

GROWTH AND HEALTH STUDY

NUTRITION FORM

ID						
NC						
VN						

1. On weekdays:

- | | Yes | No | |
|--|--------------------------|--------------------------|----------|
| A. Do you USUALLY eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Do you USUALLY eat lunch? | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| C. Do you USUALLY eat an afternoon snack? | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| If YES, do you usually eat it while watching TV? ... | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNKTV |
| D. Do you USUALLY eat dinner/supper? | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |

If NO, go to Question E.
 If YES, answer Questions 1-4.

- | | | | |
|--|--------------------------|--------------------------|----------|
| 1. Do you usually eat it at home? | <input type="checkbox"/> | <input type="checkbox"/> | DINHM |
| 2. Do you usually eat it while watching TV? | <input type="checkbox"/> | <input type="checkbox"/> | DINTV |
| 3. Do you usually eat it by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | DINSELF |
| 4. Do you usually eat it with a parent or other adult? | <input type="checkbox"/> | <input type="checkbox"/> | DINADLT |
| E. Do you USUALLY eat an evening snack? | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |
| If YES, do you usually eat it while watching TV? ... | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNKTV |

2. The following questions are about the types of food you normally eat.

A. When you eat chicken is it usually (check only one box):

- | | EATCHK |
|--------------------------------|----------------------------|
| Fried | <input type="checkbox"/> 1 |
| Baked | <input type="checkbox"/> 2 |
| Broiled or barbecued | <input type="checkbox"/> 3 |
| Stewed | <input type="checkbox"/> 4 |
| Other (specify) _____ EATCHKRM | <input type="checkbox"/> 5 |
| Don't eat chicken | <input type="checkbox"/> 6 |

B. Do you usually eat the skin on chicken?

- | | CHKSKN |
|-------------------------|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 |
| Don't eat chicken | <input type="checkbox"/> 3 |

C. Do you usually eat the fat on meat?

- | | EATFAT |
|----------------------|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 |
| Don't eat meat | <input type="checkbox"/> 3 |

2. The following questions are about the types of food you normally eat.
(Continued)

D. At home, do you usually add butter or margarine to your food after it has been prepared?

	EATGRS
Butter	<input type="checkbox"/> 1
Margarine	<input type="checkbox"/> 2
Other (specify) _____ EATGRSRM	<input type="checkbox"/> 3
Don't use butter or margarine	<input type="checkbox"/> 4

E. What type of milk do you usually drink at home?

	TYPMLK
Skim, Non fat, or 1/2%	<input type="checkbox"/> 1
Low fat (1% - 2%)	<input type="checkbox"/> 2
Whole	<input type="checkbox"/> 3
Other (specify) _____ TYPMLKRM	<input type="checkbox"/> 3
Don't drink milk	<input type="checkbox"/> 5

3. 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 means food eaten there or carried out.)

	FSTFOOD7
Never	<input type="checkbox"/> 01
Less than once a week	<input type="checkbox"/> 02
Once a week	<input type="checkbox"/> 03
2 to 3 times a week	<input type="checkbox"/> 04
4 to 5 times a week	<input type="checkbox"/> 05
6 to 7 times a week	<input type="checkbox"/> 06
More than 7 times a week	<input type="checkbox"/> 07

4. How well do these statements describe you? Put a check in the box that best describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always	
A. When I am bored I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDMR
B. I sneak food when no one is looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECRET
C. I am physically active, that means I get lots of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSACT
D. My parents tell me that I should gain weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GAINWT
E. My parents try to get me to eat less food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EATLESS
F. I eat while I watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EATTV
G. When I am happy I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYLS

4. How well do these statements describe you? Put a check in the box that best describes how often this happens. (Continued)

		Never or Almost Never	Some- times	Usually or Always	
H.	I diet to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETLOS
I.	I eat between meals even when I am not hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTHUNGY
J.	My parents tell me that I should lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSWT
K.	When I am worried I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYLS
L.	When I do something well I give myself a food treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REWARD
M.	When I am sad I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADMR
N.	I help choose the food my family buys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUYFMLY
O.	I eat while I do my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOMEWRK
P.	When I am happy I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYMR
Q.	I prepare my own food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIXOWN
R.	I eat big helpings of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHELPS
S.	When my friends and I get together, I usually have something to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRIENDS
T.	When I am worried I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYMR
U.	I eat what my parents tell me to eat .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTOLD
V.	I eat food in my bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEDRM
W.	When I am sad I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADLS
X.	I wish I weighed less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHLES

4. How well do these statements describe you? Put a check in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always	
Y. My parent(s) nag(s) me about the kinds of food I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAG
Z. I eat more when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MADMR
AA. I can eat as much as I want at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALLWNT
BB. I wish I weighed more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHMOR
CC. I eat less when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MADLS
DD. I can buy snacks whenever I want ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNKFOOD2
EE. I eat desserts with or after meals ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESSERT
FF. I eat all the food on my plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FNSHPLT2
GG. When I am bored I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDLS
HH. I am a picky eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PICKEAT

5. If you eat while watching television, what three foods do you eat most often? (List what you eat most often when you watch TV on the first line.)

A. SNKTV1

B. SNKTV2

C. SNKTV3

6. Within the LAST YEAR, have any of these people been on a diet to lose weight for more than a week? (Please check one answer for each line.)

	Yes	No	Don't Know	Don't Have One	
A. A best girl friend of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DBFRND
B. Any other friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DFRND
C. Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DMOM
D. A sister of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSIS
E. Any other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRELAT

7. How do you think of yourself?

	SELFWT
Very underweight	<input type="checkbox"/> 1
Slightly underweight	<input type="checkbox"/> 2
About the right weight	<input type="checkbox"/> 3
Slightly overweight	<input type="checkbox"/> 4
Very overweight	<input type="checkbox"/> 5

8. At the present time are you:

	PRSNTWT
Trying to gain weight?	<input type="checkbox"/> 1
Trying to lose weight?	<input type="checkbox"/> 2
Trying to stay the same weight?	<input type="checkbox"/> 3
Not trying to do anything about my weight?	<input type="checkbox"/> 4

9. How often have you gone on a diet during the last year? By "diet" we mean changing the way you eat so that you can lose weight.

- | | FRQDT |
|---------------------------|----------------------------|
| Never | <input type="checkbox"/> 1 |
| 1-4 times | <input type="checkbox"/> 2 |
| 5-10 times | <input type="checkbox"/> 3 |
| More than 10 times | <input type="checkbox"/> 4 |
| I am always dieting | <input type="checkbox"/> 5 |

10. Have you ever lost 5 or more pounds on a weight loss diet?

DT5	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

11. Did you **ever** use any of the following to lose weight? (You may check more than one answer.)

- | | | |
|---|----------------------------|---------|
| A. I have never tried to lose weight or keep from gaining weight .. | <input type="checkbox"/> 1 | LSNOTRY |
| B. I dieted | <input type="checkbox"/> 1 | LSDIET |
| C. I did not eat at all for one or more days | <input type="checkbox"/> 1 | LSNOEAT |
| D. I exercised | <input type="checkbox"/> 1 | LSEXER |
| E. I made myself throw up | <input type="checkbox"/> 1 | LSVOMIT |
| F. I took diet pills | <input type="checkbox"/> 1 | LSPILL |
| G. I used laxatives, ipecac, or diuretics | <input type="checkbox"/> 1 | LSLAX |
| H. I used diet drinks such as Slim Fast | <input type="checkbox"/> 1 | LSDRNK |
| I. I used some other method (specify) | <input type="checkbox"/> 1 | LSOTHR |

LSRMK

12. During the past 30 days, which of the following did you do to lose weight or to keep from gaining weight? (You may check more than one answer.)

- | | | | | |
|----|--|--------------------------|---|----------|
| A. | I did not try to lose weight or keep from gaining weight | <input type="checkbox"/> | 1 | LSMNOTRY |
| B. | I dieted | <input type="checkbox"/> | 1 | LSMDIET |
| C. | I did not eat at all for one or more days | <input type="checkbox"/> | 1 | LSMNOEAT |
| D. | I exercised | <input type="checkbox"/> | 1 | LSMEXER |
| E. | I made myself throw up | <input type="checkbox"/> | 1 | LSMVOMIT |
| F. | I took diet pills | <input type="checkbox"/> | 1 | LSMPILL |
| G. | I used laxatives, ipecac, or diuretics | <input type="checkbox"/> | 1 | LSMLAX |
| H. | I used diet drinks such as Slim Fast | <input type="checkbox"/> | 1 | LSMDRNK |
| I. | I used some other method (specify) | <input type="checkbox"/> | 1 | LSMOTHR |

LSMRMK

The next two questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes. (Remember, all information that you give us is confidential and will NOT be shared with parents, guardians, teachers, or friends.)

13. A. During the past 30 days, on how many days did you have at least one drink of alcohol?

	ALCHLFRQ
I have never had a drink of alcohol or only had a few sips	<input type="checkbox"/> 01
None	<input type="checkbox"/> 02
1 or 2 days	<input type="checkbox"/> 03
3 to 5 days	<input type="checkbox"/> 04
6 to 9 days	<input type="checkbox"/> 05
10 to 19 days	<input type="checkbox"/> 06
20 to 29 days	<input type="checkbox"/> 07
All 30 days	<input type="checkbox"/> 08

B. On the days when you do drink, how many drinks do you usually have? (If you do not drink write "0" on the line.)

ALCHLNUM

The next five questions ask about cigarette smoking. (Remember, all information that you give us is confidential and will NOT be shared with parents, guardians, teachers, or friends.)

14. How old were you when you smoked a cigarette for the first time?

SMKAGE

- | | | |
|---|--------------------------|---|
| I have never smoked a whole cigarette | <input type="checkbox"/> | 1 |
| Less than 9 years old | <input type="checkbox"/> | 2 |
| 9 or 10 years old | <input type="checkbox"/> | 3 |
| 11 or 12 years old | <input type="checkbox"/> | 4 |
| 13 or 14 years old | <input type="checkbox"/> | 5 |
| 15 years old | <input type="checkbox"/> | 6 |

15. How much do you smoke cigarettes?

SMKAMT

- | | | |
|---|--------------------------|---|
| I've never smoked | <input type="checkbox"/> | 1 |
| I've smoked once or twice | <input type="checkbox"/> | 2 |
| I've smoked a few times | <input type="checkbox"/> | 3 |
| I smoke occasionally but less than once a month | <input type="checkbox"/> | 4 |
| I smoke weekly but not every day | <input type="checkbox"/> | 5 |
| I smoke every day or nearly every day | <input type="checkbox"/> | 6 |

16. How old were you when you first started smoking cigarettes regularly? (Nearly every day for 30 days.)

SMK30AGE

- I have never smoked cigarettes regularly 1
- Less than 9 years old 2
- 9 or 10 years old 3
- 11 or 12 years old 4
- 13 or 14 years old 5
- 15 years old 6

17. During the past 30 days, on how many days did you smoke cigarettes?

SMK30DAY

- None 01
- 1 or 2 days 02
- 3 to 5 days 03
- 6 to 9 days 04
- 10 to 19 days 05
- 20 to 29 days 06
- All 30 days 07

18. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

SMK30AMT

- I did not smoke cigarettes during the past 30 days 01
- Less than 1 cigarette per day 02
- 1 cigarette per day 03
- 2 to 5 cigarettes per day 04
- 6 to 10 cigarettes per day 05
- 11 to 20 cigarettes per day 06
- More than 20 cigarettes per day 07

SPORTS2

19. I play sports or very active games a lot. Yes No

20. Would you say that our are:

ACTIVE

- Less active than most girls your age? 1
- About as active as most girls your age? 2
- More active than most girls your age? 3

21. In the past 7 days, about how many minutes each day do you exercise or participate in sports activities in which you worked up a sweat or got out of breath, such as jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities? (Write in the time for each day below. DO NOT INCLUDE TIME SPENT IN GYM OR P.E. CLASS.)

		NOEXER7
A. Did not exercise		<input type="checkbox"/> 1
B. Sunday	<u>EXERSUN</u> minutes	<div style="text-align: right; margin-top: 10px;">EXERWK</div>
Monday	<u>EXERMON</u> minutes	
Tuesday	<u>EXERTUE</u> minutes	
Wednesday	<u>EXERWED</u> minutes	
Thursday	<u>EXERTHR</u> minutes	
Friday	<u>EXERFRI</u> minutes	
Saturday	<u>EXERSAT</u> minutes	

22. How long during this school year do you have physical education (PE) classes? (If you are filling out this form during summer vacation answer this question for the year you just finished.)

		PELNG
All Year		<input type="checkbox"/> 1
Half year		<input type="checkbox"/> 2
Other (specify) _____	<u>PERMK</u>	<input type="checkbox"/> 3
Do not take PE		<input type="checkbox"/> 4

23. When do you take physical education classes (PE), on how many days PER WEEK do you take part in them?

	PEDAYS
I do not take PE	<input type="checkbox"/> 1
1 day	<input type="checkbox"/> 2
2 days	<input type="checkbox"/> 3
3 days	<input type="checkbox"/> 4
4 days	<input type="checkbox"/> 5
5 days	<input type="checkbox"/> 6

24. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

	PEMIN
I do not take PE	<input type="checkbox"/> 1
Less than 10 minutes	<input type="checkbox"/> 2
10 to 20 minutes	<input type="checkbox"/> 3
21 to 30 minutes	<input type="checkbox"/> 4
More than 30 minutes	<input type="checkbox"/> 5

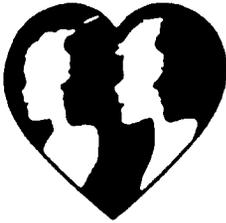
25. During the past 12 months, on how many sports teams run by your school or by organizations outside your school (YMCA-YWCA, Recreation Commission, Park Board, Soccer League, swim teams, etc.) did you play? (Do not include PE classes.)

	TEAMS
None	<input type="checkbox"/> 1
1 team	<input type="checkbox"/> 2
2 teams	<input type="checkbox"/> 3
3 or more teams	<input type="checkbox"/> 4

26. Please estimate the number of hours you USUALLY spend watching TV per day (Be sure to include rented videos, MTV, etc.).

		VIDTVWK						
		MON	TUE	WED	THUR	FRI	SAT	SUN
Morning (6 am to 12 noon)	<u>TVMON1</u>	<u>TVTUE1</u>	<u>TVWED1</u>	<u>TVTHR1</u>	<u>TVFRI1</u>	<u>TVSAT1</u>	<u>TVSUN1</u>	
	<u>TVMON2</u>	<u>TVTUE2</u>	<u>TVWED2</u>	<u>TVTHR2</u>	<u>TVFRI2</u>	<u>TVSAT2</u>	<u>TVSUN2</u>	
	<u>TVMON3</u>	<u>TVTUE3</u>	<u>TVWED3</u>	<u>TVTHR3</u>	<u>TVFRI3</u>	<u>TVSAT3</u>	<u>TVSUN3</u>	
Afternoon (12 noon to 6 pm)								
Nighttime (6 pm to 6 am)								

Thank you very much for answering these questions.



**GROWTH AND HEALTH STUDY
 NUTRITION FORM**

ID							
NC							
VN							

All information that you give us is confidential and we will NOT share it with parents, teachers, or friends. As in previous years, we ask that you fill out this form on your own.

1. On **WEEKDAYS**, do you **USUALLY** eat:

- | | Yes | No | |
|--|--------------------------|--------------------------|----------------------------|
| A. Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Lunch | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| C. Afternoon snack | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| D. Dinner/supper | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |
| If YES , do you USUALLY eat dinner/supper: | | | |
| 1. At home | <input type="checkbox"/> | <input type="checkbox"/> | DINHM |
| 2. Watching TV | <input type="checkbox"/> | <input type="checkbox"/> | DINTV |
| 3. Do you USUALLY eat dinner/supper (Check only one box for Question D3.) | | | |
| | | | DINWHOM |
| a. By yourself | | | <input type="checkbox"/> 1 |
| b. With a parent or adult | | | <input type="checkbox"/> 2 |
| c. With someone else | | | <input type="checkbox"/> 3 |
| E. Evening snack | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |
| | Yes | No | |

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

- | Never | <input type="checkbox"/> 01 |
|--------------------------------|-----------------------------|
| Less than once a week | <input type="checkbox"/> 02 |
| Once a week | <input type="checkbox"/> 03 |
| 2 to 3 times a week | <input type="checkbox"/> 04 |
| 4 to 5 times a week | <input type="checkbox"/> 05 |
| 6 to 7 times a week | <input type="checkbox"/> 06 |
| More than 7 times a week | <input type="checkbox"/> 07 |

3. How well do these statements describe you? Put a check in the box that best describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always	
A. When I am bored I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDMR
B. I sneak food when no one is looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECRET
C. I wish I weighed more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHMOR
D. I am physically active, which means that I get lots of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSACT
E. I eat while I watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EATTV
F. When I am happy I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYLS
G. I diet to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETLOS
H. I eat between meals even when I am not hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTHUNGY
I. When I am worried I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYLS
J. When I do something well I give myself a food treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REWARD
K. When I am sad I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADMR
L. I eat while I do my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOMEWRK
M. When I am happy I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYMR
N. I eat more when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAD2
O. I eat big helpings of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHELPS
P. When I am worried I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYMR
Q. I eat food in my bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEDRM
R. When I am sad I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADLS
S. I eat less when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MADLS
T. When I watch TV, I snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TVSNAK
U. I eat desserts with or after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESSERT
V. When I am bored I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDLS
W. I wish I weighed less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHLES

4. During the last year how often have you gone on a diet to lose weight? FRQDT
- | | | |
|---------------------------|--------------------------|---|
| Never | <input type="checkbox"/> | 1 |
| 1-4 times | <input type="checkbox"/> | 2 |
| 5-10 times | <input type="checkbox"/> | 3 |
| More than 10 times | <input type="checkbox"/> | 4 |
| I am always dieting | <input type="checkbox"/> | 5 |

5. During the past 30 days, which of the following did you do to lose weight or to keep from gaining weight? (You may check more than one answer.)
- | | | | |
|---|--------------------------|---|----------|
| A. I did not try to lose weight or keep from gaining weight | <input type="checkbox"/> | 1 | LSMNOTRY |
| B. I dieted | <input type="checkbox"/> | 1 | LSMDIET |
| C. I did not eat at all for one or more days | <input type="checkbox"/> | 1 | LSMNOEAT |
| D. I exercised to lose weight or keep from gaining weight | <input type="checkbox"/> | 1 | LSMEXER |
| E. I made myself throw up | <input type="checkbox"/> | 1 | LSMVOMIT |
| F. I took diet pills | <input type="checkbox"/> | 1 | LSMPILL |
| G. I used laxatives, ipecac, or diuretics | <input type="checkbox"/> | 1 | LSMLAX |
| H. I used diet drinks such as Slim Fast | <input type="checkbox"/> | 1 | LSMDRNK |
| I. I used some other method (specify) | <input type="checkbox"/> | 1 | LSMOTHR |

LSMRMK

The next two questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

6. A. During the past 30 days, on how many days did you have at least one drink of alcohol? ALCHLFRQ
- | | | |
|---------------------|--------------------------|----|
| None | <input type="checkbox"/> | 01 |
| 1 or 2 days | <input type="checkbox"/> | 02 |
| 3 to 5 days | <input type="checkbox"/> | 03 |
| 6 to 9 days | <input type="checkbox"/> | 04 |
| 10 to 19 days | <input type="checkbox"/> | 05 |
| 20 to 29 days | <input type="checkbox"/> | 06 |
| All 30 days | <input type="checkbox"/> | 07 |

- B. During the past 30 days, on the days when you did drink, how many drinks did you usually have? (If you did not drink write "0" on the line.) ALCHLNUM

The next three questions ask about cigarette smoking.

7. How much do you smoke cigarettes?

	SMKAMT
I've never smoked	<input type="checkbox"/> 1
I've smoked once or twice	<input type="checkbox"/> 2
I've smoked a few times	<input type="checkbox"/> 3
I smoke occasionally but less than once a month	<input type="checkbox"/> 4
I smoke weekly but not every day	<input type="checkbox"/> 5
I smoke every day or nearly every day	<input type="checkbox"/> 6

8. During the past 30 days, on how many days did you smoke cigarettes?

	SMK30DAY
I did not smoke cigarettes during the past 30 days	<input type="checkbox"/> 01
1 or 2 days	<input type="checkbox"/> 02
3 to 5 days	<input type="checkbox"/> 03
6 to 9 days	<input type="checkbox"/> 04
10 to 19 days	<input type="checkbox"/> 05
20 to 29 days	<input type="checkbox"/> 06
All 30 days	<input type="checkbox"/> 07

9. During the past 30 days, on the days you smoked, about how many cigarettes did you usually smoke per day? (Write "0" if you did not smoke during the last 30 days.)

NCIGDAY

Thank you very much for answering these questions.



**GROWTH AND HEALTH STUDY
 NUTRITION FORM**

ID							
NC							
VN							

All information that you give us is confidential and we will NOT share it with parents, teachers, or friends.

1. On **WEEKDAYS**, do you **USUALLY** eat:
- | | Yes | No | |
|--------------------------|--------------------------|--------------------------|-----------------|
| A. Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Lunch | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| C. Afternoon snack | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| D. Dinner/supper | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |
| E. Evening snack | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |

2. How often do you eat fast food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, or any other place where you can buy fast food? (This means food eaten there or carried out.)
- | | | FSTFOOD7 |
|--------------------------------|--------------------------|-----------------|
| Never | <input type="checkbox"/> | 1 |
| Less than once a week | <input type="checkbox"/> | 2 |
| Once a week | <input type="checkbox"/> | 3 |
| 2 to 3 times a week | <input type="checkbox"/> | 4 |
| 4 to 5 times a week | <input type="checkbox"/> | 5 |
| 6 to 7 times a week | <input type="checkbox"/> | 6 |
| More than 7 times a week | <input type="checkbox"/> | 7 |

3. How well do these statements describe you? Put a check in the box that best describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always	
A. I am physically active, which means that I get lots of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSACT
B. I am a picky eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PICKEAT
C. When I am stressed I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRSDMR
D. I eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHDIET
E. I diet to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETLOS
F. When I watch TV, I snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TVSNAK

4. Do you usually eat the skin on chicken?

CHKSKN

- Yes 1
- No 2
- Don't eat chicken 3

5. Do you usually eat the fat on meat?

EATFAT

- Yes 1
- No 2
- Don't eat meat 3

6. Would you say that you: (Mark one box only.)

EATAGE

- Eat less food than most girls your age? 1
- Eat about as much food as most girls your age? 2
- Eat more food than most girls your age? 3

7. Would you say that you: (Mark one box only.)

JNKAGE

- Eat less junk food than most girls your age? 1
- Eat about as much junk food as most girls your age? 2
- Eat more junk food than most girls your age? 3

8. How do you think of yourself? (Mark one box only.)

- | | SELFWT |
|------------------------------|----------------------------|
| Very underweight | <input type="checkbox"/> 1 |
| Slightly underweight | <input type="checkbox"/> 2 |
| About the right weight | <input type="checkbox"/> 3 |
| Slightly overweight | <input type="checkbox"/> 4 |
| Very overweight | <input type="checkbox"/> 5 |

9. At the **present time** are you: (Mark one box only.)

- | | PRSNTWT |
|--|----------------------------|
| Trying to gain weight | <input type="checkbox"/> 1 |
| Trying to lose weight | <input type="checkbox"/> 2 |
| Trying to stay the same weight? | <input type="checkbox"/> 3 |
| Not trying to do anything about your weight? | <input type="checkbox"/> 4 |

10. Have you **ever** dieted?

- | EVERDIET | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If **NO**, skip to question 14.

11. Have you **ever** lost five pounds on a weight loss diet?

- | DT5 | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

12. During the **past year** how often have you gone on a diet to **lose weight**?

- | | FRQDT |
|---------------------------|----------------------------|
| Never | <input type="checkbox"/> 1 |
| 1-4 times | <input type="checkbox"/> 2 |
| 5-10 times | <input type="checkbox"/> 3 |
| More than 10 times | <input type="checkbox"/> 4 |
| I am always dieting | <input type="checkbox"/> 5 |

13. During the **past 30 days**, which of the following did you do to lose weight or to keep from gaining weight? (You may check more than one answer.)

- A. I did not try to lose weight or keep from gaining weight 1 **LSMNOTRY**
- B. I dieted 1 **LSMDIET**
- C. I did not eat at all for one or more days 1 **LSMNOEAT**
- D. I exercised to lose weight or keep from gaining weight 1 **LSMEXER**
- E. I made myself throw up 1 **LSMVOMIT**
- F. I took diet pills 1 **LSMPILL**
- G. I used laxatives, ipecac, or diuretics 1 **LSMLAX**
- H. I used diet drinks such as Slim Fast 1 **LSMDRNK**
- I. I used some other method 1 **LSMOTHR**

1. Specify: _____ **LSMRMK**

The next three questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

14. During the **past 30 days**, on how many days did you have at least one drink of alcohol?

ALCHLFRQ

- None 1
- 1 or 2 days 2
- 3 to 5 days 3
- 6 to 9 days 4
- 10 to 19 days 5
- 20 to 29 days 6
- All 30 days 7

15. During the **past 30 days**, on the days when you did drink, how many drinks did you usually have? (If you did not drink write "0" on the line.)

ALCHLNUM

16. During the **past 30 days**, on how many days did you have four or more drinks of alcohol in a row, that is, within a couple of hours?

DRNK4ROW

- 0 days 1
- 1 day 2
- 2 days 3
- 3-5 days 4
- 6-9 days 5
- 10 or more days 6

17. During the **past three months** have you eaten unusually large amounts of food at one time and felt that you were unable to stop eating once you started? **NSTP3MO**
 Yes No

If NO, go to Question 18.

A. If yes, how often have you done this in the **past 3 months**? **NSTP3FQ**

I have not done this at all in the past 3 months 1

Rarely (once or twice in the past 3 months) 2

Sometimes (3 to 11 times in the past 3 months) 3

Often (12 to 23 times in the past 3 months) 4

Regularly (24 times or more in the past 3 months) 5

18. During the **past 12 months** have you eaten unusually large amounts of food at one time and felt you were unable to stop eating once you started? **NSTP12MO**
 Yes No

If NO, go to Question 19.

A. If yes, how often have you done this in the **past 12 months**? **NSTP12FQ**

I have not done this at all in the past 12 months 1

Rarely (one to four times in the past 12 months) 2

Sometimes (once a month or less) 3

Often (once a week or less) 4

Regularly (twice a week or more) 5

19. During the **past 3 months**, how important was your weight to how you felt about yourself?

IMPWTFEL

Very Important	Important	Neither Important nor Unimportant	Unimportant	Very Unimportant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. During the **past 3 months**, how satisfied have you felt with your weight?

SATWT

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next three questions ask about cigarette smoking.

21. How much do you smoke cigarettes?

SMKAMT

I've never smoked	<input type="checkbox"/> 1
I've smoked once or twice	<input type="checkbox"/> 2
I've smoked a few times	<input type="checkbox"/> 3
I smoke occasionally but less than once a month	<input type="checkbox"/> 4
I smoke weekly but not every day	<input type="checkbox"/> 5
I smoke every day or nearly every day	<input type="checkbox"/> 6

22. During the past 30 days, on how many days did you smoke cigarettes?

SMK30DAY

I did not smoke cigarettes during the past 30 days	<input type="checkbox"/> 1
1 or 2 days	<input type="checkbox"/> 2
3 to 5 days	<input type="checkbox"/> 3
6 to 9 days	<input type="checkbox"/> 4
10 to 19 days	<input type="checkbox"/> 5
20 to 29 days	<input type="checkbox"/> 6
All 30 days	<input type="checkbox"/> 7

23. During the past 30 days, on the days you smoked, about how many cigarettes did you usually smoke each day? (Write "0" if you did not smoke during the last 30 days.)

NCIGDAY

Lots of people talk about nutrition these days. We are trying to learn what teenagers believe about the foods they eat.

24. Are these statements true or false to you?

I don't need to worry about what I eat if:

- | | True | False | |
|------------------------------------|--------------------------|--------------------------|----------------|
| A. I drink enough milk | <input type="checkbox"/> | <input type="checkbox"/> | IFMILK |
| B. I maintain my weight | <input type="checkbox"/> | <input type="checkbox"/> | IFWT |
| C. I take vitamins regularly | <input type="checkbox"/> | <input type="checkbox"/> | IFVITMN |
| D. I eat a low-fat diet | <input type="checkbox"/> | <input type="checkbox"/> | IFLOFAT |

25. Are these statements about eating fast food true or false for you?

I would eat fast food more often if:

- | | True | False | |
|--|--------------------------|--------------------------|----------------|
| A. I had more money | <input type="checkbox"/> | <input type="checkbox"/> | FFMONEY |
| B. It were more nutritious | <input type="checkbox"/> | <input type="checkbox"/> | FFNUTR |
| C. It contained less fat | <input type="checkbox"/> | <input type="checkbox"/> | FFLSFAT |
| D. It had fewer calories | <input type="checkbox"/> | <input type="checkbox"/> | FFLOCAL |
| E. There were more fast food restaurants near my house | <input type="checkbox"/> | <input type="checkbox"/> | FFMRRST |

26. Do you read the nutrition information on food labels?

- | READNUTR | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If **NO**, go to Question 27.

If **YES**, how often do you do the following?

- | | Usually | Rarely | |
|--|--------------------------|--------------------------|----------------|
| A. When I read the information on nutrition labels I find them confusing | <input type="checkbox"/> | <input type="checkbox"/> | NTRCONF |
| B. I read the nutrition labels on snack foods | <input type="checkbox"/> | <input type="checkbox"/> | NTRSNAK |
| C. I read the nutrition labels for calorie information | <input type="checkbox"/> | <input type="checkbox"/> | NTRCAL |
| D. I read nutrition labels for information on the amount of fat | <input type="checkbox"/> | <input type="checkbox"/> | NTRFAT |
| E. I use the information on nutrition labels to help me choose the foods I eat | <input type="checkbox"/> | <input type="checkbox"/> | NTRCHOS |

27. How important are the following things for you?

It is important for me to choose foods that:

	Not Important	Important	Very Important	
A. Are low in sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHLOSUG
B. Are low in fat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHLOFAT
C. Are low in calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHLOCAL
D. Include plenty of breads, cereals, pasta and rice. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHGRN
E. Include plenty of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHFRUIT
F. Include a variety of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHVARTY
G. Include plenty of milk and cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHDAIRY
H. Include plenty of meat, fish and chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHMEAT

Thank you very much for answering these questions.

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NHLBI GROWTH AND HEALTH STUDY
 NUTRITION FORM - C

1. On school days:

	YES	NO	
A. Do you usually eat breakfast	<input type="checkbox"/>	<input type="checkbox"/>	BREAKFST
B. Do you usually eat a morning snack	<input type="checkbox"/>	<input type="checkbox"/>	MORNSNK
C. Do you usually eat lunch	<input type="checkbox"/>	<input type="checkbox"/>	LUNCH
D. Do you usually eat a snack after school	<input type="checkbox"/>	<input type="checkbox"/>	AFTSNK
E. Do you usually eat dinner/supper	<input type="checkbox"/>	<input type="checkbox"/>	DINNER
F. Do you usually eat an evening snack	<input type="checkbox"/>	<input type="checkbox"/>	EVNSNK

2. When you eat with other people, do you usually finish
first, last, or about the same time?

	FINSH	
First	<input type="checkbox"/>	1
Last	<input type="checkbox"/>	2
Same time ...	<input type="checkbox"/>	3

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

FSTFOOD4

- Never or less than once a week ... 1
- 1 to 3 times a week 2
- 4 to 7 times a week 3
- 8 or more times a week 4

4. How often do you eat a meal at someone else's house?

EATOUT

- Never or less than once a week ... 1
- 1 to 3 times a week 2
- 4 to 7 times a week 3
- 8 or more times a week 4

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5. Who fixes the food you eat most of the time? If you live in more than one place, think of where you live most of the time, and then who fixes the food you eat most of the time.

PREPAR

- Mother 1
- Father 2
- Sister or brother ... 3
- Grandparent 4
- Me 5
- Other person 6

6. Who decides what you eat for dinner most of the time?

PLANS

- Mother 1
- Father 2
- Sister or brother ... 3
- Grandparent 4
- Me 5
- Other person 6

7. When dinner is served do you usually help yourself or is your plate made up for you by someone else?

FIXPLAT

- I help myself 1
- Plate is made up for me ... 2

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8. How well do these statements describe you? Put a mark in the box that best describes how often this happens.

	Never or Almost Never	Sometimes	Usually or Always
A. I take vitamins		VITAMINS	
B. When I am bored I eat more		BOREDMR	
C. I sneak food when no one is looking		SECRET	
D. I am physically active		PHYSACT	
E. My parents tell me that I should gain weight		GAINWT	
F. My parents try to get me to eat less food		EATLESS	
G. I eat while I watch TV		EATTV	
H. I drink beer, wine, or other drinks with liquor		DRINK	
I. I eat with my parent(s)		WFAMILY	
J. I eat vegetables		VEGGIE	
K. My parent(s) buy the snacks I like		PARSNACK	
L. I am on a diet to lose weight		DIETLOS	
M. I eat between meals even when I am not hungry		NOTHUNGY	

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8. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Sometimes	Usually or Always
N. I bring a lunch from home to eat at school			CRRYLNCH
O. My parents tell me that I should lose weight			LOSWT
P. When I do something well I give myself a food treat			REWARD
Q. When I am sad I eat more			SADMR
R. I help choose the food my family buys			BUYFMLY
S. I eat while I do my homework			HOMEWRK
T. I eat the school lunch			SCHLNCH
U. I get very hungry			VRHUNGY
V. I buy snack food			SNKFOOD1
W. When I am happy I eat more			HAPPYMR
X. I fix my own food			FIXOWN
Y. I eat alone			ALONE
Z. I eat big helpings of food			BHELPS
AA. I eat with friends			FRIENDS

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8. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Ssometimes	Usually or Always
BB. When I am worried I eat more			
		WORRYMR	
CC. My parents tell me that I can't eat certain foods for snacks			
		CERTFOOD	
DD. I eat what my parents tell me to eat			
		ASTOLD	
EE. I eat food in my bedroom			
		BEDRM	
FF. I wish I weighed less			
		WGHLES	
GG. My parent(s) nag me about the kinds of food I eat			
		NAG	
HH. I skip lunch			
		SKIPLNCH	
II. I eat when I am mad			
		MAD2	
JJ. I have to finish all the food on my plate			
		FNSHPLT1	
KK. I can eat as much as I want at meals			
		ALLWNT	
LL. I wish I weighed more			
		WGHMOR	
MM. I eat when I go out to movies or go to watch a sporting event			
		SPORTEAT	
NN. I eat desserts after meals			
		DESSERT	

ID							
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9. When you have snacks, what are the three snacks you have most often? (Write the names of the snacks on the lines below.)

1. **SNK1DESC** _____

2. **SNK2DESC** _____

3. **SNK3DESC** _____

10. Have you ever stopped eating for more than a day except for days when you were sick? **STOPEAT**
 YES NO

11. Within the last year, have any of these people been on a diet for more than a week? (Please mark one answer box for each line.)

	Yes	No	Don't know	Don't have one	
A. A friend of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DFRIEND
B. One of your parents ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPARENT
C. A brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PBRO
D. A sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSIS
E. Any other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRELAT

ID									
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VN			
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12. If a person is fat, what do you think are the reasons?

- | | YES | NO | |
|--|--------------------------|--------------------------|----------|
| A. They don't exercise enough | <input type="checkbox"/> | <input type="checkbox"/> | NOEXCISE |
| B. They have big bones | <input type="checkbox"/> | <input type="checkbox"/> | BIGBONE |
| C. They have a gland problem or something is wrong with their body ... | <input type="checkbox"/> | <input type="checkbox"/> | GLAND |
| D. They eat the wrong foods | <input type="checkbox"/> | <input type="checkbox"/> | WRFOOD |
| E. They don't control themselves | <input type="checkbox"/> | <input type="checkbox"/> | NOCNTL |
| F. They eat a lot of snacks | <input type="checkbox"/> | <input type="checkbox"/> | SNACKLOT |
| G. They eat a lot | <input type="checkbox"/> | <input type="checkbox"/> | EATALOT |
| H. It is natural for them to be fat | <input type="checkbox"/> | <input type="checkbox"/> | NATURAL |

13. People often drink liquor at religious services. Not counting that, in the past month how many glasses of alcoholic beverages, such as beer, wine or whiskey, have you had? Write the number of glasses here:

(If NONE, write "0.")

AMTDRK

 Number of alcoholic beverages

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

ID							
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**NHLBI Growth And Health Study
Nutrition Form - C**

0925-0294 exp. 12/89

NGHS FORM 09
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ID						
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1. What is today's date? **DO_FORM**
Month Day Year

2. ON SCHOOL DAYS:

- | | Yes | No | |
|--|--------------------------|--------------------------|----------|
| A. Do you <i>USUALLY</i> eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Do you <i>USUALLY</i> eat a morning snack? | <input type="checkbox"/> | <input type="checkbox"/> | MORNSNK |
| C. Do you <i>USUALLY</i> eat lunch? | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| D. Do you <i>USUALLY</i> eat a snack after school? | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| E. Do you <i>USUALLY</i> eat dinner/supper? | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |
| F. Do you <i>USUALLY</i> eat an evening snack? | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |

3. When you eat with your family, do you usually finish *first, last,*
or *about the same time?*

- | | FAMFINSH | |
|-----------------|--------------------------|---|
| First | <input type="checkbox"/> | 1 |
| Last | <input type="checkbox"/> | 2 |
| Same time | <input type="checkbox"/> | 3 |

4. When you eat with your friends, do you usually finish *first, last,*
or *about the same time*?

FRNFINSH

- First 1
- Last 2
- Same time 3

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

FSTFOOD5

- Never 1
- Less than once a week 2
- 1 to 3 times a week 3
- 4 to 7 times a week 4
- 8 or more times a week 5

6. When dinner is served do you usually help yourself or is your plate
made up for you by someone else?

FIXPLAT

- I help myself 1
- Plate is made up for me 2

7. How well do these statements describe you? Put a mark in the box that *best* describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always
A. I take vitamins		VITAMINS	
B. When I am bored I eat more		BOREDMR	
C. I sneak food when no one is looking		SECRET	
D. I am physically active, that means I get lots of exercise		PHYSACT	
E. My parents tell me that I should gain weight		GAINWT	
F. My parents try to get me to eat less food		EATLESS	
G. I eat while I watch TV		EATTV	
H. I drink beer, wine, or other drinks with liquor		DRINK	
I. I eat with my parent(s)		WFAMILY	
J. I eat vegetables		VEGGIE	
K. My parent(s) buy the snacks I like		PARSNACK	
L. I diet to lose weight		DIETLOS	
M. I eat between meals even when I am not hungry		NOTHUNGY	

7. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always
N. I bring a lunch from home to eat at school		CRRYLNCH	
O. My parents tell me that I should lose weight		LOSWT	
P. When I do something well I give myself a food treat		REWARD	
Q. When I am sad I eat more		SADMR	
R. I help choose the food my family buys		BUYFMLY	
S. I eat while I do my homework		HOMEWRK	
T. I eat the school lunch		SCHLNCH	
U. I get very hungry		VRHUNGY	
V. I buy snack food		SNKFOOD1	
W. When I am happy I eat more		HAPPYMR	
X. I fix my own food		FIXOWN	
Y. I eat alone		ALONE	
Z. I eat big helpings of food		BHELPS	
AA. When my friends and I get together, I usually have something to eat		FRIENDS	

7. How well do these statements describe you? Put a mark in the box that *best* describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always
BB. When I am worried I eat more		WORRYMR	
CC. My parents tell me that I can't eat certain foods for snacks		CERTFOOD	
DD. I eat what my parents tell me to eat		ASTOLD	
EE. I eat food in my bedroom		BEDRM	
FF. I wish I weighed less		WGHLES	
GG. My parent(s) nag me about the kinds of food I eat		NAG	
HH. I skip lunch		SKIPLNCH	
II. I eat when I am mad		MAD2	
JJ. I have to finish all the food on my plate		FNSHPLT1	
KK. I can eat as much as I want at meals		ALLWNT	
LL. I wish I weighed more		WGHMOR	
MM. I eat when I go out to movies or go to watch a sporting event		SPORTEAT	
NN. I eat desserts after meals		DESSERT	

8. When you have snacks, what are the **THREE SNACKS YOU HAVE MOST OFTEN?** (Remember to put what you have most often in the first space.)

- 1. **SNACK1** _____
- 2. **SNACK2** _____
- 3. **SNACK3** _____

9. Have you ever stopped eating for more than a day?
(Do not include days when you were sick.)
Yes No

STOPEAT

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

SPDIET

If YES, do you eat the same food at these meals as the
person who is on the special diet?
Yes No

ETSPDIET

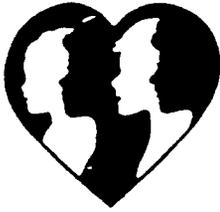
12. If a person is fat, what do you think are the reasons?

	Yes	No	
A. They don't exercise enough	<input type="checkbox"/>	<input type="checkbox"/>	NOEXCISE
B. They have big bones	<input type="checkbox"/>	<input type="checkbox"/>	BIGBONE
C. They have a gland problem or something is wrong with their body	<input type="checkbox"/>	<input type="checkbox"/>	GLAND
D. They eat the wrong foods	<input type="checkbox"/>	<input type="checkbox"/>	WRFOOD
E. They don't control themselves	<input type="checkbox"/>	<input type="checkbox"/>	NOCNTL
F. They eat a lot of snacks	<input type="checkbox"/>	<input type="checkbox"/>	SNACKLOT
G. They eat a lot	<input type="checkbox"/>	<input type="checkbox"/>	EATALOT
H. It is natural for them to be fat	<input type="checkbox"/>	<input type="checkbox"/>	NATURAL

Thank you very much for your help.

11. Within the last year, have any of these people been on a diet for more than a week? (Please mark one answer box for each line.)

	Yes	No	Don't know	Don't have one	
A. A friend of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DFRIEND
B. Any other child you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCHILD
C. Either of your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPARENT
D. A brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DBRO
E. A sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSIS
F. Any other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRELAT
G. Any other adult you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DADULT



NHLBI GROWTH AND HEALTH STUDY
NUTRITION FORM

0925-0294
exp. 9/92

NGHS Form 09
Rev. 2 12/89
9 Pages

ID						
NC						
VN						

1. On school days:

- | | Yes | No | |
|---|--------------------------|--------------------------|----------|
| A. Do you USUALLY eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Do you USUALLY eat a morning snack? | <input type="checkbox"/> | <input type="checkbox"/> | MORNSNK |
| C. Do you USUALLY eat lunch? | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| D. Do you USUALLY eat a snack after school? | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| E. Do you USUALLY eat dinner/supper? | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |
| F. Do you USUALLY eat an evening snack? | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |

2. When you eat with your family, do you usually finish first, last, or about the same time?

- | | FAMFINSH |
|-----------------|----------------------------|
| First | <input type="checkbox"/> 1 |
| Last | <input type="checkbox"/> 2 |
| Same time | <input type="checkbox"/> 3 |

3. When you eat with your friends, do you usually finish first, last, or about the same time?

FRNFINSH

First

 1

Last

 2

Same time

 3

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

FSTFOOD5

Never

 1

Less than once a week

 2

1 to 3 times a week

 3

4 to 7 times a week

 4

8 or more times a week

 5

5. Is lunch served at your school?

SCHLUNCH

Yes

No

6. Is breakfast served at your school? Yes No **SCHBRKF**

If YES, do you eat the school breakfast? Yes No **EATSCH**

7. A. Does your school sell snacks or have vending machines for selling snacks? Yes No **SCHSNACK**

If YES, do you buy them? Yes No **BUYSCHSK**

B. Is there any place near your home or school that sells snacks? Yes No **NEARSNK**

If YES, do you buy them? Yes No **BUYNRSNK**

8. When dinner is served do you usually help yourself or is your plate made up for you by someone else?

I help myself **FIXPLAT**₁

Plate is made up for me ₂

9. How well do these statements describe you? Put a mark in the box that best describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always
A. I take vitamins		VITAMINS	
B. When I am bored I eat more		BOREDMR	
C. I sneak food when no one is looking		SECRET	
D. I am physically active, that means I get lots of exercise		PHYSACT	
E. When I am mad I get something to eat		MAD1	
F. My parents tell me that I should gain weight		GAINWT	
G. My parents try to get me to eat less food		EATLESS	
H. I eat while I watch TV		EATTV	
I. I drink beer, wine, or other drinks with liquor		DRINK	
J. I eat dinner or supper with my parent(s)		WFAMILY	
K. I eat vegetables		VEGGIE	
L. When I am happy I eat less		HAPPYLS	
M. My parent(s) buy the snacks I like		PARSNACK	
N. I diet to lose weight		DIETLOS	
O. I eat between meals even when I am not hungry		NOTHUNGY	
P. I bring a lunch from home to eat at school		CRRYLNCH	

9. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always
Q. My parents tell me that I should lose weight		LOSWT	
R. When I am worried I eat less		WORRYLS	
S. When I do something well I give myself a food treat		REWARD	
T. When I am sad I eat more		SADMR	
U. I help choose the food my family buys		BUYFMLY	
V. I eat while I do my homework		HOMEWK	
W. I eat the school lunch		SCHLNCH	
X. I get very hungry		VRHUNGY	
Y. I buy snack food		SNKFOOD1	
Z. When I am happy I eat more		HAPPYMR	
AA. I prepare my own food		FIXOWN	
BB. I eat alone		ALONE	
CC. I eat big helpings of food		BHELPS	
DD. When my friends and I get together, I usually have something to eat		FRIENDS	
EE. When I am worried I eat more		WORRYMR	

9. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always
FF. My parents tell me that I can't eat certain foods or snacks		CERTFOOD	
GG. I eat what my parents tell me to eat		ASTOLD	
HH. I eat food in my bedroom		BEDRM	
II. When I am sad I eat less		SADLS	
JJ. I wish I weighed less		WGHLES	
KK. My parent(s) nag me about the kinds of food I eat		NAG	
LL. I skip lunch		SKIPLNCH	
MM. I eat when I am mad		MAD2	
NN. I have to finish all the food on my plate		FNSHPLT1	
OO. I can eat as much as I want at meals		ALLWNT	
PP. I wish I weighed more		WGHMOR	
QQ. I can buy snacks whenever I want		SNKFOOD2	
RR. I eat when I go out to movies or go to watch a sporting event		SPORTEAT	
SS. I eat desserts after meals		DESSERT	
TT. I eat all the food on my plate		FNSHPLT2	
UU. When I am bored I eat less		BOREDLS	

10. When you have snacks, what are the **THREE SNACKS YOU HAVE MOST OFTEN?**
 (Remember to put what you have most often in the first space.)

1. **SNACK1** _____
2. **SNACK2** _____
3. **SNACK3** _____

11. Have you ever stopped eating for more than a day?
 (Do not include days when you were sick.)

STOPEAT	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

12. Are most of the meals in you house cooked differently
 because: (Answer each part.)

- | | Yes | No | |
|--|--------------------------|--------------------------|----------------|
| A. 1. Someone has high blood pressure or a blood pressure problem? | <input type="checkbox"/> | <input type="checkbox"/> | BLDPRES |
| 2. Someone has a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | HRTPROB |
| 3. Someone has diabetes or high blood sugar? | <input type="checkbox"/> | <input type="checkbox"/> | DIABET |
| 4. Someone has high cholesterol or high blood fat? | <input type="checkbox"/> | <input type="checkbox"/> | HICHOL |
| 5. Someone is a vegetarian? | <input type="checkbox"/> | <input type="checkbox"/> | VEGTARN |
| 6. Someone has some other health problem or reason? | <input type="checkbox"/> | <input type="checkbox"/> | OTHPROB |

(What is the other health problem or reason?)

REMARK

B. Do you also eat the differently cooked food at these meals?

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	ETSPDIET

13. Within the LAST YEAR, have any of these people been on a diet to lose weight for more than a week? (Please mark one answer box for each line.)

	Yes	No	Don't know	Don't have one	
A. A friend of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DFRIEND
B. A brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DBRO
C. A sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSIS
D. Any other person your age that you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCHILD
E. Either of your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPARENT
F. Any other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRELAT
G. Any other adult you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DADULT

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

	Yes	No	
A. They don't exercise enough	<input type="checkbox"/>	<input type="checkbox"/>	NOEXCISE
B. They have big bones	<input type="checkbox"/>	<input type="checkbox"/>	BIGBONE
C. They have a gland problem or something is wrong with their body	<input type="checkbox"/>	<input type="checkbox"/>	GLAND
D. They eat the wrong foods	<input type="checkbox"/>	<input type="checkbox"/>	WRFOOD
E. They don't control themselves	<input type="checkbox"/>	<input type="checkbox"/>	NOCNTL
F. They eat a lot of snacks	<input type="checkbox"/>	<input type="checkbox"/>	SNACKLOT
G. They eat a lot	<input type="checkbox"/>	<input type="checkbox"/>	EATALOT
H. It is natural for them to be fat	<input type="checkbox"/>	<input type="checkbox"/>	NATURAL

Thank you very much for your help.



NHLBI GROWTH AND HEALTH STUDY
NUTRITION FORM

ID							
NC							
VN							

1. ON SCHOOL DAYS:

- | | Yes | No | |
|---|--------------------------|--------------------------|-----------------|
| A. Do you USUALLY eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | BREAKFST |
| B. Do you USUALLY eat a morning snack? | <input type="checkbox"/> | <input type="checkbox"/> | MORNSNK |
| C. Do you USUALLY eat lunch? | <input type="checkbox"/> | <input type="checkbox"/> | LUNCH |
| D. Do you USUALLY eat a snack after school? | <input type="checkbox"/> | <input type="checkbox"/> | AFTSNK |
| E. Do you USUALLY eat dinner/supper? | <input type="checkbox"/> | <input type="checkbox"/> | DINNER |
| F. Do you USUALLY eat an evening snack? | <input type="checkbox"/> | <input type="checkbox"/> | EVNSNK |

2. When you eat with your family, do you usually finish first, last, or about the same time?

- | | FAMFINSH |
|-----------------|----------------------------|
| First | <input type="checkbox"/> 1 |
| Last | <input type="checkbox"/> 2 |
| Same time | <input type="checkbox"/> 3 |

3. When you eat with your friends, do you usually finish first, last, or about the same time?

FRNFINSH

- First 1
- Last 2
- Same time 3

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

FSTFOOD5

- Never 1
- Less than once a week 2
- 1 to 3 times a week 3
- 4 to 7 times a week 4
- 8 or more times a week 5

5. Is lunch served at your school?

SCHLUNCH

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

6. A. Is breakfast served at your school? Yes No **SCHBRKF**

B. If YES, do you eat the school breakfast? Yes No **EATSCH**

7. A. Does your school sell snacks or have vending machines for selling snacks? Yes No **SCHSNACK**

1. If YES, do you buy them? Yes No **BUYSCHSK**

B. Is there any place near your home or school that sells snacks? Yes No **NEARSNK**

1. If YES, do you buy them? Yes No **BUYNRSNK**

8. Who fixes the food you eat MOST of the time? If you live in more than one place, think of where you live MOST of the time and then who fixes the food you eat MOST of the time.

- A. Mother ₁ **FIXMOSTA**
- B. Father ₁ **FIXMOSTB**
- C. Sister or brother ... ₁ **FIXMOSTC**
- D. Grandparent ₁ **FIXMOSTD**
- E. Me ₁ **FIXMESTE**
- F. Other person ₁ **FIXMOSTF**

9. Who decides what you eat for dinner MOST of the time?

- A. Mother ₁ **DECMOSTA**
- B. Father ₁ **DECMOSTB**
- C. Sister or brother ... ₁ **DECMOSTC**
- D. Grandparent ₁ **DECMOSTD**
- E. Me ₁ **DECMOSTE**
- F. Other person ₁ **DECMOSTF**

10. When dinner is served do you usually help yourself or is your plate made up for you by someone else?

I help myself

FIXPLAT

1

Plate is made up for me

2

11. How well do these statements describe you? Put a mark in the box that best describes how often this happens.

	Never or Almost Never	Some- times	Usually or Always	
A. I take vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VITAMINS
B. When I am bored I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDMR
C. I sneak food when no one is looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECRET
D. I am physically active, that means I get lots of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSACT
E. When I am mad I get something to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAD1
F. My parents tell me that I should gain weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GAINWT
G. My parents try to get me to eat less food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EATLESS
H. I eat while I watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EATTV
I. I drink beer, wine, or other drinks with liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRINK
J. I eat dinner or supper with my parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WFAMILY
K. I eat vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VEGGIE
L. When I am happy I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYLS

11. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always	
M. My parent(s) buy the snacks I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARSNACK
N. I diet to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETLOS
O. I eat between meals even when I am not hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTHUNGY
P. I bring a lunch from home to eat at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRRYLNCH
Q. My parents tell me that I should lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSWT
R. When I am worried I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYLS
S. When I do something well I give myself a food treat..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REWARD
T. When I am sad I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADMR
U. I help choose the food my family buys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUYFMLY
V. I eat while I do my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOMEWRK
W. I eat the school lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHLNCH
X. I get very hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VRHUNGY
Y. I buy snack food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNKFOOD1
Z. When I am happy I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAPPYMR
AA. I prepare my own food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIXOWN

11. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always	
BB. I eat alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALONE
CC. I eat big helpings of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHELPS
DD. When my friends and I get together, I usually have something to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRIENDS
EE. When I am worried I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORRYMR
FF. My parents tell me that I can't eat certain food or snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CERTFOOD
GG. I eat what my parents tell me to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTOLD
HH. I eat food in my bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEDRM
II. When I am sad I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SADLS
JJ. I wish I weighed less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHLES
KK. My parent(s) nag(s) me about the kinds of food I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAG
LL. I skip lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIPLNCH
MM. I eat when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAD2
NN. I have to finish all the food on my plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FNSHPLT1
OO. I can eat as much as I want at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALLWNT
PP. I wish I weighed more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WGHMOR

11. How well do these statements describe you? Put a mark in the box that best describes how often this happens. (Continued)

	Never or Almost Never	Some- times	Usually or Always	
QQ. I can buy snacks whenever I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNKFOOD2
RR. I eat when I go out to the movies or go to watch a sporting event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPORTEAT
SS. I eat desserts after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESSERT
TT. I eat all the food on my plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FNSHPLT2
UU. When I am bored I eat less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOREDLS

12. When you have snacks, what are the THREE SNACKS YOU HAVE MOST OFTEN?
 (Remember to put what you have most often in the first space.)

1. **SNACK1** _____
2. **SNACK2** _____
3. **SNACK3** _____

13. Have you ever stopped eating for more than a day?
 (Do not include days when you were sick.)

STOPEAT

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

14. Are most of the meals in your house cooked differently because:
 (Answer each part.)

Yes No

A. 1. Someone has high blood pressure or a blood
 pressure problem?

<input type="checkbox"/>	<input type="checkbox"/>	BLDPRES
--------------------------	--------------------------	----------------

2. Someone has a heart problem?

<input type="checkbox"/>	<input type="checkbox"/>	HRTPROB
--------------------------	--------------------------	----------------

3. Someone has diabetes or high blood sugar?

<input type="checkbox"/>	<input type="checkbox"/>	DIABET
--------------------------	--------------------------	---------------

4. Someone has high cholesterol or high blood fat?

<input type="checkbox"/>	<input type="checkbox"/>	HICHOL
--------------------------	--------------------------	---------------

5. Someone is a vegetarian?

<input type="checkbox"/>	<input type="checkbox"/>	VEGTARN
--------------------------	--------------------------	----------------

6. Someone has some other health problem or reason?

<input type="checkbox"/>	<input type="checkbox"/>	OTHPROB
--------------------------	--------------------------	----------------

(What is the other problem or reason?)

REMARK

Yes No

B. Do you also eat the differently cooked
 food at these meals?

<input type="checkbox"/>	<input type="checkbox"/>	ETSPDIET
--------------------------	--------------------------	-----------------

15. Within the LAST YEAR, have any of these people been on a diet to lose weight for more than a week? (Please mark one answer box for each line.)

	Yes	No	Don't Know	Don't Have One	
A. A friend of yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DFRIEND
B. A brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DBRO
C. A sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSIS
D. Any other person your age that you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCHILD
E. Either of your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPARENT
F. Any other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRELAT
G. Any other adult you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DADULT

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

- | | Yes | No | |
|---|--------------------------|--------------------------|-----------------|
| A. They don't exercise enough | <input type="checkbox"/> | <input type="checkbox"/> | NOEXCISE |
| B. They have big bones | <input type="checkbox"/> | <input type="checkbox"/> | BIGBONE |
| C. They have a gland problem or something is
wrong with their body | <input type="checkbox"/> | <input type="checkbox"/> | GLAND |
| D. They eat the wrong foods | <input type="checkbox"/> | <input type="checkbox"/> | WRFOOD |
| E. They don't control themselves | <input type="checkbox"/> | <input type="checkbox"/> | NOCNTL |
| F. They eat a lot of snacks | <input type="checkbox"/> | <input type="checkbox"/> | SNACKLOT |
| G. They eat a lot | <input type="checkbox"/> | <input type="checkbox"/> | EATALOT |
| H. It is natural for them to be fat | <input type="checkbox"/> | <input type="checkbox"/> | NATURAL |
| 17. A. Do you think there are any other reasons why
a person is fat? | <input type="checkbox"/> | <input type="checkbox"/> | OTHFAT |

B. If Yes, what are the reasons? FATRMK

Thank you very much for your help.