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NHLBI GROWTH AND HEALTH STUDY

NGHS Form 09 **FTYPE**
Rev. 0 3/87 **FREV**

NUTRITION FORM - C

SELF ADMINISTERED

This form is to be completed by the NGHS child at the time of the baseline and each annual follow-up examination.

TO BE COMPLETED BY INTERVIEWER/CENTER:

ID number of NGHS child: ..... ___ - ___ ___ ___ ___ - ___ **RID**

Name code of NGHS child: ..... ___ ___ ___ ___ ___ ___

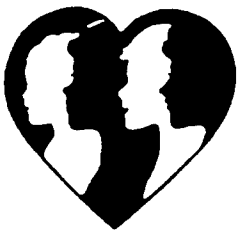
Visit number: ..... ___ ___ **VISIT**

BEGIN HERE: **********

Today's date: ..... _____ - _____ - _____ **DO_FORM**
Month Day Year

Please PRINT your full name here:

_____
First Name Middle Initial Last Name



FTYPE NGHS Form 09
FREV Rev. 4 4/92

# GROWTH AND HEALTH STUDY

## NUTRITION FORM

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

Name code of NGHS girl: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . **VISIT** ___ ___

Date: . . . . . ___ ___ - **DO_FORM** ___ ___ - ___ ___
Month Day Year

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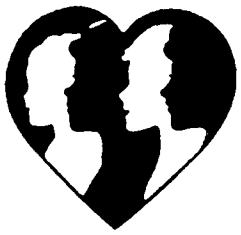
Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

NGHS Form 09
Rev. 4 4/92
16 Pages



# GROWTH AND HEALTH STUDY

## NUTRITION FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | | | | | | | |
| NC | | | | | | | |
| VN | | | | | | | |

1. On weekdays:

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

If NO, go to Question E.

If YES, answer Questions 1-4.

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

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

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

EATCHK

Fried . . . . . ☐ 1

Baked . . . . . ☐ 2

Broiled or barbecued . . . . . ☐ 3

Stewed . . . . . ☐ 4

Other (specify) EATCHKRM ☐ 5

Don't eat chicken . . . . . ☐ 6

B. Do you usually eat the skin on chicken?

CHKSKN

Yes . . . . . ☐ 1

No . . . . . ☐ 2

Don't eat chicken . . . . . ☐ 3

C. Do you usually eat the fat on meat?

EATFAT

Yes . . . . . ☐ 1

No . . . . . ☐ 2

Don't eat meat . . . . . ☐ 3

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

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

**EATGRS**

Butter . . . . . ☐ 1

Margarine . . . . . ☐ 2

Other (specify)_____ **EATGRSRM** ☐ 3

Don't use butter or margarine . . . . . ☐ 4

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

**TYPMLK**

Skim, Non fat, or 1/2% . . . . . ☐ 1

Low fat (1% - 2%) . . . . . ☐ 2

Whole . . . . . ☐ 3

Other (specify)_____ **TYPMLKRM** ☐ (3)

Don't drink milk . . . . . ☐ 5

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

**FSTFOOD7**

| | |
|---|---|
| Never | ☐ 01 |
| Less than once a week | ☐ 02 |
| Once a week | ☐ 03 |
| 2 to 3 times a week | ☐ 04 |
| 4 to 5 times a week | ☐ 05 |
| 6 to 7 times a week | ☐ 06 |
| More than 7 times a week | ☐ 07 |

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

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

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

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

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

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

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

A. SNKTV1 _____

B. SNKTV2 _____

C. SNKTV3 _____

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

| | | Yes | No | Don't Know | Don't Have One | |
|---|---|---|---|---|---|---|
| A. | A best girl friend of yours | ☐ | ☐ | ☐ | ☐ | DBFRND |
| B. | Any other friends | ☐ | ☐ | ☐ | ☐ | DFRND |
| C. | Your mother | ☐ | ☐ | ☐ | ☐ | DMOM |
| D. | A sister of yours | ☐ | ☐ | ☐ | ☐ | DSIS |
| E. | Any other relative | ☐ | ☐ | ☐ | ☐ | DRELAT |

7. How do you think of yourself?

SELFWT

- Very underweight ☐ 1
- Slightly underweight ☐ 2
- About the right weight ☐ 3
- Slightly overweight ☐ 4
- Very overweight ☐ 5

8. At the present time are you:

PRSNTWT

- Trying to gain weight? ☐ 1
- Trying to lose weight? ☐ 2
- Trying to stay the same weight? ☐ 3
- Not trying to do anything about my weight? ☐ 4

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

FRQDT

- Never . . . . . ☐ 1
- 1-4 times . . . . . ☐ 2
- 5-10 times . . . . . ☐ 3
- More than 10 times . . . . . ☐ 4
- I am always dieting . . . . . ☐ 5

10. Have you ever lost 5 or more pounds on a weight loss diet? . . . . . DT5 ☐ Yes ☐ No

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

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

**LSRMK**

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

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

LSMRMK

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

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

**ALCHLFRQ**

- I have never had a drink of alcohol or only had a few sips ☐ 01
- None ☐ 02
- 1 or 2 days ☐ 03
- 3 to 5 days ☐ 04
- 6 to 9 days ☐ 05
- 10 to 19 days ☐ 06
- 20 to 29 days ☐ 07
- All 30 days ☐ 08

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

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

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

**SMKAGE**

- I have never smoked a whole cigarette ☐ 1
- Less than 9 years old ☐ 2
- 9 or 10 years old ☐ 3
- 11 or 12 years old ☐ 4
- 13 or 14 years old ☐ 5
- 15 years old ☐ 6

15. How much do you smoke cigarettes?

**SMKAMT**

- I've never smoked ☐ 1
- I've smoked once or twice ☐ 2
- I've smoked a few times ☐ 3
- I smoke occasionally but less than once a month ☐ 4
- I smoke weekly but not every day ☐ 5
- I smoke every day or nearly every day ☐ 6

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

**SMK30AGE**

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

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

**SMK30DAY**

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

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

SMK30AMT

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

SPORTS2

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

20. Would you say that our are:

ACTIVE

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

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

NOEXER7

A. Did not exercise . . . . . ☐ 1

B. Sunday EXERSUN minutes

Monday EXERMON minutes

Tuesday EXERTUE minutes

Wednesday EXERWED minutes

Thursday EXERTHR minutes

Friday EXERFRI minutes

Saturday EXERSAT minutes

EXERWK

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

PELNG

All Year . . . . . ☐ 1

Half year . . . . . ☐ 2

Other (specify)_____ PERMK _____ ☐ 3

Do not take PE . . . . . ☐ 4

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

**PEDAYS**

| | |
|---|---|
| I do not take PE | ☐ 1 |
| 1 day | ☐ 2 |
| 2 days | ☐ 3 |
| 3 days | ☐ 4 |
| 4 days | ☐ 5 |
| 5 days | ☐ 6 |

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

**PEMIN**

| | |
|---|---|
| I do not take PE | ☐ 1 |
| Less than 10 minutes | ☐ 2 |
| 10 to 20 minutes | ☐ 3 |
| 21 to 30 minutes | ☐ 4 |
| More than 30 minutes | ☐ 5 |

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

**TEAMS**

| | |
|---|---|
| None | ☐ 1 |
| 1 team | ☐ 2 |
| 2 teams | ☐ 3 |
| 3 or more teams | ☐ 4 |

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

**VIDTVWK**

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

Thank you very much for answering these questions.

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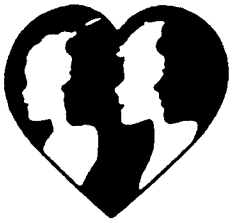
FREV Rev. 5 1/93

# GROWTH AND HEALTH STUDY
# NUTRITION FORM



**This form is to be completed by the NGHS girl.**

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

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT**

Date: ..... **DO_FORM**

| Month | Day | Year |
|---|---|---|
| ___ | ___ | ___ |

---

Please **PRINT** your full name:

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

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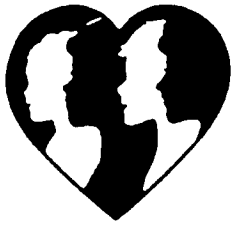
4 Pages



**GROWTH AND HEALTH STUDY**
**NUTRITION FORM**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | | | | | | | |
| NC | | | | | | | |
| VN | | | | | | | |

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

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

| | | Yes | No | |
|---|---|---|---|---|
| A. | Breakfast | ☐ | ☐ | **BREAKFST** |
| B. | Lunch | ☐ | ☐ | **LUNCH** |
| C. | Afternoon snack | ☐ | ☐ | **AFTSNK** |
| D. | Dinner/supper | ☐ | ☐ | **DINNER** |

If **YES**, do you **USUALLY** eat **dinner/supper**:

| | | | | |
|---|---|---|---|---|
| 1. | At home | ☐ | ☐ | **DINHM** |
| 2. | Watching TV | ☐ | ☐ | **DINTV** |

3. Do you **USUALLY** eat dinner/supper (Check only one box for Question D3.)

**DINWHOM**

a. By yourself ☐ 1
b. With a parent or adult ☐ 2
c. With someone else ☐ 3

| | | Yes | No | |
|---|---|---|---|---|
| E. | Evening snack | ☐ | ☐ | **EVNSNK** |

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

**FSTFOOD7**

Never ☐ 01
Less than once a week ☐ 02
Once a week ☐ 03
2 to 3 times a week ☐ 04
4 to 5 times a week ☐ 05
6 to 7 times a week ☐ 06
More than 7 times a week ☐ 07

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

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

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

FRQDT

- Never ☐ 1
- 1-4 times ☐ 2
- 5-10 times ☐ 3
- More than 10 times ☐ 4
- I am always dieting ☐ 5

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

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

**LSMRMK** _____

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

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

**ALCHLFRQ**

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

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

The next three questions ask about cigarette smoking.

7. How much do you smoke cigarettes?

**SMKAMT**

- I've never smoked ☐ 1
- I've smoked once or twice ☐ 2
- I've smoked a few times ☐ 3
- I smoke occasionally but less than once a month ☐ 4
- I smoke weekly but not every day ☐ 5
- I smoke every day or nearly every day ☐ 6

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

**SMK30DAY**

- I did not smoke cigarettes during the past 30 days ☐ 01
- 1 or 2 days ☐ 02
- 3 to 5 days ☐ 03
- 6 to 9 days ☐ 04
- 10 to 19 days ☐ 05
- 20 to 29 days ☐ 06
- All 30 days ☐ 07

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

**Thank you very much for answering these questions.**

FTYPE NGHS Form 09
FREV Rev. 6 4/94

**GROWTH AND HEALTH STUDY**
**NUTRITION FORM**

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

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... ___ **VISIT**

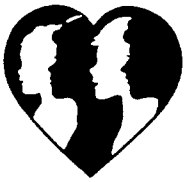
Date: ..... ___ ___ - ___ ___ - ___ ___ ___ ___
Month Day Year **DO_FORM**

---

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

NGHS Form 09
Rev. 6 4/94
8 Pages



## GROWTH AND HEALTH STUDY
## NUTRITION FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | | | | | | | |
| NC | | | | | | | |
| VN | | | | | | | |

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

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

| | | Yes | No | |
|---|---|---|---|---|
| A. | Breakfast | ☐ | ☐ | **BREAKFST** |
| B. | Lunch | ☐ | ☐ | **LUNCH** |
| C. | Afternoon snack | ☐ | ☐ | **AFTSNK** |
| D. | Dinner/supper | ☐ | ☐ | **DINNER** |
| E. | Evening snack | ☐ | ☐ | **EVNSNK** |

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

**FSTFOOD7**

- Never ☐ 1
- Less than once a week ☐ 2
- Once a week ☐ 3
- 2 to 3 times a week ☐ 4
- 4 to 5 times a week ☐ 5
- 6 to 7 times a week ☐ 6
- More than 7 times a week ☐ 7

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

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

4. Do you usually eat the skin on chicken? **CHKSKN**

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

5. Do you usually eat the fat on meat? **EATFAT**

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

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

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

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

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

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

SELFWT

- Very underweight ☐ 1
- Slightly underweight ☐ 2
- About the right weight ☐ 3
- Slightly overweight ☐ 4
- Very overweight ☐ 5

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

PRSNTWT

- Trying to gain weight ☐ 1
- Trying to lose weight ☐ 2
- Trying to stay the same weight? ☐ 3
- Not trying to do anything about your weight? ☐ 4

10. Have you **ever** dieted? EVERDIET ☐ Yes ☐ No

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

11. Have you **ever** lost five pounds on a weight loss diet? DT5 ☐ Yes ☐ No

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

FRQDT

- Never ☐ 1
- 1-4 times ☐ 2
- 5-10 times ☐ 3
- More than 10 times ☐ 4
- I am always dieting ☐ 5

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

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

1. Specify: _____ **LSMRMK**

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

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

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

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

16. During the **past 30 days**, on how many days did you have four or more drinks of alcohol in a row, that is, within a couple of hours? **DRNK4ROW**

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

17. During the **past three months** have you eaten unusually large amounts of food at one time and felt that you were unable to stop eating once you started? . . . . . **NSTP3MO**

☐ Yes ☐ No

If NO, go to Question 18.

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

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

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

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

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

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

18. During the **past 12 months** have you eaten unusually large amounts of food at one time and felt you were unable to stop eating once you started? . . . . . **NSTP12MO**

☐ Yes ☐ No

If NO, go to Question 19.

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

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

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

Sometimes (once a month or less) . . . . . ☐ 3

Often (once a week or less) . . . . . ☐ 4

Regularly (twice a week or more) . . . . . ☐ 5

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

**IMPWTFEL**

| Very Important | Important | Neither Important nor Unimportant | Unimportant | Very Unimportant |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

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

**SATWT**

| Very Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Very Dissatisfied |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

The next three questions ask about cigarette smoking.

21. How much do you smoke cigarettes?

**SMKAMT**

- I've never smoked ☐ 1
- I've smoked once or twice ☐ 2
- I've smoked a few times ☐ 3
- I smoke occasionally but less than once a month ☐ 4
- I smoke weekly but not every day ☐ 5
- I smoke every day or nearly every day ☐ 6

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

**SMK30DAY**

- I did not smoke cigarettes during the past 30 days ☐ 1
- 1 or 2 days ☐ 2
- 3 to 5 days ☐ 3
- 6 to 9 days ☐ 4
- 10 to 19 days ☐ 5
- 20 to 29 days ☐ 6
- All 30 days ☐ 7

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

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

24. Are these statements true or false to you?

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

| | | True | False | |
|---|---|---|---|---|
| A. | I drink enough milk | ☐ | ☐ | **IFMILK** |
| B. | I maintain my weight | ☐ | ☐ | **IFWT** |
| C. | I take vitamins regularly | ☐ | ☐ | **IFVITMN** |
| D. | I eat a low-fat diet | ☐ | ☐ | **IFLOFAT** |

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

I would eat fast food more often if:

| | | True | False | |
|---|---|---|---|---|
| A. | I had more money | ☐ | ☐ | **FFMONEY** |
| B. | It were more nutritious | ☐ | ☐ | **FFNUTR** |
| C. | It contained less fat | ☐ | ☐ | **FFLSFAT** |
| D. | It had fewer calories | ☐ | ☐ | **FFLOCAL** |
| E. | There were more fast food restaurants near my house | ☐ | ☐ | **FFMRRST** |

**READNUTR**

26. Do you read the nutrition information on food labels? ☐ Yes ☐ No

If NO, go to Question 27.

If YES, how often do you do the following?

| | | Usually | Rarely | |
|---|---|---|---|---|
| A. | When I read the information on nutrition labels I find them confusing | ☐ | ☐ | **NTRCONFS** |
| B. | I read the nutrition labels on snack foods | ☐ | ☐ | **NTRSNAK** |
| C. | I read the nutrition labels for calorie information | ☐ | ☐ | **NTRCAL** |
| D. | I read nutrition labels for information on the amount of fat | ☐ | ☐ | **NTRFAT** |
| E. | I use the information on nutrition labels to help me choose the foods I eat | ☐ | ☐ | **NTRCHOS** |

27. How important are the following things for you?

It is important for me to choose foods that:

| | | Not Important | Important | Very Important | |
|---|---|---|---|---|---|
| A. | Are low in sugar | ☐ | ☐ | ☐ | **CHLOSUG** |
| B. | Are low in fat | ☐ | ☐ | ☐ | **CHLOFAT** |
| C. | Are low in calories | ☐ | ☐ | ☐ | **CHLOCAL** |
| D. | Include plenty of breads, cereals, pasta and rice | ☐ | ☐ | ☐ | **CHGRN** |
| E. | Include plenty of fruits and vegetables | ☐ | ☐ | ☐ | **CHFRUIT** |
| F. | Include a variety of foods | ☐ | ☐ | ☐ | **CHVARTY** |
| G. | Include plenty of milk and cheese | ☐ | ☐ | ☐ | **CHDAIRY** |
| H. | Include plenty of meat, fish and chicken | ☐ | ☐ | ☐ | **CHMEAT** |

**Thank you very much for answering these questions.**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ID | | | | | | | | |
| NC | | | | | | | | |
| VN | | | | | | | | |

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NHLBI GROWTH AND HEALTH STUDY

NUTRITION FORM - C

1. On school days:

| | YES | NO | |
|---|---|---|---|
| A. Do you usually eat breakfast ..... | ☐ | ☐ | BREAKFST |
| B. Do you usually eat a morning snack ..... | ☐ | ☐ | MORNSNK |
| C. Do you usually eat lunch ..... | ☐ | ☐ | LUNCH |
| D. Do you usually eat a snack after school ..... | ☐ | ☐ | AFTSNK |
| E. Do you usually eat dinner/supper ..... | ☐ | ☐ | DINNER |
| F. Do you usually eat an evening snack ..... | ☐ | ☐ | EVNSNK |

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

| | FINSH | |
|---|---|---|
| First ..... | ☐ | 1 |
| Last ..... | ☐ | 2 |
| Same time ... | ☐ | 3 |

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

**FSTFOOD4**

Never or less than once a week ... ☐ 1

1 to 3 times a week ..... ☐ 2

4 to 7 times a week ..... ☐ 3

8 or more times a week ..... ☐ 4

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

**EATOUT**

Never or less than once a week ... ☐ 1

1 to 3 times a week ..... ☐ 2

4 to 7 times a week ..... ☐ 3

8 or more times a week ..... ☐ 4

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

PREPAR

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

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

PLANS

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

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

FIXPLAT

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

ID | | | | | | |

VN | | |

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

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

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

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

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

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

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

1. SNK1DESC

2. SNK2DESC

3. SNK3DESC

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

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

| | Yes | No | Don't know | Don't have one | |
|---|---|---|---|---|---|
| A. A friend of yours ..... | ☐ | ☐ | ☐ | ☐ | DFRIEND |
| B. One of your parents ... | ☐ | ☐ | ☐ | ☐ | DPARENT |
| C. A brother ..... | ☐ | ☐ | ☐ | ☐ | DBRO |
| D. A sister ..... | ☐ | ☐ | ☐ | ☐ | DSIS |
| E. Any other relative .... | ☐ | ☐ | ☐ | ☐ | DRELAT |

ID | | | | | | | | VN | | |

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

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

13. People often drink liquor at religious services. Not counting that, in the <u>past month</u> how many glasses of alcoholic beverages, such as beer, wine or whiskey, have you had? Write the number of glasses here: ..... **AMTDRK**
(If <u>NONE</u>, write "0.")

Number of alcoholic beverages

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

ID | | | | | | | | | | |

VN | | |

0925-0294 exp. 12/89

NGHS FORM 09 FTYPE
Rev. 1 1/89 FREV

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

ID number of NGHS child: ..... ___-___ RID ___-___

Name code of NGHS child: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT ___ ___

---

Please *PRINT* the child's full name:

First Name | Middle Initial | Last Name

We think this questionnaire will take about 10-13 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, 721-8 Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.

0925-0294 exp. 12/89

NGHS FORM 09
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# NHLBI Growth And Health Study
## Nutrition Form - C

| | | | | | | |
|---|---|---|---|---|---|---|
| ID | | | | | | |
| NC | | | | | | |
| VN | | | | | | |

---

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

2. ON SCHOOL DAYS:

| | Yes | No | |
|---|---|---|---|
| A. Do you *USUALLY* eat breakfast? ..... | ☐ | ☐ | BREAKFST |
| B. Do you *USUALLY* eat a morning snack? ..... | ☐ | ☐ | MORNSNK |
| C. Do you *USUALLY* eat lunch? ..... | ☐ | ☐ | LUNCH |
| D. Do you *USUALLY* eat a snack after school? ..... | ☐ | ☐ | AFTSNK |
| E. Do you *USUALLY* eat dinner/supper? ..... | ☐ | ☐ | DINNER |
| F. Do you *USUALLY* eat an evening snack? ..... | ☐ | ☐ | EVNSNK |

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

| | | |
|---|---|---|
| First ..... | ☐ | 1 |
| Last ..... | ☐ | 2 |
| Same time ..... | ☐ | 3 |

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

FRNFINSH

- First ☐ 1
- Last ☐ 2
- Same time ☐ 3

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

FSTFOOD5

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

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

FIXPLAT

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

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

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

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

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

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

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

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

1. SNACK1 _____

2. SNACK2 _____

3. SNACK3 _____

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

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

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

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

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

Thank you very much for your help.

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

| | Yes | No | Don't know | Don't have one | |
|---|---|---|---|---|---|
| A. A friend of yours | ☐ | ☐ | ☐ | ☐ | DFRIEND |
| B. Any other child you know | ☐ | ☐ | ☐ | ☐ | DCHILD |
| C. Either of your parents | ☐ | ☐ | ☐ | ☐ | DPARENT |
| D. A brother | ☐ | ☐ | ☐ | ☐ | DBRO |
| E. A sister | ☐ | ☐ | ☐ | ☐ | DSIS |
| F. Any other relative | ☐ | ☐ | ☐ | ☐ | DRELAT |
| G. Any other adult you know | ☐ | ☐ | ☐ | ☐ | DADULT |

0925-0294
exp. 9/92

**FTYPE** NGHS Form 09
**FREV** Rev. 2 12/89

# NHLBI GROWTH AND HEALTH STUDY

## NUTRITION FORM

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

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT** ___ ___

Date: ..... ___ ___ (Month) - ___ ___ (Day) - ___ ___ (Year) **DO_FORM**

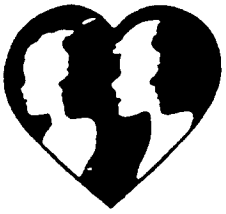
---

Please **PRINT** your full name:

_____

First Name Middle Initial Last Name

We think this questionnaire will take about twelve 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.



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# NHLBI GROWTH AND HEALTH STUDY

## NUTRITION FORM

NGHS Form 09
Rev. 2 12/89
9 Pages

| | | | | | | |
|---|---|---|---|---|---|---|
| ID | | | | | | |
| NC | | | | | | |
| VN | | | | | | |

1. On school days:

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

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

| | FAMFINSH |
|---|---|
| First ..... | ☐ 1 |
| Last ..... | ☐ 2 |
| Same time ..... | ☐ 3 |

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

FRNFINSH

First ..... ☐ 1

Last ..... ☐ 2

Same time ..... ☐ 3

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

FSTFOOD5

Never ..... ☐ 1

Less than once a week ..... ☐ 2

1 to 3 times a week ..... ☐ 3

4 to 7 times a week ..... ☐ 4

8 or more times a week ..... ☐ 5

SCHLUNCH

5. Is lunch served at your school? ..... ☐ Yes ☐ No

| | Yes | No | |
|---|---|---|---|
| 6. Is breakfast served at your school? | ☐ | ☐ | SCHBRKF |
| If YES, do you eat the school breakfast? | ☐ | ☐ | EATSCH |

| | Yes | No | |
|---|---|---|---|
| 7. A. Does your school sell snacks or have vending machines for selling snacks? | ☐ | ☐ | SCHSNACK |
| If YES, do you buy them? | ☐ | ☐ | BUYSCHSK |
| B. Is there any place near your home or school that sells snacks? | ☐ | ☐ | NEARSNK |
| If YES, do you buy them? | ☐ | ☐ | BUYNRSNK |

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

FIXPLAT

I help myself ..... ☐ 1

Plate is made up for me ..... ☐ 2

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

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

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

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

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

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

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

1. SNACK1 _____

2. SNACK2 _____

3. SNACK3 _____

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

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

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

(What is the other health problem or reason?)

REMARK _____

| | Yes | No | |
|---|---|---|---|
| B. Do you also eat the differently cooked food at these meals? ..... | ☐ | ☐ | ETSPDIET |

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

| | Yes | No | Don't know | Don't have one | |
|---|---|---|---|---|---|
| A. A friend of yours ..... | ☐ | ☐ | ☐ | ☐ | DFRIEND |
| B. A brother ..... | ☐ | ☐ | ☐ | ☐ | DBRO |
| C. A sister ..... | ☐ | ☐ | ☐ | ☐ | DSIS |
| D. Any other person your age that you know ..... | ☐ | ☐ | ☐ | ☐ | DCHILD |
| E. Either of your parents ..... | ☐ | ☐ | ☐ | ☐ | DPARENT |
| F. Any other relative ..... | ☐ | ☐ | ☐ | ☐ | DRELAT |
| G. Any other adult you know ..... | ☐ | ☐ | ☐ | ☐ | DADULT |

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

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

Thank you very much for your help.

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exp. 9/92

FTYPE
FREV

NGHS Form 09
Rev. 3 10/90

# NHLBI GROWTH AND HEALTH STUDY
# NUTRITION FORM

ID number of NGHS girl: ..... ___-___ RID ___-___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number:..... VISIT

Date: ..... ___ ___ - DO_FORM - ___ ___ ___ ___
Month Day Year

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Please PRINT your full name:

First Name Middle Initial Last Name

We think this questionnaire will take about 10-13 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaire, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.

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NGHS Form 09
Rev. 3 10/90
11 Pages

# NHLBI GROWTH AND HEALTH STUDY

## NUTRITION FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | | | | | | | |
| NC | | | | | | | |
| VN | | | | | | | |

1. ON SCHOOL DAYS:

| | Yes | No | |
|---|---|---|---|
| A. Do you USUALLY eat breakfast? ..... | ☐ | ☐ | **BREAKFST** |
| B. Do you USUALLY eat a morning snack? ..... | ☐ | ☐ | **MORNSNK** |
| C. Do you USUALLY eat lunch? ..... | ☐ | ☐ | **LUNCH** |
| D. Do you USUALLY eat a snack after school? ..... | ☐ | ☐ | **AFTSNK** |
| E. Do you USUALLY eat dinner/supper? ..... | ☐ | ☐ | **DINNER** |
| F. Do you USUALLY eat an evening snack? ..... | ☐ | ☐ | **EVNSNK** |

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

**FAMFINSH**

First ..... ☐ 1

Last ..... ☐ 2

Same time ..... ☐ 3

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

**FRNFINSH**

First ..... ☐ 1

Last ..... ☐ 2

Same time ..... ☐ 3

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

**FSTFOOD5**

Never ..... ☐ 1

Less than once a week ..... ☐ 2

1 to 3 times a week ..... ☐ 3

4 to 7 times a week ..... ☐ 4

8 or more times a week ..... ☐ 5

**SCHLUNCH**

5. Is lunch served at your school? ..... ☐ Yes ☐ No

| | Yes | No | |
|---|---|---|---|
| 6. A. Is breakfast served at your school? ..... | ☐ | ☐ | SCHBRKF |
| B. If YES, do you eat the school breakfast? ..... | ☐ | ☐ | EATSCH |

| | Yes | No | |
|---|---|---|---|
| 7. A. Does your school sell snacks or have vending machines for selling snacks? ..... | ☐ | ☐ | SCHSNACK |
| 1. If YES, do you buy them? ..... | ☐ | ☐ | BUYSCHSK |
| B. Is there any place near your home or school that sells snacks? ..... | ☐ | ☐ | NEARSNK |
| 1. If YES, do you buy them? ..... | ☐ | ☐ | BUYNRSNK |

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

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

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

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

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

FIXPLAT

I help myself ..... ☐ 1

Plate is made up for me ..... ☐ 2

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

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

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

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

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

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

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

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

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

1. **SNACK1** _____

2. **SNACK2** _____

3. **SNACK3** _____

STOPEAT

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

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

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

(What is the other problem or reason?)

REMARK

| | Yes | No | |
|---|---|---|---|
| B. Do you also eat the differently cooked food at these meals? ..... | ☐ | ☐ | ETSPDIET |

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

| | Yes | No | Don't Know | Don't Have One | |
|---|---|---|---|---|---|
| A. A friend of yours ..... | ☐ | ☐ | ☐ | ☐ | **DFRIEND** |
| B. A brother ..... | ☐ | ☐ | ☐ | ☐ | **DBRO** |
| C. A sister ..... | ☐ | ☐ | ☐ | ☐ | **DSIS** |
| D. Any other person your age that you know ..... | ☐ | ☐ | ☐ | ☐ | **DCHILD** |
| E. Either of your parents ..... | ☐ | ☐ | ☐ | ☐ | **DPARENT** |
| F. Any other relative ..... | ☐ | ☐ | ☐ | ☐ | **DRELAT** |
| G. Any other adult you know ..... | ☐ | ☐ | ☐ | ☐ | **DADULT** |

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

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

17. A. Do you think there are any other reasons why a person is fat? ☐ Yes ☐ No OTHFAT

B. If Yes, what are the reasons? FATRMK _____

_____

_____

Thank you very much for your help.