OMB: 0925-0294 Expires 12/89

FTYPE Form 19 FREV Rev. 0 11/4/87

## FREV NHLBI GROWTH AND HEALTH STUDY

والمرجع والمعراج

#### HEALTH BELIEFS AND ATTITUDES - C

#### SELF ADMINISTERED

#### (YEARS 2 AND 4)

ID number of NGHS child:	
Name code of NGHS child:	
Visit number:	VISIT

Please PRINT the child's full name:

First	Middle Initial	Last	<u> </u>	
Date of interview:			DO_FORM	1
		Month	Day	Year
Signature of interviewer:		·····		
ID number of interviewer:	-			_
		*******	·······	- <u> </u>

We think this questionnaire will take about seven 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 questionnaires, including suggestions for reducing the time required, please send them to NGHS Project Office, DECA, NHLBI, Room 220 Federal Building Bethesda, Maryland 20892; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

OMB: 0925-0294 Expires 12/89 Form 19 Rev. 0 11/4/87 9 Pages

ID	1	·I	ł	1	I	1
NC	1	1	ł	I	1	1
VN	1	1	·			

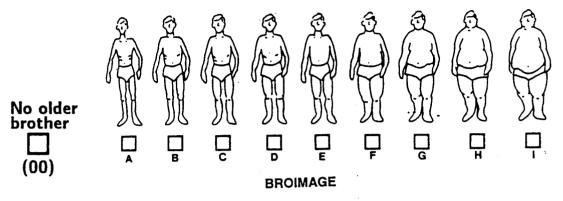
# NHLBI GROWTH AND HEALTH STUDY HEALTH BELIEFS AND ATTITUDES - C

1.	How happy or unhappy are you with your present weight?	Unhappy	Very Unhappy	WEIGHT
2.	How happy or unhappy are you with your present <u>height</u> ?			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: A. Have more friends B. Look less grown up C. Feel less in charge of things D. Feel better about herself E. Be prettier F. Feel more like a girl G. Be less likely to get pushed around		Vouldn't Ma	
	H. Be healthier	П		HLTHTH

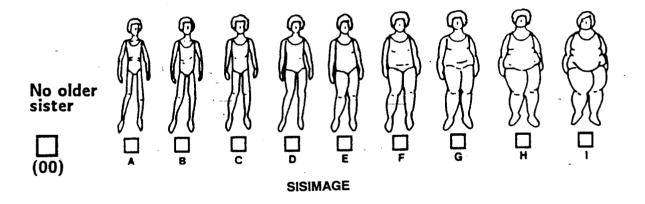
Form 19 Rev. 0 11/4/87 Page 2 of 9

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

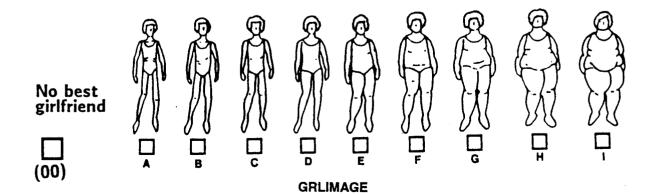
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5B. Please check the box under the figure that most looks like <u>AN OLDER</u> <u>SISTER</u> - nearest your age (if you have one):



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



Form 19 Rev. 0 11/4/87 Page 3 of 9

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

;

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				Wouldn't Ma	ke
		<u>Yes</u>	No	Any Differen	
Α.	Have more friends				POPULFAT
Β.	Look less grown up				LSADLFAT
С.	Feel less in charge of things				LSCHRGFT
D.	Feel better about herself				FELBETFT
Ε.	Be prettier				PRETYFAT
F.	Feel more like a girl				MORGRLFT
G.	Be less likely to get pushed around				PUSHFAT
Н.	Be healthier				HLTHFAT

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

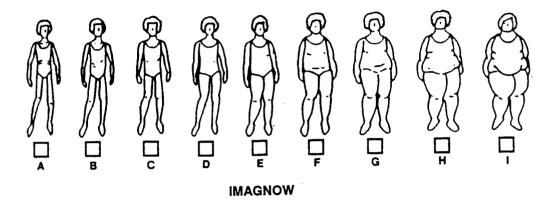
		$\subseteq$	$\underline{\bigcirc}$	$\bigcirc$	$\mathbf{\nabla}$	
		Very <u>Happy</u>	<u>Happy</u>	<u>Unhappy</u>	Very <u>Unhappy</u>	
Α.	Your waist					WAIST
В.	Your skin color					SKINCOLR
C.	Your stomach					STOM
D.	Your arms					ARMS
E.	Your breasts					BREAST
F.	Your hips					HIPS
G.	Your legs					LEGS
Н.	Your behind					BEHIND

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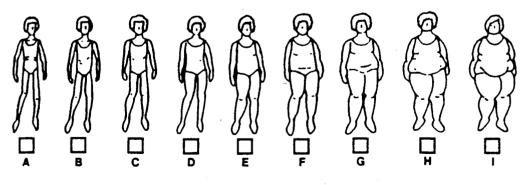
8. The next set of questions ask about how you <u>look now</u>, how <u>you think</u> you are going to look, and how you would <u>best like to look</u>. Please check the box under the figure that best answers the following:

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8A. Right <u>now</u> I look like:



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



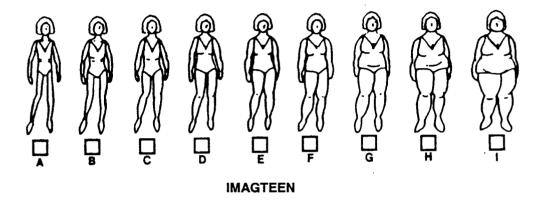
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Form 19 Rev. 0 11/4/87 Page 5 of 9

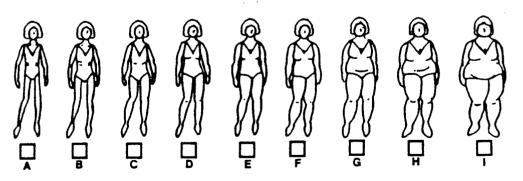
## 9. Please check the box under the figure that best answers the following:

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



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



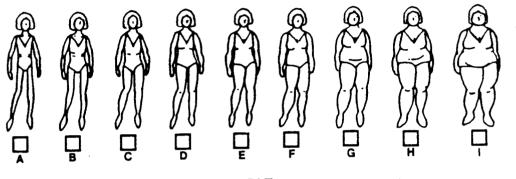
IMAGBTEN

Form 19 Rev. 0 11/4/87 Page 6 of 9

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:

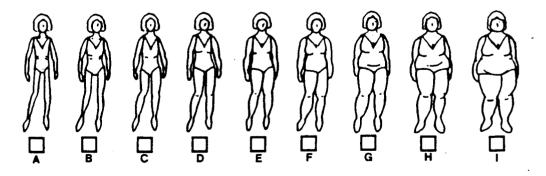
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IMAGADLT

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

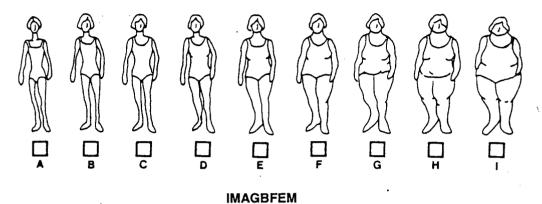


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11. Please check the box under the figure that best answers the following: A woman looks <u>best</u> when she looks like:

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

••

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		Very			Very	
		mportant	Important	Unimportant L	Inimporta	<u>nt</u>
Α.	Dancing					DANCIMP
в.	Playing a musical instrument					MUSICIMP
c.	Painting or drawing					DRAWIMP
D.	Doing well in school					SKOLIMP
Ε.	Reading					READIMP
F.	Taking care of a pet					PETIMP
G.	Being good in sports					SPRTIMP
н.	Dieting					DIETIMP
I.	Babysitting			-		BABIMP
J.	Doing family activities					FAMIMP
к.	Cooking					COKIMP
L.	Keeping yourself looking the					
	way you want					LOKIMP
М.	Dating					DATIMP
Ň.	Making and keeping friends					FRNDIMP

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15. How good are you at each of the following?

		Very			_	Never do
		good	Good	Fair	Poor	<u>_this</u>
Α.	Dancing					DANCGD
в.	Playing a musical instrument					MUSICGD
ċ.	Painting or drawing					
D.	School work					SKOLGD
E.	Reading					READGD
F.	Taking care of a pet					PETGD
- G.	Playing in sports					SPRTGD
н.	Dieting					DIETGD
۱.	Babysitting					BABGD
J.	Family activities					FAMGD
к.	Cooking					COKGD
L.	Keeping yourself looking			_		
	the way you want					
м.	Dating					DATGD
N.	Making and keeping friends		-			

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FTYPE NGHS FREV Rev. 1

NGHS Form 19 Rev. 1 12/89

## NHLBI GROWTH AND HEALTH STUDY

وفالد ليترب بعوقه

HEALTH BELIEFS AND ATTITUDES

ID number of NGHS girl:		- <u>RID</u>	
Name code of NGHS girl:			
Visit number:		DO_FORM	VISIT
Date:	Month	Day	Year

Please **PRINT** your full name:

First Name	Middle Initial	Last Name
4		

We think this questionnaire will take about seven 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 questionnaires, 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 DC 20503.



## NHLBI GROWTH AND HEALTH STUDY

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## HEALTH BELIEFS AND ATTITUDES

0925-0294 exp. 9/92

NGHS Form 19 Rev. 1 12/89 11 Pages

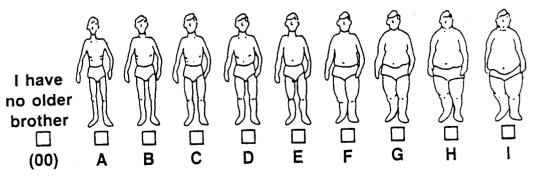
ID			
NC			
VN			

		Very <u>Happy</u>	<u>Happy</u>	Unhappy	Very <u>Unhap</u>	<u>oy</u>
1.	How happy or unhappy are you with your present <u>weight</u> ?					WEIGHT
2.	How happy or unhappy are you with your present <u>height</u> ?					HEIGHT
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?	-				
	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.	If a girl your age was thin would she:			Wouldn't
		Yes	No	Make Any Difference
	A. Have more friends			POPULTH
	B. Look less grown up			LESADLTH
	C. Feel less in charge of things			LSCHRGTH
	D. Feel better about herself			FELBETTH
	E. Be prettier			PRETYTH
	F. Feel more like a girl			
	G. Be less likely to get pushed around			PUSHEDTH
	H. Be healthier			НГИНН

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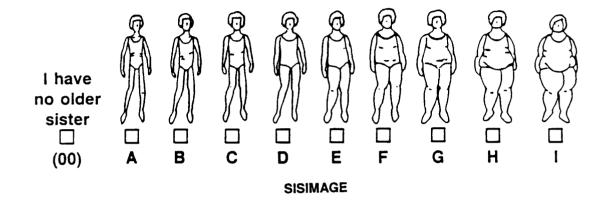
7A. Please check the box under the figure that most looks like <u>AN OLDER BROTHER</u> - nearest your age (if you have one):



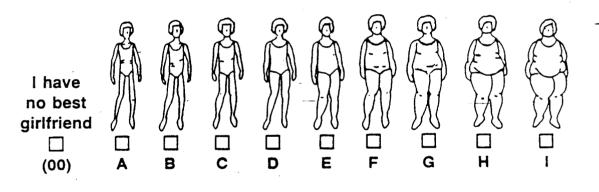
BROIMAGE

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

 $\bullet : (\bullet : (\bullet, \bullet : \bullet)) \to (\bullet : \bullet)$ 



7C. Please check the box under the figure that most looks like <u>YOUR BEST GIRLFRIEND</u>:



GRLIMAGE

If a girl your age was fat would she:			Wouldn't
	Yes	No	Make Any Difference
A. Have more friends			POPULFAT
B. Look less grown up			LSADLFAT
C. Feel less in charge of things			LSCHRGFT
D. Feel better about herself			FELBETFT
E. Be prettier			PRETYFAT
F. Feel more like a girl			MORGRLFT
G. Be less likely to get pushed around			PUSHFAT
H. Be healthier			HLTHFAT

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8.

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

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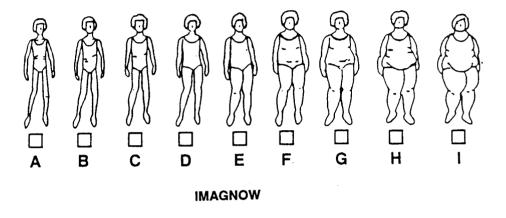
	Very <u>Happy</u>	<u>Happy</u>	Unhappy	Very <u>Unhappy</u>
A. Your waist				WAIST
B. Your skin color				SKINCOLR
C. Your stomach				STOM
D. Your arms				ARMS
E. Your breasts				BREAST
F. Your hips				HIPS
G. Your legs				LEGS
H. Your behind				BEHIND

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

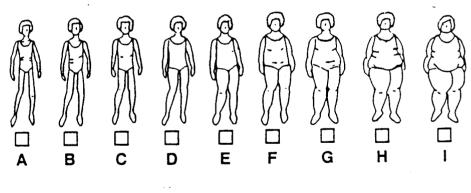
والمواجع والمعروف

10A. Right now I look like:

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

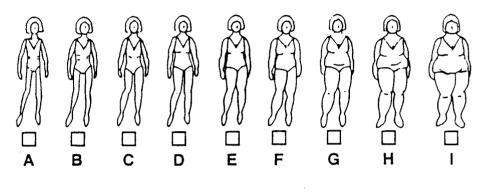


IMAGBST

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

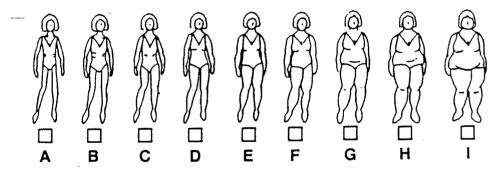
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11A. When I am a teenager in high school, I will probably look like:



IMAGTEEN

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

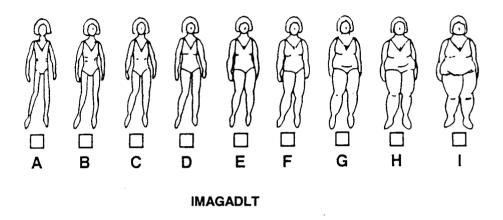


IMAGBTEN

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

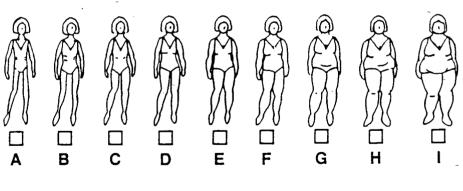
والمرجوع والمعروم

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



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

1



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

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A woman looks best when she looks like:

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	IMAGBFEM	
	<u>Yes</u>	<u>No</u>
14.	Are you trying to lose weight now?	LOSWTNW
15.	Are you trying to gain weight now?	GAINWTNW
16.	In your school (check only <u>one</u> box):	CHRACE
-	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?

.

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		Very Important	<u>Important</u>	<u>Unimportant</u>	Very <u>Unimportant</u>
A.	Dancing				DANCIMP
В.	Playing a musical instrument				MUSICIMP
C.	Painting or drawing				DRAWIMP
D.	Doing well in school				SKOLIMP
E.	Reading				READIMP
F.	Taking care of a pet				PETIMP
G.	Being good in sports	-			SPRTIMP
Н.	Dieting				DIETIMP
I.	Babysitting				BABIMP
J.	Doing family activities				<b>FAMIMP</b>
К.	Cooking			[]	СОКІМР
L.	Keeping yourself looking the way you want				
М.	Dating				DATIMP
N.	Making and keeping friends				FRNDIMP

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18. How good are you at each of the following:

.

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		Very <u>Good</u>	Good	<u>Fair</u>	Poor	Never do this
Α.	Dancing					DANCGD
В.	Playing a musical instrument					MUSICGD
C.	Painting or drawing					DRAWGD
D.	Doing well in school					SKOLGD
E.	Reading					READGD
F.	Taking care of a pet					PETGD
G.	Being good in sports					SPRTGD
H.	Dieting		-			DIETGD
١.	Babysitting					BABGD
J.	Doing family activities					FAMGD
К.	Cooking					COKGD
L.	Keeping yourself looking the way you want					LOKGD
М.	Dating					DATGD
N.	Making and keeping friends					FRNDGD



FTYPE NGHS Form 19 FREV Rev. 2 1/92

## GROWTH AND HEALTH STUDY

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## HEALTH BELIEFS AND ATTITUDES

Name code of NGHS girl: ....

Visit number: ..... VISIT

Please **PRINT** your full name:

First Name

Middle Initial

Last Name

	GROWTH AND	HEALTH S	TUDY		NGHS Form 19 Rev. 2 1/92
	HEALTH BELIEF	S AND ATT	ITUDES		10 Pages
		ID			
		NC			
		VN			
					Mari
		Very <u>Happy</u>	Happy	<u>Unhappy</u>	Very <u>Unhappy</u>
1.	How happy or unhappy are you with your present <u>weight</u> ?				WEI
2.	How happy or unhappy are you with the way your body looks?				Вог
3.	Do you think your father (or male guardian) likes your present weight?				DADWT
	Yes				. 🗖 1
	No				,
	Do not have one				. []3
4.	Do you think your mother (or female guardian) likes your present weight?		-		MOMWT
	Yes				. [] 1
					<b></b>

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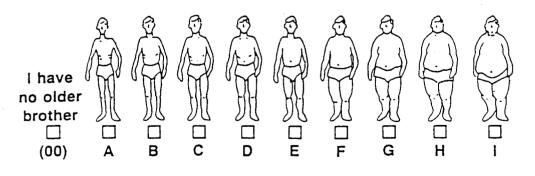
Wouldn't

5. If a girl your age were thin would sh	5.	If a girl	vour age	were thin	would	she:
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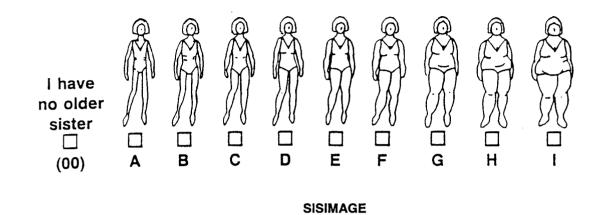
	Yes	<u>No</u>	Make Any <u>Difference</u>
A. Have more friends?			POPULTH
B. Look less grown up?			LESADLTH
C. Feel less in charge of things?			LSCHRGTH
D. Feel better about herself?			FELBETTH
E. Be prettier?			PRETYTH
F. Feel more like a girl?			MORGRLTH
G. Be less likely to get pushed around?			PUSHEDTH
H. Be healthier?	·····		НЦТНТН

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



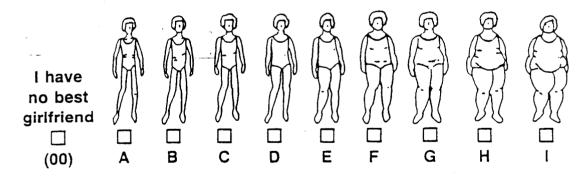
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6B. Please check the box under the figure that most looks like <u>AN OLDER SISTER</u> - nearest your age (if you have one):



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6C. Please check the box under the figure that most looks like <u>YOUR BEST GIRLFRIEND</u>:



GRLIMAGE

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

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

-

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8.	If a girl your age were big (not older) would she:				
		<u>Yes</u>	<u>No</u>	Wouldn't Make Any <u>Difference</u>	
	A. Have more friends?				POPULBIG
	B. Look less grown up?				LSADLBIG
	C. Feel less in charge of things?				LSCHRGBG
	D. Feel better about herself?				FELBETBG
	E. Be prettier?				PRETYBIG
	F. Feel more like a girl?				MORGRLBG
	G. Be less likely to get pushed around?				PUSHBIG
	H. Be healthier?			-	HLTHBIG

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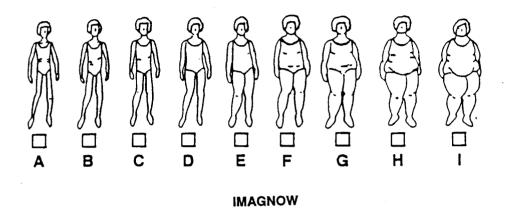
	Very <u>Happy</u>	Happy	Unhappy	Very <u>Unhappy</u>
A. Your waist?				WAIST
B. Your skin color?				SKINCOLR
C. Your stomach?				STOM
D. Your arms?				ARMS
E. Your breasts?				BREAST
F. Your hips?				HIPS
G. Your legs?				LEGS
H. Your behind?				BEHIND

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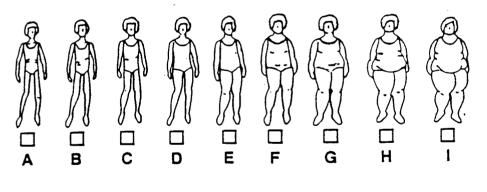
9. How happy or unhappy are you with these parts of your body? How happy are you with: 10. The next set of questions asks about how you <u>look now</u>, how <u>you think you are going</u> <u>to look</u>, and how you would <u>best like to look</u>. Please check the box under the figure that best answers the following:

والمتعدية بعوامه

10A. Right now I look like:



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

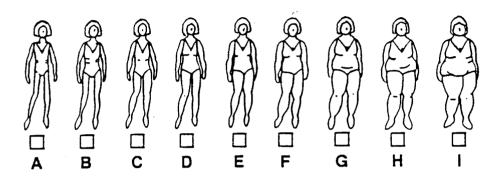


IMAGBST

NGHS Form 19 Rev. 2 1/92 Page 7 of 10 11. Please check the box under the figure that best answers the following:

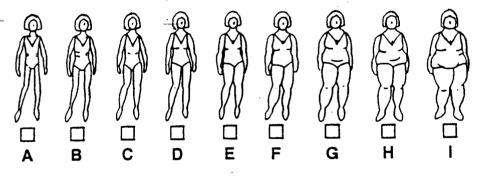
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11A. When I am 25-30 years old, I will probably look like:



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:

والمتحج والمراجع

Π Π П  $\Box$ D F G н I. Ε С Α 8 IMAGBFEM 13. In your school (check only one box): SCHRACE All or most of the students are black ..... 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 .....

......

A woman looks best when she looks like:

4.	Think about your friends. Which of the following statements best describes them (check only <u>one</u> box)?	FRNDRACE
	All or most of my friends are black	
	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

..

 $s_{1,2}, \ldots, s_{n-1}, \ldots, s_{n-1}$ 

Thanks for taking the time to answer these questions.

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FTYPENGHS Form 19FREVRev. 3 3/94

### GROWTH AND HEALTH STUDY

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### HEALTH BELIEFS AND ATTITUDES

		DO FORM	
Visit number:			VISIT
Name code of NGHS girl:	······		

Please **PRINT** your full name:

First Name

1

Middle Initial

Last Name

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## GROWTH AND HEALTH STUDY

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### HEALTH BELIEFS AND ATTITUDES

NGHS Form 19 Rev. 3 3/94 5 Pages

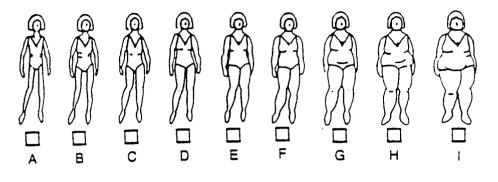
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<u></u>						
		Very <u>Happy</u>	Happy	Unhappy	Very <u>Unhappy</u>	
1.	How happy or unhappy are you with your present <u>weight</u> ?					WEIGHT
2.	How happy or unhappy are you with the way your body looks?					BODY
3.	How happy or unhappy are you with these parts of yo How happy are you with:	ur body?				
	A. Your waist?					WAIST
	B. Your stomach?					STOM
	C. Your arms?					ARMS
	D. Your breasts?					BREAST
	E. Your hips?					HIPS
	F. Your legs?					LEGS
	G. Your behind?					BEHIND
	H. Your thighs?			[]		THIGHS

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

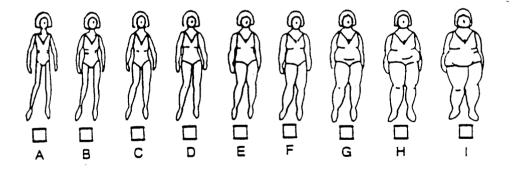
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A. Right now I look like:



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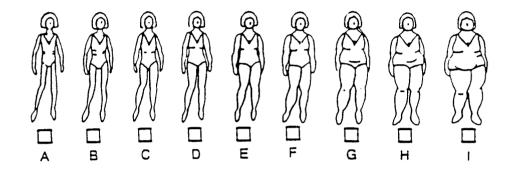
B. I would like it best if I now looked like:



IMAGBST

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

5. Young men like young women who look like:



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MENLIKE

6.	Think about your friends. Which of the following statements best describes them (check only <u>one</u> 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	

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

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NGHS Form 19 Rev. 3 3/94 Page 5 of 5 Rarely or Occasionally None of Some or a or a Most or Little of the Time Moderate All of the Time Amount of the Time (Less than Time (1-2 Days) (5-7 Days) **DURING THE PAST WEEK:** 1 Day) (3-4 Davs) 16. CESD10 My sleep was restless ..... CESD11 17. 18. I was happy ...... CESD12 I talked less than usual ..... CESD13 19. 20. I felt lonely ..... CESD14 People were unfriendly ..... CESD15 --21. 22. I enjoyed life ..... CESD16 I had crying spells ..... 23. CESD17 24. CESD18 25. I felt that people disliked me ..... CESD19 CESD20 26. 

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#### Thanks for taking the time to answer these questions.

		FTYPE	NGHS
	GROWTH AND HEALTH STUDY HEALTH BELIEFS AND ATTITUDES	FREV	Rev. 4
ID number of NGHS girl:			
			VISIT
Date:	Month	DO_FORM	ear
Please <u>PRINT</u> your full name:			<u></u>
 First Name	Middle Initial	Last Name	

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 $(x_{\Delta}^{(1)},x_{\Delta}) \in \mathbb{R}^{n} \times \mathbb{R}^{n} \times \mathbb{R}^{n}$ 

## GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

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NC			
VN			

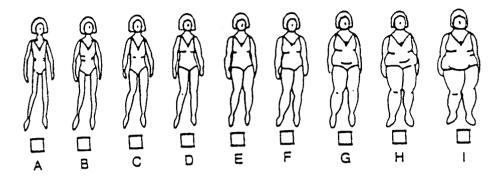
		Very <u>Happy</u>	Happy	Unhappy	Very <u>Unhappy</u>
1.	How happy or unhappy are you with your present <u>weight</u> ?				WEIGHT
2.	How happy or unhappy are you with the way your body looks?				BODY
3.	How happy or unhappy are you with these parts of you	our body?			
	How happy are you with:				WAIST
-	B. Your stomach?				STOM
	C. Your arms?				ARMS
	D. Your breasts?				BREAST
	E. Your hips?				HIPS
	F. Your legs?				LEGS
	G. Your behind?				BEHIND
	H. Your thighs?				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:

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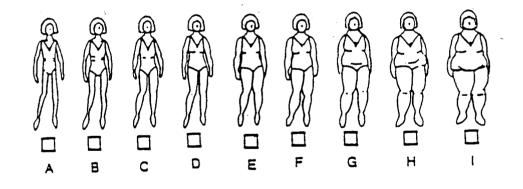
A. Right now I look like:



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

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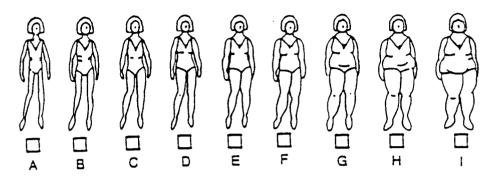


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Please check the box under the figure that best answers the following:

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5. Young men like young women who look like:



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MENLIKE

6.	Think about your friends. Which of the following statements best describes them (check only <b>one</b> box)?	FRNDRACE
	All or most of my friends are black	,
	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

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	Mark an "X" in the box for each statem or behaved this way, I			often you felt		
	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					CESD1
8.	l did not feel like eating; my appetite was poor .					CESD2
9.	I felt that I could not shake off the blues even -with help from my family or friends					CESD3
10.	I felt that I was just as good as other people					CESD4
11.	I had trouble keeping my mind on what I was doing					CESD5
12.	I felt depressed					CESD6
13.	I felt that everything I did was an effort				-	CESD7
14.	I felt hopeful about the future					CESD8
15.	I thought my life had been a failure					CESD9

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	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)
16.	l felt fearful				CESD10
17.	My sleep was restless				CESD11
18.	l was happy				CESD12
19.	I talked less than usual				CESD13
20.	- I felt lonely				CESD14
<u>2</u> 1.	People were unfriendly				CESD15
22.	l enjoyed life				CESD16
23.	I had crying spells				CESD17
24.	I felt sad				CESD18
25.	I felt that people disliked me				CESD19
26.	I could not get "going"				CESD20

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To the right of each statement, check the box in the first column if the statement is <u>usually false</u> for you. Check the box in the second column if the statement is <u>more false than true</u> for you. Check the box in the third column if the statement is <u>more true than false</u> for you. Check the box in the last column if the statement is <u>usually true</u> 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.

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

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

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		Usually FALSE	FALSE Than True	TRUE Than False	Usually TRUE	
62.	When I am away from home, I still wake up at the same time each morning.					DOTSR36
63.	l eat about the same amount of breakfast from day to day.					DOTSR37
64.	I move a lot in bed.					DOTSR38
65.	I feel full of pep and energy at the same time each day					DOTSR39
66.	I have bowel movements at about the same time each day.					DOTSR40
67.	No matter when I go to sleep, I wake up at the same time the next morning.					DOTSR41
68.	In the morning, I am still in the same place as I was when I fell asleep.					DOTSR42
69.	I eat about the same amount at supper from day to day.					DOTSR43
70.	When things are out of place, it takes me a long time to get					DOTSR44
	used to it					
71.	I wake up at the same time on weekends and holidays as on other days of the week.	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	DOTSR45
	I wake up at the same time on weekends and holidays as	FALSE	FALSE	TRUE Than		
72.	I wake up at the same time on weekends and holidays as on other days of the week.	FALSE	FALSE	TRUE Than		DOTSR45
72. 73.	I wake up at the same time on weekends and holidays as on other days of the week	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47
72. 73. 74.	I wake up at the same time on weekends and holidays as on other days of the week	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47 DOTSR48
72. 73. 74. 75.	I wake up at the same time on weekends and holidays as on other days of the week	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47 DOTSR48 DOTSR49
72. 73. 74. 75. 76.	I wake up at the same time on weekends and holidays as on other days of the week.         My appetite seems to stay the same day after day.         My mood is generally cheerful.         I resist changes in routine.         I laugh several times a day.         My first response to anything new is to move my head	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47 DOTSR48 DOTSR49 DOTSR50
72. 73. 74. 75. 76. 77.	I wake up at the same time on weekends and holidays as on other days of the week.         My appetite seems to stay the same day after day.         My mood is generally cheerful.         I resist changes in routine.         I laugh several times a day.         My first response to anything new is to move my head toward it.	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47 DOTSR48 DOTSR49 DOTSR50 DOTSR51
72. 73. 74. 75. 76. 77. 78.	I wake up at the same time on weekends and holidays as on other days of the week.         My appetite seems to stay the same day after day.         My mood is generally cheerful.         I resist changes in routine.         I laugh several times a day.         My first response to anything new is to move my head toward it.         Generally, I am happy.         The number of times I have a bowel movement on any day	FALSE	FALSE	TRUE Than		DOTSR45 DOTSR47 DOTSR48 DOTSR49 DOTSR50 DOTSR51 DOTSR52

THANK YOU FOR ANSWERING THESE QUESTIONS.

	GROWTH AND HEALTH STUDY HEALTH BELIEFS AND ATTITUDES	FTYPE FREV	NGHS Form 19 Rev. 5 8/20/96
ID number of NGHS girl:		- <u>RiD</u>	
Name code of NGHS girl:			
Visit number:			
Date:		DO_FORM	
	Month	Day	Year

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Please **PRINT** your full name:

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<u> </u>	First Name	1	Middle Initial	Last Name
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### GROWTH AND HEALTH STUDY

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

### HEALTH BELIEFS AND ATTITUDES

ID			
NC			
VN			

		Very Happy	Нарру	Unhappy	Very <u>Unhappy</u>
1.	How happy or unhappy are you with your present <u>weight</u> ?				WEIGHT
2.	How happy or unhappy are you with the way your body looks?				BODY
3.	How happy or unhappy are you with these parts of you How happy are you with:	r body?			
	A. Your waist?				WAIST
	B. Your stomach?				- STOM
	C. Your arms?				ARMS
	D. Your breasts?				BREAST
	E. Your hips?				HIPS
	F. Your legs?				LEGS
	G. Your behind?				BEHIND
	H. Your thighs?				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:

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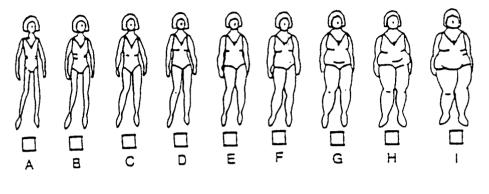
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A. Right now I look like:

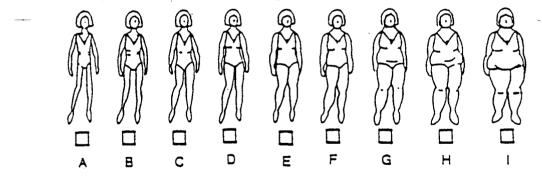
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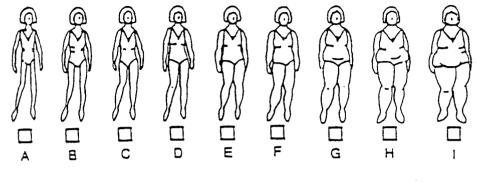
B. I would like it best if I now looked like:



IMAGBST

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

5. Young men like young women who look like:



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MENLIKE

6.	Think about your friends. Which of the following statements best describes them (check only <u>one</u> 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

NGHS Form 19 Rev. 5 8/20/96 Page 4 of 9

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					CESD1		
8.	I did not feel like eating; my appetite was poor .					CESD2		
9.	I felt that I could not shake off the blues evenwith help from my family or friends					CESD3		
10.	I felt that I was just as good as other people					CESD4		
11.	I had trouble keeping my mind on what I was doing					CESD5		
12.	I felt depressed					CESD6		
13.	I felt that everything I did was an effort					CESD7		
14.	I felt hopeful about the future					CESD8		
15.	I thought my life had been a failure					CESD9		

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

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NGHS Form 19 Rev. 5 8/20/96 Page 6 of 9

To the right of each statement, check the box in the first column if the statement is <u>usually false</u> for you. Check the box in the second column if the statement is <u>more false than true</u> for you. Check the box in the third column if the statement is <u>more true than false</u> for you. Check the box in the last column if the statement is <u>usually true</u> 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.

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

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

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

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

# THANK YOU FOR ANSWERING THESE QUESTIONS.

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