't know g alcohol (be ever had a wh the of beer; a	ole "drink" of	alcohol? (Or f wine; or a	e "drink" me whole "mixe	ans a whole glass d drink" or shot o
Yes ou eve	r tried drinkin  a Have you e can or bot liquor. The	n't know  g alcohol (be ever had a whe tie of beer; a ey all have the o page 11)	nole "drink" of whole glass of e same amoun Yes	alcohol? (Or of wine; or a of alcohol.	e "drink" me whole "mixe )	d drink" or shot o
Yes ou eve	r tried drinkin  a Have you e can or bot liquor. The	n't know  g alcohol (be ever had a whe tie of beer; a ey all have the o page 11)	ole "drink" of whole glass of same amoun	alcohol? (Or of wine; or a of alcohol.	e "drink" me whole "mixe )	d drink" or shot o
Yes O	r tried drinkin  Have you e can or bot liquor. The No (skip to Don't drinking)  Don't drinking	n't know  g alcohol (be ever had a with the of beer; a ey all have the o page 11)  drink alcohol nk alcohol	ole "drink" of whole glass of same amoun Yes	alcohol? (Or of wine; or a of alcohol.	e "drink" me whole "mixe ) y drink at on	d drink" or shot o
Yes O	r tried drinkin  Have you e can or bot liquor. The No (skip to bot)  Don't dring Less than	n't know  g alcohol (be ever had a whe tie of beer; a ey all have the o page 11)  drink alcohol nk alcohol 1 glass/can/drin	nole "drink" of whole glass of same amoun Yes I, how much d	alcohol? (Or of wine; or a of alcohol.  o you usuall ses/cans/drinks	e "drink" me whole "mixe ) y drink at on	d drink" or shot o
Yes O	r tried drinkin  a Have you e can or bot liquor. The No (skip to Don't drince Less than a glass/ca	n't know  g alcohol (be ever had a whe tie of beer; a ey all have the o page 11)  drink alcohol nk alcohol 1 glass/can/drin	nole "drink" of whole glass of same amount of yes.  I, how much do a glass k	alcohol? (Or of wine; or a of alcohol.	e "drink" me whole "mixe )	d drink" or shot o
Yes O	r tried drinkin  Have you e can or bot liquor. The No (skip to Less than 1 glass/ca 2 glasses/	n't know  Ig alcohol (be ever had a whetle of beer; a ey all have the o page 11)  drink alcohol 1 glass/can/drin an/drink /cans/drinks	nole "drink" of whole glass of same amount of yes.  I, how much do a glass k	alcohol? (Or of wine; or a t of alcohol. ses/cans/drinks ses/cans/drinks ses/cans/drinks nore glasses/cans/drinks	e "drink" me whole "mixe )	d drink" or shot o
Yes O	r tried drinkin  The tried drinkin  Have you e can or bot liquor. The No (skip to Less than 1 glass/ca 2 glasses/	n't know  Ig alcohol (be ever had a whetle of beer; a ey all have the o page 11)  drink alcohol 1 glass/can/drin an/drink /cans/drinks	nole "drink" of whole glass of same amount of Yes  I, how much do a glass to 4 glass to 5 glass to 6 or not same amount of the control of the	alcohol? (Or of wine; or a t of alcohol. ses/cans/drinks ses/cans/drinks ses/cans/drinks nore glasses/cans/drinks	e "drink" me whole "mixe )	d drink" or shot o
Yes O	Tried drinkin  Tried drinkin  Have you e can or bot liquor. The No (skip to Less than 1 glass/ca 2 glasses/  Did you drives	alcohol (beer had a whetle of beer; all have the opage 11)  drink alcohol  alcohol  alcohol  alcohol  alcohol  cans/drink  cans/drink  cans/drinks	nole "drink" of whole glass of same amount of Yes.  I, how much description of the past of	alcohol? (Or a wine; or a t of alcohol.  o you usuall ses/cans/drinks ses/cans/drinks nore glasses/cans/month?	y drink at on	e time?
Yes O	Tried drinking  Tried drinking  The can or both liquor. The liquor. The liquor. The liquor. The liquor dring less than liquor and liquor dring less than liquor. I glass/ca liquor dring less than liquor drin	g alcohol (beever had a whetle of beer; a ey all have the opage 11)  drink alcohol     1 glass/can/drink     /cans/drinks  ink any alcohol     No  t year, did you	nole "drink" of whole glass of same amount of Yes  I, how much do a glass to 4 glass to 5 glass to 6 or not same amount of the control of the	alcohol? (Or a wine; or a t of alcohol.  o you usuall ses/cans/drinks ses/cans/drinks nore glasses/cans/month?	y drink at on	e time?
Yes O	Tried drinkin  Tried drinkin  Have you e can or bot liquor. The No (skip to Less than 1 glass/ca 2 glasses/  Did you drives	alcohol (beer had a whetle of beer; all have the opage 11)  drink alcohol  alcohol  alcohol  alcohol  alcohol  cans/drink  cans/drink  cans/drinks	nole "drink" of whole glass of same amount of Yes.  I, how much description of the past of	alcohol? (Or a wine; or a t of alcohol.  o you usuall ses/cans/drinks ses/cans/drinks nore glasses/cans/month?	y drink at on	e time?
Yes O	r tried drinkin  a Have you e can or bot liquor. The No (skip to Don't drin Less than 1 glass/ca 2 glasses/  b Did you drives  d In the pass  Yes  Over the pass  Over the	g alcohol (beer had a whetle of beer; a ey all have the opage 11)  drink alcohol 1 glass/can/drinan/drink /cans/drinks  ink any alcohol No  t year, did you ast year, how	whole glass of same amount of yes  I, how much descriptions of the past of the	alcohol? (Or of wine; or a st of alcohol. o you usuall ses/cans/drinks ses/cans/drinks nore glasses/cans/drinks nore glasses/cans/drinks ch alcohol ti	e "drink" me whole "mixe ns/drinks nat you becan	me drunk?
Yes ou eve	r tried drinkin  a Have you e can or bot liquor. The No (skip to Don't drin Less than 1 glass/ca 2 glasses/  b Did you drives  d In the pass  Yes  Over the pass  Over the	g alcohol (beever had a whetle of beer; a sy all have the opage 11)  drink alcohol algass/can/drinan/drink cans/drinks  ink any alcohol No  t year, did you No	whole glass of same amount of yes  I, how much descriptions of the past of the	alcohol? (Or of wine; or a at of alcohol.  O you usuall ses/cans/drinks ses/cans/drinks nore glasses/cans/drinks nore glasses/cans/drinks did you drin	e "drink" me whole "mixe ns/drinks nat you becan	me drunk?

Have	you EVER tried or experimented with cigarette smoking, even a few puffs?
─○ No	○ Yes
E	Have you smoked at least 100 cigarettes (5 packs) in your life? No Yes
	In the PAST YEAR, have you smoked a cigarette, even a few puffs?
o to	No No Yes → a When you are smoking, how many cigarettes do you smoke in one day?
tion 3.	Don't smoke 0 1 0 2–5 0 6–10 0 11–20 0 21 or n
	When you are smoking, how often do you smoke?
	O Don't smoke
	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
	Do you smoke more in the morning than the rest of the day?
	Always Usually Sometimes Rarely Never
	Do you smoke even when you are really sick (i.e., coughing or vomiting a lot)?
	Always Usually Sometimes Rarely Never
	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
	How soon after waking in the morning do you smoke your first cigarette?
	<ul> <li>When I first open my eyes</li> <li>Within the first 15 minutes</li> <li>Between 30 and 60 minutes</li> <li>Between 1 and 2 hours</li> <li>Between 15 and 30 minutes</li> <li>More than 2 hours</li> </ul>
	Have you smoked a cigarette in the last month? No Yes
	How many times in the past year have you tried to quit smoking?
	Never Once 2–3 times 4 or more times
	What was the longest time you stayed off cigarettes in the past year?
	Less than a week More than a week, 1–3 months 4–6 months More than 6 more
	but less than a month  (a) Have you quit smoking?  No  Yes
	① Do you intend to quit smoking in the next year? ○ No ○ Yes
	How often has your mother talked to you about quitting smoking?
	Often Sometimes Occasionally Rarely Never
	Have you ever bought cigarettes on the Internet? No Yes

Have you ever bought or been gi the name of a cigarette on it (lik			O No O Yes
Do you think that you would eve bag or T-shirt) with the name of a		or example a hat,	O No O Yes
Which statement best describes	the rules about sm	oking inside your ho	me or dorm?
No one is allowed to smoke anywhere Smoking is permitted anywhere	Smoking is allow	ed in some places or at some	times
How do you think your mother v knew about it? She would	vould react if you w	ere smoking cigaret	tes and she
1 tell me to stop and be very upset 2 tell me to stop but not be too upset	not tell me to stop, but w have no reaction	ould disapprove 5 Dor	n't know how she would react
B Do you have a brother or sister w	who smokes? No	Yes - Cigaret	tes Cigars Chew
Have you used chew, dip, or snuf	f in the past year?		
		2 days per week Almost 5 days per week Daily	every day
Have you smoked a cigar in the position of the		once a month Once a	month Once a week
These questions ask about illegal dr Have you EVER used:		hat we won't tell any MES IN THE <u>PAST YEA</u>	
Marijuana or hashish (pot, reefer,	blunts, hash)?		
○ No ○ Yes → ○ Not in past yr.		2-10 times in past yr.	11+ times in past yr.
Cocaine (coke, rock)?			
O No Yes - Not in past yr.	1 time in past yr.	2-10 times in past yr.	11+ times in past yr.
Heroin (dope, H)?			
No Yes Not in past yr.	1 time in past yr.	2-10 times in past yr.	11+ times in past yr.
Ecstasy (E,X)?			
O No O Yes - Not in past yr.	1 time in past yr.	2-10 times in past yr.	11+ times in past yr.
GHB (liquid X)?			
○ No ○ Yes → ○ Not in past yr.	1 time in past yr.	2-10 times in past yr.	11+ times in past yr.
LSD (acid), mushrooms (shrooms)	or any other hallucing	genics?	
O No Yes - Not in past yr.		2-10 times in past yr.	11+ times in past yr.
Crack, PCP (angel dust), or Ketami	ine (Special K)?		
○ No ○ Yes — Not in past yr.		2-10 times in past yr.	11+ times in past yr.
Valium, Xanax, or Librium?			
○ No ○ Yes → ○ Not in past yr.	1 time in past yr.	2-10 times in past yr.	11+ times in past yr.
Amphetamines (uppers, speed, cr	ystal, glass)?		
○ No ○ Yes → ○ Not in past yr.		2-10 times in past yr.	11+ times in past yr.
Sleeping pills, Rohypnol (downers	, roofies), or pain kille		
O No O Yes - Not in past yr.		2-10 times in past yr.	11+ times in past yr.
During the past year, how many			
None A few Some	O A lot O All	- asom mogar arags:	
			Page 12

sunscreen ing a shirt with sleeves when you are de in the sun ing a hat when you are outside in the sun ing the amount of time spent in the sun een 10am-4pm			e a week Sever		
sunscreen ing a shirt with sleeves when you are de in the sun ing a hat when you are outside in the sun ng the amount of time spent in the sun een 10am-4pm	OFTEN			\$100-07-00-0000	NEVE
ing a shirt with sleeves when you are de in the sun ing a hat when you are outside in the sun ng the amount of time spent in the sun een 10am-4pm		SOMETIMES	OCCASIONALLY	\$100-07-00-0000	NEVER
ing a shirt with sleeves when you are de in the sun ing a hat when you are outside in the sun ng the amount of time spent in the sun een 10am-4pm					
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de in the sun ing a hat when you are outside in the sun ng the amount of time spent in the sun een 10am–4pm				- 20	
ing a hat when you are outside in the sun ng the amount of time spent in the sun een 10am–4pm					
ng the amount of time spent in the sun een 10am–4pm				l ŏ	- X
een 10am-4pm					
					0
to protect yourself from sexually transmitted			De maria de la colonia de la c		at to mile and
ses (STDs)					0
				0	0
				O	
			O	0	O
a doctor or nurse does a pelvic or gyn	ecologic ex	xam, sometim	es a small, flat st	ick is used	d to scra
ervix. This is to get a sample of the cell	s to make	sure they are	normal. It is calle	d a Pap si	mear.
Has your mother ever told to	you that	ou should ha	ve a Pap smear?		
Have you ever had a Pap sm	ear?				
Yes No Idon't	know				
Did you have a Pap smear in	the nact	vear2			
		year:			
Ves No don't	KIIOW				
Yes No Idon't					
you ever used birth control pills	or injecta	able estroge	n (Lunelle) for <b>c</b>	<i>my</i> reas	on (acn
		able estroge	n (Lunelle) <b>for c</b>	iny reas	on (acn
you ever used birth control pills		able estroge	n (Lunelle) <b>for c</b>	<i>iny</i> reas	on (acn
you ever used birth control pills or camping, irregular period, birth control		able estroge	n (Lunelle) <b>for c</b>	iny reas	on (acn
	private parts or female organs)?  S No Oldon't know  In a doctor or nurse does a pelvic or gynerervix. This is to get a sample of the cell.  A Has your mother ever told of the cell.  Oldon't  D Have you ever had a Pap sm	e you ever had a pelvic or gynecologic examprivate parts or female organs)?  Solve No I don't know  I a doctor or nurse does a pelvic or gynecologic exervix. This is to get a sample of the cells to make  A Has your mother ever told you that you have you ever had a Pap smear?	ing ing a Pap smear importance of not smoking  e you ever had a pelvic or gynecologic examination (this private parts or female organs)?  s No I don't know  a doctor or nurse does a pelvic or gynecologic exam, sometime ervix. This is to get a sample of the cells to make sure they are  a Has your mother ever told you that you should ha yes No I don't know  b Have you ever had a Pap smear?	ing a Pap smear mportance of not smoking  e you ever had a pelvic or gynecologic examination (this is when a doctor private parts or female organs)?  Solvent No I don't know  In a doctor or nurse does a pelvic or gynecologic exam, sometimes a small, flat streevix. This is to get a sample of the cells to make sure they are normal. It is calle  1. Has your mother ever told you that you should have a Pap smear?  1. Yes No I don't know  1. Have you ever had a Pap smear?	ing a Pap smear mportance of not smoking  e you ever had a pelvic or gynecologic examination (this is when a doctor or nurse private parts or female organs)?  Solventry No

PERSONAL RELATIONSHIP	05					
Romantic and sexual relationships convergence of the sexual relationships convergence						
Please mark only one response for ed mark all the answers that apply to ye	ach question unless ou.	the instructi	ons tell yo	u to		
1 doile want to	e top of the next page.					-14
Which one of the following best of	describes your feeli	ngs? (Mark one	answer)			1
Completely heterosexual (attracted to perso Mostly heterosexual Bisexual (equally attracted to men and women	ns of the opposite sex)	<ul><li>Mostly homoses</li><li>Completely homoses</li><li>to persons of the last of the la</li></ul>	xual nosexual (gay/le	esbian, attr	acted	
If you consider yourself to be gay How out are you	, lesbian, or bisexua DOESN' APPLY TO ME	T I'M OUT	I'M OUT TO MOST PEOPLE	I'M OUT TO SOME PEOPLE	I'M OUT TO	2
How out are you to your family (parents or s	stepparents,				0	Ō
grandparents, brothers, and sisters)?		Ŏ	ŏ	ŏ	Ŏ	
How out are you to your friends? How out are you at school?		- O		0		
O No  O No  No	ad sexual intercourse  Yes Don't know  past year have you be  Yes, currently	<b>een, or are you</b> Yes, in the past year	<b>currently, p</b>	regnant? n't know		a (c)
	l <b>y drink?</b> Skim/nonfat Soy	O Don't know		drink milk	0 0	0
Which cold breakfast cereal do	you eat most often	?			2 (2	2 2
Don't eat cold breakfast cereal.	PECIFY TYPE AND BRAND				3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5 5
How often do you eat fried food  Never/less than once per week		ike french frie -6 times per week	s or chicker Daily	n nugge	ts)? 7 7 8 8 8	7 7 3
				Page	e 14	

# TELL US ABOUT THE FOODS YOU EAT

EXAMPLE	NEVER/ LESS THAN 1 A MONTH	1-3 PER	RAGE U	2-4 PER	THE PA 5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
How often did you drink diet soda?		<b>V</b>		_				100
If you drink one can of diet soda 3 times per week, your answer should look like this:		0	0	•	0	0	0	0

hese questions ask about what you ate	NEVER/	AVER	AUE US			TYEA		MORE
ver the past year. Fill in one circle for each food item. There are no right or vrong answers.	LESS THAN 1 A MONTH	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	THAN 3 PER DAY
DRINKS				Y				
Diet soda (1 can or glass)		9			8		Ŏ	ŏ
Soda—not diet (1 can or glass)		8				0	0	0
Hawaiian Punch, lemonade, sport & fruit drinks (1 glass)		X	ŏ	Ŏ	Ŏ	Õ	Ö	0
Tea-hot or iced (1 cup, glass, or bottle)					ŏ	Ö	0.0	
Coffee—not decaf. (1 cup)	Name of the last			ŏ	Õ	Õ	0	0
Beer (1 glass, bottle or can)	ă de la companya de l	E O	Ŏ	TO.	0		0	
Wine or wine coolers (1 glass)		T &	ŏ	ŏ	Õ	0	0	0
Liquor, like vodka or rum (1 drink or shot)							F " Y	
DAIRY FOODS								
Milk (glass or with cereal)	0			0	O	Ŏ	ŏ	Ŏ
Chocolate milk (glass)			T O	ŏ	0	O		
High Protein Shake/Instant Breakfast (1 pckt, serv. or can)		1 8	l ă	Ŏ	Ŏ		0	0
Yogurt (1 cup)—not frozen		1	i o	Ŏ	0	0		0
Cottage or ricotta cheese			ŏ	O	O		0	0
Cheese (1 slice)			Ŏ	Ó				
Cream cheese	ŏ	ŏ	To	Õ	0	0	- 0	0
Butter (1 pat)—not margarine				0		0		0
Margarine (1 pat)—not butter								
MAIN DISHES						0	(3)	
Cheeseburger (1)			1 8	8	0	0	ŏ	0
Hamburger (1)	X	X		T O			0	
Pizza (2 slices)			ŏ	Ŏ	Ŏ	0		
Taco/burrito/enchilada (1)					Ŏ	0	0	
Chicken nuggets (6)	No. of the last of			ŏ	Ŏ	0	0	0
Hot dog (1)		~		lŏ		0	0	
Peanut butter sandwich (1) (plain or with jelly, fluff, etc.)		ŏ	Ŏ	Ŏ	0	0	0	
Chicken or turkey sandwich (1)	X		ŏ	I O			0	
Roast beef or ham sandwich (1)		ŏ	Ŏ		0	0		0
Salami, bologna, or other deli meat sandwich (1)	- S	Ŏ	- O				-0	
Tuna Sandwich (1)	ŏ	Ŏ	TÕ			0		O
Chicken or turkey as main dish (1 serving)	ŏ		0					
Fish sticks, fish cakes, or fish sandwich (1 serving)	ŏ	O				0	0	Ó
Fresh fish as main dish (1 serving)	ŏ	The contract of	0		0			
Shrimp, lobster, scallops (1 serving)	ŏ	Ŏ	0	0	0			0
Beef (steak, roast) or lamb as main dish (1 serving)		Ŏ			0			
Pork, ribs, or ham as main dish (1 serving)	O	Õ	Õ	0	0	0		- 0
Meatballs or meatloaf (1 serving)	Ŏ	· O	. 0		0	0	0	
Lasagna/baked ziti/ravioli (1 serving)	Ŏ	Õ	0		0			Q
Macaroni and cheese (1 serving)	Ŏ	- O		0				
Grilled cheese (1)	ŏ	Ŏ	0	0		0		0
Spaghetti with tomato sauce (1 serving)		Ö	O					M Ó
Eggs (1)	Ŏ	O	O	0				
Bacon (2) or Sausage (2)	i - O		1			***		je 15

	NEVER/ LESS THAN 1 A MONTH	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
OTHER FOODS						<b>V</b>	•	
Brown gravy					10			O.
Ketchup	9	0	Q	9	9	9	2	2
Cream (milk) soups or chowder (1 bowl)							1	3
Clear soup (with rice, noodles, vegetables) (1 bowl)							X	X
Mayonnaise	X		X					- X
Low calorie or low fat salad dressing			× ×	X		TEP YES		l ŏ-
Salad dressing (not low calorie) Salsa	X	0	X	0	- 8	8	ŏ	Ŏ
BREADS AND CEREALS								
Cold breakfast cereal (1 bowl)		X			8	No.		
Hot breakfast cereal, like oatmeal, grits (1 bowl)	X	I S	X		× ×	No.		l ă
White bread, pita bread, or toast (1 slice)  Dark bread (1 slice)	X	X	8	7	×	- 8	8	ŏ
English muffins or bagels (1)					ŏ			l ŏ
Muffin (1) or cornbread (1 piece)	ŏ	ă	ŏ	Ŏ	ŏ	Ŏ	Ŏ	ŏ
Pancakes (2), waffles (1) or french toast (2 slices)		THOUSE IN	T O	- ŏ	Ŏ	, Ŏ.	THO I	0
French fries (large order)	Ŏ	ŏ	ŏ	Ŏ	Õ	l o	Õ	Ŏ
Potatoes—baked, boiled, mashed	- To	Ö	- Ö	- O	Ŏ	0		0
Noodles, pasta	Ŏ	Õ	Ŏ	Ŏ	Õ	Ő	O	0
Rice	Ŏ-	Ŏ		0		0	0	
Biscuit/roll (1)	Ö	0	.0	0	0	0	0	10
Tortilla—no filling (1)			0		10.1	. 0	0	
FRUITS AND VEGETABLES								
Raisins (small pack)		Ö	-01	0	0	FÖ	0	
Grapes (bunch)	Ŏ	0	Ŏ	Ŏ	Ŏ	Ö	Ô	
Bananas (1)	i Ö	Ŏ	0	Ŏ	O		TO L	
Apples (1) or applesauce	Ŏ	Õ	Ö	Ö	Ô		O	
Cantaloupe, melons (1/4 melon)		l Õ	0	OL	0	0	0	
Pears (1)	0	0	0	0	0		0	0
Oranges (1), grapefruit (1/2)				110	O	0		
Strawberries (1/2 cup)	0	0	0	0	0		0	0
Peaches, plums, apricots (1)			0		0	1011	0	
Orange juice (1 glass)	0	0	0	0	0	0		0
Apple juice and other fruit juices (1 glass)			0		0	I OF		0
Tomatoes (1)	0	0	0	-0	-0	0	O O	0
Tofu			NO.	Ŏ.	<u> </u>	112	9	Q
String beans	Q	Q	9	Q	0	9	9	U
Beans/lentils/soybeans		2		×	X	× ×		
Broccoli	2	2	Q	9	2	2		X
Corn	2			101	2	X	3	- 8
Peas or lima beans					0	2	2	X
Mixed vegetables  Spinsch			2	X		X		X
Spinach Croops (kale	X			X				
Greens/kale Green/red peppers		- X		8	X	ă	0	
Green/red peppers  Vams/sweet potatoes (1)		= 1111	X	X	×	ŏ		N. A.
Yams/sweet potatoes (1) Zucchini, summer squash, eggplant			Ö	×	X	8	1	1 6
Zucchini, summer squash, eggplant Carrots, cooked	X	- 6	1	- 6	ŏ			1
Carrots, raw	ă	0	ŏ	6	Ö	Ŏ	Õ	Ŏ
Lettuce/tossed salad			TO THE	ŏ	ŏ	ŏ	ŏ	To
	111 Sept. 1		× 11	=	~	- =		
Coleslaw	( )	( )	( )	(() ())	1 1	30.39	1, 1	( )

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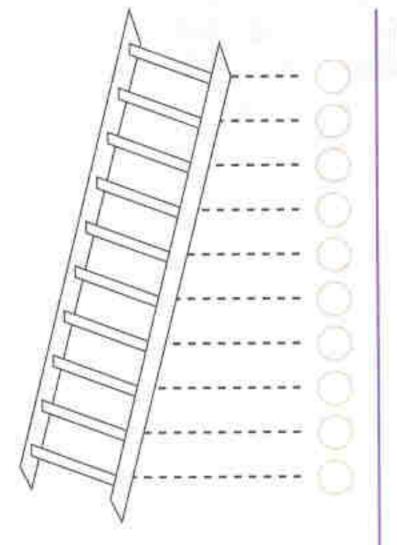
**AVERAGE USE IN THE PAST YEAR** 

SNASK FOODS/DESSERIS	LESS THAN 1 A MONTH	1-3 PER MONTH	1/WEEK	2-4 PER WEEK	5-6 PER WEEK	1/DAY	2-3 PER DAY	MORE THAN 3 PER DAY
Potato chips (1 small bag)		- Oil	0			5-Q-1	- QL	9
Corn chips/Doritos (1 small bag)			0	0	0	O.	Q.	9
Nachos with cheese (1 serving)					0	0		
Popcorn (1 small bag)		0		0		0	0	Q
Pretzels (1 small bag)	w ;= (i):		0		- 0		HOT	
Peanuts, nuts (1 small bag)	0	0	0			0	0	0
Fun fruit or fruit rollups (1 pack)	0		-0			nO.		0-
Graham crackers	Ö		0	0_	0	Q	0	0
Crackers, like Wheat Thins or Ritz				0		en O. n	of Oh	
Poptart (1)	0			0	-0-	0 =		0
Cake (1 slice)		0.	0.0		. 0.			
Snack cakes, like Twinkies (1 package)	Ŏ	0	0	0	0	0	0	
	- CO	170	0.1		0		0	
Pie (1 slice)  Peniels deput sweetfell or pastry (1)	Ŏ	Õ		Ó	0		0	
Danish, donut, sweetroll or pastry (1)	Ŏ	Ž					0	0
Cookie (1)	Ŏ	-5	T Of	0	Ö	0	0	0
Brownie (1)	ŏ	Ŏ	ŏ	Ŏ	Ŏ	0	LO	
Chocolate candy like Snickers or M&M's (1 bar or pack)		10		ŏ	ŏ	Ŏ	0	0
Other candy without chocolate like Skittles (1 pack)	A -			ă		T O	0	
Pudding	Y X			X	ŏ	0	ŏ	T ŏ
Frozen yogurt		- X	No.	X	1 8		-5	ŏ
Ice cream		The X	1 %	X -	$ \times$	8	7	Ŏ
Milkshake or frappe (1)		1 2	~ ~	8	- X	X	×	
Popsicle				1 %			- A	7
Energy bar (like Power or Cliff Bar)	9	0.	- 4		l X		1	$\times$
High protein bar (like MetRX or Balance Bar)				1				
1 What form of margarine		hat spec				ber in		0
		ke "Parka Leave bla Day, Cer take per	nk if you ntrum)?	don't kn	ad")?			0 1 2 3 4 5 6 7 8
do you usually use?  (Mark one answer)  None Squeeze (liquid) Stick Spray Don't know  Don't know  No No Yes How ma	ke One-A-	ke "Parka Leave bla Day, Cer take per	nk if you ntrum)?	don't kn	ad")?			3 4 5 6
do you usually use?  (Mark one answer)  None Squeeze (liquid) Stick Spray Don't know  Don't know  No No Yes How ma	ke One-A- any do you	ke "Parka Leave blad Day, Cer take per	nk if you ntrum)?	don't kn	ad")?			3 4 5 6
do you usually use? (Mark one answer)  None Squeeze (liquid) Stick Spray Don't know  Do you currently take vitamins (liminate of the state of the st	ke One-A- any do you 3-5	Leave blade take per 6-9	nk if you  trum)? week?  Yes  Yes	don't kn	ad")?	neals)?		3 4 5 6
do you usually use? (Mark one answer) None Squeeze (liquid) Stick Spray Tub Don't know  2. Do you currently take vitamins (liminate of the second of the sec	ke One-A- any do you 3-5  ill or Tums day day	Leave bland take per 6-9	nk if you  ntrum)? week?  Yes  nack (e	don't known of the contract bet in the contract between the contrac	ow.			3 4 5 6 7 8 9
do you usually use?  (Mark one answer)  None Squeeze (liquid) Stick Spray Tub Don't know  2. Do you currently take vitamins (limited in the past week, on average, how never the past week, on average, how never the past week on average of the past week on average.	ke One-A- any do you 3-5  ill or Tums day day often dic	Leave bland take per 6-9	nk if you  ntrum)? week?  Yes  nack (e	don't known of the contract bet in the contract between the contrac	ow.			3 4 5 6 7 8 9
do you usually use? (Mark one answer)  None Squeeze (liquid) Stick Spray Tub Don't know  2. Do you currently take vitamins (lime) No Yes How mark 1 or 2  3. a Do you take a separate calcium property to be property to be property. In the past week, on average, how a lime per day  Never 1 time per day  4. In the past year, on average, how a lime per day  1 time per day  4. In the past year, on average, how a lime per day  1 time per day  1 time per day  1 time per day  1 time past year, on average, how a lime per day  1 time per day	ke One-A- any do you 3-5  ill or Tums day day often dicell, etc.)?	Leave bland take per 6-9	nk if you  ntrum)? week? Yes  nack (e	don't known at bet sper day	ow.	fast fo		3 4 5 6 7 8 9
do you usually use? (Mark one answer)  None Squeeze (liquid) Stick Spray Tub Don't know  2. Do you currently take vitamins (li No Yes How ma 1 or 2  3. a Do you take a separate calcium p Do you take a separate iron pill?  4. In the past week, on average, how Never 1 time per day  5. In the past year, on average, how (McDonald's, Burger King, Taco Bell Never/less than once per month One	ke One-A- any do you 3-5  ill or Tums day day often dic	Leave bladed take per 6-9  More the second s	ay corn of trum)? week? Yes Yes nack (enan 5 time	don't known of thing for thing for the sper day	ween n	fast fo		3 4 5 6 7 8 9

AVERAGE USE IN THE PAST YEAR

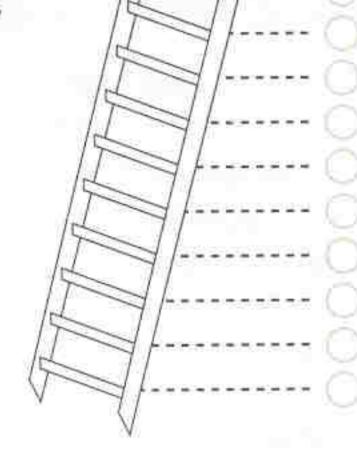
# The following questions relate to how you feel about your standing in society and in your community.

- Imagine that this ladder pictures how American society is set up.
  - At the top of the ladder are the people who are the best off—they have the most money, the highest amount of schooling, and the jobs that bring the most respect.
  - At the bottom are people who are the worst off—they have the least money, little or no education, no job or jobs that no one wants or respects.



Now think about your family. Please tell us where you think your family would be on this ladder. Fill in the circle that best represents where your family would be on this ladder.

- B. Now assume that the ladder is a way of picturing your school.
  - At the top of the ladder are the people in your school with the most respect and the highest standing.
  - At the bottom are the people who no one respects and no one wants to hang around with.



Where would you place yourself on this ladder? Fill in the circle that best represents where you would be on this ladder.

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

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

We will <u>not</u> release your e-mail address to anyone!

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, Ø vs O, 5 vs S)



# 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

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

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