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FTYPE NGHS Form 10  
 FREV Rev. 0 3/87  
 14 Pages

NHLBI GROWTH AND HEALTH STUDY

NUTRITION FORM - A

These are questions about the child who is participating in the NHLBI Growth and Health Study:

1. Does she take vitamins? **VITAMINS**
- Daily .....  1
- Most of the time ...  2
- Some of the time ...  3
- Never .....  4

2. Are there certain foods she does not eat because of an allergy or other health reasons? **ALLERGY**
- .....  YES  NO

If **YES**, answer question A.  
 If **NO**, skip to question 3 on next page.

- A. Please identify these foods:
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A.1. Milk or milk products ..... <b>MILK</b> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A.2. Chocolate ..... <b>CHOC</b> .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3. Seafood ..... <b>SEAFOOD</b> .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| A.4. Other foods ..... <b>OTHALLER</b> .....       | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES**, please write the names of the other foods in this space:

ALRGOTHR

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3. In general, do you want her to eat: **AMTEAT**

- Less than she eats now .....  1
- The same as she eats now .....  2
- More than she eats now .....  3
- It doesn't matter how much she eats ...  4

4. In general, do you want her to be physically active: **PHYSACT**

- Less than she is now .....  1
- The same as she is now .....  2
- More than she is now .....  3
- It doesn't matter how physically active she is ...  4

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5. Many parents of 9 and 10 year olds feel they do not know what their child eats. Please mark below how much you know about what your child eats at each of these times.

	Know a little	Know some	Know a lot
A. Breakfast <u>BREAKFAST</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mid-morning snacks <u>MORNSNK</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lunch <u>LUNCH</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mid-afternoon snacks <u>AFTSNK</u> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dinner <u>DINNER</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Evening snacks <u>EVESNK</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. A. Some people eat between meals. Do you think your child snacks between meals:

BETWNMLS

Never or almost never ...	<input type="checkbox"/>	1
Sometimes .....	<input type="checkbox"/>	2
Usually or always .....	<input type="checkbox"/>	3

If she NEVER OR ALMOST NEVER snacks between meals, please go to question 7.

B. If she snacks SOMETIMES or USUALLY OR ALWAYS, when does she snack most?

<u>MORNMST</u> -----	Morning .....	<input type="checkbox"/>	1
<u>AFTMST</u>	Afternoon ...	<input type="checkbox"/>	2
<u>EVMST</u>	Evening .....	<input type="checkbox"/>	3

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7. Do you try to control what your child eats?

CNTRL

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

8. A. After eating a meal, except for having dessert, does she eat again within one hour?

EATAGN

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

B. After eating a meal, except for water or other no-calorie beverages, does she drink beverages within one hour?

DRKAGN

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

9. Has she ever stopped eating for more than a day except for days when she was sick? .....

NOFOOD

- YES
- NO

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10. How would you describe her eating habits? Please answer questions A through H, marking the best answer (NEVER OR ALMOST NEVER, SOMETIMES or USUALLY OR ALWAYS) for each one.

	Never or almost never	Sometimes	Usually or always
A. She eats too much ..... <b>TOMUCH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. She eats too little ..... <b>TOLITTLE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. She eats too many snacks ..... <b>TOMANY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. She eats too little variety ..... <b>NOVARTY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. She is a picky eater ..... <b>PICKY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. She eats only one or two foods for several days at a time ..... <b>SAMFOOD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. She eats very large amounts of food at one time ..... <b>LGAMTS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. She eats the wrong kinds of food ..... <b>WRKIND</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often does she eat food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, Burger King, or some other fast food restaurant?

**FSTFOOD**

Never or almost never ...  1

Sometimes .....  2

Often .....  3

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12. When dinner is served at home does she usually help herself  
or is her plate made up for her?

STYLE

She helps herself .....  1

Plate is made up for her ...  2

13. Does she trim and discard the fat off  
meat or the skin off chicken?

NOFAT

Never or almost never .....  1

Sometimes .....  2

Usually or always .....  3

Fat or skin is removed before she is served ...  4

14. Does she drink an instant meal or diet supplement instead  
of having meals?

SUPPLMNT

Never or almost never ...  1

Sometimes .....  2

Usually or always .....  3

15. Does she prepare or help cook meals?

PREPAR

Never or almost never ...  1

Sometimes.....  2

Usually or always .....  3

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16. Does she bake or make desserts or snacks by herself?

BAKE

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

17. Do you ever tell her that she is eating too much?

TEL2 MUCH

- Never or almost never ...  1
- Sometimes .....  2
- Often .....  3

18. Do you ever tell her that she is not eating enough?

TEL2 LTL

- Never or almost never ...  1
- Sometimes .....  2
- Often .....  3

19. Is she allowed to eat as much as she wants?

ASWANTS

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

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20. Does she ever complain that you nag her about what she eats?

U N A G

- Never or almost never ...  1  
 Sometimes .....  2  
 Often .....  3

The following questions are about your household:

21. Are most of the meals in your household specially prepared because someone is on a "special diet"? (Mark as many reasons A through G as apply in your household.)

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| A. Yes, because someone has high blood pressure <u>HIBP</u> .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Yes, because someone has a heart problem <u>HEARTD</u> .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Yes, because someone has diabetes or high blood sugar ... <u>DIABETD</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Yes, because someone has high cholesterol <u>HICHOLE</u> .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Yes, because someone has another health problem ..... <u>OTHUH</u>       | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Yes, because someone is a vegetarian <u>VEGTARN</u> .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Yes, because of some other reason <u>OTREA</u> .....                     | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please write the reason in this space.

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22. Who usually prepares the food eaten at home for dinner?

- Mother ... WHOPREP1 .....  1
- Father ... WHOPREP2 .....  2
- Child in study WHOPREP3 .....  3
- Other child WHOPREP4 .....  4
- Other adult WHOPREP5 .....  5
- Doesn't eat dinner at home ... WHOPREP6 .....  6

23. Who usually shops for the food eaten at home?

- WHOSHOP1 Mother .....  1
- WHOSHOP2 Father .....  2
- WHOSHOP3 Child in study ...  3
- WHOSHOP4 Other child .....  4
- WHOSHOP5 Other adult .....  5

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24. How often do you serve the following desserts with or after meals?

		Never or almost never	Sometimes	Usually or always
DAIRY	A. Dairy products such as ice cream, pudding, etc. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRUIT	B. Fruit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAKE	C. Cake, cookies, candy, etc. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please answer the following questions concerning the way foods are prepared in your household:

		Never or almost never	Sometimes	Usually or always	Never have that food
FFRIED	A. When you have fish, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFRIED	B. When you have chicken, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MFRIED	C. When you have other meat, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFRIED	D. When you have food such as potatoes, are they fried? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATVEG	E. When you have vegetables, is butter, margarine, salt pork, ham hocks, or meat drippings added to them? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALDRESS	F. When you have salads, is any dressing added? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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26. In some homes certain food items are always on the table or are put out with meals. Please mark whether you have the food items listed below on your table at meals:

		Never or almost never	Sometimes	Usually or always
A. Pepper	PEPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Salt	SALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Butter	BUTTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Margarine	MARG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Mayonnaise	MAYON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other spreads	OTSPRDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sugar	SUGAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Jelly or honey	JELLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Peanut butter	PEANBUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Water	WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Soft drinks/soda	SODA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Milk	MILK2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Juice	JUICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Ketchup	KETCHUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Mustard	MUSTARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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27. How does your family usually eat the evening meal? (Mark the one best answer.)

HOWDINE

- People sit down together .....  1
- People eat at different times ...  2

28. How long does the evening meal usually take?

HOWLONG

- Less than 10 minutes .....  1
- Between 10 and 20 minutes ...  2
- Between 20 and 30 minutes ...  3
- More than 30 minutes .....  4

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29. Please check the fat you use most often for cooking or frying each of the following foods (vegetables, fish, chicken, meat and potatoes):

		Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Other* (please list below.)	Fat never used
A. Vegetables	VEGIA VEGIB										
B. Fish	FISHA FISHB										
C. Chicken	CHICKA CHICKB										
D. Meat	MEATA MEATB										
E. Potatoes	POTAIA POTAB										

\*If marked "other," please list the other fat here:

FREMK

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30. Please check which fat you add most often at the table or use as dressing on each of the following foods (salad, vegetables and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Other* (please list below.)	Fat never used
A. Salad	SALADA SALADB									
B. Vegetables	VEGZA VEGZB									
C. Potatoes	POTAZA POTAZB									

\*If marked "other," please list the other fat here:

FREMK2

31. Who usually prepares the meals in your household?

- WHOFIX1    Yourself .....  1
- WHOFIX2    Your spouse ....  2
- WHOFIX3    Other person ...  3

Thank you very much for your help. We appreciate your cooperation.

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 14 Pages

NHLBI GROWTH AND HEALTH STUDY

NUTRITION FORM - A

These are questions about the child who is participating in the NHLBI Growth and Health Study:

1. Does she take vitamins? VITAMINS

- Daily .....  1
- Most of the time ...  2
- Some of the time ...  3
- Never .....  4

2. Are there certain foods she does not eat because of ALLERGY    
 an allergy or other health reasons? .....  
 YES NO

If YES, answer question A.  
 If NO, skip to question 3 on next page.

A. Please identify these foods:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A.1. Milk or milk products ..... <u>MILK</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.2. Chocolate ..... <u>CHOC</u>             | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3. Seafood ..... <u>SEAFOOD</u>            | <input type="checkbox"/> | <input type="checkbox"/> |
| A.4. Other foods ..... <u>OTHALLER</u>       | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, write the names of the other foods in this space:

ALRGOTHR

3. In general, do you want her to eat: **AMTEAT**

- Less than she eats now .....  1
- The same as she eats now .....  2
- More than she eats now .....  3
- It doesn't matter how much she eats ...  4

4. In general, do you want her to be physically active: **PHYSACT**

- Less than she is now .....  1
- The same as she is now .....  2
- More than she is now .....  3
- It doesn't matter how physically active she is ...  4

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5. Many parents of 9 and 10 year olds feel they do not know what their child eats. Please mark below how much you know about what your child eats at each of these times.

		Know a little	Know some	Know a lot
A. Breakfast	BREAKFAST .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mid-morning snacks	MORNSNK .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lunch	LUNCH .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mid-afternoon snacks	AFTSNK ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dinner	DINNER .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Evening snacks	EVESNK .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. A. Some people eat between meals. Do you think your child snacks between meals:

BETWNMLS

Never or almost never ...	<input type="checkbox"/>	1
Sometimes .....	<input type="checkbox"/>	2
Usually or always .....	<input type="checkbox"/>	3

If she NEVER OR ALMOST NEVER snacks between meals, please go to question 7.

B. If she snacks SOMETIMES or USUALLY OR ALWAYS, when does she snack most?

MORN MST	Morning .....	<input type="checkbox"/>	1
AFT MST	Afternoon ...	<input type="checkbox"/>	2
EVE MST	Evening .....	<input type="checkbox"/>	3

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7. Do you try to control what your child eats?

CNTRL

- Never or almost never ...  1  
Sometimes .....  2  
Usually or always .....  3

8. A. After eating a meal, except for having dessert, does she eat again within one hour?

EATAGN

- Never or almost never ...  1  
Sometimes .....  2  
Usually or always .....  3

B. After eating a meal, except for water or other no-calorie beverages, does she drink beverages within one hour?

DRKAGN

- Never or almost never ...  1  
Sometimes .....  2  
Usually or always .....  3

9. Has she ever stopped eating for more than a day except for days when she was sick? ..... NOFOOD

YES  NO

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12. When dinner is served at home does she usually help herself  
or is her plate made up for her?

STYLE

She helps herself .....  1

Plate is made up for her ...  2

13. Does she trim and discard the fat off  
meat or the skin off chicken?

Never or almost never .....  1

Sometimes .....  2

Usually or always .....  3

nofat

Fat or skin is removed before she is served ...  4

14. Does she drink an instant meal or diet supplement instead  
of having meals?

SUPPLMNT

Never or almost never ...  1

Sometimes .....  2

Usually or always .....  3

15. Does she prepare or help cook meals?

PREPAR

Never or almost never ...  1

Sometimes.....  2

Usually or always .....  3

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16. Does she bake or make desserts or snacks by herself?

BAKE

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

17. Do you ever tell her that she is eating too much?

TEL2MUCH

- Never or almost never ...  1
- Sometimes .....  2
- Often .....  3

18. Do you ever tell her that she is not eating enough?

TEL2LTTL

- Never or almost never ...  1
- Sometimes .....  2
- Often .....  3

19. Is she allowed to eat as much as she wants?

ASWANTS

- Never or almost never ...  1
- Sometimes .....  2
- Usually or always .....  3

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20. Does she ever complain that you nag her about what she eats?

UNAG

- Never or almost never ...  1  
 Sometimes .....  2  
 Often .....  3

The following questions are about your household:

21. Are most of the meals in your household specially prepared because someone is on a "special diet"? .....  YES  NO  
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If meals are specially prepared, is it because: (Mark as many reasons A through G as apply in your household.)

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A. Someone has high blood pressure ..... HIBP            | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Someone has a heart problem ..... HEART10             | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Someone has diabetes or high blood sugar ... DIABET10 | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Someone has high cholesterol ..... HICHOLE            | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Someone has another health problem ..... OTHLTH       | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Someone is a vegetarian ..... VEGTARN                 | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Of some other reason ..... OTREA                      | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please write the other reason in this space.

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22. Who usually prepares the food eaten at home for dinner?

- Mother ..... <sup>WHOPREP1</sup>  1
- Father ..... <sup>WHOPREP2</sup>  2
- Child in study ..... <sup>WHOPREP3</sup>  3
- Other child ..... <sup>WHOPREP4</sup>  4
- Other adult ..... <sup>WHOPREP5</sup>  5
- Doesn't eat dinner at home ... <sup>WHOPREP6</sup>  6

23. Who usually shops for the food eaten at home?

- <sup>WHOSHOP1</sup> Mother .....  1
- <sup>WHOSHOP2</sup> Father .....  2
- <sup>WHOSHOP3</sup> Child in study ...  3
- <sup>WHOSHOP4</sup> Other child .....  4
- <sup>WHOSHOP5</sup> Other adult .....  5

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24. How often do you serve the following desserts with or after meals?

	Never or almost never	Sometimes	Usually or always
A. Dairy products such as ice cream, pudding, etc. <i>DAIRY...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fruit <i>FRUIT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Cake, cookies, candy, etc. <i>CAKE</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please answer the following questions concerning the way foods are prepared in your household:

	Never or almost never	Sometimes	Usually or always	Never have that food
<i>FFRIED</i> A. When you have fish, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>CFRIED</i> B. When you have chicken, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>MFRIED</i> C. When you have other meat, is it fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PFRIED</i> D. When you have food such as potatoes, are they fried? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>FATVEG</i> E. When you have vegetables, is butter, margarine, salt pork, ham hocks, or meat drippings added to them? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SALDRESS</i> F. When you have salads, is any dressing added? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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26. In some homes certain food items are always on the table or are put out with meals. Please mark whether you have the food items listed below on your table at meals:

	Never or almost never	Sometimes	Usually or always
A. Pepper <i>pepper</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Salt <i>salt</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Butter <i>butter</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Margarine <i>margarine</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Mayonnaise <i>mayon</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other spreads <i>dsprds</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sugar <i>sugar</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Jelly or honey <i>jelly</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Peanut butter <i>peantbut</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Water <i>water</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Soft drinks/soda <i>soda</i> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Milk <i>milka</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Juice <i>juice</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Ketchup <i>ketchup</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Mustard <i>mustard</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID						
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VN		
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27. How does your family usually eat the evening meal? (Mark the one best answer.)

*howdine*

People sit down together .....  1

People eat at different times ...  2

28. How long does the evening meal usually take?

*howlong*

Less than 10 minutes .....  1

Between 10 and 20 minutes ...  2

Between 20 and 30 minutes ...  3

More than 30 minutes .....  4

---

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ID							
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VN		
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29. Please check the fat you use most often for cooking or frying each of the following foods (vegetables, fish, chicken, meat and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Other* (please list below.)	Fat never used
	01	02	03	04	05	06	07	08	09	10
A. Vegetables	veg1a veg1b									
B. Fish	fish1a fish1b									
C. Chicken	chick1a chick1b									
D. Meat	meat1a meat1b									
E. Potatoes	pota1a pota1b									

\*If marked "other," please list the other fat here:

FREMK

ID							
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VN			
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30. Please check which fat you add most often at the table or use as dressing on each of the following foods (salad, vegetables and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Other* (please list below.)	Fat never used
	01	02	03	04	05	06	07	08	09	10
A. Salad <i>salada</i> <i>saladb</i>										
B. Vegetables <i>vegza</i> <i>vegzb</i>										
C. Potatoes <i>pota2a</i> <i>pota2b</i>										

\*If marked "other," please list the other fat here:

*fremk 2*

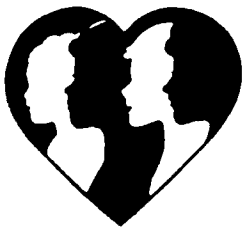
31. Who usually prepares the meals in your household?

- whofix 1* Yourself .....  1
- whofix 2* Your spouse ....  1
- whofix 3* Other person ...  1

Thank you very much for your help. We appreciate your cooperation.

ID

VN



# NHLBI Growth And Health Study Nutrition Form - A

RID

ID						
NC						
VN						

VISIT

1. What is today's date? ..... - ..... - .....  
Month Day Year

Please answer the following questions about the child who is participating in the Growth and Health Study:

2. How often does she take vitamins? **VITAMINS**

Daily .....  1

Most of the time .....  2

Some of the time .....  3

Never .....  4

3. Are there certain foods she does *NOT* eat because of an allergy **ALLERGY** or other health reason? .....  Yes  No (Skip to 4)

If YES, answer Question A.

A. Are these foods:

		Yes	No
A.1. Milk or milk products	<i>milk</i>	<input type="checkbox"/>	<input type="checkbox"/>
A.2. Chocolate	<i>choc</i>	<input type="checkbox"/>	<input type="checkbox"/>
A.3. Seafood	<i>seafood</i>	<input type="checkbox"/>	<input type="checkbox"/>
A.4. Other foods	<i>otraller</i>	<input type="checkbox"/>	<input type="checkbox"/>

(If she is allergic to other foods, please write the names of the other foods in this space:

\_\_\_\_\_ *alrgothr* \_\_\_\_\_)

4. In general, do you want her to eat: *amteat*

- Less than she eats now .....  1
- The same as she eats now .....  2
- More than she eats now .....  3
- It doesn't matter how much she eats .....  4

5. In general, do you want her to be physically active: *physact*

- Less than she is now .....  1
- The same as she is now .....  2
- More than she is now .....  3
- It doesn't matter how physically active she is .....  4

6. Many parents of 11 and 12 year olds feel they do not know what their child eats. Please mark below how much you know about what your child eats at each of these times.

		Know a little	Know some	Know a lot
A. Breakfast	<i>breakfst</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mid-morning snacks	<i>mornsnk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lunch	<i>lunch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mid-afternoon snacks	<i>aftsnk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dinner	<i>dinner</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Evening snacks	<i>evesnk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. A. Some people eat between meals. Do you think your child snacks between meals:

betw meals

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

If she NEVER OR ALMOST NEVER snacks between meals, please go to Question 8.

B. When she snacks, when does she snack most?

- In the morning ..... *mornmst*  1
- In the afternoon ..... *afmst*  2
- In the evening ..... *evenmst*  3
- It varies ..... *varymst*  4

8. Do you try to control what your child eats?

ctrl

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

9. A. After eating a meal, except for having dessert, does she eat again within one hour?

eatagn

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

B. After eating a meal, except for water or other no-calorie beverages, does she drink beverages within one hour?

drkagn

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

10. Has she ever stopped eating for more than a day except for *no food* .....  Yes  No

11. How would you describe her eating habits? Please answer questions A through H, marking the best answer (NEVER OR ALMOST NEVER, SOMETIMES or USUALLY OR ALWAYS) for each one.

		Never or almost never	Sometimes	Usually or always
A. She eats too much	<i>to much</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. She eats too little	<i>to little</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. She eats too many snacks	<i>to many</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. She eats too little variety	<i>no variety</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. She is a picky eater	<i>picky</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. She eats only one or two foods for several days at a time	<i>same food</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. She eats very large amounts of food at one time	<i>lg amounts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. She eats the wrong kinds of food	<i>wr kind</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often does she eat food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, Burger King, or some other fast food restaurant?

<i>fst food</i>	Never or almost never	<input type="checkbox"/>	1
	Sometimes	<input type="checkbox"/>	2
	Often	<input type="checkbox"/>	3

13. When dinner is served at home does she usually help herself or is her plate made up for her?

<i>style</i>	She helps herself	<input type="checkbox"/>	1
	Plate is made up for her	<input type="checkbox"/>	2



14. Does she trim and discard the fat off meat (or is it removed before she is served)?

Never or almost never .....  1

Sometimes .....  2

Usually or always .....  3

*no fat mt*

OR

Fat is usually removed before she is served .....  4

OR

She doesn't eat meat .....  5

15. Does she take the skin off chicken (or is it removed before she is served)?

Never or almost never .....  1

Sometimes .....  2

Usually or always .....  3

*no fat ch k*

OR

Skin is usually removed before she is served .....  4

OR

She doesn't eat chicken .....  5

16. Does she drink an instant meal or diet supplement instead of having meals?

Never or almost never .....  1

Sometimes .....  2

Usually or always .....  3

*Supplmnt*

17. Does she prepare or help cook meals?

prepar

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

18. Does she bake or make desserts or snacks by herself?

bake

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

19. Do you ever tell her that she is eating too much?

tel2much

- Never or almost never .....  1
- Sometimes .....  2
- Often .....  3

20. Do you ever tell her that she is not eating enough?

TEL2LTTL

- Never or almost never .....  1
- Sometimes .....  2
- Often .....  3

21. Is she allowed to eat as much as she wants?

aswants

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

22. Does she ever complain that you nag her about what she eats?

u nag

- Never or almost never .....  1
- Sometimes .....  2
- Often .....  3

Please answer the following questions about food preparation in your household:

23. Are most of the meals in your household specially prepared because someone is on a "special diet"? ..... sp diet .....  Yes  No

If NO, skip to Question 24.  
If YES, answer Questions A and B.

A. If meals are specially prepared, is it because:  
(Mark as many reasons 1 through 6 as apply in your household.)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Someone has high blood pressure <u>hibp</u> .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Someone has a heart problem <u>heart 10</u> .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Someone has diabetes or high blood sugar <u>diabet 10</u> .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Someone has high cholesterol <u>hichole</u> .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Someone is a vegetarian <u>veg torn</u> .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Someone has some other health reason or problem <u>otrea</u> ..... | <input type="checkbox"/> | <input type="checkbox"/> |

(What is the other health reason:

sp diet other  
OTHER HEALTH REASON

B. Does the child in the study eat these specially prepared foods? etsp diet

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

24. Who *USUALLY* prepares the food eaten at home for dinner?

Mother	whoprep1	<input type="checkbox"/>	1
Father	whoprep2	<input type="checkbox"/>	1
Child in study	whoprep3	<input type="checkbox"/>	1
Other child	whoprep4	<input type="checkbox"/>	1
Other adult	whoprep5	<input type="checkbox"/>	1
Dinner usually not eaten at home	whoprep6	<input type="checkbox"/>	1

25. Who *USUALLY* shops for the food eaten at home?

Mother	whoshop1	<input type="checkbox"/>	1
Father	whoshop2	<input type="checkbox"/>	1
Child in study	whoshop3	<input type="checkbox"/>	1
Other child	whoshop4	<input type="checkbox"/>	1
Other adult	whoshop5	<input type="checkbox"/>	1

26. How often do you serve the following desserts with or after meals?

		Never or almost never	Sometimes	Usually or always
A. Dairy products such as ice cream, pudding, etc.	dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fruit	fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Cake, cookies, candy, etc.	cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please answer the following questions concerning the way foods are prepared in your household:

		Never or almost never	Sometimes	Usually or always	Never have that food
A. When you have fish, is it fried?	ffried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. When you have chicken, is it fried?	cfried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When you have other meat, is it fried?	mfried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When you have food such as potatoes, are they fried?	pfried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. When you have vegetables, is butter, margarine, salt pork, ham hocks, or meat drippings added to them?	fetveg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. When you have salads, is dressing added?	Saldress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In some homes certain food items are on the table during meals.

Please mark whether you have the food items listed below on your table at meals:

		Never or almost never	Sometimes	Usually or always
A. Pepper	pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Salt	salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Butter	butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Margarine	marg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Mayonnaise	mayon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other spreads	otsprds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sugar	Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Jelly or honey	jelly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Peanut butter	peantbut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Water	water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Soft drinks/soda	soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Milk	milk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Juice	juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Ketchup	ketchup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Mustard	mustard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How does your family *USUALLY* eat the evening meal? (Mark the *ONE* best answer).

- howdine
- We sit down together .....  1
- We eat at different times .....  2

30. How long does the evening meal usually take?

how long

- Less than 10 minutes .....  1
- Between 10 and 20 minutes .....  2
- Between 20 and 30 minutes .....  3
- More than 30 minutes .....  4

31. Please check the fat you use **MOST OFTEN** when cooking or frying each of the following foods (vegetables, fish, chicken, meat, and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Other (list below)**	Fat never used	Do not eat this food
	01	02	03	04	05	06	07	08	09	10	11
A. Vegetables	veg1a veg1b										
B. Fish	fish1a fish1b										
C. Chicken	chick1a chick1b										
D. Meat	meat1a meat1b										
E. Potatoes	potat1a potat1b										

\*\*If you use an other fat that we did not name, please list it here:

fremk

32. Please check the fat or dressing you add *MOST OFTEN* at the table on each of the following foods (salad, vegetables, and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Commercial salad dressing	Other (list below)**	Fat or salad dressing never used
	01	02	03	04	05	06	07	08	09	10	11
A. Salad	salada saladb										
B. Vegetables	veg2a veg2b										
C. Potatoes	pot2a pota2b										

\*\*If you use an other fat or dressing that we did not name, please list it here:

fremk2

33. In the past year, have you made any change in the way you usually cook or prepare foods eaten in your house? .....  Yes  No  
*Chng cook*

IF YES, answer Questions A - C.

A. What changes have you made in the way you cook or prepare food? (List.)

*Wht chck*

B. Why did you make these changes?

*why chck*

C. Has your daughter in the study suggested making any changes in the way foods are cooked or prepared at home? .....  Yes  No  
*child chck*

If YES, please list: *cremark*



34. In the past year, have you made any change in the kinds of food bought for the family? ..... Chng food .....  Yes  No

If YES, answer Questions A-C.

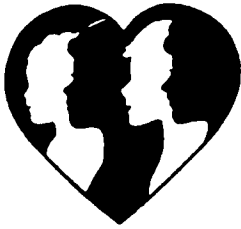
A. What changes have been made in the kinds of food bought? (List) wntchfd

B. Why did you make these changes? why chfd

C. Has your daughter in the study suggested making any changes in the kinds of food bought? ..... chld chfd .....  Yes  No

If YES, please list: fre mark

Thank you very much for your help. We appreciate your cooperation.



NHLBI GROWTH AND HEALTH STUDY

NUTRITION FORM

RID

ID							
NC							
VN							

VISIT

Please answer the following questions about the girl who is participating in the Growth and Health Study:

1. How often does she take vitamins? **VITAMINS**

- Daily .....  1
- Most of the time .....  2
- Some of the time .....  3
- Never .....  4

2. Are there certain foods she does NOT eat because of an allergy or other health reason? .....  Yes  No (Skip to 3)

**ALLERGY**

**If YES, answer Question A.**

A. Are these foods:

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
|    |   | Yes                      | No                       |
| 1. | Milk or milk products ..... <b>MILK</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Chocolate ..... <b>CHOC</b>             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Seafood ..... <b>SEAFOOD</b>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Other foods ..... <b>OTHALLER</b>       | <input type="checkbox"/> | <input type="checkbox"/> |

(If she is allergic to other foods, please write the names of the other foods in this space:

ALRGOTHR)

3. In general, do you want her to eat: **AMTEAT**

- Less than she eats now .....  1
- The same as she eats now .....  2
- More than she eats now .....  3
- It doesn't matter how much she eats .....  4

4. In general, do you want her to be physically active: **PHYSACT**

- Less than she is now .....  1
- The same as she is now .....  2
- More than she is now .....  3
- It doesn't matter how physically active she is .....  4

5. Many parents of 13 and 14 year olds feel they do not know what their girl eats. Please mark below how much you know about what your girl eats at each of these times.

		Know A Little	Know Some	Know A Lot
A. Breakfast	<b>BREAKFAST</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mid-morning snacks	<b>MORNSNK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lunch	<b>LUNCH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mid-afternoon snacks	<b>AFTSNK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dinner	<b>DINNER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Evening snacks	<b>EVESNK</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. A. Some people eat between meals. Do you think your girl snacks between meals:

BETWNMLS

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

*If she NEVER OR ALMOST NEVER snacks between meals, skip to Question 7.*

B. When she snacks, when does she snack most?

- 1. In the morning ..... MORN MST  1
- 2. In the afternoon ..... AFTM MST  1
- 3. In the evening ..... EVE M MST  1
- 4. It varies ..... VARY MST  1

7. Do you try to control what your girl eats? CNTRL

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

8. A. After eating a meal, except for having dessert, does she eat again within one hour? EATAGN

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

B. After eating a meal, except for water or other no-calorie beverages, does she drink beverages within one hour? DRKAGN

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

9. Has she ever stopped eating for more than a day except for days when she was sick?.....  Yes  No  
*NO FOOD*

10. How would you describe her eating habits? Please answer questions A through H, marking the best answer (NEVER OR ALMOST NEVER, SOMETIMES or USUALLY OR ALWAYS) for each one.

		Never or Almost Never	Sometimes	Usually or Always
A.	She eats too much ..... <i>TOMUCH</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	She eats too little ..... <i>TOLITTLE</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	She eats too many snacks ..... <i>TOMANY</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	She eats too little variety ..... <i>NOVARTY</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	She is a picky eater ..... <i>PICKY</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	She eats only one or two foods for several days at a time ..... <i>SAM-FOOD</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	She eats very large amounts of food at one time ..... <i>LGAMTS</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	She eats the wrong kinds of food ..... <i>WRKIND</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often does she eat food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, Burger King, or some other fast food restaurant?

*FSTFOOD*

Never or almost never .....  1  
 Sometimes .....  2  
 Often .....  3

12. When dinner is served at home does she usually help herself or is her plate made up for her?

*STYLE*

She helps herself .....  1  
 Plate is made up for her .....  2

13. Does she trim and discard the fat off meat (or is it removed before she is served)?

NOFATMT

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3
- OR**
- Fat is usually removed before she is served .....  4
- OR**
- She doesn't eat meat .....  5

14. Does she take the skin off chicken (or is it removed before she is served)?

NOFATCHK

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3
- OR**
- Skin is usually removed before she is served .....  4
- OR**
- She doesn't eat chicken .....  5

15. Does she drink an instant meal or diet supplement instead of having meals?

SUPPLMNT

- Never or almost never .....  1
- Sometimes .....  2
- Usually or always .....  3

16. Does she prepare or help cook meals?

PREPARE  
~~UNDO~~

Never or almost never .....  
Sometimes .....  
Usually or always .....

1  
 2  
 3

17. Does she bake or make desserts or snacks by herself?

BAKE

Never or almost never .....  
Sometimes .....  
Usually or always .....

1  
 2  
 3

18. Do you ever tell her that she is eating too much?

TELL 2 MUCH

Never or almost never .....  
Sometimes .....  
Often .....

1  
 2  
 3

19. Do you ever tell her that she is not eating enough?

TELL 2 LITTLE

Never or almost never .....  
Sometimes .....  
Often .....

1  
 2  
 3

20. Is she allowed to eat as much as she wants?

AS WANTS

Never or almost never .....  
Sometimes .....  
Usually or always .....

1  
 2  
 3

21. Does she ever complain that you nag her about what she eats?
- |                             |                          |   |
|-----------------------------|--------------------------|---|
| Never or almost never ..... | <input type="checkbox"/> | 1 |
| Sometimes .....             | <input type="checkbox"/> | 2 |
| Often .....                 | <input type="checkbox"/> | 3 |
- UNAG*

Please answer the following questions about food preparation in your household:

22. Are most of the meals in your household specially prepared because someone is on a "special diet"?
- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
|  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|
- SPDIET*

*If NO, skip to Question 23.  
 If YES, answer Questions A and B.*

- A. If meals are specially prepared, is it because:  
 (Mark as many reasons 1 through 6 as apply in your household.)
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Someone has high blood pressure ... <i>HIBP</i> .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Someone has a heart problem ... <i>HEARTIO</i> .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Someone has diabetes or high blood sugar ... <i>DIABETIO</i> .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Someone has high cholesterol ... <i>HICHOLE</i> .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Someone is a vegetarian ... <i>VEGTARN</i> .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Someone has some other health reason or problem ... <i>OT REA</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
- (What is the other health reason:  
*SPDTOTHR*  
 OTHER HEALTH REASON)

- B. Does the girl in the study eat these specially prepared foods?
- |                                 |                          |   |
|---------------------------------|--------------------------|---|
| Never or almost never .....     | <input type="checkbox"/> | 1 |
| <i>ETSPDIET</i> Sometimes ..... | <input type="checkbox"/> | 2 |
| Usually or always .....         | <input type="checkbox"/> | 3 |



23. Who USUALLY prepares the food eaten at home for dinner?

- A. Mother ..... *Whoprep1* .....  1
- B. Father ..... *Whoprep2* .....  1
- C. Girl in the study ..... *Whoprep3* .....  1
- D. Other young person ..... *Whoprep4* .....  1
- E. Other adult ..... *Whoprep5* .....  1
- F. Dinner usually not eaten at home *Whoprep6* .....  1

24. Who USUALLY shops for the food eaten at home?

- A. Mother ..... *Whoshop1* .....  1
- B. Father ..... *Whoshop2* .....  1
- C. Girl in the study ..... *Whoshop3* .....  1
- D. Other young person ..... *Whoshop4* .....  1
- E. Other adult ..... *Whoshop5* .....  1

25. How often do you serve the following desserts with or after meals?

- |   | Never or<br>Almost<br>Never | Sometimes                | Usually<br>or Always     |
|---|-----------------------------|--------------------------|--------------------------|
| A. Dairy products such as ice cream, <i>dairy</i> ,<br>pudding, etc. .... | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Fruit ..... <i>fruit</i> .....   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Cake, cookies, candy, etc. .... <i>cake</i> .....                      | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |

26. Please answer the following questions concerning the way foods are prepared in your household.

		Never or Almost Never	Sometimes	Usually or Always	Never Have That Food
A.	When you have fish, is it fried? ..... <i>ffried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	When you have chicken, is it fried? . <i>cfried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	When you have other meat, is it <i>mfried</i> fried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	When you have food such as potatoes, are they fried? ..... <i>pfried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	When you have vegetables, is butter, margarine, salt pork, ham hocks, or meat drippings added to them? <i>fatveg</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	When you have salad, is dressing added? ..... <i>Saldress</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. In some homes certain food items are on the table during meals.

Please mark whether you have the food items listed below on your table at meals:

		Never or Almost Never	Sometimes	Usually or Always
A.	Pepper ..... <i>pepper</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Salt ..... <i>salt</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Butter ..... <i>butter</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Margarine ..... <i>marg</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Mayonnaise ..... <i>mayon</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Other spreads ..... <i>otsprds</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Sugar ..... <i>sugar</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Jelly or honey ..... <i>jelly</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Peanut butter ..... <i>peantbut</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Water ..... <i>water</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Soft drinks/soda ..... <i>soda</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Milk ..... <i>milk2</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.	Juice ..... <i>juice</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	Ketchup ..... <i>ketchup</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.	Mustard ..... <i>mustard</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How does your family USUALLY eat the evening meal? (Mark the ONE best answer.)

*howdine*

- We sit down together .....  1  
 We eat at different times .....  2

29. How long does the evening meal usually take?

*how long*

- Less than 10 minutes .....  1  
 Between 10 and 20 minutes .....  2  
 Between 20 and 30 minutes .....  3  
 More than 30 minutes .....  4

30. Please check the fat you use MOST OFTEN when cooking or frying each of the following foods (vegetables, fish, chicken, meat, and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham rocks	Margarine	Butter	Mayonnaise	Other (list below)**	Fat never used	Do not eat this food
	01	02	03	04	05	06	07	08	09	10	11
A. Vegetables	<i>veg1a veg1b</i>										
B. Fish	<i>fisha fishb</i>										
C. Chicken	<i>chicka chickb</i>										
D. Meat	<i>meata meatb</i>										
E. Potatoes	<i>potata potatb</i>										

\*\*If you use another fat that we did not name, please list it here:

*fremk*

31. Please check the fat or dressing you add MOST OFTEN at the table on each of the following foods (salad, vegetables, and potatoes):

	Lard	Vegetable oil	Olive oil	Shortening	Bacon, pork, or ham hocks	Margarine	Butter	Mayonnaise	Commercial salad dressing	Other (list below)**	Fat or salad dressing never used	
		01	02	03	04	05	06	07	08	09	10	11
A. Salad	salada saladb											
B. Vegetables	vegza vegzb											
C. Potatoes	potza potzb											

\*\*If you use another fat or dressing that we did not name, please list it here:

fremk 2

32. In the past year, have you made any change in the way you usually cook or prepare foods eaten in your house? .....  Yes  No

chngcook

If YES, answer Questions A-C.

A. What changes have you made in the way you cook or prepare food? (List.)

whtchck

B. Why did you make these changes?

whychck

C. Has your daughter in the study suggested making any changes in the way foods are cooked or prepared at home? .....  Yes  No

chldchck

If YES, please list: cremark

33. In the past year, have you made any change in the kinds of food you bought for the family? .....  Yes  No

chngfood

**If YES, answer Questions A-C.**

A. What changes have been made in the kinds of food bought? (List.)

whtchfd

B. Why did you make these changes?

whychfd

C. Has your daughter in the study suggested making any changes in the kinds of food bought? .....  Yes  No

chldchfd

If YES, please list:                     fremark

34. If a person is fat, what do you think are the reasons?

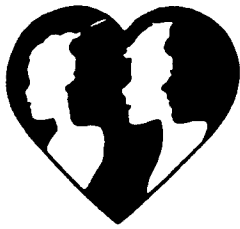
- |    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| A. | They don't exercise enough ..... <i>noexcuse</i> .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | They have big bones ..... <i>bigbone</i> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | They have a gland problem or something is wrong with their body ..... <i>gland</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | They eat the wrong foods ..... <i>wrfood</i> .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | They don't control themselves ..... <i>noctrl</i> .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | They eat a lot of snacks ..... <i>snacklot</i> .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | They eat a lot ..... <i>eatalot</i> .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | It is natural for them to be fat ..... <i>natural</i> .....                              | <input type="checkbox"/> | <input type="checkbox"/> |

35. A. Do you think there are any other reasons why a person is fat? ..... *othfat* .....  Yes  No

B. If YES, what are the reasons?           *fatrmk*            
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for your help. We appreciate your cooperation.





GROWTH AND HEALTH STUDY  
 NUTRITION FORM

RID

VISIT

ID							
NC							
VN							

Section 1: Please tell us about **YOUR** eating habits, activity patterns, and opinions.

1. How often do you eat fast food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, or any other place that you can buy fast food? (This includes food eaten there or carried out.)

- Never ..... *FRQFSTFD* .....  01
- Less than once a week .....  02
- Once a week .....  03
- 2 to 3 times a week .....  04
- 4 to 5 times a week .....  05
- 6 to 7 times a week .....  06
- More than 7 times a week .....  07

2. How well do these statements describe you? Mark the box that best describes how often this happens.

- |  |                 | Never or<br>Almost<br>Never | Some-<br>times           | Usually<br>or Always     |
|--|-----------------|-----------------------------|--------------------------|--------------------------|
| A. When I am bored I eat more                          | <i>boredmr</i>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I am physically active                              | <i>physact2</i> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I eat while I watch TV                              | <i>eat tv</i>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| D. When I am happy I eat less                          | <i>happy is</i> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I eat between meals even when I am not hungry       | <i>nohungry</i> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| F. When I am worried I eat less                        | <i>worry is</i> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| G. When I do something well I give myself a food treat | <i>reward</i>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| H. When I am sad I eat more                            | <i>sadmr</i>    | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |



4. Have you ever been on a weight-loss diet for **MORE THAN ONE WEEK?** .....  Yes  No  
*dietswk*

If **NO**, skip to Question 8.

5. In the last 6 years, how often have you tried a weight loss diet whether successful or not?

*frqdt6*

Almost always .....  1  
Frequently .....  2  
Occasionally .....  3  
Rarely .....  4

6. How often have you gone on a weight-loss diet during the last year?

*frqdtyr*

Never .....  1  
1-4 times .....  2  
5-10 times .....  3  
More than 10 times .....  4  
I am always dieting .....  5

7. Have you ever lost 5 or more pounds on a weight-loss diet? ..... *dt5* .....  Yes  No

8. Are you currently on some kind of a diet, either from a doctor or on your own? ..... *ondiet* .....  Yes  No

If **NO**, skip to Question 9.  
If **YES**, answer Questions A and B.

8. (Continued)

A. What kind of diet are you on? (Mark as many as apply). Is it:

- 1. To lose weight ..... dtlswt .....
- 2. For low salt ..... dtlosalt .....
- 3. For low cholesterol ..... dtlchol .....
- 4. To gain weight ..... dtgnwt .....
- 5. For diabetes ..... dtldiabet .....
- 6. For some other reason ..... dtothr .....

B. Who put you on this diet? (Mark as many as apply). Was it:

- 1. A doctor? ..... dtdoc .....
- 2. A nurse? ..... dtnurs .....
- 3. A dietitian? ..... dtdiet .....
- 4. Yourself? ..... dtself .....
- 5. Someone else? ..... dtelse .....

9. If a person is fat, what do you think are the reasons?

		Yes	No
A. They don't exercise enough	noexcise	<input type="checkbox"/>	<input type="checkbox"/>
B. They have big bones	big bone	<input type="checkbox"/>	<input type="checkbox"/>
C. They have a gland problem or something is wrong with their body	gland	<input type="checkbox"/>	<input type="checkbox"/>
D. They eat the wrong foods	wrfood	<input type="checkbox"/>	<input type="checkbox"/>
E. They don't control themselves	noctrl	<input type="checkbox"/>	<input type="checkbox"/>
F. They eat a lot of snacks	snacklot	<input type="checkbox"/>	<input type="checkbox"/>
G. They eat a lot	eatalot	<input type="checkbox"/>	<input type="checkbox"/>
H. It is natural for them to be fat	natural	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Please tell us about the **GIRL** in the NGHS program.

10. How would you describe the eating habits of the girl in the study? Please answer questions A through F. Mark the best answer for each question.

		Never or Almost Never	Some- times	Usually or Always
A.	She eats too much <i>to much</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	She eats too little <i>to little</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	She eats too many snacks <i>to many</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	She eats too little variety <i>no variety</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	She eats very large amounts of food at one time <i>lgamts</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	She eats the wrong kinds of food <i>wr kind</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In general, do you want her to eat: *amteat*
- Less than she eats now .....  1
  - The same as she eats now .....  2
  - More than she eats now .....  3
  - It doesn't matter how much she eats .....  4

12. In general, do you want her to be physically active: *physact*
- Less than she is now .....  1
  - The same as she is now .....  2
  - More than she is now .....  3
  - It doesn't matter how physically active she is .....  4

13. Do you ever tell her that she is eating too much? *tel 2 much*
- Never or almost never .....  1
  - Sometimes .....  2
  - Often .....  3

14. Do you ever tell her that she is not eating enough?

*1/2/1/1*

- Never or almost never .....  1
- Sometimes .....  2
- Often .....  3

Section 3: This section has questions about the cooking and eating habits of your **FAMILY**.

15. Do you do most of the food preparation for the household?

*U COOK*

- Yes  No

16. How does your family **usually** eat the evening meal? (Check only one box.)

*now dine*

- We sit down together .....  1
- We eat at different times .....  2

17. Please answer the following questions about the way foods are prepared in your household.

	Never or Almost Never	Sometimes	Usually or Always	Never Have That Food
A. When you have fish, is it fried? <i>fried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. When you have chicken, is it fried? <i>fried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When you have foods such as potatoes, are they fried? <i>p fried</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When you prepare vegetables do you add butter, margarine, salt pork, ham hocks, or meat drippings to them? <i>fat veg</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

