FTYPE NGHS Form 9B
FREV Rev. 0 01/95

GROWTH AND HEALTH STUDY
NUTRITION FORM - B

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

NGHS Form 9B
Rev. 0 01/95
3 Pages

GROWTH AND HEALTH STUDY
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ID						
NC						
VN						

The first 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.

1. 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

2. During the **past 30 days**, on the days when you did drink, how many drinks did you usually have?

(One drink means: 12 oz. of beer, ale or malt liquor
12 oz. of wine cooler
8 oz. of a mixed drink such as gin and juice, 7&7, or Brass Monkey, etc.
6 oz. of wine
1 ½ oz. or a shot of vodka, tequila, Jack Daniels, etc.

(**For example**, a 40 oz. bottle of beer would count as 3 drinks.)

ALCHLNUM

Write the number of drinks here. If you did not drink, write "0" on the line. ..... ___ ___

3. 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

NSTP12MO

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

☐ Yes ☐ No

If NO, go to Question 5.

A. How often have you done this in the **past 12 months?**

NSTP12FQ

Rarely	(one to four times in the past 12 months)	☐ 1
Sometimes	(once a month or less)	☐ 2
Often	(once a week or less)	☐ 3
Regularly	(twice a week or more)	☐ 4

B. 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

5. 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
☐	☐	☐	☐	☐

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

SATWT

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
☐	☐	☐	☐	☐

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
- I've smoked in the past but do not smoke now ..... ☐ 7

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 ..... ☐ 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

9. 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** ___ ___

SMKLOWT

10. Do you believe smoking helps people keep their weight down? ..... ☐ Yes ☐ No

Thank you very much for answering these questions.

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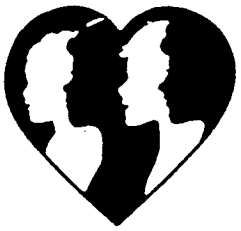

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