

ID						
NC						
VN						

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



Very
Happy



Happy



Unhappy



Very
Unhappy

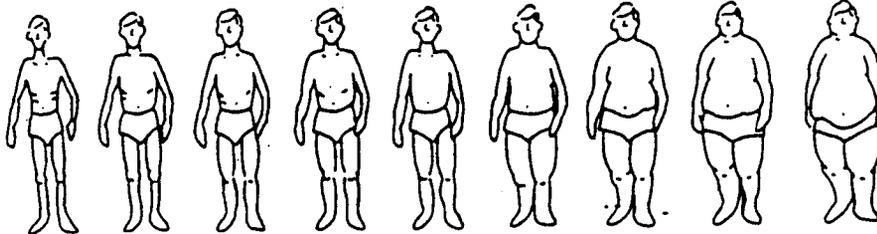
1. How happy or unhappy are you with your present weight? **WEIGHT**
2. How happy or unhappy are you with your present height? **HEIGHT**
3. How happy or unhappy are you with the way your body looks? **BODY**
4. If a girl your age was thin would she:

- | | <u>Yes</u> | <u>No</u> | <u>Wouldn't Make
Any Difference</u> | |
|-------------------------------------------|--------------------------|--------------------------|-----------------------------------------|----------|
| 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"/> | FELBETH |
| 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 |

5A. Please check the box under the figure that most looks like AN OLDER BROTHER - nearest your age (if you have one):

No older brother

(00)



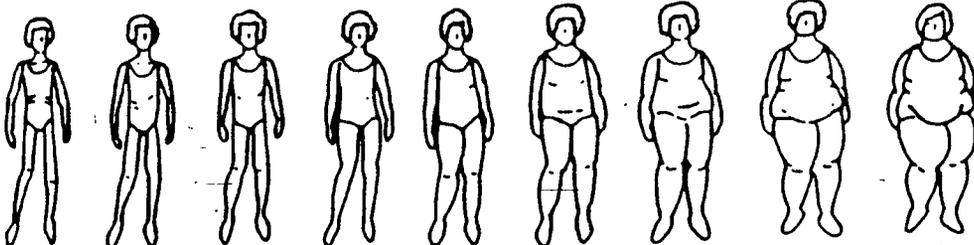
A B C D E F G H I

BROIMAGE

5B. Please check the box under the figure that most looks like AN OLDER SISTER - nearest your age (if you have one):

No older sister

(00)



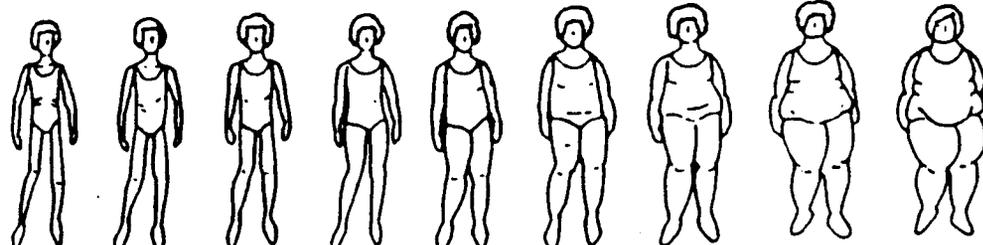
A B C D E F G H I

SISIMAGE

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

No best girlfriend

(00)



A B C D E F G H I

GRLIMAGE

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

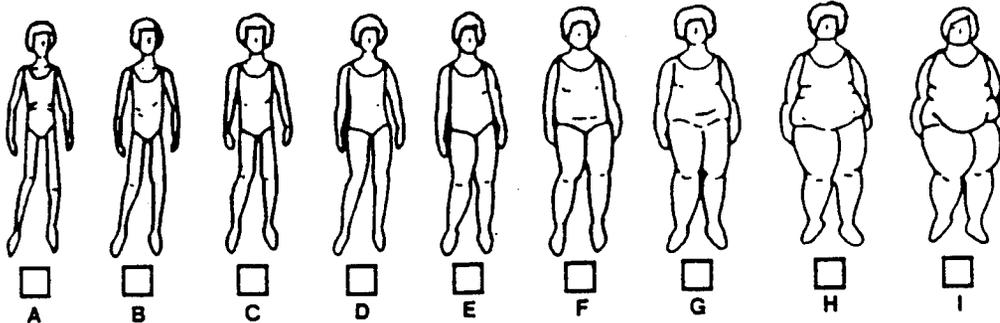
	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULFAT
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLFAT
C. Feel less in charge of things	<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

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

	 <u>Very Happy</u>	 <u>Happy</u>	 <u>Unhappy</u>	 <u>Very Unhappy</u>	
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

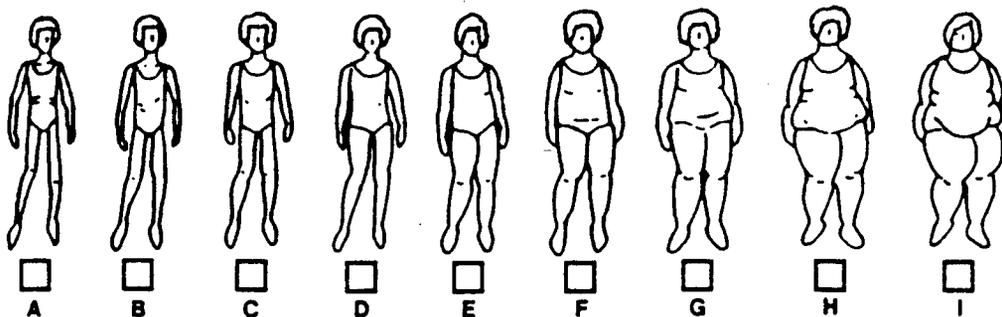
8. The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

8A. Right now I look like:



IMAGNOW

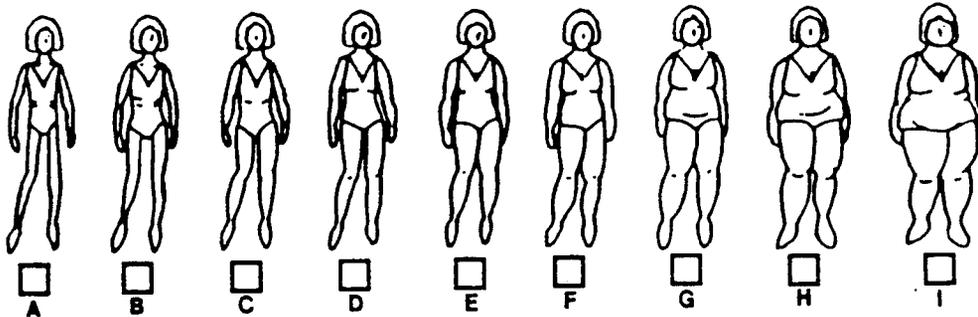
8B. I would like it best if I now looked like:



IMAGBST

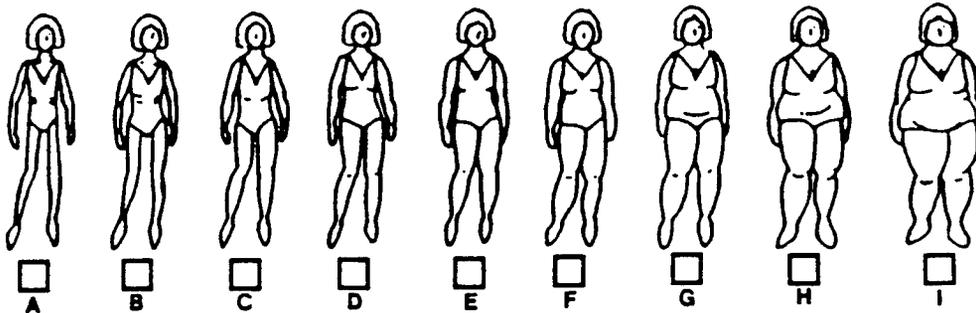
9. Please check the box under the figure that best answers the following:

9A. When I am a teenager in high school, I will probably look like:



IMAGTEEN

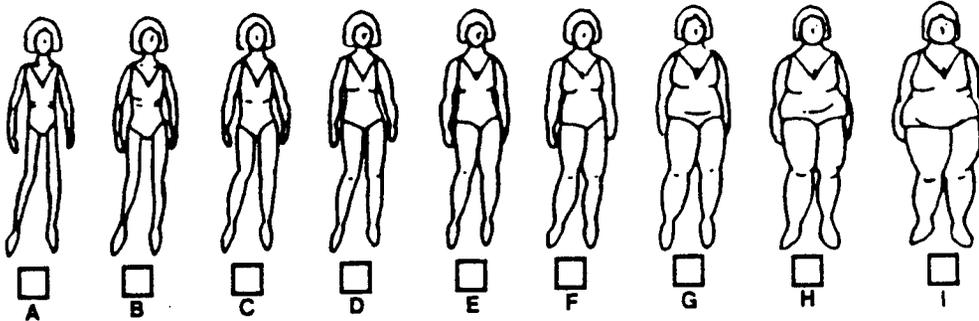
9B. When I am a teenager in high school, I would like to look like:



IMAGBTEN

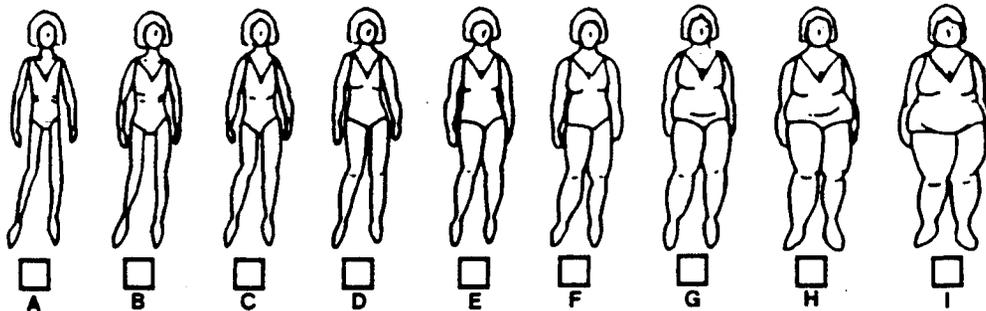
10. Please check the box under the figure that best answers the following:

10A. When I am grownup, 25-30 years old, I will probably look like:



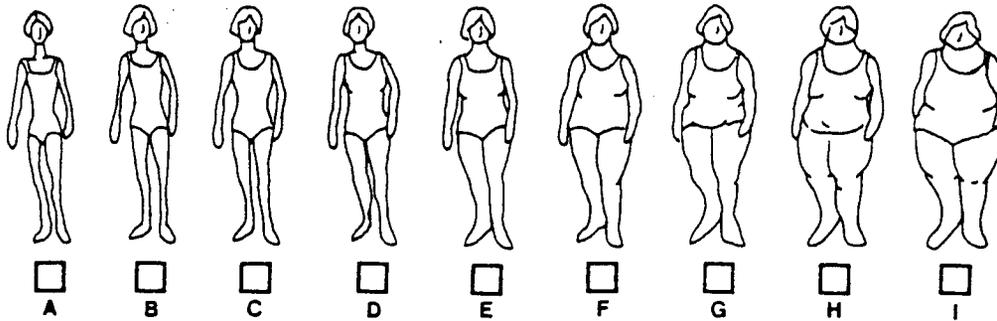
IMAGADLT

10B. When I am a grownup, 25-30 years old, I would like to look like:



IMGBADLT

11. Please check the box under the figure that best answers the following:
A woman looks best when she looks like:



IMAGBFEM

12. Are you trying to lose weight now? Yes No
LOSWTNW

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

14. How important to you are each of the following?

	<u>Very</u> <u>Important</u>	<u>Important</u>	<u>Unimportant</u>	<u>Very</u> <u>Unimportant</u>	
A. Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DANCIMP
B. Playing a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUSICIMP
C. Painting or drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRAWIMP
D. Doing well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKOLIMP
E. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	READIMP
F. Taking care of a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PETIMP
G. Being good in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRTIMP
H. Dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETIMP
I. Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BABIMP
J. Doing family activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAMIMP
K. Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COKIMP
L. Keeping yourself looking the way you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOKIMP
M. Dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATIMP
N. Making and keeping friends ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP



NHLBI GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

0925-0294
exp. 9/92

NGHS Form 19
Rev. 1 12/89
11 Pages

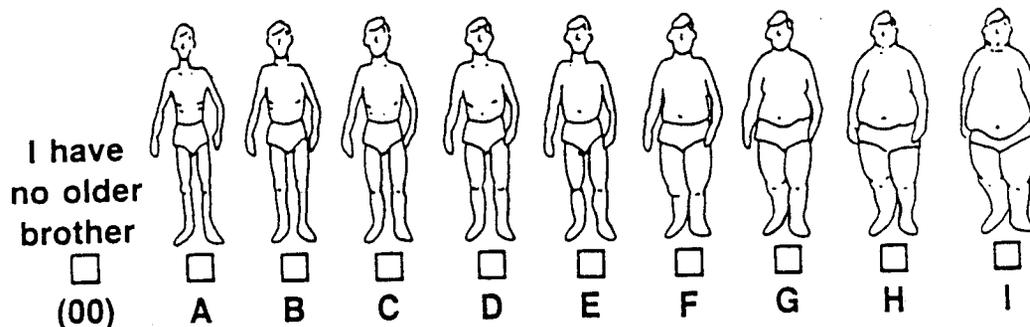
ID						
NC						
VN						

- | | <u>Very
Happy</u> | <u>Happy</u> | <u>Unhappy</u> | <u>Very
Unhappy</u> | |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|---------------|
| 1. How happy or unhappy are you with your present <u>weight</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WEIGHT |
| 2. How happy or unhappy are you with your present <u>height</u> ? | <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"/> 1 | |
| No | | | | <input type="checkbox"/> 2 | |
| Do not have one | | | | <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:

	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
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
AN OLDER BROTHER - nearest your age (if you have one):



BROIMAGE

7B. Please check the box under the figure that most looks like
AN OLDER SISTER - nearest your age (if you have one):

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

SISIMAGE

7C. 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"/>						
(00)	A	B	C	D	E	F	G	H	I

GRLIMAGE

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

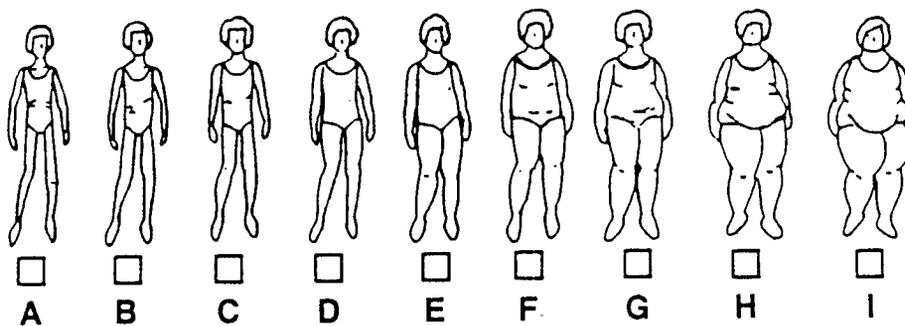
	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
A. Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULFAT
B. Look less grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLFAT
C. Feel less in charge of things	<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

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

	<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very Unhappy</u>	
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

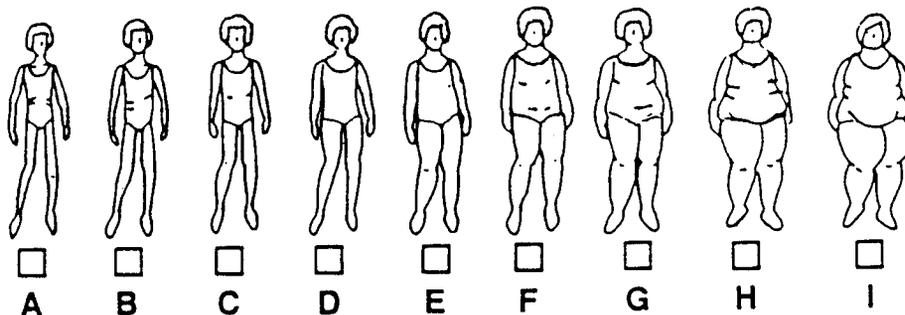
10. The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

10A. Right now I look like:



IMAGNOW

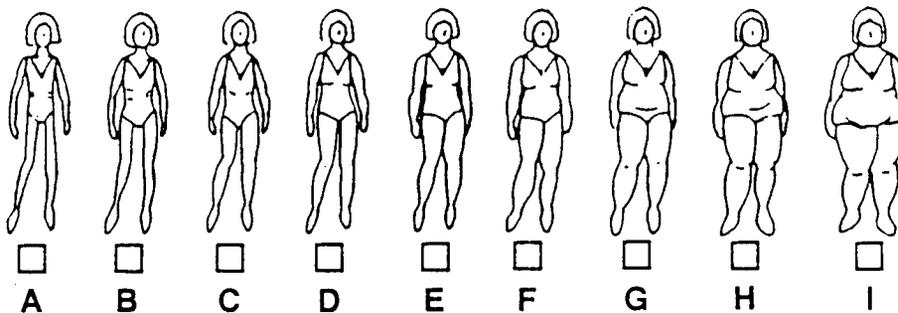
10B. I would like it best if I now looked like:



IMAGBST

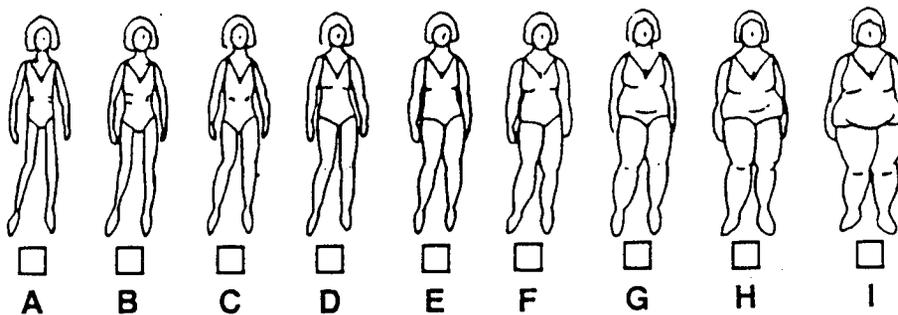
11. Please check the box under the figure that best answers the following:

11A. When I am a teenager in high school, I will probably look like:



IMAGTEEN

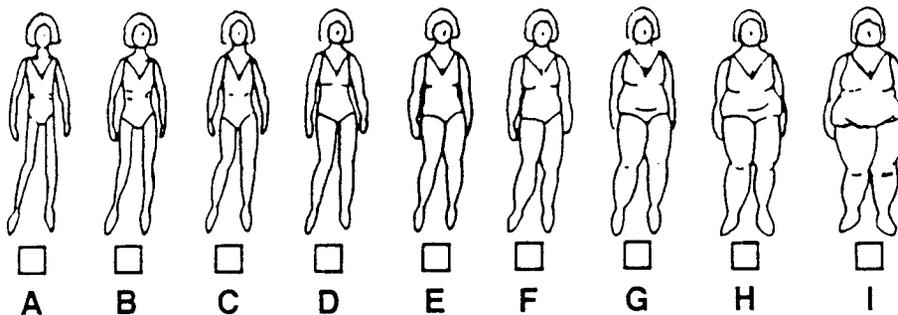
11B. When I am a teenager in high school, I would like to look like:



IMAGBTEN

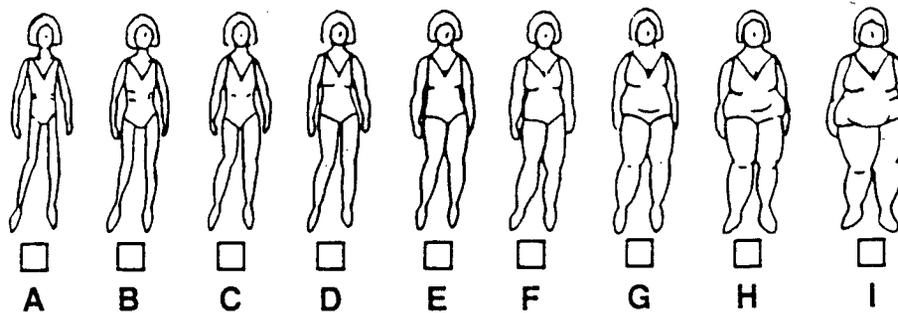
12. Please check the box under the figure that best answers the following:

12A. When I am grownup, 25-30 years old, I will probably look like:



IMAGADLT

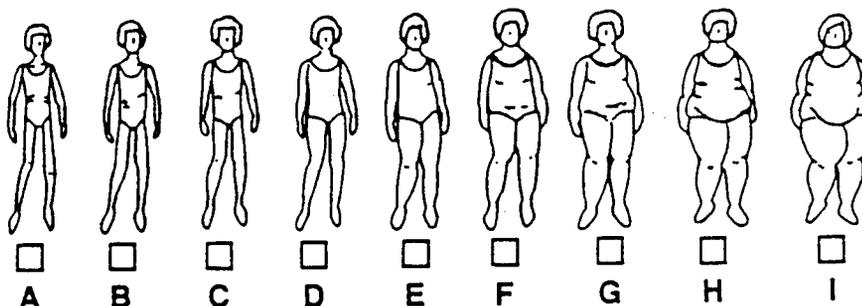
12B. When I am a grownup, 25-30 years old, I would like to look like:



IMGBADLT

13. Please check the box under the figure that best answers the following:

A woman looks best when she looks like:



IMAGBFEM

14. Are you trying to lose weight now? Yes No LOSWTNW

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

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

SCHRACE

All or most of the students are black 1

About half the students are black and half the students are white 2

All or most of the students are white 3

None of the above describes my school 4

17. How important to you are each of the following?

	<u>Very Important</u>	<u>Important</u>	<u>Unimportant</u>	<u>Very Unimportant</u>	
A. Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DANCIMP
B. Playing a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUSICIMP
C. Painting or drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRAWIMP
D. Doing well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKOLIMP
E. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	READIMP
F. Taking care of a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PETIMP
G. Being good in sports ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRTIMP
H. Dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETIMP
I. Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BABIMP
J. Doing family activities ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAMIMP
K. Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COKIMP
L. Keeping yourself looking the way you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOKIMP
M. Dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATIMP
N. Making and keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRNDIMP



GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

NGHS Form 19
Rev. 2 1/92
10 Pages

ID						
NC						
VN						

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

5. If a girl your age were thin would she:

	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
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"/>	FELBETH
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

6A. Please check the box under the figure that most looks like
AN OLDER BROTHER - nearest your age (if you have one):

I have no older brother (00)

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

BROIMAGE

6B. Please check the box under the figure that most looks like
AN OLDER SISTER - nearest your age (if you have one):

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

SISIMAGE

6C. 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"/>						
(00)	A	B	C	D	E	F	G	H	I

GRLIMAGE

7. If a girl your age were fat would she:

	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
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

8. If a girl your age were big (not older) would she:

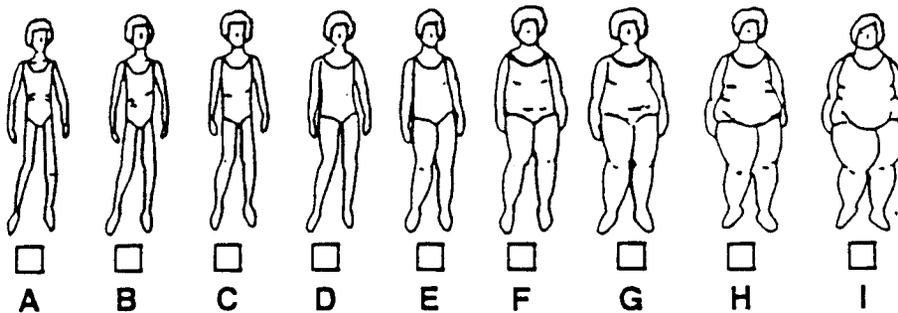
	<u>Yes</u>	<u>No</u>	<u>Wouldn't Make Any Difference</u>	
A. Have more friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POPULBIG
B. Look less grown up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSADLBIG
C. Feel less in charge of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LSCHRGBG
D. Feel better about herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FELBETBG
E. Be prettier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRETYBIG
F. Feel more like a girl?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MORGRLBG
G. Be less likely to get pushed around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUSHBIG
H. Be healthier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHBIG

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

	<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very Unhappy</u>	
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

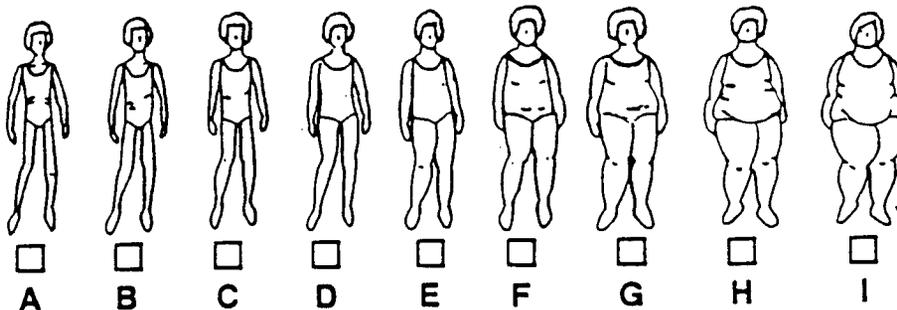
10. The next set of questions asks about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

10A. Right now I look like:



IMAGNOW

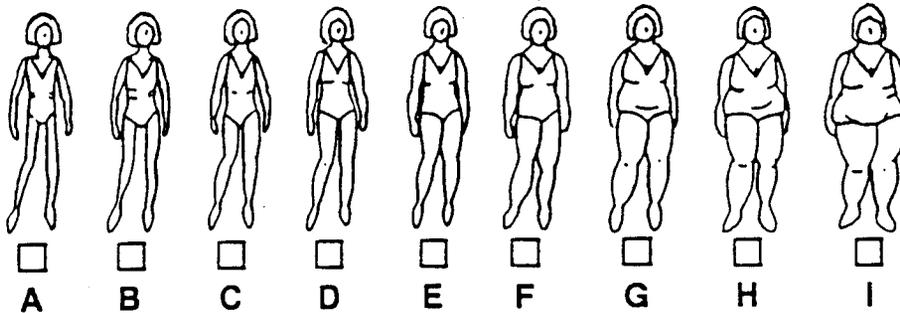
10B. I would like it best if I now looked like:



IMAGBST

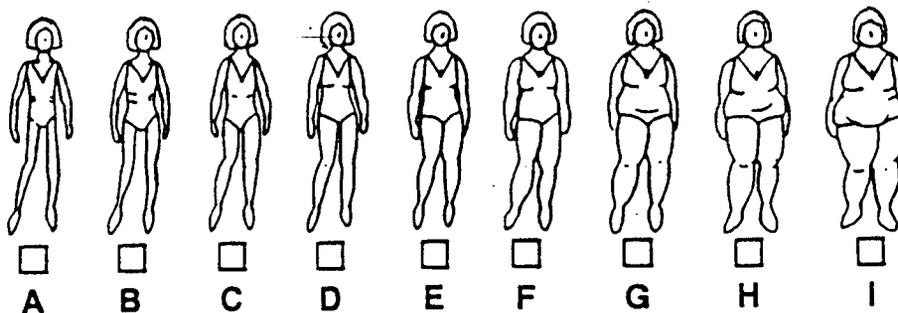
11. Please check the box under the figure that best answers the following:

11A. When I am 25-30 years old, I will probably look like:



IMAGADLT

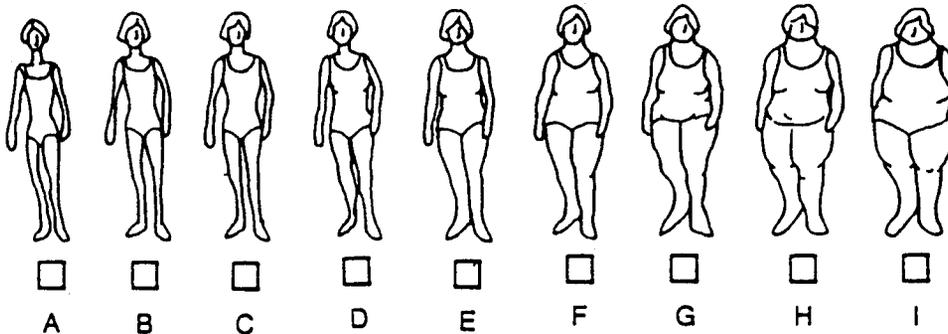
11B. When I am 25-30 years old, I would like to look like:



IMGBADLT

12. Please check the box under the figure that best answers the following:

A woman looks best when she looks like:



IMAGBFEM

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

SCHRAGE

All or most of the students are black 1

About half the students are black and
half the students are white 2

All or most of the students are white 3

None of the above describe my school 4

14. 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 my friends are black and
half my friends are white 2

All or most of my friends are white 3

None of the above describe my friends 4

Thanks for taking the time to answer these questions.



GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

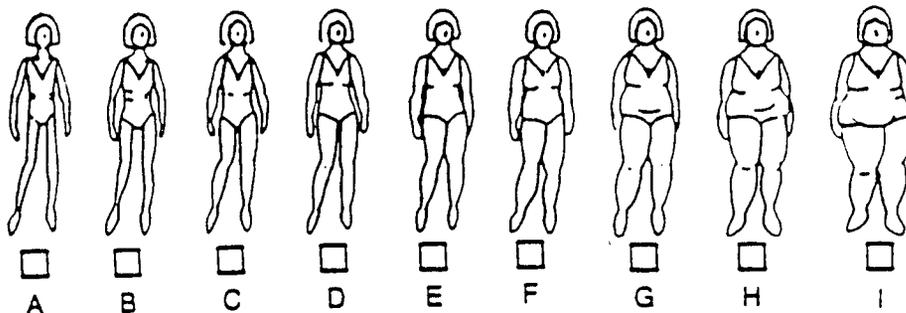
NGHS Form 19
Rev. 3/94
5 Pages

ID						
NC						
VN						

	<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very Unhappy</u>	
1. How happy or unhappy are you with your present <u>weight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEIGHT
2. 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
3. How happy or unhappy are you with these parts of your body? How happy are you with:					
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
H. Your thighs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIGHS

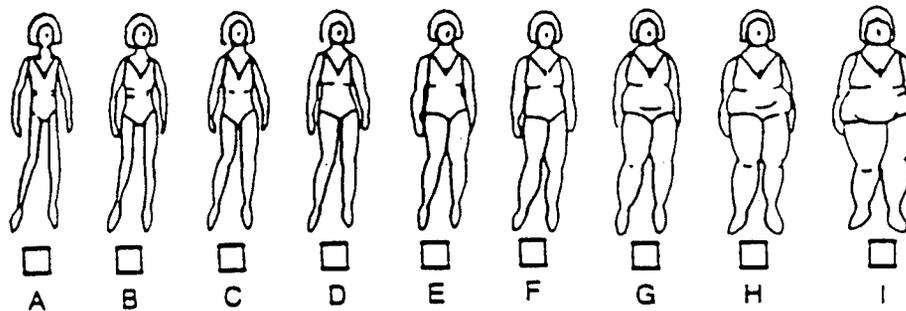
4. The next set of questions asks about how you look now, and how you would best like to look. Please check the box under the figure that best answers the following:

A. Right now I look like:



IMAGNOW

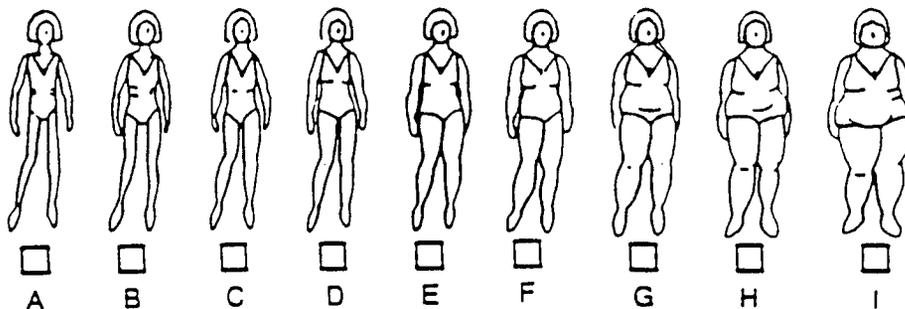
B. I would like it best if I now looked like:



IMAGBST

Please check the box under the figure that best answers the following:

5. Young men like young women who look like:



MENLIKE

6. 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 my friends are black and half my friends are white 2

All or most of my friends are white 3

None of the above describe my friends 4

Mark an "X" in the box for each statement which best describes how often you felt or behaved this way, **DURING THE PAST WEEK.**

DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)	
7. I was bothered by things that usually don't bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD1
8. I did not feel like eating; my appetite was poor .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD2
9. I felt that I could not shake off the blues even with help from my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD3
10. I felt that I was just as good as other people .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD4
11. I had trouble keeping my mind on what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD5
12. I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD6
13. I felt that everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD7
14. I felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD8
15. I thought my life had been a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD9

DURING THE PAST WEEK:		Rarely or None of the Time	Some or a Little of the Time	Occasionally or a Moderate Amount of Time	Most or All of the Time	
		(Less than 1 Day)	(1-2 Days)	(3-4 Days)	(5-7 Days)	
16.	I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD10
17.	My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD11
18.	I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD12
19.	I talked less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD13
20.	I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD14
21.	People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD15
22.	I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD16
23.	I had crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD17
24.	I felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD18
25.	I felt that people disliked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD19
26.	I could not get "going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD20

Thanks for taking the time to answer these questions.



GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

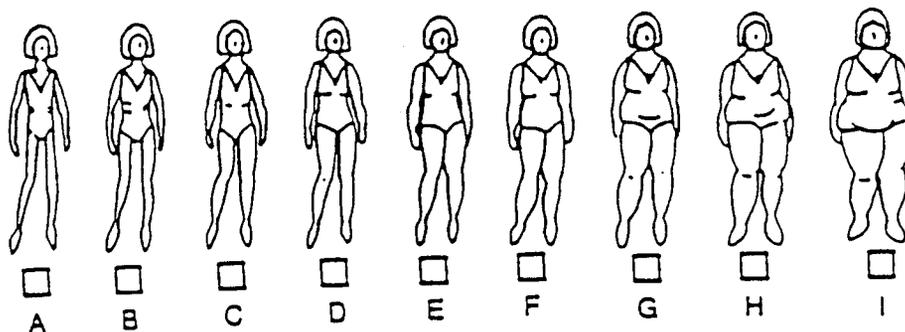
NGHS Form 19
Rev. 4 1/4/96
8 Pages

ID						
NC						
VN						

	<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very Unhappy</u>	
1. How happy or unhappy are you with your present <u>weight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEIGHT
2. 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
3. How happy or unhappy are you with these parts of your body? How happy are you with:					
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
H. Your thighs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIGHS

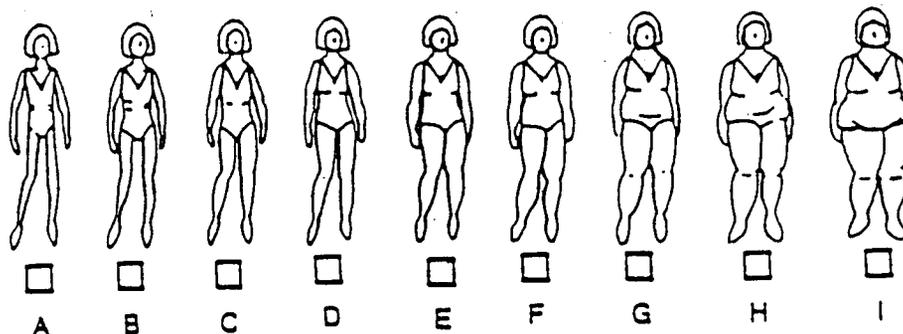
4. The next set of questions asks about how you **look now**, and how you would **best like to look**. Please check the box under the figure that best answers the following:

A. Right **now** I look like:



IMAGNOW

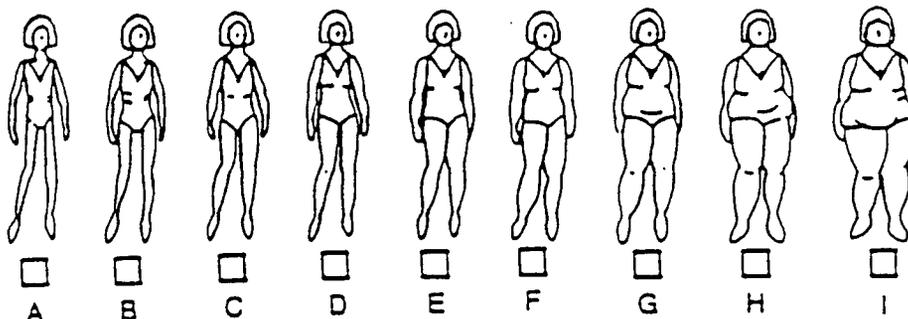
B. I would like it best if I now looked like:



IMAGBST

Please check the box under the figure that best answers the following:

5. Young men like young women who look like:



MENLIKE

6. 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 my friends are black and half my friends are white 2

All or most of my friends are white 3

None of the above describe my friends 4

Mark an "X" in the box for each statement which best describes how often you felt or behaved this way, **DURING THE PAST WEEK.**

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)	
DURING THE PAST WEEK:					
7. I was bothered by things that usually don't bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD1
8. I did not feel like eating; my appetite was poor .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD2
9. I felt that I could not shake off the blues even -with help from my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD3
10. I felt that I was just as good as other people . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD4
11. I had trouble keeping my mind on what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD5
12. I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD6
13. I felt that everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD7
14. I felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD8
15. I thought my life had been a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD9

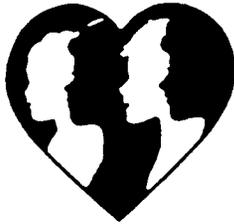
DURING THE PAST WEEK:		Rarely or None of the Time	Some or a Little of the Time	Occasionally or a Moderate Amount of Time	Most or All of the Time	
		(Less than 1 Day)	(1-2 Days)	(3-4 Days)	(5-7 Days)	
16.	I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD10
17.	My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD11
18.	I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD12
19.	I talked less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD13
20.	I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD14
21.	People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD15
22.	I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD16
23.	I had crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD17
24.	I felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD18
25.	I felt that people disliked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD19
26.	I could not get "going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD20

To the right of each statement, check the box in the first column if the statement is usually false for you. Check the box in the second column if the statement is more false than true for you. Check the box in the third column if the statement is more true than false for you. Check the box in the last column if the statement is usually true for you. Don't spend too much time thinking over each question. Give the first answer as it comes to you. Answer every question. Don't skip any.

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
27. It takes me a long time to get used to a new thing in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR1
28. I can't stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR2
29. I laugh and smile at a lot of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR3
30. I wake up at different times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR4
31. Once I am involved in a task, nothing can distract me from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR5
32. I persist at a task until it's finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR6
33. I move around a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR7
34. I can make myself at home anywhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR8
35. I can always be distracted by something else, no matter what I may be doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR9
	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
36. I stay with an activity for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR10
37. If I have to stay in one place for a long time, I get very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR11
38. I usually move toward new objects shown to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR12
39. It takes me a long time to adjust to new schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR13
40. I do not laugh or smile at many things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR14
41. If I am doing one thing, something else occurring won't get me to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR15
42. I eat about the same amount for dinner whether I am home, visiting someone, or traveling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR16

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
43. My first reaction is to reject something new or unfamiliar to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR17
44. Changes in plans make me restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR18
45. I often stay still for long periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR19
46. Things going on around me can <u>not</u> take me away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR20
47. I take a nap, rest, or break at the same time every day. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR21
48. Once I take something up, I stay with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR22
49. Even when I am supposed to be still, I get very fidgety after a few minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR23
50. I am hard to distract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR24
51. I usually get the same amount of sleep each night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR25
	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
52. On meeting a new person I tend to move toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR26
53. I get hungry about the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR27
54. I smile often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR28
55. I never seem to stop moving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR29
56. It takes me no time at all to get used to new people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR30
57. I usually eat the same amount each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR31
58. I move a great deal in my sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR32
59. I seem to get sleepy just about the same time every night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR33
60. I do not find that I laugh often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR34
61. I move toward new situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR35

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
62. When I am away from home, I still wake up at the same time each morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR36
63. I eat about the same amount of breakfast from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR37
64. I move a lot in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR38
65. I feel full of pep and energy at the same time each day. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR39
66. I have bowel movements at about the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR40
67. No matter when I go to sleep, I wake up at the same time the next morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR41
68. In the morning, I am still in the same place as I was when I fell asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR42
69. I eat about the same amount at supper from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR43
70. When things are out of place, it takes me a long time to get used to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR44
		More FALSE Than True	More TRUE Than False	Usually TRUE	
71. I wake up at the same time on weekends and holidays as on other days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR45
72. My appetite seems to stay the same day after day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR47
73. My mood is generally cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR48
74. I resist changes in routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR49
75. I laugh several times a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR50
76. My first response to anything new is to move my head toward it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR51
77. Generally, I am happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR52
78. The number of times I have a bowel movement on any day varies from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR53
79. I never seem to be in the same place for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR54



GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

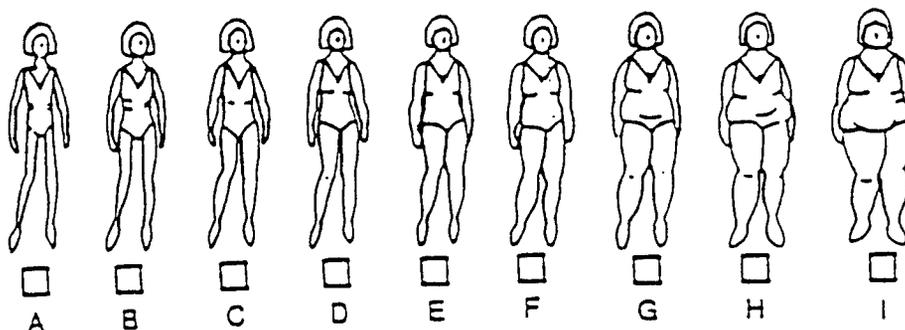
NGHS Form 19
Rev. 5 8/20/96
9 Pages

ID						
NC						
VN						

	<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very Unhappy</u>	
1. How happy or unhappy are you with your present <u>weight</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEIGHT
2. 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
3. How happy or unhappy are you with these parts of your body? How happy are you with:					
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
H. Your thighs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIGHS

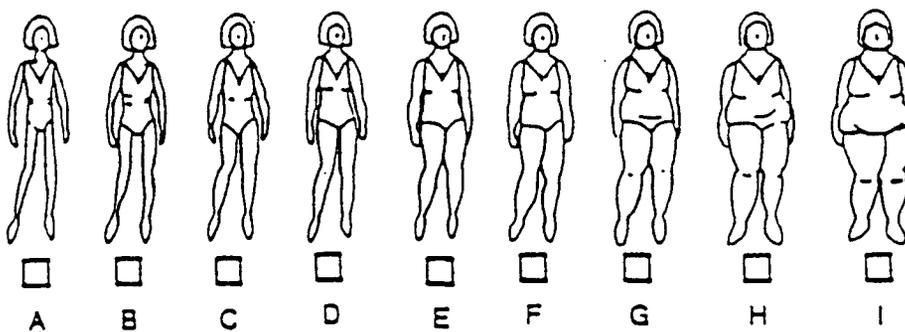
4. The next set of questions asks about how you look now, and how you would best like to look. Please check the box under the figure that best answers the following:

A. Right now I look like:



IMAGNOW

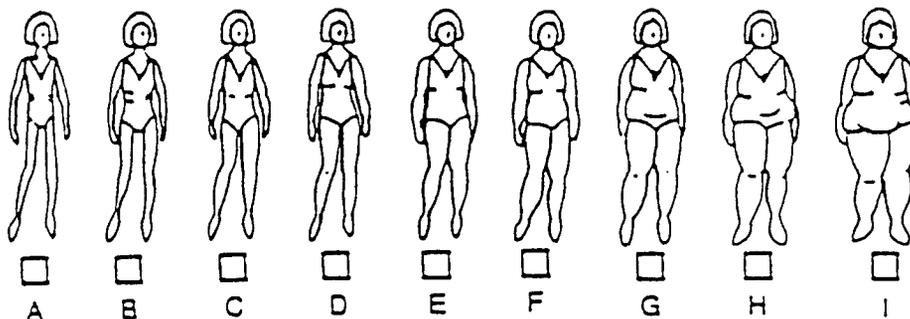
B. I would like it best if I now looked like:



IMAGBST

Please check the box under the figure that best answers the following:

5. Young men like young women who look like:



MENLIKE

6. 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 my friends are black and half my friends are white

 2

All or most of my friends are white

 3

None of the above describe my friends

 4

Mark an "X" in the box for each statement which best describes how often you felt or behaved this way, **DURING THE PAST WEEK.**

DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)	
7. I was bothered by things that usually don't bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD1
8. I did not feel like eating; my appetite was poor .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD2
9. I felt that I could not shake off the blues even with help from my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD3
10. I felt that I was just as good as other people . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD4
11. I had trouble keeping my mind on what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD5
12. I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD6
13. I felt that everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD7
14. I felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD8
15. I thought my life had been a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD9

DURING THE PAST WEEK:		Rarely or None of the Time	Some or a Little of the Time	Occasionally or a Moderate Amount of Time	Most or All of the Time	
		(Less than 1 Day)	(1-2 Days)	(3-4 Days)	(5-7 Days)	
16.	I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD10
17.	My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD11
18.	I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD12
19.	I talked less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD13
20.	I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD14
21.	People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD15
22.	I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD16
23.	I had crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD17
24.	I felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD18
25.	I felt that people disliked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD19
26.	I could not get "going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CESD20

To the right of each statement, check the box in the first column if the statement is usually false for you. Check the box in the second column if the statement is more false than true for you. Check the box in the third column if the statement is more true than false for you. Check the box in the last column if the statement is usually true for you. Don't spend too much time thinking over each question. Give the first answer as it comes to you. Answer every question. Don't skip any.

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
27. It takes me a long time to get used to a new thing in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR1
28. I can't stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR2
29. I laugh and smile at a lot of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR3
30. I wake up at different times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR4
31. Once I am involved in a task, nothing can distract me from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR5
32. I persist at a task until it's finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR6
33. I move around a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR7
34. I can make myself at home anywhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR8
35. I can always be distracted by something else, no matter what I may be doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR9
	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
36. I stay with an activity for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR10
37. If I have to stay in one place for a long time, I get very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR11
38. I usually move toward new objects shown to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR12
39. It takes me a long time to adjust to new schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR13
40. I do not laugh or smile at many things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR14
41. If I am doing one thing, something else occurring won't get me to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR15

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
42. I eat about the same amount for dinner whether I am home, visiting someone, or traveling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR16
43. My first reaction is to reject something new or unfamiliar to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR17
44. Changes in plans make me restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR18
45. I often stay still for long periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR19
46. Things going on around me can <u>not</u> take me away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR20
47. I take a nap, rest, or break at the same time every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR21
48. Once I take something up, I stay with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR22
49. Even when I am supposed to be still, I get very fidgety - after a few minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR23
50. I am hard to distract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR24
51. I usually get the same amount of sleep each night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR25
	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
52. On meeting a new person I tend to move toward him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR26
53. I get hungry about the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR27
54. I smile often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR28
55. I never seem to stop moving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR29
56. It takes me no time at all to get used to new people. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR30
57. I usually eat the same amount each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR31
58. I move a great deal in my sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR32
59. I seem to get sleepy just about the same time every night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR33

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
60. I do not find that I laugh often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR34
61. I move toward new situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR35
62. When I am away from home, I still wake up at the same time each morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR36
63. I eat about the same amount of breakfast from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR37
64. I move a lot in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR38
65. I feel full of pep and energy at the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR39
66. I have bowel movements at about the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR40
67. No matter when I go to sleep, I wake up at the same time the next morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR41
68. In the morning, I am still in the same place as I was when I fell asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR42
69. I eat about the same amount at supper from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR43
70. When things are out of place, it takes me a long time to get used to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR44
		More FALSE Than True	More TRUE Than False	Usually TRUE	
71. I wake up at the same time on weekends and holidays as on other days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR45
72. I don't move around much at all in my sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR46
73. My appetite seems to stay the same day after day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR47
74. My mood is generally cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR48
75. I resist changes in routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR49
76. I laugh several times a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR50
77. My first response to anything new is to move my head toward it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR51

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
78. Generally, I am happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR52
79. The number of times I have a bowel movement on any day varies from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR53
80. I never seem to be in the same place for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOTSR54

THANK YOU FOR ANSWERING THESE QUESTIONS.