

G208g

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

GUTS
growing up
today study

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

Hi!

You are a vital part of this study and your completion of the questionnaire is SO IMPORTANT to our research. We appreciate all your time and commitment to GUTSII. Thank you for making our study one of the most important studies of young people across the United States.

EASIEST WAY TO COMPLETE: On the web!
Go to www.guts2.org - you just need your date of birth.

OR

Just fill out this questionnaire and send it back in the envelope provided (no postage necessary).

As always, 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 Alison Field at 617-525-2279 anytime between 9AM and 4PM Eastern Time.

Thanks,

Walter Willett  Lindsay Frazier 

Walter Willett, MD Dr PH Alison Field, ScD Lindsay Frazier, MD MS



HARVARD SCHOOL
OF PUBLIC HEALTH



HARVARD MEDICAL
SCHOOL

IMPORTANT: Update Your Information!

This information will be kept strictly confidential.

- a) Please tell us your most used e-mail address that will accept e-mail from the study. If you have spam filtering software, please make sure you are able to accept e-mail from: guts2@channing.harvard.edu.

Primary E-mail:

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

- b) Is there another e-mail address that we can use to contact you if there is a problem with the first one?

Alternate E-mail:

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

- c) Please enter your phone number. We do not routinely call participants, but in the event we lose contact with you, we may call to obtain your new information.

Cell Phone #: Home Phone #:

- d) Please give us the name and address of someone at a different address (other than your mother) who we may contact in the event we lose contact with you.

Contact Address:

Name:
Address:
Phone:
E-mail:

Tell Us What You Think:

Do you have questions or comments? Visit our web site: www.guts2blog.com, include them with this survey, or call Alison Field @ (617)525-2279, 9-4pm EST.

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. 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 (617-525-3170).

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"/>

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

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

YOGA OR PILATES

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"/>

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 through Friday, do you spend doing the following? (a **TOTAL** for the week)

Monday through Friday (Add up the **TOTAL** number of hours from Monday thru Friday)

Watching T.V.
 Watching DVDs/Videos/Movies
 Reading/Homework
 Video Games (PC, Console, Handheld)
 Computer/Internet (not including above, work, or schoolwork) ..

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"/>

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

Saturday and Sunday (Add up the **TOTAL** number of hours on Saturday and Sunday)

Watching T.V.
 Watching DVDs/Videos/Movies
 Reading/Homework
 Video Games (PC, Console, Handheld)
 Computer/Internet (not including above, work, or schoolwork) ..

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"/>

ACNE

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

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 on school days?

- ☐ Bring from home ☐ Get fast food
☐ Get from school ☐ Get from store or food truck
☐ Get from vending machine ☐ Do not eat lunch

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 often did you eat something from a fast food restaurant (McDonald's, KFC, Wendy's, Taco Bell, etc.)?

- ☐ Never/less than once per week ☐ 2-4 times per week
☐ 1-3 times per week ☐ 5-6 times per week
☐ Once per week ☐ Once per day or more

5. How often did you eat something from a take out restaurant (Chinese food, pizza, deli, supermarket fully prepared food, Applebee's to-go)?

- ☐ Never/less than once per week ☐ 2-4 times per week
☐ 1-3 times per week ☐ 5-6 times per week
☐ Once per week ☐ Once per day or more

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

- ☐ Never eat cold breakfast cereal

Ch CT LC FL FF HC MW RK

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)

F C O B OW CJ

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 C ☐ 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

These questions ask about what you ate and drank over the past year.

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. Energy drinks—Red Bull, Rock Star (individual can/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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

12. Liquor, like vodka or rum (1 drink, 1 shot, 1 bottle) Include ready to drink alcoholic beverages like Hard Lemonade

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

DAIRY FOODS

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

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

2. Milk (glass or with cereal)

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

3. Chocolate 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

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. Veggieburger (1)

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

4. Tofu/Soyburger/other meat substitute (1 serving)

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

5. 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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. Shrimp, lobster, scallops (1 serving)

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

18. 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

19. 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

20. 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

21. 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

22. Macaroni and cheese (1 serving)

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

23. 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

24. 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

25. 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

26. French toast (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

27. 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

28. Liver (1 serving)

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

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

OTHER FOODS *(Continued)*

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

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

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

- ☐ Yes
☐ No
☐ Sometimes
☐ Don't eat chicken or turkey

11. How many teaspoons of sugar do you ADD to your beverages or food each day?

- ☐ None/less than 1 teaspoon per day
☐ 1–2 teaspoons per day
☐ 3–4 teaspoons per day
☐ 5 or more teaspoons per day

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 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, include 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. Whole wheat or whole grain bread, include 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. 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

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/tomato juice

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

13. 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

14. Beans/lentils/edamame

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

15. 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

16. 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

17. 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

18. 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

19. 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

20. 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

21. 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

22. 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

**23. 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

24. 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

25. 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

26. 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

27. Lettuce/tossed salad

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

28. Coleslaw

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

29. Potato salad

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

SNACK FOODS/DESSERTS

1. Potato chips (1 small bag)

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

2. Corn chips/Doritos (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. Fruit snacks 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 Ring Dings/Swiss Rolls/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 like Hershey's or M & M's (1 bar or packet)

- ☐ 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 like 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 like Skittles (1 pack)

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

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 like 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. Cereal/Granola bar, like Nature Valley, Quaker, or Special K

- ☐ 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

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 (like 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 (like Advil, Motrin, Nuprin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen (like 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 → 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"/>
... and received epinephrine	<input type="radio"/>	<input type="radio"/>
... and did not receive epinephrine	<input type="radio"/>	<input type="radio"/>

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

SMOKING

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

2. How many of your friends smoke cigarettes?

- ☐ None ☐ One ☐ A few ☐ Most ☐ All

3. In the PAST YEAR, have you smoked a cigarette?

☐ No

☐ Yes → a) How long ago did you smoke your last cigarette?

- ☐ In past week ☐ In past month, but not in past week ☐ 1–3 months ☐ 4–6 months ☐ 6+ months

b) How often do you smoke?

- ☐ Don't smoke ☐ Less than once a month ☐ Monthly, but not weekly ☐ Weekly, but not daily ☐ Daily

c) How many cigarettes do you smoke in one day?

- ☐ Don't smoke ☐ 1 ☐ 2–5 ☐ 6–10 ☐ 11–20 ☐ 21 or more

d) How many times in the past year have you tried to quit smoking?

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

e) In the PAST YEAR, have you quit smoking?

☐ Yes, and stayed quit

☐ Yes, but restarted

☐ No

1) Do you intend to quit smoking in the next year?

- ☐ No ☐ Yes

2) Do your friends think you should quit smoking cigarettes?

- ☐ Definitely think I should ☐ Probably think I should ☐ Have no opinion
☐ Probably think I should not ☐ Definitely think I should not

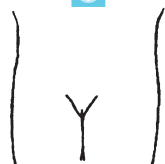
3) Does your mother think you should quit smoking?

- ☐ Definitely thinks I should ☐ Probably thinks I should ☐ Has no opinion
☐ Probably thinks I should not ☐ Definitely thinks I should not

YOUR BODY

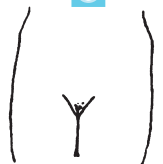
Please **LOOK** at the drawings and read the sentences below each of them. Then choose the drawing closest to your stage of pubic hair development and **FILL IN THE CIRCLE** above it.

Stage 1



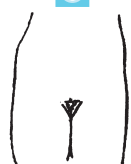
- There is no pubic hair.

Stage 2



- There is a little, long, lightly colored hair.
- 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 woman.
- The hair has not spread out to the legs.

Stage 5



- The hair is now like that of a grown woman.
- The hair often forms a triangle (▽) as it spreads out to the legs.

☐ Do not want to answer

SLEEP

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

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

Birth Control

1. Have you started having menstrual periods?

- ☐ No → GO TO NEXT PAGE
☐ Yes, before 2004; skip to question 2
☐ Yes, since 2004 → Age periods began: ☐ <9 years ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 or older ☐ Don't remember

a) The month periods began:

- ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December ☐ Don't remember

b) The year periods began:

- ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009 ☐ Don't remember

2. Do you use birth control pills for any reason (acne, bad cramping, irregular periods, birth control)?

- ☐ No ☐ Yes → a) What brand of birth control pill do you use (i.e., Seasonale, Yasmin)? Refer to the Birth Control Pill Code Sheet enclosed with this questionnaire and write code in this box. →

☐ Don't know brand

b) How do you take your pills each month and how does it affect your period?

Choose one of the following answers:

- ☐ I use a "regular"-type pill (e.g., Yaz, Loestrin, Ortho tri-cyclen) and **GET** my period every month.
☐ I use a "regular"-type pill but take the "active" pills continuously so that I **DO NOT** get my period every month.
☐ I use the "**Extended Cycle**" pill (e.g., Seasonale, Seasonique, Lybrel, Quasense) and do **NOT** get my period every month.
☐ Other

Do you currently use any of these other methods of birth control for any reason?

- ☐ None ☐ Patch (Ortho-Evra) ☐ Implant (Implanon) ☐ Vaginal Ring (NuvaRing)
☐ Mirena IUD ☐ Shots (Depo Provera) ☐ Diaphragm/cervical cap
☐ Condom ☐ Natural family planning/Rhythm ☐ Other ☐ Foam/Jelly/Sponge

3. What is the current usual pattern of your menstrual cycles (when not pregnant, breast-feeding, or using birth control pills)?

- ☐ Extremely regular (no more than 1–2 days before or after expected) ☐ Very regular (within 3–4 days)
☐ Regular (within 5–7 days) ☐ Usually irregular ☐ Always irregular ☐ Do not menstruate

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

4. What is the current interval from the first day of your period to the first day of your next period (when not pregnant, breast-feeding, or using birth control pills)?

☐ Fewer than 21 days ☐ 21–25 ☐ 26–31 ☐ 32–39 ☐ 40–50 ☐ 51+ days or too irregular to estimate

5. How much pain do you usually have with your periods?

☐ No pain
☐ Mild cramps (medication seldom needed)
☐ Moderate cramps (medication usually needed)
☐ Severe cramps (medication and bed rest needed)

At what age did you start having pain with your periods?

☐ With my very first period
☐ After my first period, but while a teenager
☐ Age 20 to current

6. Has a doctor or other health care provider ever diagnosed you as having endometriosis?

☐ No ☐ Yes

Confirmed by laparoscopy? ☐ No ☐ Yes

SEX

1. Have you ever had sexual intercourse? ☐ Yes ☐ No ☐ I'm not sure

2. During your life, the person(s) with whom you have had sexual contact is (are) . . .

☐ I have not had sexual contact with anyone ☐ Female(s) ☐ Male(s) ☐ Female(s) and Male(s)

3. Which of the following best describes your feelings? (Mark one answer)

☐ Completely heterosexual (*attracted to persons of the opposite sex*) ☐ Mostly heterosexual
☐ Bisexual (*equally attracted to men and women*) ☐ Mostly homosexual
☐ Completely homosexual (*gay/lesbian attracted to persons of the same sex*) ☐ Not sure

WEIGHT CONTROL

1. In the past year, how often have you . . .

	Never	A little	Sometimes	A lot	Always
thought about wanting to have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
worried about having fat on your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
thought about wanting to be thinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In the past year, did you try to lose weight or keep from gaining weight?

☐ No ☐ Yes
a) In the past year, how often did you go on a diet to lose weight or keep from gaining weight?
☐ Never ☐ A couple of times ☐ Several times ☐ Often ☐ Always on a diet

b) In the past year, did you do any of the following to lose weight or keep from gaining weight?

	Never	Less than monthly	1–3 times a month	Once per week	2–6 times per week	Daily
Fast (not eat for at least a day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make yourself throw up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take laxatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the past year, how often have you eaten so much food in a short period of time you would be embarrassed if others saw you?

☐ Never ☐ Less than monthly ☐ 1–3 times a month ☐ Once a week ☐ More than once a week

a) During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?

☐ No ☐ Yes

4. Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia nervosa? (Mark all that apply.)

☐ No ☐ Yes, a friend ☐ Yes, a parent ☐ Yes, a doctor, nurse, or other health care provider

3/8 spine
perf

1

- 1

2

2

SS#:

- MAIL TO:** Growing Up Today Study II
Channing Lab
181 Longwood Ave.
Boston, MA 02115

page **FOURTEEN**