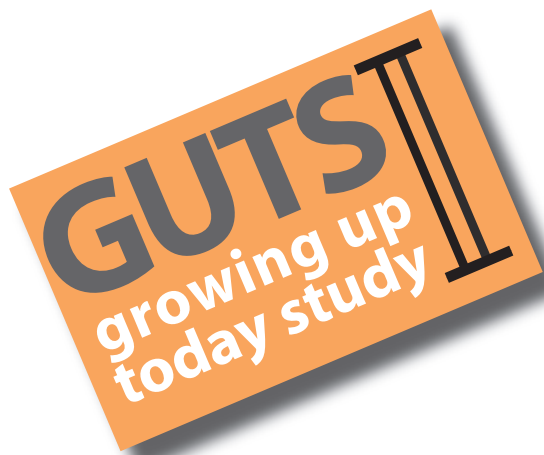


Please remove this page along perforation before mailing back questionnaire

G204b

DIE CUT

**Do we have your correct
name and address?**
Make any necessary changes
and return this page to us.



Channing Laboratory | 181 Longwood Avenue | Boston, MA | 02215 | t: 617.525.2279 | f: 617.525.2008

Hi!

We need your help! We would like to find out what kids think and do during their everyday lives. We are trying to get information on all kinds of activities and food. This information will help us understand what it is like to be a boy or young man today.

To be part of the study, all you need to do is complete this questionnaire. Over 16,000 kids have been participating in the Growing Up Today Study since 1996. We're now expanding the study and we want to include YOU! You will be a member of the Growing Up Today Study II, a new study with it's own questionnaire.

And...

- There are no right or wrong answers. You do not have to answer any questions you don't want to.
- Everything you tell us is confidential or private. (We don't tell anyone your answers and the information is only used for research.)
- If you have any questions, please email us at guts2@channing.harvard.edu or call Helaine Rockett collect at 617.525.2279 anytime between 9am and 4 pm Eastern time.

Thanks!

Graham Colditz, MD, DrPH

Walter Willett, MD, DrPH



HARVARD SCHOOL
OF PUBLIC HEALTH



HARVARD
MEDICAL SCHOOL

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
●	○	●
○1	○1	○1
○2	○2	○2
○3	○3	○3
○4	○4	○4
○5	○5	○5
○6	○6	○6
	○7	○7
	○8	○8
○	●	○9

EXAMPLE 2:

Think about your usual snacks.

How often do you eat each type of snack food.

For example, if you eat poptarts rarely (about 6 per year) then your answer should look like this: ▶

E2. Poptarts (1)

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

Federal research regulations require us to include the following information:

There are no direct benefits to you from participation in this study. There is a very small risk of breach of confidentiality associated with the participation in this study. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any questions you do not wish to answer. You will not receive any monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Research Committee at Brigham and Women's Hospital at (617) 525-3170.

ACTIVITY

It is very important you tell us about yourself honestly.

Please read the following example before answering the activity questions.

EXAMPLE: If you were on a swim team during the winter that practiced 4 hours a week and had one meet each week and during the summer you swam with friends once a week, then your answer would look like this . . .



Swimming

Did you do this activity over the past year?

☐ NO ☒ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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

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

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



Baseball or Softball

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Basketball

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Biking (including exercise bike)

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 1/2 hr./week	4 - 6 1/2 hr./week	7 - 9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Dancing or Aerobics

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Football

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 1/2 hr./week	4 - 6 1/2 hr./week	7 - 9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Hard Work Outdoors (like mowing the lawn, raking, gardening)

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Ice, Field, Street Hockey or Lacrosse

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

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



Running or Jogging (including treadmill)

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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<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"/>



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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Tennis or Other Raquet Sports

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

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



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

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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stairmaster, Elliptical Trainer, or Rowing Machine

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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Gymnastics or Cheerleading

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



Strength Training Exercises (push-ups, lifting weights)

Did you do this activity over the past year?

☐ NO ☐ YES

How much did you do it EACH season?

Fall
Winter
Spring
Summer

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



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 1/2 hr./week	4-6 1/2 hr./week	7-9 1/2 hr./week	10+ hr./week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<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"/>

Did you do any other sports or activities that we haven't listed? (Please specify)

Fall _____
Winter _____
Spring _____
Summer _____

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

2. Are these statements true for you:

a) 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

b) 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

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

☐ None ☐ 2 ☐ 4
☐ 1 ☐ 3 ☐ 5 or more

4. Do you usually wheeze after you exercise?

☐ No ☐ Yes ☐ Don't know

5. Has a doctor ever said you have asthma?

☐ No ☐ Yes ☐ Don't know

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

Watching T.V.
Watching DVDs/Videos
Reading/Homework
Video Games (PS2/Gameboy)
Computer/Internet (not games)

Monday thru Friday (Add up the TOTAL number of hours from Monday thru Friday)						
None-1/2 hr.	1-5 1/2 hr.	6-10 1/2 hr.	11-15 1/2 hr.	16-20 1/2 hr.	21-30 1/2 hr.	31+ hr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

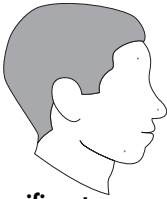
Watching T.V.
Watching DVDs/Videos
Reading/Homework
Video Games (PS2/Gameboy)
Computer/Internet (not games)

Saturday thru Sunday (Add up the TOTAL number of hours on Saturday and Sunday)						
None-1/2 hr.	1-5 1/2 hr.	6-10 1/2 hr.	11-15 1/2 hr.	16-20 1/2 hr.	21-30 1/2 hr.	31+ hr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACNE

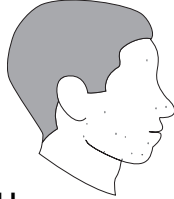
1. How has your acne looked *at its worst ever*?

☐ 1



1. No significant acne

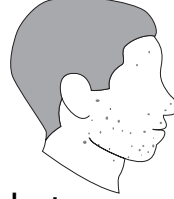
☐ 2



2. Mild acne

- inflamed (pink-reddish in color)
- several; all smaller than a pinhead

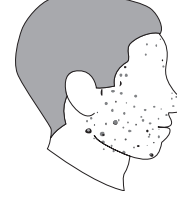
☐ 3



3. Moderate acne

- inflamed (pink-reddish in color)
- several to many; some pinhead size or larger
- some contain pus or fluid

☐ 4



4. Severe acne

- inflamed (pink-reddish in color)
- many pinhead size or larger
- some contain pus or fluid
- persistent scarring
- persistent discharge

2. Have you ever avoided any of these foods for fear of "zits"? (Mark all that apply.)

- ☐ Dairy foods ☐ Pizza ☐ Seafood ☐ Chocolate
☐ Fried foods ☐ Cereal or bread ☐ None of these

3. Which of these medications have you ever used for "zits"? (Mark all that apply.)

- ☐ Non-prescription skin cream/gels, like Clearasil ☐ Spironolactone (Aldactone)
☐ Tretinoin (Retin-A) ☐ Isotretinoin (Accutane)
☐ Adapalene (Differin) ☐ None
☐ Cleocin-T gel or cream ☐ Other _____
☐ Antibiotic pills, like tetracycline, doxycycline, minocycline (Minocin), erythromycin

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

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

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

2. Where do you usually get your lunch?

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

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

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

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

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

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

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

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

- ☐ Never eat cold breakfast cereal

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

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

- ☐ Yes →
☐ No

a. How many do you take per week?

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

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

8. Do you take any other separate vitamin or mineral pills? (NOT the multivitamin pill listed in question 7b)

- ☐ Yes →
☐ No

If yes, do you take any of the following?

- ☐ Calcium or TUMS ☐ Iron ☐ Vitamin E ☐ Other,
please specify: _____

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

TELL US ABOUT THE FOODS YOU EAT

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

EXAMPLE:

How often do you eat the following foods:

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

E1. Diet soda (1 can or glass)

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



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

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

10. How often do you eat fried food away from home (like french fries, chicken nuggets)?

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

DRINKS

1. Diet soda (1 can or glass)

- ☐ Never/less than 1 per month ☐ Never/less than 1 per month
☐ 1–3 cans per month ☐ 1–3 cans per month
☐ 1 can per week ☐ 1 can per week
☐ 2–6 cans per week ☐ 2–6 cans per week
☐ 1 can per day ☐ 1 can per day
☐ 2–3 cans per day ☐ 2–3 cans per day
☐ More than 3 cans per day ☐ More than 3 cans per day

2. Soda—not diet (1 can or glass)

- ☐ Never/less than 1 per month ☐ Never/less than 1 per month
☐ 1–3 cans per month ☐ 1–3 cans per month
☐ 1 can per week ☐ 1 can per week
☐ 2–6 cans per week ☐ 2–6 cans per week
☐ 1 can per day ☐ 1 can per day
☐ 2–3 cans per day ☐ 2–3 cans per day
☐ More than 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. Sport drinks—Powerade or Gatorade (individual bottle)

- ☐ Never/less than 1 per month
☐ 1–3 bottles per month
☐ 1–4 bottles per week
☐ 5–6 bottles per week
☐ 1 or more bottles per day

5. Tea—hot or iced (1 cup, glass or bottle)

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

6. Coffee—not decaf. (1 cup)

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

7. Beer (1 glass, bottle or can)

- ☐ Never/less than 1 per month
☐ 1–3 cans per month
☐ 1 can per week
☐ 2–6 cans per week
☐ 7 or more cans per week

8. Wine or wine coolers (1 glass)

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

9. Liquor, like vodka or rum (1 drink or shot)

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



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

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

DAIRY FOODS

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

- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% milk
- ☐ Skim/nonfat milk
- ☐ Soy milk
- ☐ Don't know
- ☐ Don't drink milk

2. Milk (glass or with cereal)

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

3. Chocolate or other flavored milk (glass)

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

4. Instant breakfast drink/high protein shake or drink (1 packet, serving, or can)

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

5. Yogurt (1 cup)—not frozen

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

6. Cottage or ricotta cheese

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

7. Cheese (1 slice)

- ☐ Never/less than 1 per month
- ☐ 1–3 slices per month
- ☐ 1 slice per week
- ☐ 2–6 slices per week
- ☐ 1 slice per day
- ☐ 2–3 slices per day
- ☐ More than 3 slices per day

8. Cream cheese

- ☐ Never/less than 1 per month
- ☐ 1–3 times per month
- ☐ Once per week
- ☐ 2–6 times per week
- ☐ Once per day
- ☐ More than once per day

9. What *type* of yogurt, cottage cheese and dairy products (besides milk) do you use mostly?

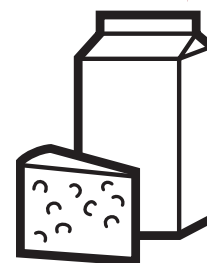
- ☐ Nonfat
- ☐ Lowfat
- ☐ Regular
- ☐ Don't know

10. Butter (1 pat)*—not margarine

- ☐ Never/less than 1 per month
- ☐ 1–3 pats per month
- ☐ 1 pat per week
- ☐ 2–6 pats per week
- ☐ 1 pat per day
- ☐ 2–4 pats per day
- ☐ More than 4 pats per day

11. Margarine (1 pat)*—not butter

- ☐ Never/less than 1 per month
- ☐ 1–3 pats per month
- ☐ 1 pat per week
- ☐ 2–6 pats per week
- ☐ 1 pat per day
- ☐ 2–4 pats per day
- ☐ More than 4 pats per day



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

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

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

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

Leave blank if you don't know.

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

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

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1	1	1	A
2	2	2	13
3	3	3	
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8	8	8	
9	9	9	

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

MAIN DISHES

1. Cheeseburger (1)

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

2. Hamburger (1)

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

3. Pizza (2 slices)

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

4. Tacos/burritos/enchiladas (1)

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



4a. 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. Spaghetti or other pasta with tomato sauce (1 serving)**

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

22. Eggs (1)

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

23. Bacon (2) or Sausage (2)

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

24. Liver (1 serving)

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

25. French toast (2 slices)

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

26. Grilled cheese (1)

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

27. Eggrolls (1)

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

OTHER FOODS**1. Brown gravy**

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

2. Ketchup

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

3. Cream (milk) soups or chowder (1 bowl)

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

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

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

5. Mayonnaise

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

6. Low calorie or low fat salad dressing

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

7. Salad dressing (not low calorie)

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

8. Salsa

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

9. How much fat on your beef, pork, or lamb do you eat?

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

10. When you have chicken or turkey, do you eat the skin?

- ☐ Yes
- ☐ No
- ☐ Sometimes



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

BREADS AND CEREALS

**1. Cold breakfast cereal (1 bowl)**

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

2. Oatmeal (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. Other hot breakfast cereal, like farina or 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

4. 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

5. 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

6. 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

7. Muffin (1)

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

8. Cornbread (1 square)

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

9. Biscuit/roll (1)

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

10. Rice

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

11. 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

12. 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

13. Pancakes (2) or waffles (1)

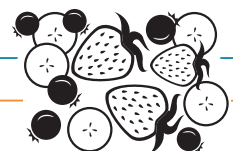
- ☐ Never/less than 1 per month
- ☐ 1–3 times per month
- ☐ Once per week
- ☐ More than once per week

14. French fries (large order)

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

15. Potatoes—baked, boiled, mashed

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



FRUITS AND VEGETABLES

There are no right or wrong answers.

1. Raisins (small pack)

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

2. Grapes (bunch)

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

3. Bananas (1)

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

4. Apples (1) or applesauce

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

**5. Cantaloupe, melons (1/4 melon)**

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

6. Pears (1)

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

7. Oranges (1), grapefruit (1/2)

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

8. Strawberries (1/2 cup)

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

9. Peaches, plums, apricots (1)

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

10. Orange juice (1 glass)

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

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

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

12. Tomatoes (1)

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

13. Tofu

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

14. String beans

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

15. Beans/lentils/soybeans

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

16. Broccoli

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

17. Corn

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

18. Peas or lima beans

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

19. Mixed vegetables

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

20. Spinach

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

21. Collard greens/kale

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

22. Green/red peppers

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

23. Yams/sweet potatoes (1)

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

Answer how much you usually ate over the past year.

24. Zucchini, summer squash, eggplant

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

25. Carrots, cooked

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

26. Carrots, raw

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

27. Celery

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

28. Lettuce/tossed salad

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

29. Coleslaw

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

30. Potato salad

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



There are no right or wrong answers.

SNACK FOODS/DESSERTS

1. Potato chips (1 small bag)

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

2. Corn chips/Doritos (small bag)

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

3. 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

4. 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

5. 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

6. 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

7. Graham crackers

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

8. 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

9. Poptarts (1)

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

10. Cake (1 slice)

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

11. 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

12. Danish, sweetrolls, pastry (1)

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

13. Donuts (1)

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

14. 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

15. Brownies (1)

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

16. Pie (1 slice)

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

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

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

18. Other candy bars (Milky Way, Snickers)

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



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

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

20. Jello

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



21. 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

22. 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

23. 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

24. Milkshake or frappe (1)

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

25. 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

26. Seeds (Sunflower or Pumpkin)

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

27. 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

28. 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

29. How many servings of fruit do you usually eat each day?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

30. How many servings of vegetables do you usually eat each day?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

PAIN RELIEVERS

Do you use any of the following pain relievers **at least once a week**? If you do, please indicate which one(s) you use and how many days per week you usually take it. Also, tell us the average total number of tablets you use in a week.

☐ Acetaminophen (example: Tylenol)

Average number of **days per week:** ☐ 1 day ☐ 2–3 days ☐ 4–5 days ☐ 6–7 days
Average number of **tablets per week:** ☐ 1–2 tablets/wk ☐ 3–5 tablets/wk ☐ 6–14 tablets/wk ☐ 15+ tablets/wk

☐ Aspirin or aspirin-containing products

Average number of **days per week:** ☐ 1 day ☐ 2–3 days ☐ 4–5 days ☐ 6–7 days
Average number of **tablets per week:** ☐ 1–2 tablets/wk ☐ 3–5 tablets/wk ☐ 6–14 tablets/wk ☐ 15+ tablets/wk

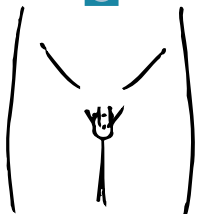
☐ Ibuprofen (examples: Advil, Motrin, Nuprin)

Average number of **days per week:** ☐ 1 day ☐ 2–3 days ☐ 4–5 days ☐ 6–7 days
Average number of **tablets per week:** ☐ 1–2 tablets/wk ☐ 3–5 tablets/wk ☐ 6–14 tablets/wk ☐ 15+ tablets/wk

YOUR BODY

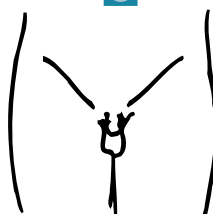
1. Please LOOK at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and FILL IN THE CIRCLE above it.

Stage 1



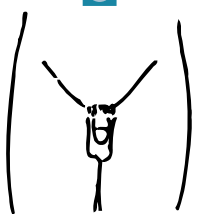
- There is no pubic hair.

Stage 2



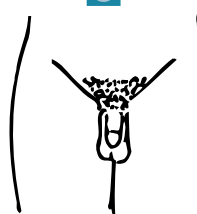
- There is a little soft, long, lightly colored hair.
- Most of the hair is at the base of the penis.
- This hair may be straight or a little curly.

Stage 3



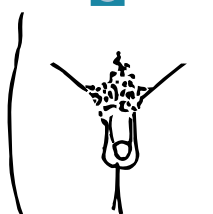
- The hair is darker, coarser and more curled.
- It has spread out and thinly covers a larger area.

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

1



2



3



4



5



6



7



8



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

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

b. Please fill in the circle that looks most like how you looked like at age 5:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

TIME IN THE SUN

1. How many of your friends had a tan at the end of this past summer?

☐ None

☐ A few

☐ Some

☐ Most

☐ All

2. 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

3. During the past year, how many times did you use a tanning booth or tanning salon?

☐ Never

☐ 1 time

☐ 2 times

☐ 3-4 times

☐ 5-9 times

☐ 10 or more times

4. How much do you agree with the following statement?

It's worth getting a little burned to get a good tan.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

Do you have an 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

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

(We will not release your e-mail
address to anyone)

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

★ **CONGRATULATIONS!** ★

You finished the entire booklet!

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

☐☐☐☐☐☐

You did it!



Thank you for completing this survey!

Carefully 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 **FOURTEEN**

EliteView™ forms by NCS Pearson EM-254690-1:654321

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PLEASE DO
NOT WRITE
IN THIS AREA

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

SERIAL #