

ID						
NC						
VN		0		0		

GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES - C

HAND SHOW
 CARD #1
 for Q 1,2,3

or

SHOW SLIDE
 #1 for Q 1,2,3



Very
Happy

Happy

Unhappy

Very
Unhappy

(Read the Response categories)

1. How happy or unhappy are you with your present weight? WEIGHT

(Read the Response categories)

2. How happy or unhappy are you with your present height? HEIGHT

(Read the Response categories)

3. How happy or unhappy are you with the way your body looks? BODY

4. Do you think your father (or male guardian) likes your present weight?

DADWT

Yes 1
 No 2
 Do not have one 3

5. Do you think your mother (or female guardian) likes your present weight?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Do not have one	<input type="checkbox"/>	3

HAND SHOW
CARD #2

or

SHOW
SLIDE #2

6. If a girl your age was thin would she:

	(Repeat the question as necessary)	Yes	No	Wouldn't Make Any Difference
A.	Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> POPULTH
B.	Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LESADLTH
C.	Feel less in charge of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LSCHRGTH
D.	Feel better about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FELBETHH
E.	Be prettier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRETYTH
F.	Feel more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MORGRLTH
G.	Be less likely to get pushed around ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PUSHEDTH
H.	Be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HLTHTH

HAND SHOW
CARD #3

or

SHOW
SLIDE #3

7A. Please tell me which figure looks most like an older brother - nearest your age (if you have one):

No older brother									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(00)	A	B	C	D	E	F	G	H	I

BROIMAGE

HAND SHOW
CARD #4

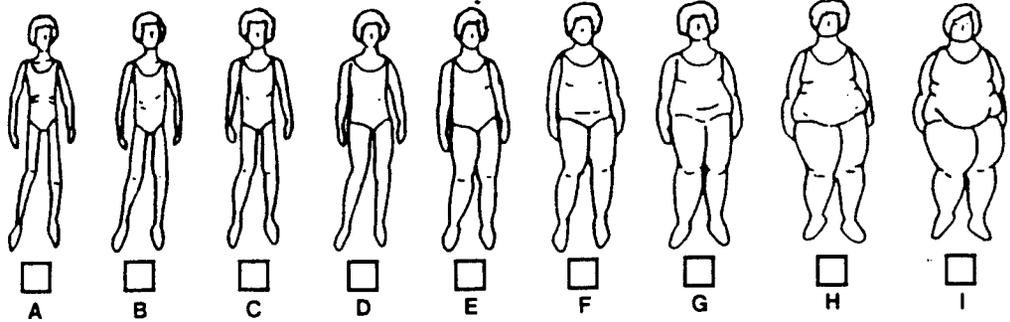
or

SHOW
SLIDE #4

7B. Please tell me which figure looks most like an older sister - nearest your age (if you have one):

No older
sister

(00)



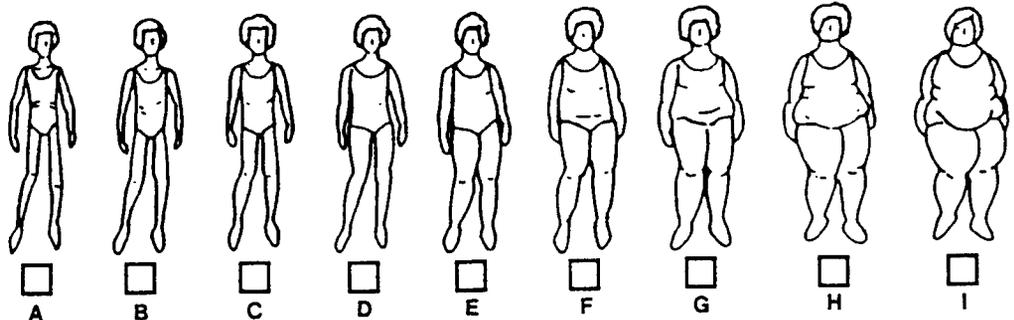
SISIMAGE

Continue with same
Card or Slide

7C. Please tell me which figure looks most like your best girlfriend:

No best
girlfriend

(00)



GRLIMAGE

8. Have any of these people ever told you that you are too thin?

	<u>Yes</u>	<u>No</u>	<u>Do Not Have One</u>	
A. Has your <u>Father</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2TH
B. Has your <u>Mother</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2TH
C. Has <u>Any Brother</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2TH
D. Has <u>Any Sister</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2TH
E. Has <u>A Best Girlfriend</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2TH
F. Has <u>The Boy You Like Best</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2TH
G. Has <u>Any Other Girl</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2TH
H. Has <u>Any Other Boy</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2TH
I. Has <u>Any Teacher</u> ever told you that you were too thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2TH

9. Have any of these people ever told you that you are too fat?

	<u>Yes</u>	<u>No</u>	<u>Do Not Have One</u>	
A. Has your <u>Father</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2FAT
B. Has your <u>Mother</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2FAT
C. Has <u>Any Brother</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2FAT
D. Has <u>Any Sister</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2FAT
E. Has <u>A Best Girlfriend</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2FAT
F. Has <u>The Boy You Like Best</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2FAT
G. Has <u>Any Other Girl</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2FAT
H. Has <u>Any Other Boy</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2FAT
I. Has <u>Any Teacher</u> ever told you that you were too fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2FAT

HAND SHOW
 CARD #5

or

SHOW
 SLIDE #5

10. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant	
(Read the Response categories)					
A. Is being grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADLTIMP
B. Is having lots of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP
C. Is looking pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETIMP
D. Is looking thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THINIMP
E. Is being healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHIMP
F. Is feeling more like a girl ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRIM
G. Is not getting fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOFATIMP
H. Is having a loving family ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOVFAMIM

HAND SHOW
 CARD #6

or

SHOW
 SLIDE #6

11. If a girl your age was fat would she:

	Yes	No	Wouldn't Make Any Difference	
(Repeat the question as necessary)				
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULFAT
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLFAT
C. Feel less in charge of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSCHRGFT
D. Feel better about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FELBETFT
E. Be prettier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETYFAT
F. Feel more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRIFT
G. Be less likely to get pushed around ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUSHFAT
H. Be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHFAT

HAND SHOW
CARD #7

or

SHOW
SLIDE #7

12. How happy or unhappy are you with these parts of your body? How happy are you with:

					
	Very <u>Happy</u>	Happy	Unhappy	Very <u>Unhappy</u>	
(Read the Response categories)					
A. Your waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAIST
B. Your skin color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKINCOLR
C. Your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOM
D. Your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARMS
E. Your breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BREAST
F. Your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPS
G. Your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGS
H. Your behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHIND

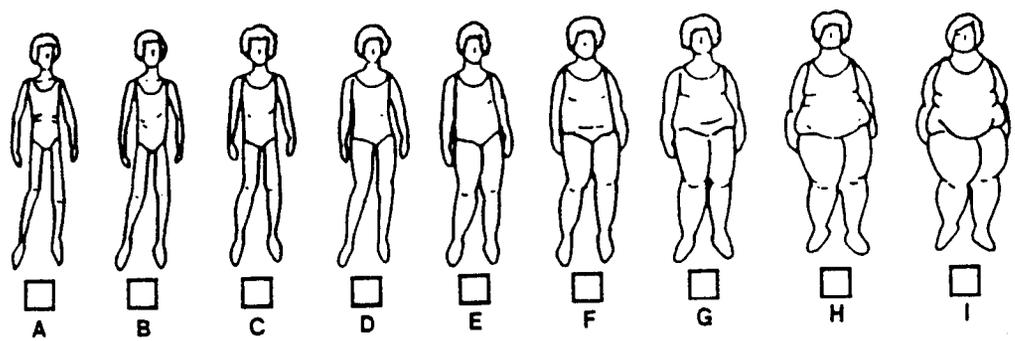
HAND SHOW
CARD #8

or

SHOW
SLIDE #8

13. The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please (check the box under the figure that best answers the following/tell me which figure best answers the following:)

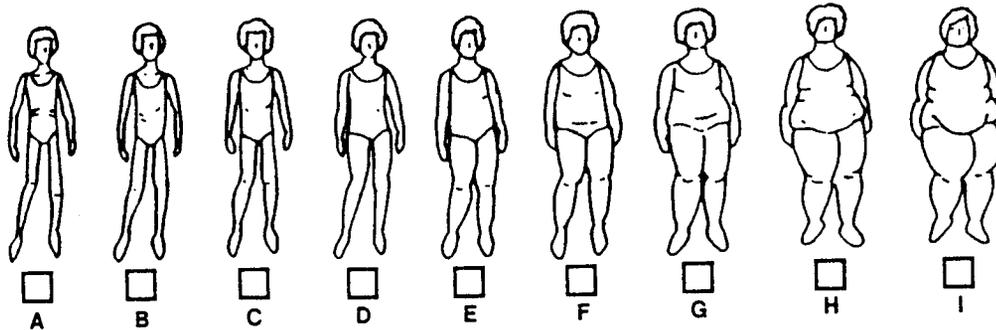
13A. Right now I look like:



IMAGNOW

Continue with same
Card or Slide

13B. I would like it best if I now looked like:



IMAGBST

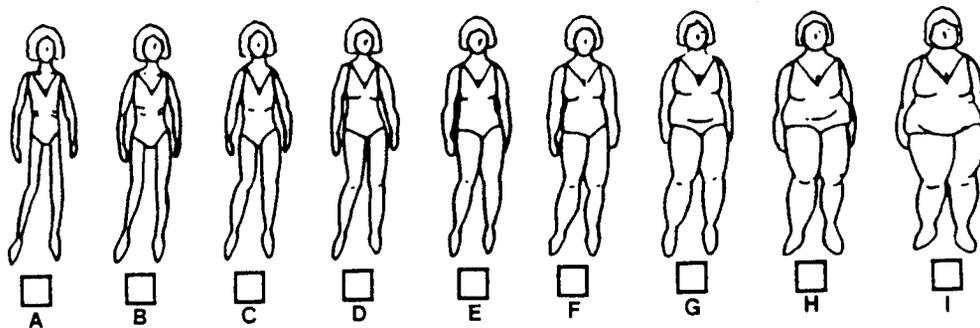
HAND SHOW
CARD #9

or

SHOW
SLIDE #9

14. Please (check the box under the figure that best answers the following/tell me which figure best answers the following:)

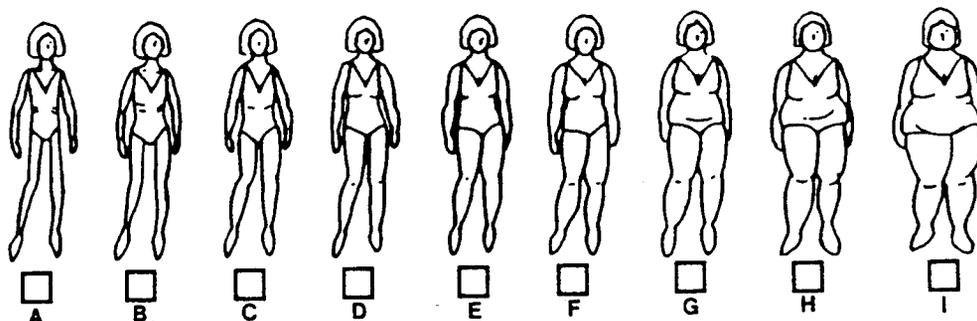
14A. When I am a teenager in high school, I will probably look like:



IMAGTEEN

Continue with same
Card or Slide

14B. When I am a teenager in high school, I would like to look like:

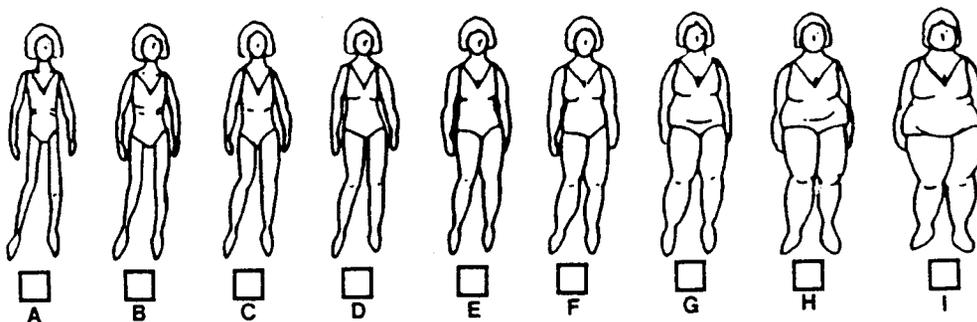


IMAGBTEN

Continue with same
Card or Slide

15. Please tell me which figure best answers the following:

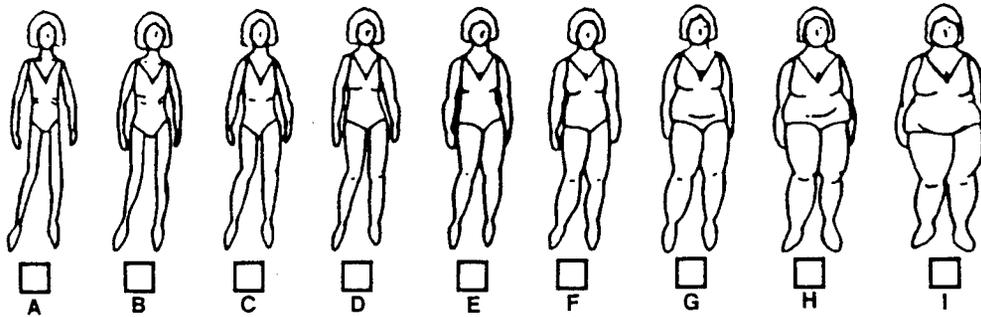
15A. When I am a grownup, 25 to 30 years old, I will probably look like:



IMAGADLT

Continue with same
Card or Slide

15B. When I am a grownup, 25 to 30 years old, I would like to look
like:



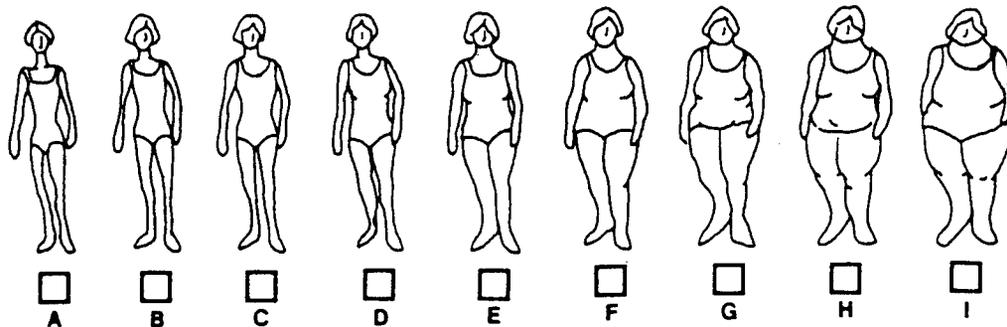
IMGBADLT

HAND SHOW
CARD #10

or

SHOW
SLIDE #10

16. Please tell me which figure best answers the following:
A woman looks best when she looks like:



IMAGBFEM

17. Do you have any close friends who are:

- | | <u>Yes</u> | <u>No</u> | |
|---|--------------------------|--------------------------|---------|
| A. White? | <input type="checkbox"/> | <input type="checkbox"/> | FRWHITE |
| B. Black? | <input type="checkbox"/> | <input type="checkbox"/> | FRBLACK |
| C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)? | <input type="checkbox"/> | <input type="checkbox"/> | FRHISP |
| D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander? | <input type="checkbox"/> | <input type="checkbox"/> | FRASIAN |
| E. American Indian or Alaskan Native (for example, Eskimo)? | <input type="checkbox"/> | <input type="checkbox"/> | FRAMIND |

18. In your school (check only one box):

- | | SCH | RACE |
|---|--------------------------|------|
| All or most of the kids are black | <input type="checkbox"/> | 1 |
| About half the kids are black and half the kids are white | <input type="checkbox"/> | 2 |
| All or most of the kids are white | <input type="checkbox"/> | 3 |

- | | <u>Yes</u> | <u>No</u> | |
|--|--------------------------|--------------------------|---------|
| 19. Have you ever tried to <u>lose</u> weight? | <input type="checkbox"/> | <input type="checkbox"/> | LOSWT |
| 20. Have you ever tried to <u>gain</u> weight? | <input type="checkbox"/> | <input type="checkbox"/> | GAINWT |
| 21. Are you trying to <u>lose</u> weight now? | <input type="checkbox"/> | <input type="checkbox"/> | LOSWTNW |

22. Are you trying to gain weight now? Yes No GAINWTNW

HAND SHOW CARD #11 or SHOW SLIDE #11

23A. Do you think your mother is very thin; thin; not thin or heavy; heavy; very heavy; or is she pregnant now?

- | | MOMTHFAT | |
|------------------------------|--------------------------|----------------|
| Very thin | <input type="checkbox"/> | 1 |
| Thin | <input type="checkbox"/> | 2 |
| Not thin or heavy | <input type="checkbox"/> | 3 |
| Heavy | <input type="checkbox"/> | 4 |
| Very heavy | <input type="checkbox"/> | 5 |
| Mother is now pregnant | <input type="checkbox"/> | 6 (Answer 23B) |
| Do not have one | <input type="checkbox"/> | 7 |

23B. If your mother is now pregnant, do you think she was very thin, thin, not thin or heavy, heavy, or very heavy before she became pregnant?

- | | B4PREG | |
|-------------------------|--------------------------|---|
| Very thin | <input type="checkbox"/> | 1 |
| Thin | <input type="checkbox"/> | 2 |
| Not thin or heavy | <input type="checkbox"/> | 3 |
| Heavy | <input type="checkbox"/> | 4 |
| Very heavy | <input type="checkbox"/> | 5 |

Now I am going to ask you some questions about how people in your family get along. By your family we mean those you are living with right now. Please tell me how often the following things happen in your family.

HAND SHOW
CARD #12
FOR Q24-Q32

or

SHOW SLIDE
#12 FOR
Q24-Q32

24. In my family we ask each other for help:

(Read the response categories)

FHELP

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

25. We like to do things with just members of our family:

(Read the response categories)

FDOTHNG

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

26. In my family we feel closer to each other than to people outside the family:

(Read the response categories)

FCLOSE

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

27. In my family we like to spend free time with each other:

(Read the response categories)

FSPEND

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

28. In my family we feel very close to each other:

(Read the response categories)

FFEEL

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

29. When our family gets together for activities, everybody comes:

(Read the response categories)

FACTIV

- | | | |
|------------------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

30. We can easily think of things to do together as a family:

(Read the response categories)

FTHINK

- | | | |
|------------------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

31. In my family we ask other family members about our decisions:

(Read the response categories)

FASK

- | | | |
|------------------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

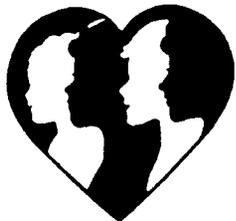
32. In my family togetherness is very important:

(Read the response categories)

FTOGETH

- | | | |
|------------------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

This concludes this questionnaire, thank you very much for your help Enter remaining information on cover sheet.



**NHLBI Growth And Health Study
Health Beliefs And Attitudes - C**

0925-0294 exp. 12/89

NGHS FORM 13
Rev. 1 1/89
16 Pages

ID						
NC						
VN						

DO_FORM

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



Very
Happy



Happy



Unhappy



Very
Unhappy

2. How happy or unhappy are you with your present **WEIGHT**? **WEIGHT**

3. How happy or unhappy are you with your present **HEIGHT**? **HEIGHT**

4. How happy or unhappy are you with the way your body looks? **BODY**

5. Do you think your father (or male guardian) likes your present weight? DADWT

Yes 1

No 2

Do not have one 3

6. Do you think your mother (or female guardian) likes your present weight?

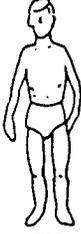
	MOMWT
Yes	<input style="width: 50px; height: 20px;" type="text"/> 1
No	<input style="width: 50px; height: 20px;" type="text"/> 2
Do not have one	<input style="width: 50px; height: 20px;" type="text"/> 3

7. If a girl your age was thin would she:

	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	POPULTH
B. Look less grown up	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	LESADLTH
C. Feel less in charge of things	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	LSCHRGTH
D. Feel better about herself	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	FELBETTH
E. Be prettier	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	PRETYTH
F. Feel more like a girl	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	MORGRLTH
G. Be less likely to get pushed around	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	PUSHEDTH
H. Be healthier	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	HLTHTH

8A. Please check the box under the figure that most looks like **YOUR OLDER BROTHER** - nearest your age:

I have no older brother
 (00)

								
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I

BROIMAGE

8B. Please check the box under the figure that most looks like **YOUR OLDER SISTER** - nearest your age:

I have no older sister
 (00)

								
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I

SISIMAGE

8C. Please check the box under the figure that most looks like
YOUR BEST GIRLFRIEND:

I have no best girlfriend									
<input type="checkbox"/> (00)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I

GRLIMAGE

9. Have any of these people ever told you that you are **TOO THIN?**

	Yes	No	Do Not Have One	
A. Your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2TH
B. Your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2TH
C. Any brother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2TH
D. Any sister?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2TH
E. A best girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2TH
F. The boy you like best?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2TH
G. Any other girl?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2TH
H. Any other boy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2TH
I. Any teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2TH

10. Have any of these people ever told you that you are *TOO FAT*?

	Yes	No	Do Not Have One	
A. Your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2FAT
B. Your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2FAT
C. Any brother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2FAT
D. Any sister?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2FAT
E. A best girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2FAT
F. The boy you like best?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2FAT
G. Any other girl?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2FAT
H. Any other boy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2FAT
I. Any teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2FAT

11. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant	
A. Being grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADLTIMP
B. Having lots of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP
C. Looking pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETIMP
D. Looking thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THINIMP
E. Being healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHIMP
F. Feeling more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGR LIM
G. Not getting fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOFATIMP
H. Having a loving family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOVFAMIM

12. If a girl your age was fat would she:

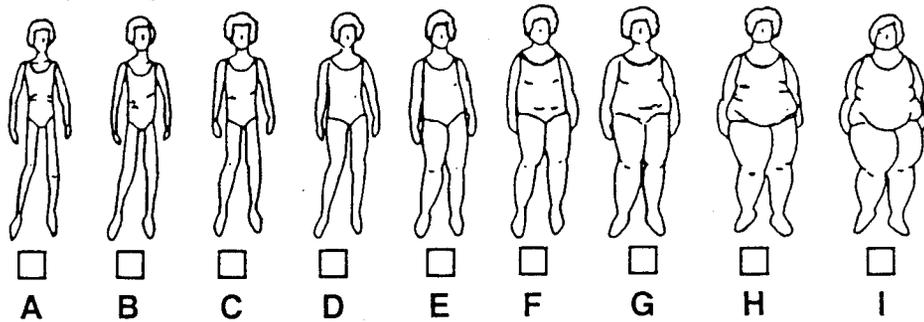
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULFAT
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLFAT
C. Feel less in charge of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSCHRGFT
D. Feel better about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FELBETFT
E. Be prettier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETYFAT
F. Feel more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRLFT
G. Be less likely to get pushed around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUSHFAT
H. Be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHFAT

13. How happy or unhappy are you with these parts of your body?
How happy are you with:

					
	Very Happy	Happy	Unhappy	Very Unhappy	
A. Your waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAIST
B. Your skin color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKINCOLR
C. Your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOM
D. Your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARMS
E. Your breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BREAST
F. Your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPS
G. Your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGS
H. Your behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHIND

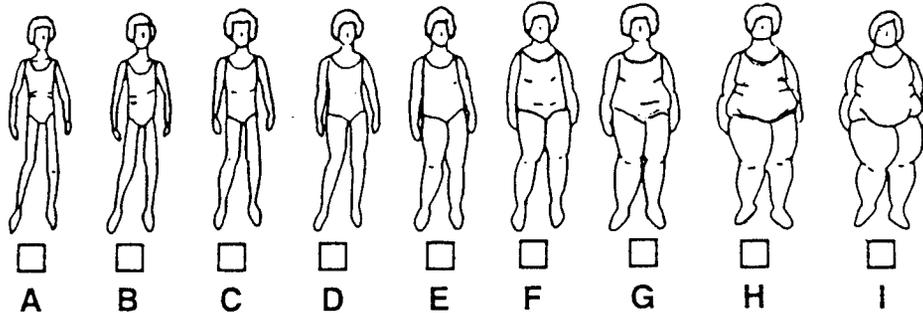
The next set of questions ask about how you **LOOK NOW**, how **YOU THINK YOU ARE GOING TO LOOK**, and how you would **BEST LIKE TO LOOK**. Please check the box under the figure that best answers the following:

14A. Right **NOW** I look like:



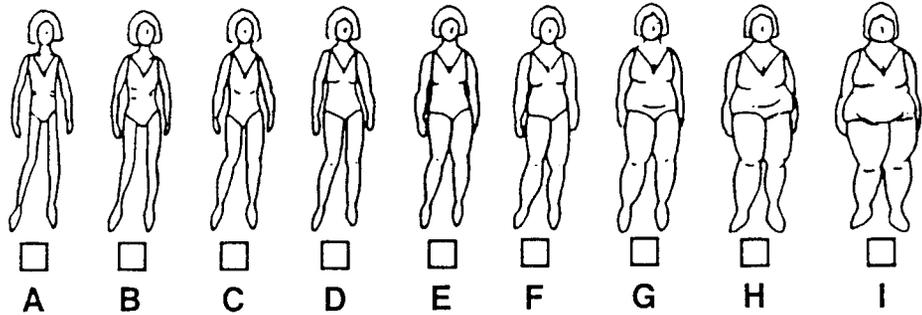
IMAGNOW

14B. I **WOULD LIKE** it best if I now looked like:



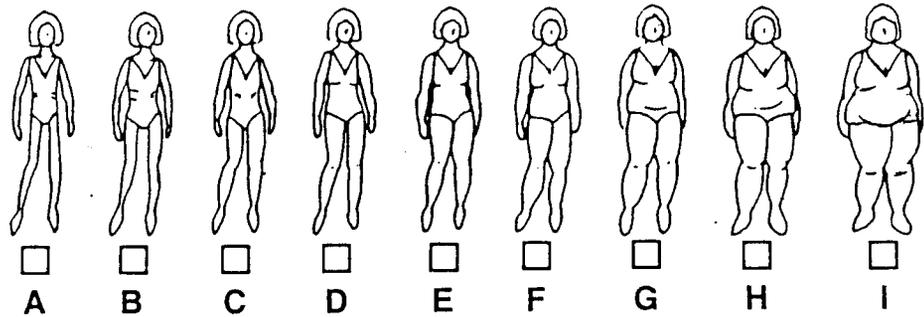
IMAGBST

15A. When I am a teenager in high school, I will **PROBABLY** look like:



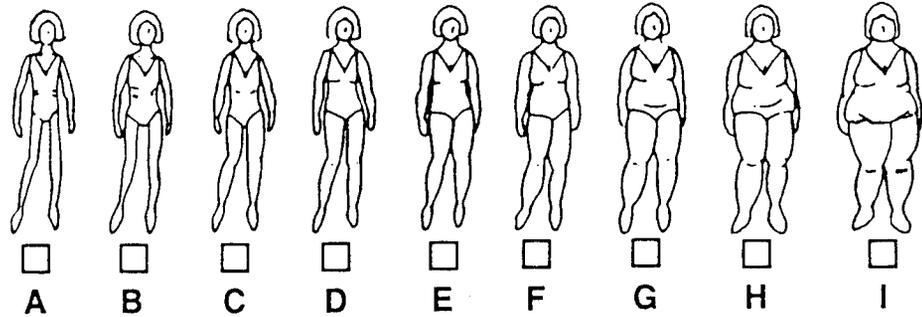
IMAGTEEN

15B. When I am a teenager in high school, I **WOULD LIKE** to look like:



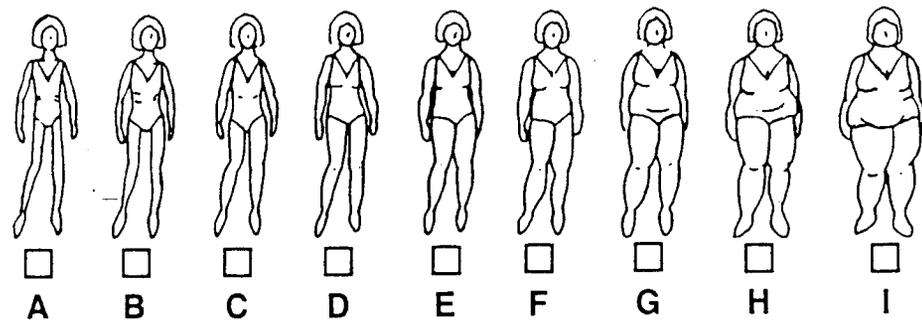
IMAGBTEN

16A. When I am grownup, 25-30 years old, I **WILL PROBABLY** look like:



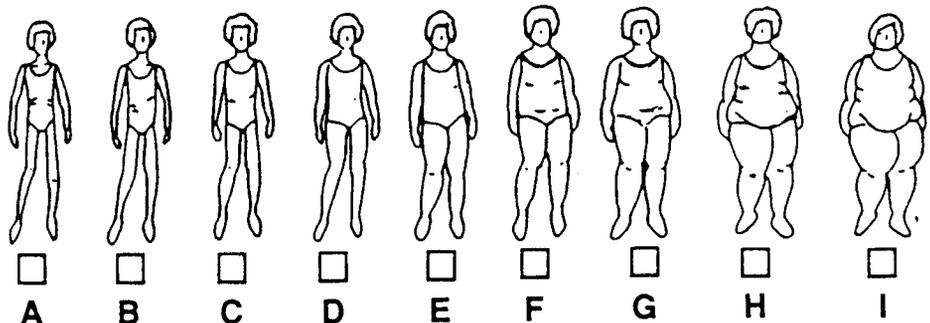
IMAGADLT

16B. When I am a growup, 25-30 years old, I **WOULD LIKE** to look like:



IMGBADLT

17. A woman looks **BEST** when she looks like:



IMAGBFEM

18. Do you have any *CLOSE FRIENDS* who are:

	Yes	No	
A. White?	<input type="checkbox"/>	<input type="checkbox"/>	FRWHITE
B. Black?	<input type="checkbox"/>	<input type="checkbox"/>	FRBLACK
C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)?	<input type="checkbox"/>	<input type="checkbox"/>	FRHISP
D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander?	<input type="checkbox"/>	<input type="checkbox"/>	FRASIAN
E. American Indian or Alaskan Native (for example, Eskimo)?	<input type="checkbox"/>	<input type="checkbox"/>	FRAMIND

19. In your school (check only *ONE* box):

	SCHRACE
All or most of the kids are black	<input type="checkbox"/> 1
About half the kids are black and half the kids are white ...	<input type="checkbox"/> 2
All or most of the kids are white	<input type="checkbox"/> 3
None of these describe my school	<input type="checkbox"/> 4

	Yes	No	
20. Have you tried to <i>LOSE</i> weight in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	LOSWT
21. Have you tried to <i>GAIN</i> weight in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	GAINWT
22. Are you trying to <i>LOSE</i> weight now?	<input type="checkbox"/>	<input type="checkbox"/>	LOSWTNW

23. Are you trying to *GAIN* weight now? Yes No **GAINWTNW**

24A. Do you think your mother is very thin; thin; not thin or heavy; heavy; very heavy; or is she pregnant now?

	MOMTHFAT	
Very thin	<input type="checkbox"/>	1
Thin	<input type="checkbox"/>	2
Not thin or heavy	<input type="checkbox"/>	3
Heavy	<input type="checkbox"/>	4
Very heavy	<input type="checkbox"/>	5
Mother is now pregnant	<input type="checkbox"/>	6 (Answer 24B)
Do not have one	<input type="checkbox"/>	7

24B. If your mother is now pregnant do you think she was very thin, thin, not thin or heavy, heavy, or very heavy before she became pregnant?

	B4PREG	
Very thin	<input type="checkbox"/>	1
Thin	<input type="checkbox"/>	2
Not thin or heavy	<input type="checkbox"/>	3
Heavy	<input type="checkbox"/>	4
Very heavy	<input type="checkbox"/>	5

These questions are about how people in your family get along. By your family we mean those you are living with right now. *HOW OFTEN* do the following things happen in your family?

25. In my family we ask each other for help: **FHELP**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

26. We like to do things with just members of our family: **FDOTHNG**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

27. In my family we feel closer to each other than to people outside the family: **FCLOSE**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

28. In my family we like to spend free time with each other: **FSPEND**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

29. In my family we feel very close to each other: **FFEEL**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

30. When our family gets together for activities, everybody comes: **FACTIV**

Almost never	<input type="text"/>	1
Once in a while	<input type="text"/>	2
Often	<input type="text"/>	3
Almost always	<input type="text"/>	4

31. We can easily think of things to do together as a family:

FTHINK

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

32. In my family we ask other family members about our decisions:

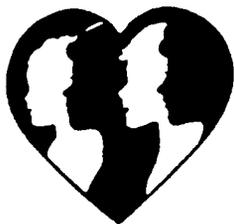
FASK

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

33. In my family togetherness is very important:

FTOGETH

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4



**NHLBI GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES**

This form is to be administered to the NGHS girl at the Year 5 Follow-up Visit.

ID number of NGHS girl: - - **RID** - - -

Name code of NGHS girl: - - - - -

Visit number: **VISIT**

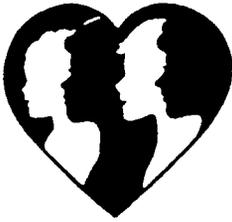
Date: **DO_FORM** - - -

Month Day Year

Please PRINT your full name:

First Name	Middle Initial	Last Name
------------	----------------	-----------

We think this questionnaire will take about 14-16 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaire, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.



NHLBI GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

ID							
NC							
VN							

- | | | Very
Happy | Happy | Unhappy | Very
Unhappy | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 1. | How happy or unhappy are you with your present WEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WEIGHT |
| 2. | How happy or unhappy are you with your present HEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEIGHT |
| 3. | How happy or unhappy are you with the way your body looks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BODY |
| 4. | Do you think your father (or male guardian) likes your present weight? | | | | | |
| | | DADWT | | | | |
| | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| | Do not have one | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 |

5. Do you think your mother (or female guardian) likes your present weight?

		MOMWT
Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Do not have one	<input type="checkbox"/>	3

6. If a girl your age was thin would she:

	Yes	No	Wouldn't Make Any Difference
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> POPULTH
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LESADLTH
C. Feel less in charge of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LSCHRGTH
D. Feel better about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FELBETHH
E. Be prettier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRETYTH
F. Feel more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MORGRLTH
G. Be less likely to get pushed around .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PUSHEDTH
H. Be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HLTHTH

7A. Please check the box under the figure that most looks like YOUR OLDER BROTHER - nearest your age:

I have no older brother

<input type="checkbox"/>									
(00)	A	B	C	D	E	F	G	H	I

BROIMAGE

7B. Please check the box under the figure that most looks like YOUR OLDER SISTER - nearest your age:

I have no older sister

<input type="checkbox"/>									
(00)	A	B	C	D	E	F	G	H	I

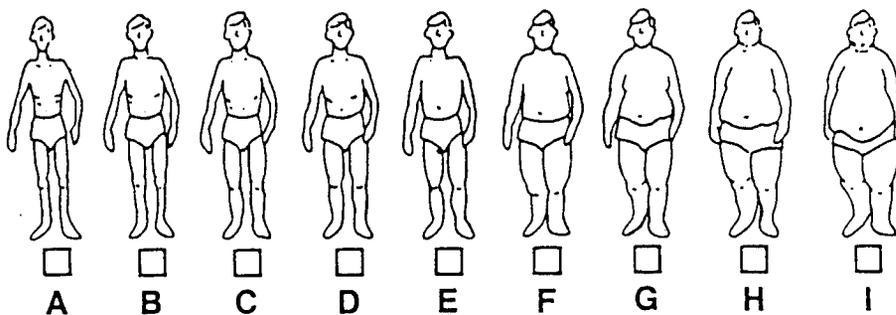
SISIMAGE

8A. Do you have a YOUNGER brother? **YNGBRO**

Yes No

If NO, skip to Question 9A.

8B. Please check the box under the figure that most looks like YOUR YOUNGER BROTHER - nearest your age:



YBROIMAG

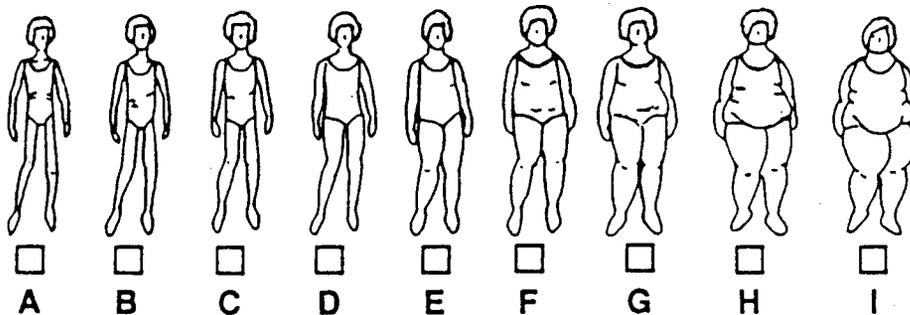
8C. How old is your YOUNGER brother nearest your age? BROAGE years old.

9A. Do you have a YOUNGER sister? **YNGSIS**

Yes No

If NO, skip to Question 10.

9B. Please check the box under the figure that most looks like YOUR YOUNGER SISTER - nearest your age:



YSISIMAG

9C. How old is your YOUNGER sister nearest your age? SISAGE years old.

10. Please check the box under the figure that most looks like YOUR BEST GIRLFRIEND:

I have no best girlfriend									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(00)	A	B	C	D	E	F	G	H	I

GRLIMAGE

11. Have any of these people ever told you that you are TOO THIN?

	Yes	No	Do Not Have One	
A. Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2TH
B. Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2TH
C. Any brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2TH
D. Any sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2TH
E. A best girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2TH
F. The boy you like best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2TH
G. Any other girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2TH
H. Any other boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2TH
I. Any teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2TH

12. Have any of these people ever told you that you are TOO FAT?

	Yes	No	Do Not Have One	
A. Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAD2FAT
B. Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOM2FAT
C. Any brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRO2FAT
D. Any sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIS2FAT
E. A best girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGRL2FAT
F. The boy you like best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BBOY2FAT
G. Any other girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRL2FAT
H. Any other boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOY2FAT
I. Any teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCH2FAT

13. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant	
A. Being grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADLTIMP
B. Having lots of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP
C. Looking pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETIMP
D. Looking thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THINIMP
E. Being healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHIMP
F. Feeling more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRIM
G. Not getting fat ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOFATIMP
H. Having a loving family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOVFAMIM

14. If a girl your age was fat would she:

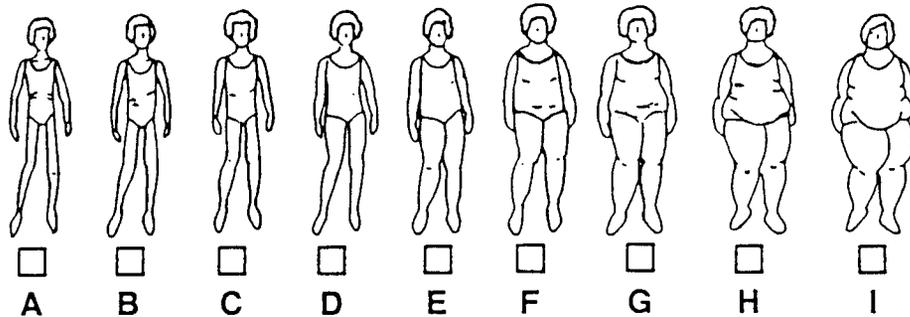
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULFAT
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLFAT
C. Feel less in charge of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSCHRGFT
D. Feel better about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FELBETFT
E. Be prettier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETYFAT
F. Feel more like a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRLFT
G. Be less likely to get pushed around .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUSHFAT
H. Be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHFAT

15. How happy or unhappy are you with these parts of your body?
How happy are you with:

	Very Happy	Happy	Unhappy	Very Unhappy	
A. Your waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAIST
B. Your skin color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKINCOLR
C. Your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOM
D. Your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARMS
E. Your breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BREAST
F. Your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPS
G. Your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGS
H. Your behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHIND

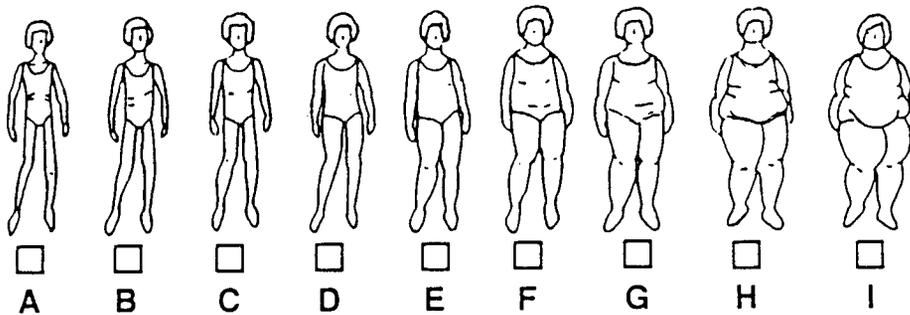
The next set of questions asks about how you LOOK NOW, how YOU THINK YOU ARE GOING TO LOOK, and how you would BEST LIKE TO LOOK. Please check the box under the figure that best answers the following:

16A. Right NOW I look like:



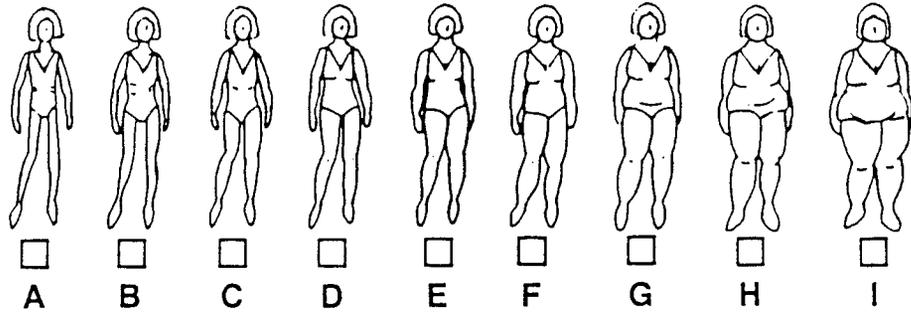
IMAGNOW

16B. I WOULD LIKE it best if I now looked like:



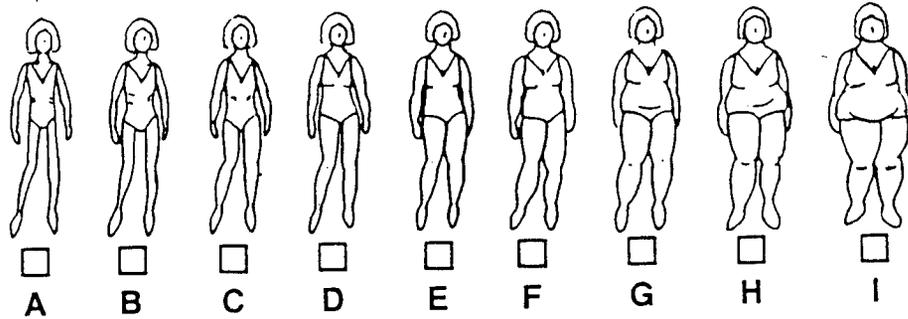
IMAGBST

17A. When I am a senior in high school, I will PROBABLY look like:



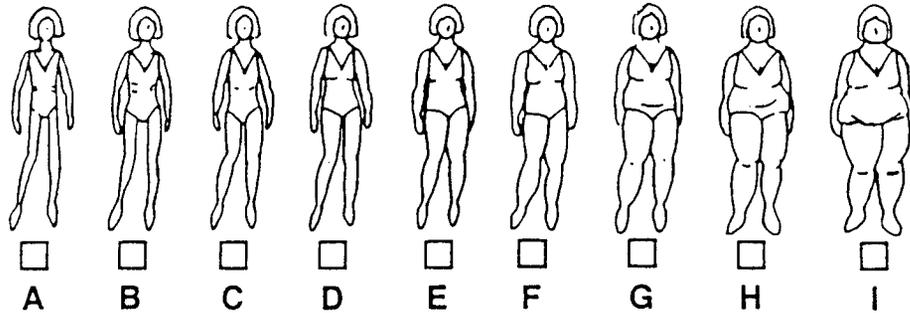
IMAGTEEN

17B. When I am a senior in high school, I WOULD LIKE to look like:



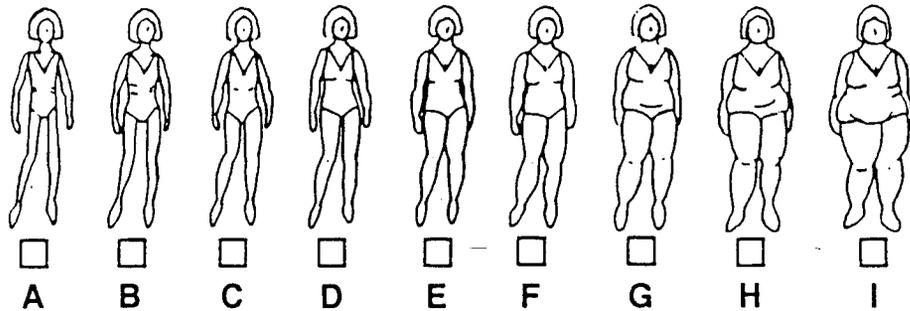
IMAGBTEN

18A. When I am 25-30 years old, I WILL PROBABLY look like:



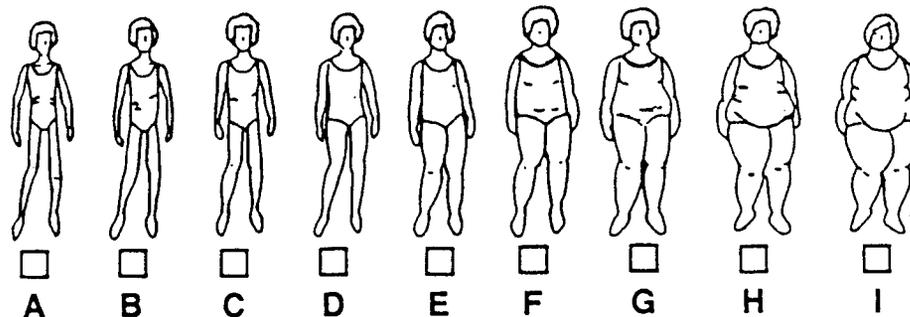
IMAGADLT

18B. When I am 25-30 years old, I WOULD LIKE to look like:



IMGBADLT

19. A woman looks BEST when she looks like:



IMAGBFEM

20. Do you have any CLOSE FRIENDS who are:

- | | Yes | No | |
|--|--------------------------|--------------------------|----------------|
| A. White | <input type="checkbox"/> | <input type="checkbox"/> | FRWHITE |
| B. Black | <input type="checkbox"/> | <input type="checkbox"/> | FRBLACK |
| C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American) | <input type="checkbox"/> | <input type="checkbox"/> | FRHISP |
| D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> | FRASIAN |
| E. American Indian or Alaskan Native (for example, Eskimo) | <input type="checkbox"/> | <input type="checkbox"/> | FRAMIND |

21. In your school (check only ONE box):

- | | SCH | RACE |
|---|--------------------------|-------------|
| All or most of the kids are black | <input type="checkbox"/> | 1 |
| About half the kids are black and half the kids are white | <input type="checkbox"/> | 2 |
| All or most of the kids are white | <input type="checkbox"/> | 3 |
| None of these describe my school | <input type="checkbox"/> | 4 |

- | | Yes | No | |
|---|--------------------------|--------------------------|----------------|
| 22. Have you tried to LOSE weight in the last 4 years? | <input type="checkbox"/> | <input type="checkbox"/> | LOSWT |
| 23. Have you tried to GAIN weight in the last 4 years? | <input type="checkbox"/> | <input type="checkbox"/> | GAINWT |
| 24. Are you trying to LOSE weight now? | <input type="checkbox"/> | <input type="checkbox"/> | LOSWTNW |

25. Are you trying to GAIN weight now? Yes No
GAINWTNW

26A. Do you think your mother is very thin, thin, not thin or heavy,
 heavy, very heavy, or is she pregnant now?

MOMTHFAT

Very thin 01

Thin 02

Not thin or heavy 03

Heavy 04

Very heavy 05

Mother is now pregnant 06 (Answer 26B.)

Do not have one 07

26B. If your mother is now pregnant do you think she was very thin,
 thin, not thin or heavy, heavy, or very heavy before she
 became pregnant?

B4PREG

Very thin 1

Thin 2

Not thin or heavy 3

Heavy 4

Very heavy 5

These questions are about how people in your family get along. By your family we mean those you are living with right now. HOW OFTEN do the following things happen in your family?

27. In my family we ask each other for help:

FHELP

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

28. We like to do things with just members of our family:

FDOTHNG

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

29. In my family we feel closer to each other than to people outside the family:

FCLOSE

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

30. In my family we like to spend free time with each other:

FSPEND

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

31. In my family we feel very close to each other:

FFEEL

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

32. When our family gets together for activities, everybody comes:

FACTIV

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

33. We can easily think of things to do together as a family:

FTHINK

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

34. In my family we ask other family members about our decisions:

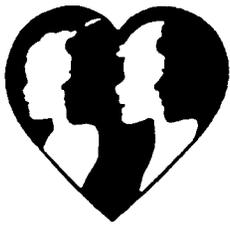
FASK

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4

35. In my family togetherness is very important:

FTOGETH

- Almost never 1
- Once in a while 2
- Often 3
- Almost always 4



**GROWTH AND HEALTH STUDY
 HEALTH BELIEFS AND ATTITUDES**

ID							
NC							
VN							

- | | Very
Happy | Happy | Unhappy | Very
Unhappy | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 1. How happy or unhappy are you with your present WEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WEIGHT |
| 2. How happy or unhappy are you with your present HEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEIGHT |
| 3. How happy or unhappy are you with the way your body looks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BODY |

4. Do you think your father (or male guardian) likes your present weight?

DADWT

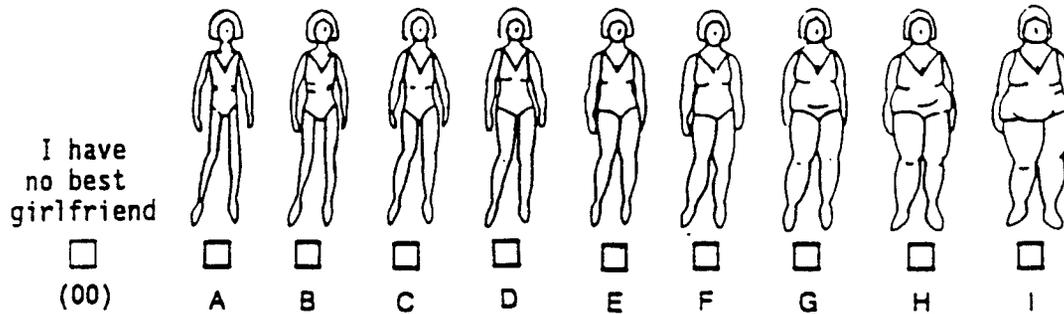
- Yes 1
- No 2
- Do not have one 3

5. Do you think your mother (or female guardian) likes your present weight?

MOMWT

- Yes 1
- No 2
- Do not have one 3

6. Please check the box under the figure that most looks like YOUR BEST GIRLFRIEND:



GRLIMAGE

7. How important are the following things to you?

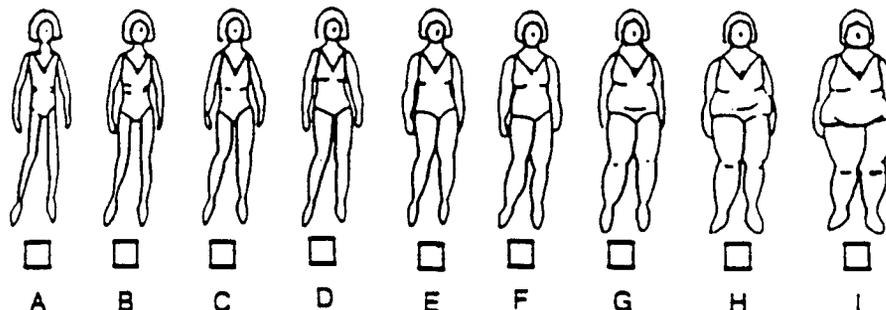
	Very Important	Important	Unimportant	Very Unimportant	
A. Being grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADLTIMP
B. Having many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP
C. Looking pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETIMP
D. Looking thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THINIMP
E. Being healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHIMP
F. Feeling more like a woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRMIM
G. Not getting fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOFATIMP
H. Having a loving family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOVFAMIM

8. How happy or unhappy are you with these parts of your body?
 How happy are you with:

	Very Happy	Happy	Unhappy	Very Unhappy	
A. Your waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAIST
B. Your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOM
C. Your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARMS
D. Your breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BREAST
E. Your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPS
F. Your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGS
G. Your behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHIND

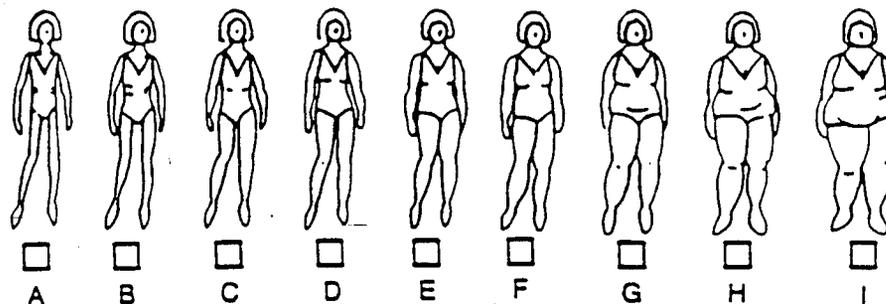
The next set of questions ask about how you **LOOK NOW**, how **YOU THINK YOU ARE GOING TO LOOK**, and how you would **BEST LIKE TO LOOK**. Please check the box under the figure that best answers the following:

9A. **NOW** I look like:



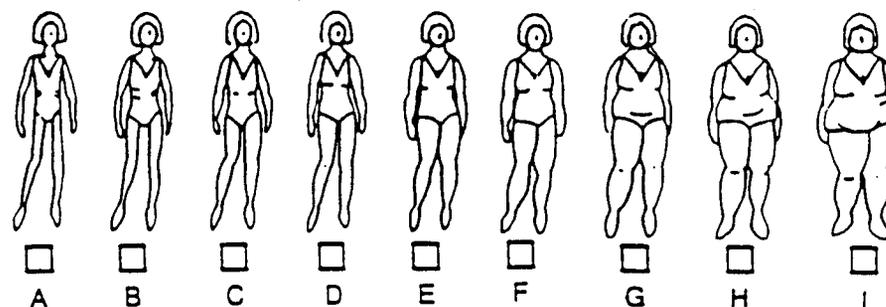
IMAGNOW

9B. I **WOULD LIKE** it best if I now looked like:



IMAGBST

10A. When I am 25-30 years old, I **WILL PROBABLY** look like:



IMAGADLT

13. Think about your friends. Which of the following statements best describes them?
 (Check only **ONE** box.)

FRNDRACE

- All or most of my friends are black 1
- About half of my friends are black and half my friends are white 2
- All or most of my friends are white 3
- None of these describe my friends 4

14. How thin or heavy do you think your mother is?

MOMTHFAT

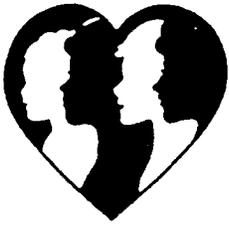
- Very thin 01
- Thin 02
- Not thin or heavy 03
- Heavy 04
- Very heavy 05
- Mother is now pregnant 06
- Do not have one 07

These questions are about how people in your family get along. By your family we mean those you are living with right now. **HOW OFTEN** do the following things happen in your family?

- | | Almost
Never | Once In
A While | Often | Almost
Always | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 15. In my family we ask each other for help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FHELP |
| 16. We like to do things with just members of our family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDOTHNG |
| 17. In my family we feel closer to each other than
to people outside the family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FCLOSE |
| 18. In my family we like to spend free time with each other. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSPEND |
| 19. In my family we feel very close to each other. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FFEEL |

	Almost Never	Once In A While	Often	Almost Always	
20. When our family gets together for activities, everybody comes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FACTIV
21. We can easily think of things to do together as a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FTHINK
22. Family members consult other family members on their decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FASK
23. Family togetherness is very important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FTOGETH
24. In my family we approve of each others friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAPPROVE

Thank you very much.



**GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES**

NGHS Form 13
Rev. 4 12/94
5 Pages

ID							
NC							
VN							

- | | Very
Happy | Happy | Unhappy | Very
Unhappy | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 1. How happy or unhappy are you
with your present WEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WEIGHT |
| 2. How happy or unhappy are you
with your present HEIGHT ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEIGHT |
| 3. How happy or unhappy are you
with the way your body looks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BODY |

4. Do you think your mother (or female guardian) likes your present weight?

MOMWT

- Yes 1
- No 2
- Do not have one 3

5. Please check the box under the figure that most looks like YOUR BEST GIRLFRIEND:

I have no best girlfriend

<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(00)	A	B	C	D	E	F	G	H	I

GRLIMAGE

6. How important are the following things to you?

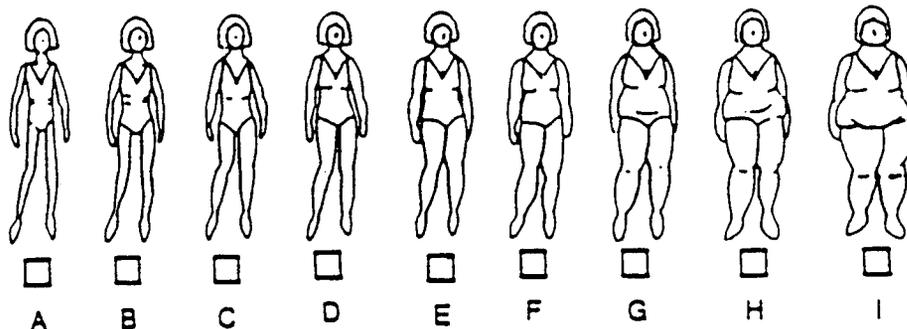
	Very Important	Important	Unimportant	Very Unimportant	
A. Having many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP
B. Looking pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETIMP
C. Looking thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THINIMP
D. Being healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHIMP
E. Feeling more like a woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRIM
F. Not getting fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOFATIMP
G. Having a loving family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOVFAMIM

7. How happy or unhappy are you with these parts of your body?
 How happy are you with:

	Very Happy	Happy	Unhappy	Very Unhappy	
A. Your waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAIST
B. Your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOM
C. Your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARMS
D. Your breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BREAST
E. Your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPS
F. Your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGS
G. Your behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BEHIND

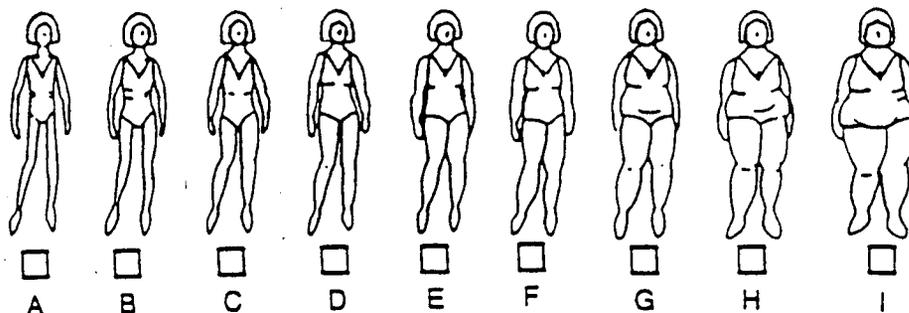
The next set of questions ask about how you **LOOK NOW**, how **YOU THINK YOU ARE GOING TO LOOK**, and how you would **BEST LIKE TO LOOK**. Please check the box under the figure that best answers the following:

8A. **NOW** I look like:



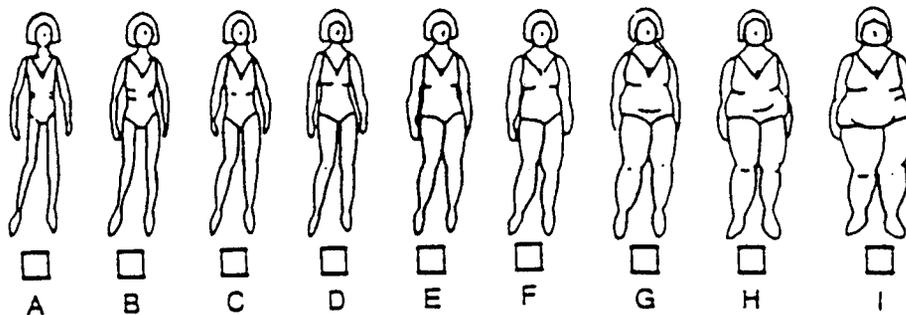
IMAGNOW

8B. I **WOULD LIKE** it best if I now looked like:



IMAGBST

9A. When I am 25-30 years old, I **WILL PROBABLY** look like:



IMAGADLT

12. Think about your friends. Which of the following statements best describes them?
(Check only ONE box.)

FRNDRACE

- | | | |
|--|--------------------------|---|
| All or most of my friends are black | <input type="checkbox"/> | 1 |
| About half of my friends are black and half my friends are white | <input type="checkbox"/> | 2 |
| All or most of my friends are white | <input type="checkbox"/> | 3 |
| None of these describe my friends | <input type="checkbox"/> | 4 |

Thank you very much.