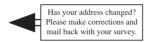
Complete Your Questionnaire Online WWW.guts2.org

## DIE-CUT WINDOW AREA



## Hello GUTS 2 participant,

Thank you for your dedication to the study. Because of you, GUTS 2 has become one of the largest and most important studies of adolescents and young adults in the world. Your response will help keep us on top!

TO COMPLETE YOUR QUESTIONNAIRE:

• Go to **www.guts2.org** and fill it out online. To log in, all you need is your birthdate.

OR

• Fill out this paper questionnaire and return it in the envelope provided (no postage necessary).

This survey is voluntary and all responses are confidential. It is important that you give us permission to continue communicating with you. By returning this questionnaire you are agreeing to let us continue to contact you about the project. If you choose not to respond *to this survey*, we will contact you in the future about other surveys. If you don't want to participate at all, which we hope is not the case, call Laura Anatale Tardiff, GUTS Project Director, at 617-525-0353 and let her know.

#### We want to hear from you!

- E-mail us at guts2@channing.harvard.edu
- Like us on Facebook at www.facebook.com/harvardguts

Thanks again for your continued participation!

A. Lindsay Frazier, MD ScM

Stacey A. Missmer, ScD

bary . Missoner

#### P.S. Don't forget to complete your questionnaire at www.guts2.org

\*Amazon.com is not a sponsor of this promotion. Amazon, Amazon.com, the Amazon.com logo, and the Amazon Gift Cards logo are trademarks of Amazon.com, Inc. or its affiliates. Amazon.com Gift Cards ("GOS") may be used only for purchases of eligible goods on Amazon.com or its affiliated website Endless.com. GCS cannot be redeemed for purchases of gift cards. Except as required by law, GCs cannot be reloaded, resold, transferred for value, redeemed for cash, or applied to any other account. See www.amazon.com/gc-legal for complete terms and conditions. GCs are issued and @2010 by ACI Gift Cards, Inc., a Washington corporation.



Everyone will receive a **\$5 Amazon.com Gift Card\*** for returning this survey. We couldn't do this research without you!

Thanks to all who responded to our e-mail poll asking what thank-you gift YOU wanted. We picked the gift based on your answers.







Growing Up Today Study 2 | Channing Laboratory 181 Longwood Avenue | Boston, Massachusetts 02115 tel: (617)525-2279 | fax: (617)525-2008 | www.guts2.org

### **IMPORTANT: Update Your Information!**

Everyone will receive a \$5 Amazon.com Gift Card for returning this questionnaire. Use your Amazon.com Gift Card to shop from a huge selection of books, electronics, music, DVDs, software, apparel, toys, and much more.



GUTS 2 staff will e-mail your Gift Card to the e-mail address you list within two weeks of receiving your completed questionnaire.

Make sure you give us your current contact information below in order to receive your Gift Card!

a) Please tell us your preferred e-mail address. 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)
Check here to decline the \$5 A	

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 (such as another relative or your best friend).

Back-up Contact:	Name:           Address:
e) Please tell us your Social Security number.	
33π.	Phone:
	E-mail:

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 (617-424-4100).

Ha	arvard Medical School Pa	age 1						Gro	wing	Up To	day St	udy
1.	Who do you live with most of the time? (Mark all that apply)											
	My parent(s) In apartment or house, with other people, not w	ith family		/ly spo	use, pa	rtner, c	or sign	ificant o	other			1
	In a dorm In a fraternity/sorority I live alone	Other										
2.	What is your current status? O Never married O Married/engage	ged 🔵 Liv	ving v	vith pa	rtner 🤇	) Sepa	arated		)ivorce	d 🔿 V	Vidowed	2
2	How tall are you?											
З.	Feet Inches											3
	Feel Inches											
4.	How much do you weigh?											4
	Pounds											
5.	Is this your correct date of birth?											5
	Yes If no, please											
	No write correct date.											
6.	Have you smoked at least 100 cigarettes (5 packs) in your life	fe?										(6)
_	No Yes											
7.	How long ago did you smoke your last cigarette?											(7)
	○ I've never smoked ○ More than a year ago ○ 6–12 mos ago											
~	4–6 mos ago 1–3 mos ago Past month, not past week			less to a second							N - 11 -	
	How often do you smoke? Don't smoke Less than once/mo							kly, but i		· · ·	any	8
	How many cigarettes do you smoke in one day? Opon't s			2–5	6- INCHES				Í	r more		
10.	Measure your waist							F Q		F		
	Use the tape measure that came with the survey to measure your waist. Your measurement will be more accurate if you follow these suggestions				0 0		<b>/4</b>	R (1 0 (2				
	Make measurements while standing	s.			1 1			F (3			339	
	Don't measure over bulky clothing				2 2							
	Record answers to the nearest 1/4 inch	)			3 3			Ê	55		5 5 11	
	If for some reason you lost your tape measure and do not	-11			4			U S E	6			
	have another one available, please skip this question.	WAI	ST: sure		5) (5			Ē	$\overline{7}$		5	
			avel		6 6			O N L	88			
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		1			8							
		/			9							
11.	How many hours per week, Monday through Friday, do you	None-1/a	1_	51/6	9		151/2	16_201%	21_3	201/2	21.	(11)
11.	How many hours per week, <b>Monday through Friday</b> , do you spend doing the following? (a TOTAL for M–F)	None-½ hr.		5½ r.			15½ r.	16–20½ hr.	21–3 hi		31+ hr.	(1)
11.					9 6-10½	11-'						11
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	spend doing the following? (a TOTAL for M–F) Watching TV Watching DVDs/Videos	hr.	h		9 6-10½	11-'	r.			r		
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a. the	love and a	ffection my parent show	ws me.	Father/Other parent	Ŏ	Ŏ	Ŏ	Õ	Ŏ
				Mother	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
b. the	emotional	support my parent give	es me.	Father/Other parent	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
				Mother	0	0	0	0	Ó
c. how	v many thii	ngs my parent and I hav	e in common.	Father/Other parent	Ŏ	Ŏ	Ŏ	Õ	Ŏ
				Mother	Ō	Ō	Ō	Ō	Õ
d. the	way my p	arent and I resolve conf	licts.	Father/Other parent	0	Õ	$\bigcirc$	$\bigcirc$	Õ
				Mother	0	0	0	0	0
e. the	respect m	y parent shows me.		Father/Other parent	0	0	0	0	0
6 H - A	6	and and the set of		Mother	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
f. the f	tun my par	ent and I have together		Father/Other parent	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
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g. the	way my pa	arent and I communicat	e with each other.	Father/Other parent	Õ	Õ	Õ	Õ	Õ
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h. my	relationshi	p with my parent in gen	ieral.	Father/Other parent	Õ	Õ	Õ	Õ	Ŏ
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finish	ed high s	school, think back to	o when you were in	ur high school. If you ha high school to answer				0	0000
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Where	would voi	u place yourself on this I	laddar?				<i>↓ </i>		6 6 6
Fill in t		e that you think best re		are on this ladder.			//		777
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○ <21 days	26–31	32	-39 🔘	40–50	
51+ days or too irregular to	estimate	O No	periods		
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behaved. Indicate how of	ten you	have felt	this way		24
during the PAST WEEK.			Occasion-		
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	of the	little of	amount of	All of	
	time	the time	the time	the time	
I was bothered by things that usually don't bother me.	0	0	0	0	$\bigcirc$
I had trouble keeping my mind on what I was doing.		0	0		$\bigcirc$
I felt depressed.	0	0	Ō	0	$\bigcirc$
I felt that everything I did					
was an effort.		$\bigcirc$	$\bigcirc$		$\bigcirc$
I felt hopeful about the future.	0	0	0	0	$\bigcirc$
l felt fearful.		$\bigcirc$	$\bigcirc$		$\bigcirc$
My sleep was restless.	$\bigcirc$	0	0	0	$\bigcirc$
l was happy.	0	0	0	0	$\bigcirc$
I felt lonely.	0	0	0	0	$\bigcirc$
I could not "get going."	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
are under a lot of stress?					
	Not				
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		Gro	owing	Up To	day Stı	ıdy
Have you ever been to	-					
PROVIDER that you ha	ave any			-		30
illnesses?		YEAR	OF FIR	ST DIA	GNOSIS	
Leave blank for NO, mark here for YES	•	Before 2004	2004– 2006	2007– 2009	2010+	
Fibrocystic or other benign breast disea	y 🗭	0	0	0	0	0
Confirmed by breast biop						
O No O Yes Cancer	<b>Y</b>	0	0	0	0	$\bigcirc$
Location/type of cancer:						
High blood sugar (Diabetes)	Y ->	0	0	0	0	0
High blood pressure (Hypertension)	<b>Y</b>	0	0	0	0	0
High cholesterol, triglycerides, or lipids	(Y)	0	0	0	0	0
Endometriosis	<b>Y</b>	0	0	0	0	0
Confirmed by laparoscopy	y?					0
Any STD (e.g., chlamydia, HPV,	Y →	$\bigcirc$	$\bigcirc$	0	0	0
genital herpes/warts, gon pubic lice/crabs, syphilis,						
Asthma	(Y)	0	0	0	0	$\bigcirc$
Psoriasis	Y ->	Ó	Ō	0	Ō	0
Eating Disorder						
Anorexia nervosa Bulimia nervosa						00
				$\left  \begin{array}{c} \\ \\ \\ \end{array} \right $		X
Binge eating disorder Other	$(\mathbf{Y})$					
Polycystic ovarian syndrome (PCOS)	Y →	0	0	0	0	0
Anterior cruciate ligament (ACL) tear	(Y)	0	0	0	0	0
Stress fracture						$\cap$
Gallstones		6	6	6	$\overline{0}$	0
Gallbladder removal						
Rheumatoid arthritis						X
Other arthritis						0
Mononucleosis (Mono)	<b>Y</b>	0	0	0	0	0
Confirmed by blood test?						
Other major illness or surgery in the last 10 years (e.g., multiple sclerc bariatric surgery)	Y 🕩	0	0	0	0	0
Please specify:						
This PAST SUMMER, I sunburn?	how ma	ny tin	nes di	d you	get a	31
Didn't get a sunburn	🔵 1 tin	ne (	) 2 tin	nes		
$\bigcirc$	or more t					
When outside THIS PA			l, how	often	did	32
you use sunscreen wi			Ofte	n 🔿 A	lways	
$\begin{array}{c} (1) (2) (3) (4) (5) (6) (7) (8) \\ (1) (2) (3) (4) (5) (6) (7) (8) \\ (2) (3) (4) (5) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (4) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (6) (7) (8) \\ (3) (7) (7) (7) (8) \\ (3) (7) (7) (8) \\ (3) (7) (7) (8) \\ (3) (7) (7) (8) \\ (3) (7) (7) (8) \\ (3) (7) (7) (8) \\ (3) (7) (7) (7) (8) \\ (3) (7) (7) (7) (7) \\ (3) (7) (7) (7) (7) (7) (7) (7) \\ (3) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7$	90		3 4 (	560	7 8 9 7 8 9	
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arvard	d Medical School Page 4				Grov		
33. W	/hat number SPF do you usually use?						
	Less than SPF 15 OSPF 15 OSPF 30 OGreater than	SPF 30					
34. In	the PAST YEAR, how many times did you use a tanning bed?						
	Never 1 time 2–9 times 10–19 times 20–29	times C	30 or mor	e times			
35. A	person's appearance, style, or dress may affect the way people	think of the	nem. On a	verage.	how do	vou thin	k
	eople would describe your appearance, style, or dress? (Mark o			<b>J J J J</b>			
C	Very O Mostly O Somewhat O Equally feminine	○ Some	what	Mostlv	$\sim$	Verv	
	feminine feminine feminine and masculine	masc	uline	mascu	ıline	masculin	е
36 A	person's mannerisms (such as the way they walk or talk) may a	offect the w	av neonl	hink o	f them (	On avera	ane
	ow do you think people would describe your mannerisms? (Mar						ige,
	Very Mostly Somewhat Equally feminine			O Mostly	$\sim$	Very	
	feminine feminine feminine and masculine	masc		mascu		masculin	е
37 In	n the PAST YEAR, did you try to lose weight or keep from gaining	a weight?					
57. m	$\sim$ a) In the PAST YEAR, how often did you go on a diet t		abt or kor	n from o	noining y	voiaht?	
		O lose weig	$\bigcirc$ Always			weight?	
		Onteri				1	1
	b) In the PAST YEAR, did you do any of the following	Never	Less than	1–3 times	Once per	2–6 times	Deilu
	to lose weight or keep from gaining weight?	Never	monthly	a month	week	per week	Daily
	Fast (not eat for at least a day)						
	Make yourself throw up						
	Take laxatives						
38. So	ometimes people will go on an "eating binge," when they eat an rould consider to be very large, in a short period of time. In the P	amount of	tood that	most pe	eople, lik	e their fr	iends,
w(				-	-	an caung	, binge
C	Never Cless than monthly 1-3 times per month On	ce a week	O More t	han once a	a week		
- 1	+						
- 1							
	<ul> <li>a) During the times when you ate this way, did you fee</li> </ul>	el you coul	dn't stop	eating or	r contro	I what or	' how
	much you were eating? No Yes						
39. Do	o you eat sensibly in front of others and splurge alone?	ver 🔵 Ra	arely	Often	Alway	/S	
	o you eat sensibly in front of others and splurge alone?				<u> </u>	rs least once	e a week
40. Do		ver 🚫 Ra	arely	Sometime	es O At	least once	
40. Do 41. To	o you go on eating binges though you are not hungry?	ver ORa r? "I start o	arely O	Sometime the morr	es OAt	least once t because	e of
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40. Do 41. To an to 42. Ho 42. Ho 43. Plo 43. Plo 44. Pe tho Do Do Do Do Do	o you go on eating binges though you are not hungry?       New         o what extent does this statement describe your eating behavio         on ynumber of things that happen during the day, by evening I had         o start dieting again tomorrow."         Not like me       A little like me         Pretty good description of me         dow often do you eat         Recause you're depressed or sad.         Because you feel worthless or inadequate.         as a way to help you cope.         as a way to comfort yourself.         as a way to avoid thinking about something unpleasant or to distract yourself.         Ilease answer the following questions as true or false:         usually eat too much at social occasions, like parties or picnics.         cometimes things just taste so good that I keep on eating even when I am no         bince my weight goes up and down, I have gone on reducing diets more than         Vhen I am with someone who is overeating, I usually overeat too.         cometimes when I start eating, I just can't seem to stop.         is difficult for me to leave something on my plate.         While on a diet, if I eat a food that is not allowed, I often then splurge and eat         eople eat for a variety of reasons. Please tell us how often         the following statements apply to you.         No you have the desire to eat when you are irritated?         No y	ver Ra r? "I start of ve given u Describe Almost never O O O O O O O O O O O O O	arely dieting in pandeat and eat s me perfect r Rarely of the second sec	Sometime the morr what I w ctly / Sometim / O / O / O / O / O / O / O / O / O / O	At ning, but vant, pro	least once t because prising n Almo n or or or or or or or or or or or or or	e of nyself stalways always C C C C C C C C C C C C C C C C C C C
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Harva	ard Medical School Page 5			Grow	ing Up ]	<b>loday Stu</b>	ıd
44.	continued: Please tell us how often the following statements apply to you.	Never	Seldom	Sometimes	Often	Very often	
	Do you have a desire to eat when things are going against you or when things have gone wrong	?	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\left( \right)$
	Do you have a desire to eat when you are frightened?	0	$\bigcirc$	0	0	0	$\left( \right)$
	Do you have a desire to eat when you are disappointed?		$\bigcirc$		$\bigcirc$	$\bigcirc$	C
	Do you have a desire to eat when you are emotionally upset?	0	$\bigcirc$	0	0	0	C
	Do you have a desire to eat when you are bored or restless?		$\bigcirc$		$\bigcirc$	$\bigcirc$	C
	If food tastes good to you, do you eat more than usual?	0		0		0	C
	If food smells and looks good, do you eat more than usual?						C
	If you see or smell something delicious, do you have a desire to eat it?	0	$\bigcirc$	0	$\bigcirc$	0	C
	If you have something delicious to eat, do you eat it right away?						
	If you walk past a coffee shop, bakery, or other place that sells sweets, do you have a						
	desire to buy something delicious?	$\bigcirc$		0			
	If you walk past a fast food or other quick service restaurant, do you have the desire to						
	buy something delicious?	$\bigcirc$					
	If you see others eating, do you also have the desire to eat?	0		0		0	C
	Can you resist eating delicious foods?			$\bigcirc$		$\bigcirc$	C
	Do you eat more than usual when you see others eating?	0		0		0	C
	When preparing a meal, do you tend to eat something?			$\bigcirc$		$\bigcirc$	C

#### 45. What have you done in the PAST YEAR? Mark "None/Zero" for any season you did not do that activity.

How much did you do it ea	ch season?			None/Zero	Less than 1/2 hrs/wk	¹/₂ <b>–3</b> ¹/₂ hrs/wk	4–6½ hrs/week	7–9½ hrs/week	10+ hrs/week
Baseball/softball	🔵 No	🔿 Yes 📩 📂	Fall	0	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
			Winter	$\bigcirc$	$\bigcirc$		0		
			Spring	$\bigcirc$	$\bigcirc$		0		
			Summer	0	0		0		
Basketball	🔿 No	Yes	Fall	0	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
			Winter	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
			Spring	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
	•		Summer	Ŏ	Ŏ	Ŏ	Õ	Õ	Õ
Biking	◯ No	Yes	Fall	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
0			Winter	Ŏ	Õ	Ŏ	Ŏ	Ŏ	Ŏ
			Spring	Ŏ	Ŏ	ŏ	Ŏ	ŏ	Ŏ
	•		Summer	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Soccer, rugby	🔿 No	Yes	Fall	0	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
			Winter		$\overline{\mathbf{O}}$			$\overline{\bigcirc}$	
			Spring					$\overline{\bigcirc}$	
	•		Summer	0	Ŏ	0	Ŏ	0	Ŏ
ce, field, street	O No	Yes	Fall	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
hockey or lacrosse			Winter	Ŏ	Ŏ	$\overline{0}$	Ŏ	$\overline{\mathbf{O}}$	Ŏ
,			Spring	Ŏ	Õ	Ŏ	Ŏ	Ŏ	Ŏ
	•		Summer	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Running or jogging,	🔿 No	Yes	Fall	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
including treadmill			Winter	Ŏ	$\overline{\bigcirc}$	$\overline{\mathbf{O}}$	Ŏ	$\overline{\mathbf{O}}$	Ŏ
C C			Spring	Ŏ	Õ	Ŏ	Õ	Ŏ	Ŏ
	•		Summer	Õ	Ŏ	Ŏ	Ŏ	0	Ŏ
Swimming	🔿 No	Yes	Fall	0	0	0	0	0	0
-	Ĭ	-	Winter	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
			Spring	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
	•		Summer	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Rollerblading, rollerskating	🔿 No	Yes	Fall	0	$\bigcirc$	0	0	0	$\bigcirc$
or ice skating			Winter	0	Ŏ	Ŏ	<u> </u>	Ŏ	Ŏ
			Spring	0	$\overline{\mathbf{O}}$	Ŏ	<b>O</b>	$\overline{\mathbf{O}}$	$\overline{\mathbf{O}}$
			Summer						

				age 6		Loss than	1/- 91/	<b>4–6</b> <sup>1</sup> / <sub>2</sub>	<b>7–9</b> <sup>1</sup> / <sub>2</sub>	10.
15.	continued: How much did ye	ou do it ea	icn season?		None/Zero	Less than 1/2 hrs/wk	1/2 <b>3</b> 1/2 hrs/wk	4–61/2 hrs/week	/-g1/2 hrs/week	10+ hrs/week
	Skateboarding, snowboarding,	O No	🔿 Yes 💶 🗩	Fall	0	$\bigcirc$	0	0	$\bigcirc$	$\bigcirc$
	or skiing			Winter	0	$\bigcirc$	0	0	0	0
		- <b>L</b>		Spring	0	$\bigcirc$	$\bigcirc$	0	0	0
				Summer	0	0		0	$\bigcirc$	
	Dancing or aerobics	O No		Fall	0	$\bigcirc$	0	$\bigcirc$	0	0
	-			Winter	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
				Spring	Ō	Õ	Õ	Õ	Ō	Õ
				Summer	0	0	0	0	Ō	0
	Tennis or other racquet sports	🔿 No	Yes Yes	Fall	0	0	0	0	0	0
				Winter	0	0	0	0	0	0
				Spring	0	$\bigcirc$		0	0	
				Summer	Ō	Ō	Õ	Ō	Ō	Ō
	Walking (to/from school, friend's	O No	) Yes	Fall	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	house, store, or treadmill)			Winter	Ŏ	$\overline{\bigcirc}$	$\overline{\bigcirc}$	Ŏ	$\overline{\bigcirc}$	Ŏ
	,			Spring	Ŏ	Õ	Õ	Ŏ	Õ	Ŏ
				Summer	Ŏ	Õ	Õ	Ŏ	Õ	Ŏ
	Stairmaster, elliptical trainer,	() No	) Yes	Fall	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	or rowing machine			Winter	Ŏ	ŏ	ŏ	ŏ	ŏ	ň
	<b>3</b>			Spring	Ŏ	Ŏ	$\widetilde{\mathbf{O}}$	Ŏ	Ŏ	ŏ
				Summer	Ŏ	Ŏ	Õ	Õ	Ŏ	Ŏ
	Gymnastics or	O No	) Yes	Fall			$\bigcirc$	$\bigcirc$	$\bigcirc$	
	cheerleading			Winter						
	onconceang			Spring						
		V		Summer		0	0	0	0	Ŏ
	Strength training exercises	() No	) Yes	Fall			$\bigcirc$		$\bigcirc$	
	(push-ups, lifting weights)			Winter						
	(paon apo, ming worgino)	_		Spring			-		$\overline{}$	$\overline{}$
		V		Summer	0	0	0	0	0	0
	Volleyball	O No	Yes	Fall			$\bigcirc$	$\bigcirc$		
	Volicyball			Winter						
				Spring						
				Summer						
	Yoga or pilates	O No		Fall		$\bigcirc$	$\bigcirc$		$\bigcirc$	
				Winter		$\overline{\bigcirc}$				$\overline{0}$
				Spring			$\widetilde{\cap}$	Ň	$\widetilde{\cap}$	ŏ
				Summer	Ŏ	Ŏ	Ŏ		Ŏ	Ŏ
	se questions ask about what	-								
ю.	Which cold breakfast cereal	-	Honey Bunches		-	-	ecial K	000	000	00
	Other:		-							11
								222	222	22
	O Never eat cold breakfast cere					FL RB KG	MW RK	333		33
17.	Do you take vitamins (like F		-					4 4 4	4 4 4	4 4 4
	Yes a) How many	-	•	1-2 03			or more		5 5 5	5 5 4
			do you usually ta	-		xact brar	nd)	6 6 6	666	66
	Centrum	🔵 One	a day Women's (	Flintstones	Complete				777	77
	Other:								888	88
								999	9999	99
18.	Do you take any other sepa	rate vitam	in or mineral pills	s? (NOT the	vitamin lis	sted in qu	estion 4	17)		
	Ves a) If yes, do y		-	-						

FRUITS AND VEGETABLES	Never	<1/mo.	1–3 per month	1 per week		5–6 per week	1 per day	2–3 per day	4–5 pe day	r 6 per
Raisins (small pack)	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	Ó		$\bigcirc$	·
Grapes (bunch)	Ŏ	Ŏ	Ŏ	Õ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	C
Bananas (1)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	
Apples or pears (1)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	C
Applesauce (1/2 cup)	Ŏ	Õ	Ō	Õ	Ō	Õ	Õ	Õ	Õ	
Cantaloupe (1/4 melon)	Ŏ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	
Watermelon (1 wedge)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ċ
Oranges (1), grapefruit (1/2)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	C
Strawberries (1/2 cup)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ĩ
Peaches, plums, apricots (fresh, canned or dried) (1 serving)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	C
Orange juice (1 medium glass)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ī
Apple juice and other 100% fruit juices (1 medium glass)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	C
Tomatoes (2 slices)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ĩ
Tomato juice or V8 (1 small glass)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	ĨĈ
String beans (1/2 cup)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ĩ
Broccoli (1/2 cup)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	ĨĈ
Corn (1 ear or 1/2 cup frozen or canned)	Ŏ	Õ	Ŏ	Õ	Ŏ	Õ	Õ	Õ	Õ	
Peas or lima beans (1/2 cup fresh, frozen, canned) or soup	Ŏ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	C
Mixed vegetables (1/2 cup)	Ŏ	Õ	Ŏ	Õ	Ŏ	Õ	Õ	Õ	Õ	
Spinach, raw as in salad (1 cup)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	ĨĈ
Collard greens/kale/cooked spinach (1/2 cup)	Ŏ	Õ	Ŏ	Õ	Ŏ	Õ	Õ	Õ	Õ	
Brussels sprouts (1/2 cup)	Ŏ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	C
Green/red/yellow peppers (3 slices)	Ó	Ó	$\bigcirc$	$\bigcirc$	0	Õ	0	0	0	
Yams/sweet potatoes (1 med. or 1/2 cup)	Ó	Ō	0	0	Ō	Ó	0	Ō	0	
Zucchini, summer squash, eggplant (1/2 cup)	Ó	Ó	0	$\bigcirc$	0	Õ	0	Ō	0	
Carrots, cooked (1/2 cup)	Ŏ	Õ	Õ	Õ	Ŏ	Õ	Õ	Õ	Õ	C
Carrots, raw (1/2 carrot or 2-4 sticks baby carrots)	Ó	Ó	0	$\bigcirc$	0	Õ	0	Ō	0	
Celery (2–3 sticks)	Ó	Õ	0	0	Ō	Õ	Ō	Ō	Ō	
Lettuce/tossed salad (1 serving)	Ŏ	Ŏ	Ŏ	Õ	Ŏ	Õ	Ŏ	Ŏ	Ŏ	
Potato salad (1/3 cup)	Ŏ	Õ	Õ	Õ	Ŏ	Õ	Õ	Ŏ	Õ	C
French fries (medium order)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Õ	Č
Potatoes—baked or boiled (1), mashed (1 cup)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Õ	Ŏ	Ŏ	C
Onion rings, cooked onions, or soup (1/2 cup)	ŏ	ŏ	ŏ	ŏ	Ŏ	ŏ	ŏ	ĬŎ	ŏ	ŤČ

BREADS AND CEREALS	Never	<1/mo.	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day		6+ per day
Cold breakfast cereal (1 serving)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Cooked oatmeal, including instant (1 cup)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
Other cooked breakfast cereal (1 cup)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		
Bread White or pita, exclude sandwiches	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
(1 slice) Whole wheat or whole grain, excl. sandwiches		$\bigcirc$	$\bigcirc$		$\bigcirc$			$\bigcirc$		
Bagels, English muffins, or rolls (1) include breakfast sandwiches		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
Muffins (1)		$\bigcirc$	$\bigcirc$		$\bigcirc$			$\bigcirc$		
Cornbread (1 square)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
Biscuit (1)		$\bigcirc$	$\bigcirc$		$\bigcirc$			$\bigcirc$		
White rice (1 cup)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		0		$\bigcirc$
Brown rice (1 cup)		$\bigcirc$	$\bigcirc$		$\bigcirc$			$\bigcirc$		
Tortilla (2) e.g., tacos, quesadillas (exclude burritos)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		0		0
Pancakes or waffles (2 small)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
French toast (2)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0

#### 51. What type of cooking oil does your family use?

Ocanola oil Olive oil

○ Vegetable oil ○ Corn oil

O Soybean oil

O Don't know

										-	
52. What form of margarine does your family usually use?	at form of margarine does your family usually use?       0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
None a) What specific brand and type of marga											
Stick Leave blank if you don't know.	a) What specific krand and type of margarine or spread (like "Promise Light Spread?)?       0	2									
◯ Tub								3	3 3	8 8 8	
Squeeze (liquid)								4	4 4	9 9 9	5
Spray or nonfat											٦
O Don't know											
53. What type of cream cheese, cottage cheese, or other cheese	do vo	ou usi	ually u	se?							(
		1			2 4 nor	5 6 nor	1	2 2 nor	4 5 00	<b>6</b> .	
54. DAIRY FOODS	Never	<1/mo.									
	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		٦
	Ŏ	Ŏ	$\overline{\bigcirc}$	$\widetilde{\mathbf{O}}$	Ŏ	Ŏ	$\widetilde{\mathbf{O}}$	Ŏ	Ŏ	Ŏ	
	Ŏ	Õ	$\widetilde{\mathbf{O}}$	$\widetilde{\bigcirc}$	Ŏ	Ŏ	$\widetilde{\bigcirc}$	Ŏ	Ŏ	Ŏ	
	$\overline{\bigcirc}$	$\overline{\bigcirc}$	$\widetilde{\cap}$	$\widetilde{\bigcirc}$	Ŏ	ŏ	$\widetilde{\mathbf{O}}$	Ŏ	Ŏ	ŏ	-
	$\overline{0}$	$\overline{0}$			$\overline{\bigcirc}$					$\overline{\mathbf{i}}$	
		$\overline{\mathbf{a}}$			$\overline{\mathbf{a}}$		$\overline{0}$		$\overline{\mathbf{a}}$	$\overline{\mathbf{a}}$	
			$\left  \begin{array}{c} \\ \\ \\ \end{array} \right $		$\left  \begin{array}{c} \\ \\ \\ \end{array} \right $	$\left  \begin{array}{c} \\ \\ \end{array} \right $					
											_
											-
					$\mathbb{R}^{2}$						
				$\nabla$	$\square$		$\nabla$	$\square$	$\square$		
	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\cup$	$\cup$	$\bigcirc$	_
that you get at a restaurant) -not margarine	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	_
Margarine (1 pat) - not butter	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Whipped cream (1 serving) - EXCLUDE coffee drinks and/or fat free	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Cream, e.g., coffee, sour (exclude fat free) (1 Tbs)			$\bigcirc$			$\bigcirc$			0       0       0       5       5       0         1       1       1       6       6       0         2       2       2       7       7       0         3       3       8       8       0       0       0         4       4       4       9       9       0       0         0       0       0       0       0       0       0         0       <		
Ketchup (1 Ibs)				$\frown$			,		uuy	por aug	-
Ketchup (1 Tbs)							,	,	uuy	po: uuj	_
	$\left  \begin{array}{c} 0 \\ 0 \end{array} \right $	$\bigcirc$	0	0	0	0	0	0	0		
Cream (milk) soups or chowder (1 bowl)		$\bigcirc$	000	0	0			0			
Clear soup (with noodles, rice, vegetables) 1 bowl			000								
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs)			0000								
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs)											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup)											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup)					0           0						
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches	0			•		5-6 per					
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches 66. DRINKS: Consider the serving size as 1 glass, bottle	of margarine does your family usually use? <ul> <li>a) What specific brand and type of margarine or spread (like "Promise Light Spread")?</li> <li>b) 0</li> <li>c) 0</li> <lic) 0<="" li=""> <li>c) 0</li> <li>c</li></lic)></ul>										
9 guesse floatid         0											
Spage records         Second Hardwith Water Second Sec											
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches	0	<1/mo.		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches <b>56. DRINKS: Consider the serving size as 1 glass, bottle</b> Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up)	0	<pre></pre>		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches <b>56. DRINKS: Consider the serving size as 1 glass, bottle</b> Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up) Regular carbonated beverage with caffeine & sugar, (e.g., Coke,	of margarine does your family usually use? <ul> <li>a) What specific brand and type of margarine or spread (ikke "Promise Light Spread")?</li> <li>b) a b b c b c b c b c b c b c b c b c b c</li></ul>										
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches <b>56. DRINKS: Consider the serving size as 1 glass, bottle</b> Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up) Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper)	0	<pre></pre>		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	0       0       5       5       6         1       6       6       0         2       2       7       7       0         3       3       8       8       0         4       4       9       9       0         4       4       9       9       0         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0         0       0       0       0       0       0         0 <td>6+</td> <td></td>	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches <b>66. DRINKS: Consider the serving size as 1 glass, bottle</b> Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up) Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper) Other regular carbonated beverage with sugar, (e.g., 7-Up)	None       0										
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage with caffeine, (e.g., Diet Coke) Other carbonated beverage with caffeine & sugar, (e.g., Diet 7-Up) Regular carbonated beverage with sugar, (e.g., 7-Up) Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or	usually use?       0 <t< td=""></t<>										
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up) Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper) Other regular carbonated beverage with sugar, (e.g., 7-Up) Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice Sport drinks - Powerade or Gatorade (individual bottle)	0	<pre></pre>		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 Tbs) exclude sandwiches <b>66. DRINKS: Consider the serving size as 1 glass, bottle</b> Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke) Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up) Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper) Other regular carbonated beverage with sugar, (e.g., 7-Up) Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice Sport drinks - Powerade or Gatorade (individual bottle) Energy drinks Sugar free, low calorie, or low carb energy drinks	0	()		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salas (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up)         Regular carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks	0	()		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up)         Regular carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks         Regular hot tea with caffeine, including green tea (1 cup)	0	()		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up)         Regular carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks         (e.g., Red Bull)       Regular energy drinks         Regular hot tea with caffeine, including green tea (1 cup)       Smoothies (e.g., medium Jamba Juice or Orange Julius)	0	- 1/mo.		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up)         Regular carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks         (e.g., Red Bull)       Sugar free, low calorie, or low carb energy drinks         Regular hot tea with caffeine, including green tea (1 cup)       Smoothies (e.g., medium Jamba Juice or Orange Julius)         Water - tap and bottled (1 glass or bottle)       Suttle)	0	<ul> <li></li> &lt;</ul>		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet 7-Up)         Regular carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks         Regular hot tea with caffeine, including green tea (1 cup)       Smoothies (e.g., medium Jamba Juice or Orange Julius)         Water - tap and bottled (1 glass or bottle)       Beer, regular (1 glass, bottle or can)	0	• • • • • • • • • • • • • • • • • • •		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Feanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Soluter carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated, low-cal beverage with caffeine, (e.g., Diet Coke)         Other carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)         Other regular carbonated beverage with sugar, (e.g., 7-Up)         Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice         Sport drinks - Powerade or Gatorade (individual bottle)         Energy drinks       Sugar free, low calorie, or low carb energy drinks         Regular hot tea with caffeine, including green tea (1 cup)       Smoothies (e.g., medium	0	Image: Constraint of the sector of the se		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl Mayonnaise (1 Tbs) Low calorie or low fat salad dressing (1–2 Tbs) Salad dressing (not low calorie) 1–2 Tbs Salsa (1/4 cup) Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches Peanut butter, plain (1 glass, bottle, plain) Noter regular (1 glass, bottle or can) Light beer, e.g., Bud Light or Natural Light (1 glass, bottle or can) Wine or Wine Coolers (1 glass)	0	()		•		5-6 per	0 0 0 0 0 0 0 0	2-3 per	4-5 per	6+	
Clear soup (with noodles, rice, vegetables) 1 bowl         Mayonnaise (1 Tbs)         Low calorie or low fat salad dressing (1–2 Tbs)         Salad dressing (not low calorie) 1–2 Tbs         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Feanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches         Peanut butter, plain (1 Tbs) exclude sandwiches         Salsa (1/4 cup)         Aready and the system of the serving size as 1 glass, bottle         Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)         Other carbonated beverage with caffeine & sugar, (e.g., Coke,         Pepsi, Mt. Dew, Dr. Pepper)       Other regular carbonated beverage with su	r family usually use? cedific brand and type of margarine or spread (like "Promise Light Spread")? liank if you don't know. ge cheese, or other cheese do you usually use? Don't know None Never drime. manh week week dow 23 per 45 per 6 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										

Harvard Medical School	Page 9	Growing Up Today Study
57. What is the USUAL serving si	ze of the soda/pop you drink (any type)?	57
🔵 <12 oz. 🔵 12 oz. (e.g., can)	🔵 16–20 oz. (e.g., individual bottle) 🛛 🔵 21+ oz. (e.g., Big Gulp)	O Don't drink soda
58. How many teaspoons of suga	ar do you ADD to your beverages or food each day?	58

None/less than 1 tsp/day 1–2 tsp/day 3–4 tsp/day 5 or more tsp/day

59.	COFFEE & COFFEE DRINKS	How often? What size? Small = 8–12 ounces; Medium = 14–16 ounces; Large = 20–24 ounces	Usually add whipped cream?
	Decaffeinated coffee (1 cup)	Never       <1/mo.       1-2/wk.       3-6/wk.       1/day       2+/day         Usual size consumed:       Small       Medium       Large	
	Coffee - not decaf (1 cup)	Never       <1/mo.       1-2/wk.       3-6/wk.       1/day       2+/day         Usual size consumed:       Small       Medium       Large	
	Nonfat coffee dairy drinks,	○ Never ○ <1/mo. ○ 1–3/mo. ○ 1–2/wk. ○ 3–6/wk. ○ 1/day ○ 2+/day	O Yes
	e.g., Cappuccino, Mocha, Latte	Usual size consumed: O Small O Medium O Large	
	Low-fat or whole milk coffee dairy drinks,	○ Never ○ <1/mo. ○ 1–3/mo. ○ 1–2/wk. ○ 3–6/wk. ○ 1/day ○ 2+/day	O Yes
	e.g., Cappuccino, Mocha, Latte	Usual size consumed: O Small O Medium O Large	
	Nonfat iced coffee dairy drinks,	○ Never ○ <1/mo. ○ 1–3/mo. ○ 1–2/wk. ○ 3–6/wk. ○ 1/day ○ 2+/day	O Yes
	e.g., Coffee Coolatta, Frappuccino	Usual size consumed: O Small O Medium O Large	
	Low-fat or whole milk iced coffee dairy drinks,	○ Never ○ <1/mo. ○ 1–3/mo. ○ 1–2/wk. ○ 3–6/wk. ○ 1/day ○ 2+/day	O Yes
	e.g., Coffee Coolatta, Frappuccino	Usual size consumed: O Small O Medium O Large	

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

Never or almost never 0 1–2 times per week 0 3–4 times per week 0 5 or more times per week

- 61. 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
- 62. How often did you eat something from a fast food restaurant (McDonald's, KFC, Wendy's, etc.) in the past year? Never/less than once/month 1–3 times/mo. Once per week 2–6 times/wk. Once per day or more
- 63. How often did you eat something from a takeout restaurant (Chinese food, pizza, deli, supermarket fully prepared food, Applebee's to-go) in the past year?
  - Never or less than once/month 0 1–3 times/mo. 0 Once per week 2–6 times/wk. 0 Once per day or more
- 64. How often did you eat something from a casual dining restaurant (Applebee's, Panera Bread, etc.) in the past year?
- 65. How often do you eat fried food that is fried at home, like fried chicken?

spine perf

3/8"

66. How often do you eat deep fried chicken, fish, shrimp, clams away from home?

Never or less than once per week 0 4–6 times per week 1–3 times per week Daily

MAIN DISHES		Never	<1/mo.		1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day		6+ per day
Eggs (1) e.g., scran	nbled, fried, in breakfast sandwich	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Cheeseburger (1)		0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Hamburger (1)		$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		
Veggieburger (1)		$\bigcirc$		0		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Tofu, soyburgers, n	niso, edamame, or other soy dish (1 serving)	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		
Pizza (2 slices)		$\bigcirc$	$\bigcirc$	0	$\bigcirc$	0	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
Chicken nuggets (6	5)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Beef or pork hot do	ogs (1)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Chicken or turkey h	not dogs or sausage (1)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Bacon (2 slices )		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Beef/pork sausage	(2 oz. or 2 small links)	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		
Sandwich or wrap	How often	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$
Usual type(s)	Salami/ham/bologna/other cold processed meat										
mark all	, scrambled, fried, in breakfast sandwich         er (1)         1)         r (1)         gers, miso, edamame, or other soy dish (1 serving)         es)         gets (6)         hot dogs (1)         uurkey hot dogs or sausage (1)         res )         uurkey hot dogs or sausage (2 oz. or 2 small links)         wrap       How often         Beef       Tuna         Veggie (no meat)         Chicken/turkey       Peanut butter & jelly/fluff         e:       Small (e.g., a sandwich you make at home)         Medium       Large (e.g., Subway footlong)         How often       Image (a.g., Subway footlong)										
that apply:	Chicken/turkey OPeanut butter & jelly/fluff										
Size:	Small (e.g., a sandwich you make at home)										
3126.	O Medium O Large (e.g., Subway footlong)										
Burrito	How often	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Usual type mark all that apply:	Tofu Beans Vegetables										

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7. MAIN DISHES continued	Never	<1/mo.	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Pasta (e.g., spaghetti with sauce, lasagna) 1 cup How often	0	0	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
Usual type(s) Ochicken or turkey Beef/hamburger/pork										
mark all that apply: Vegetable Plain										
Mixed other dishes (e.g., Pad Thai, chili, Frz. dinners) How often 丰 📂	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Usual type(s) Chicken or turkey Beef, pork, or lamb										
mark all that apply: O Tofu Vegetables Fish										
Beef or lamb as a main dish, e.g., as a steak or roast (4–6 oz)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Chicken or turkey as a main dish (e.g., fried or roasted) with skin (3 oz)										
including ground		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$		$\bigcirc$
Chicken or turkey as a main dish, without skin (3 oz)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pork, ribs or ham as a main dish (1 serving)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$		$\bigcirc$
Beans or lentils (1 serving) include baked beans		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Tomato sauce (1/2 cup) e.g., spaghetti sauce		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Fish sticks, fish cakes, or fish sandwich (1 serving)		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Canned tuna (2–3 oz)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Dark meat fish, e.g., tuna steak, salmon, sardines, swordfish (3-5 oz)	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$	0	$\bigcirc$
Shrimp, lobster or scallops as a main dish (1 serving)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Other fish, e.g., cod, haddock, halibut (3–5 oz)		0	0		$\bigcirc$	$\bigcirc$		0	0	$\bigcirc$
Macaroni and cheese (1 serving)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$		$\bigcirc$
Cheese, eaten alone or added to main dish, sandwich, or quesadilla										
(1 slice/1 oz)		$\bigcirc$	$\bigcirc$			$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$

8. SNACK FOODS/DESSERTS	Never	<1/ma		1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	per
Regular potato chips, corn chips, Doritos (1 small bag)	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Baked chips (1 small bag) e.g., Baked Lays	0	0	0	0	0	0	0	0	0	
Popcorn (1 small bag)	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Pretzels (1 small bag)	0	0	0	0	0	0	$\bigcirc$	0	0	
Peanuts (1 small packet or 1 oz)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Walnuts (1 oz)	0	0	0	$\bigcirc$	0	0	$\bigcirc$	0	0	
Other nuts (small packet or 1 oz)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Seeds, e.g., sunflower or pumpkin (1 oz)	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0		
Fruit snacks or fruit rollups (1 pack)	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	0		
Crackers, e.g., Cheez-its or Ritz (1 serving)	0	0	0	0	0	0	$\bigcirc$	0	0	
Poptarts (1)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Cake (1 slice) or snack cakes, e.g., Twinkies (1 pack)	0	0	0	0	0	0	$\bigcirc$	0	0	
Danish, sweetrolls, pastry (1)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Donuts (1)	0	0	0	0	0	0	$\bigcirc$	0	0	
Cookies (1)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Brownies (1)	0	0	0	0	0	0	$\bigcirc$	0	0	
Pie (1 slice)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Chocolate, e.g., Hershey's or M&M's (1 bar or packet)	0	0	0	0	0	0	$\bigcirc$	0	0	
Other candy bars, e.g., Milky Way, Snickers (1 bar)	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Other candy without chocolate, e.g., Skittles (1 pack)	0	0	0	0	0	0	0	0	0	
Pudding (1/2 cup) - EXCLUDE sugar free	0	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Frozen yogurt or low-fat ice cream (1 cup)	0	0	0	0	0	0	$\bigcirc$	0	0	
Ice cream (1 cup)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Popsicles (1)	0	0	0	0	0	0	$\bigcirc$	0	0	
Energy bar, e.g., Powerbar, Clif Bar, Lunabar (1)	0	0	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
High protein bar, e.g., Zone or Balance Bar (1)	0	0	0	0	0	0	$\bigcirc$	0	0	
Breakfast bars, e.g., Nutrigrain, granola, Kashi (1)	Ŏ	Õ	Ō	Ō	Ō	Ō	Ō	Ō	Ō	

Thank you! Please return the completed questionnaire in the enclosed postage-paid envelope to: GUTS II, Channing Laboratory, 181 Longwood Avenue, Boston, MA 02115 Questions/comments? Write them here or email us: <u>guts2@channing.harvard.edu</u>