

FOR OFFICE USE:

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NGHS Form 17
Rev. 0 2/88
5 Pages

NHLBI GROWTH AND HEALTH STUDY

NUTRITION FORM - C

1. On school days:

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

2. 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 | <input type="checkbox"/> | 1 |
| Less than once a week | <input type="checkbox"/> | 2 |
| 1 to 3 times a week | <input type="checkbox"/> | 3 |
| 4 to 7 times a week | <input type="checkbox"/> | 4 |
| 8 or more times a week ... | <input type="checkbox"/> | 5 |

3. 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, 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 am on a diet to lose weight | | DIETLOS | |
| M. I eat between meals even when I am not hungry | | NOTHUNGY | |

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3. 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. When my friends and I get together, I usually have something to eat | | FRIENDS | |

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3. 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 |
|---|-----------------------------|-----------|----------------------|
| 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 |

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

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

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

6. 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.

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