

3/8" spine
perforation

PLEASE REMOVE THIS PAGE ALONG PERFORATION BEFORE MAILING BACK QUESTIONNAIRE

G206b

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 02115 Ph 617 525 2279 Em guts2@channing.harvard.edu



*Thank you for
being part of
the Growing Up
Today Study II!*

We appreciate your time and commitment in helping us understand how American young people live in today's world. Without your participation, we would not be able to study activity levels, eating habits, sunbathing, acne, etc. The information you give us will help future generations of American youth.

**Do It
Online**

Use our ONLINE questionnaire!

If you prefer to do it on-line, grab your id number from the box to the left and go to www.guts2.org. But if you would like to do it "by hand," just grab your pencil, fill out the questionnaire, and return it to us.

Check out our new informational website where we have polls, quizzes, biographies of researchers, articles related to health, and a place to contact us. www.guts2blog.com

We have approximately 10,000 participants throughout the United States in GUTS II.

**Don't
Forget**

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 and private. (We do not 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 at 617-525-2279 anytime between 9 am and 4 pm Eastern Time.

Thanks!

Graham Colditz, MD, DrPH



HARVARD SCHOOL
OF PUBLIC HEALTH

Walter Willet, MD, DrPH



HARVARD MEDICAL
SCHOOL

Instructions



There are two ways to complete this survey.

Complete the questionnaire online:

- Go to www.guts2.org
- Enter your ID# (printed on top left corner of page 1) and your date of birth to enter our secure server. At the end of the survey make sure to hit the "Submit" button.

OR complete the paper questionnaire:

- Please use No. 2 pencil and fill in response circles completely as shown below.
- Tear off the cover letter (to preserve your confidentiality) and return the questionnaire in the enclosed postage paid envelope.
- Please make any necessary changes to your name and address on this letter and return it to us.

As always, the answers you give us will remain strictly confidential.

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 this way 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.

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

EXAMPLE 2:

Think about your usual snacks. How often do you eat each type of food?

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

Poptarts (1)

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

Federal regulations require us to include the following information:

There are no direct benefits to you from participation in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary, and you may decline or withdraw at any time without penalty. Although complete information is important to the study, you may skip any question you do not wish to answer. You will not receive 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 Subjects Committee at the Brigham and Women's Hospital (617-424-4100).

Questions and Comments

We are always interested in what you think.

There are several ways to contact us.

- 1 Include any ideas, comments, or suggestions with your survey.
- 2 Email us at: guts2@channing.harvard.edu
- 3 Call Helaine Rockett at (617)525-2279 anytime between 9 am and 4 pm Eastern Time.

1.a) Is this your correct Date of Birth



(Month/Day/Year):

Yes

No ▶ If No, please write your date of birth below:

MONTH	DAY	YEAR
/	/	



b) Has your address changed? Make corrections on the cover page and return with the questionnaire.

Is this your permanent or temporary address? Good until: / /

c) Please tell us your email address. We will not release your email address to anyone!

2. How tall are you?



YOUR HEIGHT WITHOUT SHOES

Measure your height in feet and inches. This is tricky to do by yourself so we suggest asking someone to help. Some hints to get the correct height:

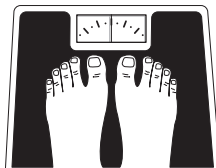
- Stand up straight against a wall with your feet flat on the floor without shoes or hats.
- Measure from your feet to the top of your head (not the top of your hair).

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

3. How much do you weigh?

YOUR WEIGHT WITHOUT SHOES

Weigh yourself without your shoes or heavy clothing. If you don't have a scale at home, try to find one at school or a friend's house that you can use.



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



3/8" spine part

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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Not including phys ed (gym) class at school, 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"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BASKETBALL

Did you do this activity over the past year?

NO YES

How much did you do it EACH season?



- Fall
- Winter
- Spring
- Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 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"/>
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<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"/>

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"/>
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<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
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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"/>

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
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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
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNNING OR JOGGING

(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
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<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
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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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SKATEBOARDING, SNOWBOARDING, SKIING



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"/>

SOCCER, RUGBY



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"/>

TENNIS OR OTHER RACQUET SPORTS



Did you do this activity over the past year?

NO YES

How much did you do it EACH season?



Fall
Winter
Spring
Summer

None/ Zero	Less than 1/2 hr./wk.	1/2 - 3 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"/>

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"/>
<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"/>

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"/>
<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"/>
<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"/>

2. How many times per week do you have gym or Phys Ed at school?

None 1 2 3 4 5 or more

3. Do you usually wheeze after you exercise?

No Yes Don't know

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

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.
Watching T.V.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching DVDs/Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Games (PC/Nintendo/Sony/Gameboy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer/Internet (not games and not schoolwork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

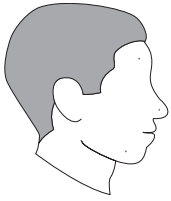
5. How many hours, Saturday and Sunday, do you spend doing the following? (a **TOTAL** for the weekend)

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.
Watching T.V.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching DVDs/Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Games (PC/Nintendo/Sony/Gameboy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer/Internet (not games and not schoolwork)	<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*?

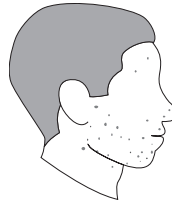


a. No significant acne



b. Mild acne

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



c. Moderate acne

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



d. Severe acne

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

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

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

THESE QUESTIONS ASK ABOUT WHAT YOU ATE OVER THE PAST YEAR

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

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

2. Where do you usually get your lunch on school days?

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

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

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

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

Ch CT LC FL FF HC MW RK

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9	9	9	

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

- Yes → **a. How many do you take per week?**
- No
- ↓
- 1-2 6-9
 3-5 10 or more

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

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

- Yes → **If yes, do you take any of the following?**
- No Calcium or TUMS Iron Vitamin E Other, please specify: _____

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

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TELL US ABOUT THE FOODS YOU EAT

These questions ask about what you ate over the past year. Fill in 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 or bottle of diet soda 2-3 times per week, then your answer should look like this:

E 1. Diet soda (1 can or individual bottle)

- Never/less than 1 per month
 1-3 bottles per month
 1 bottle per week
 2-6 bottles per week
 1 bottle per day



DRINKS



1. Diet soda (1 can or individual bottle)

- Never/less than 1 per month
 1-3 bottles per month
 1 bottle per week
 2-6 bottles per week
 1 bottle per day
 2-3 bottles per day
 More than 3 bottles per day

2. Soda—not diet (1 can or individual bottle)

- Never/less than 1 per month
 1-3 bottles per month
 1 bottle per week
 2-6 bottles per week
 1 bottle per day
 2-3 bottles per day
 More than 3 bottles per day

3. Fruit drinks/punch, lemonade, Sunny D, Koolaid or other non-carbonated fruit drink (1 glass or individual bottle) (Not juice)

- Never/less than 1 per month
 1-3 bottles per month
 1 bottle per week
 2-6 bottles per week
 1 bottle per day
 2-3 bottles per day
 More than 3 bottles 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
 1-3 cups per month
 1-2 cups per week
 3-6 cups per week
 1 or more cups per day

6. Coffee—not decaf. (1 cup)

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

7. Coffee drinks—Latte, Coolers, Coolatas, Frappuccinos, Mochachinos . . . (1 cup)

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

8. Water—tap and bottled (1 glass or bottle)

- 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

9. 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

10. 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

11. 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

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DAIRY FOODS



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

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 usually use?

- 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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MAIN DISHES

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



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

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8. Chicken or turkey sandwich (1)

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

9. Roast beef or ham sandwich (1)

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

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

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

11. Tuna sandwich (1)

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

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

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

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

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

14. Fresh fish as main dish (1 serving)

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

15. Shrimp, lobster, scallops (1 serving)

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

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

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

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

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

18. Meatballs or meatloaf (1 serving)

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

19. Lasagna/baked ziti/ravioli (1 serving)

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

20. Macaroni and cheese (1 serving)

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

21. Spaghetti 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. 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

25. 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

26. 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
- 2-6 bowls per week
- 1 or more bowls per day

5. Mayonnaise

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

6. Low calorie or low fat salad dressing

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

7. Salad dressing (not low calorie)

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

8. Salsa

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

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

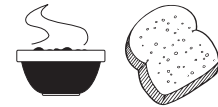
- Eat all
- Eat some
- Eat none
- Don't eat meat

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

- Yes
- No
- Sometimes

BREADS AND CEREALS

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



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 and 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

3. White bread, pita bread, or toast (1 slice)

- Never/less than 1 per month
- 1 slice per week or less
- 2–4 slices per week
- 5–7 slices per week
- 2–3 slices per day
- More than 3 slices per day

4. Wheat or Dark bread (1 slice)

- Never/less than 1 per month
- 1 slice per week or less
- 2–4 slices per week
- 5–7 slices per week
- 2–3 slices per day
- More than 3 slices per day

5. English muffins or bagels (1)

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

6. Muffin (1)

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

7. Cornbread (1 square)

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

8. Biscuit/roll (1)

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

9. Rice

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

10. Noodles, pasta

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

11. Tortilla—no filling (1)

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

12. Pancakes (2) or waffles (1)

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

13. 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

14. 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
- 1 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

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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 100% 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 per 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 per 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 per 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

SNACK FOODS/DESSERTS

There are no right or wrong answers.



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 (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

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

1
2
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12
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16
17
18

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

How many tablets per week do you take of the following pain relievers?

	None	1–2 tablets/ week	3–5 tablets/ week	6–9 tablets/ week	10–14 tablets/ week	15+ tablets/ week
Acetaminophen (e.g., Tylenol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin or aspirin-containing products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ibuprofen (e.g., Advil, Motrin, Nuprin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen (e.g., Aleve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ALLERGIES

1. Have you ever had DOCTOR-DIAGNOSED . . . (mark all that apply)

- Food allergies Asthma Hayfever Eczema None of these (go to next page)

a) What type? Peanut Treenut* Shellfish Milk Eggs Other _____

2. Have you ever had an allergic reaction to peanuts or treenuts*?

Yes No **→ What type of symptoms have you had? (Mark all that apply)**

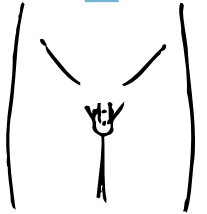
	Peanut	Treenut*
Hives, swelling	<input type="radio"/>	<input type="radio"/>
Shortness of breath, wheezing, cough	<input type="radio"/>	<input type="radio"/>
Dizziness or fainting	<input type="radio"/>	<input type="radio"/>
Vomiting, crampy abdominal pain, diarrhea	<input type="radio"/>	<input type="radio"/>
Severe, multi-symptom allergic reaction (Anaphylaxis)	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> . . . and received epinephrine	<input type="radio"/>
	<input type="radio"/> . . . and did not receive epinephrine	<input type="radio"/>

*Treenuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.

YOUR BODY

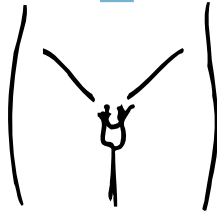
1. Please **LOOK** at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and **FILL IN THE CIRCLE** above it.

Stage 1



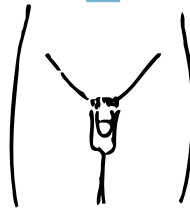
• There is no pubic hair.

Stage 2



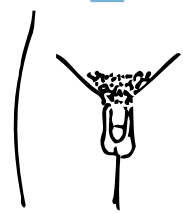
• There is a little soft, long, lightly colored hair.
• Most of the hair is at the base of the penis.
• This hair may be straight or a little curly.

Stage 3



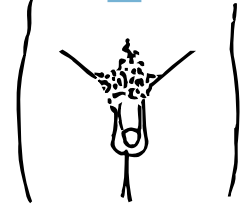
• The hair is darker, coarser and more curled.
• It has spread out and thinly covers a larger area.

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.

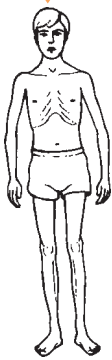
Stage 5



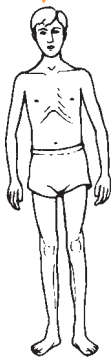
• The hair has spread out to the thighs, like a grown man.

Do not want to answer

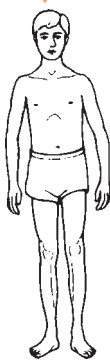
1



2



3



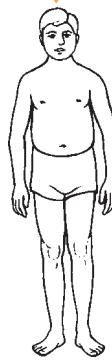
4



5



6



7



8



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



b. Please fill in the circle that looks most like how you looked like at age 10:



SMOKING

Remember, we won't tell anyone your answers.

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

- Definitely not Maybe Probably Definitely

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

- No Yes

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

- No Yes

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

SLEEP

On a typical night when you have school the next day, how many hours of sleep do you get?

- Less than 5 8
 5 9
 6 10
 7 11+

★ **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!**)



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 II
Channing Lab
181 Longwood Ave.
Boston, MA 02115

Thank you for completing this survey!

All original artwork by Greg Moutafis

page **FOURTEEN**

1 2 3 4 5 6 7 8 9 10 11 12 | 06 07 08

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PLEASE DO NOT WRITE IN THIS AREA

SERIAL #