OMB: 0925-0294
Expires 12/89
FTYPE Form 13
FREV Revision 0, 2/87

NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES - C

This form is to be administered by an interviewer for each NGHS child at the time of the baseline examination.

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

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

Visit number: ..... __ VISIT

Please PRINT the child's full name:

_____

First Middle Initial Last

Date of interview: ..... DO_FORM __ __ - __ __ - __ __
Month Day Year

Signature of interviewer: SIGN _____

ID number of interviewer: ..... ___ - ___ ___

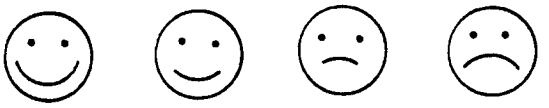
OMB: 0925-0294
Expires 12/89
Form 13
Revision 0, 2/87

ID						
NC						
VN	0	0				

GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES - C

HAND SHOW CARD #1 for Q 1,2,3 or SHOW SLIDE #1 for Q 1,2,3



(Read the Response categories)

	Very Happy	Happy	Unhappy	Very Unhappy	
1. How happy or unhappy are you with your present weight?	☐	☐	☐	☐	WEIGHT
(Read the Response categories)					
2. How happy or unhappy are you with your present height?	☐	☐	☐	☐	HEIGHT
(Read the Response categories)					
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?

DADWT

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

HAND SHOW CARD #2 or SHOW SLIDE #2

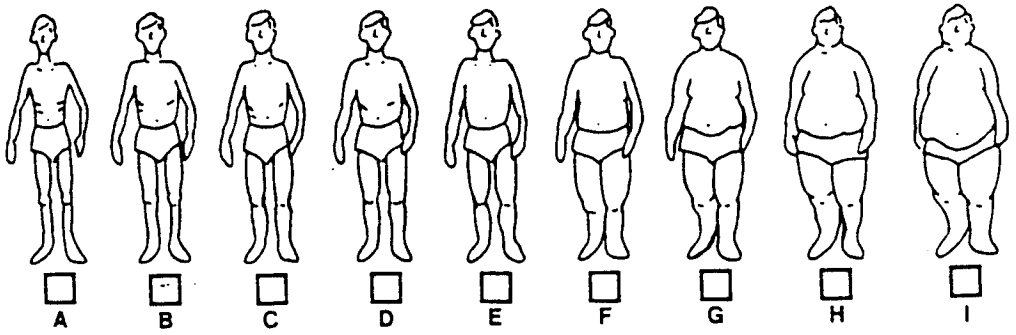
6. If a girl your age was thin would she:

(Repeat the question as necessary)	Yes	No	Wouldn't 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	☐	☐	☐	MORGRLTH
G. Be less likely to get pushed around ..	☐	☐	☐	PUSHEDTH
H. Be healthier	☐	☐	☐	HLTHTH

HAND SHOW CARD #3 or SHOW SLIDE #3

7A. Please tell me which figure looks most like an older brother - nearest your age (if you have one):

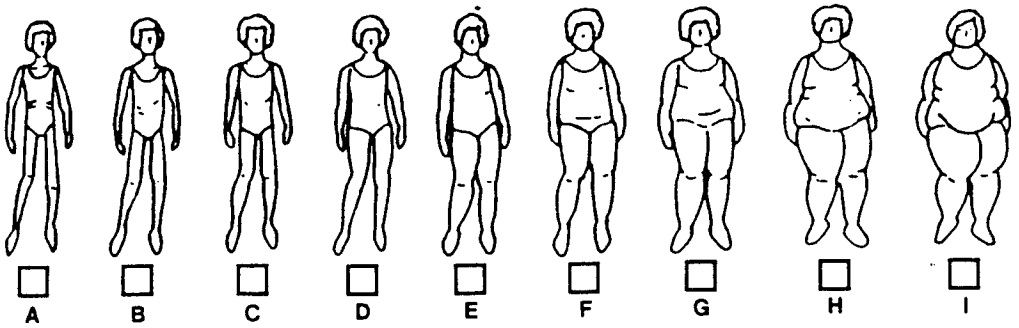
No older brother ☐ (00)



BROIMAGE

HAND SHOW CARD #4 or SHOW SLIDE #4

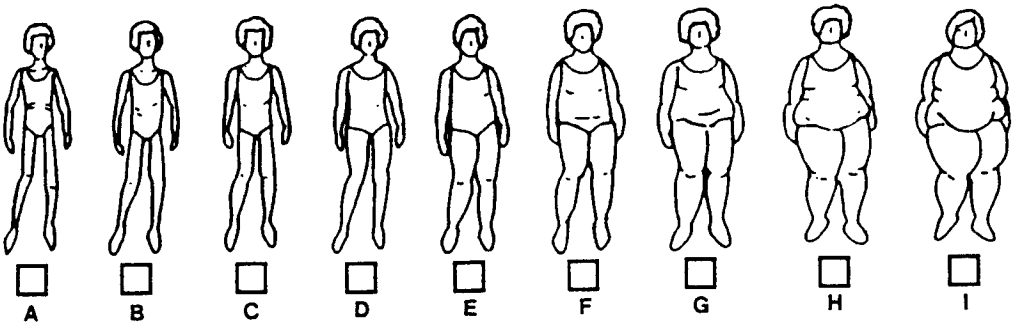
7B. Please tell me which figure looks most like <u>an older sister</u> - nearest your age (if you have one):



SISIMAGE

Continue with same Card or Slide

7C. Please tell me which figure looks most like <u>your best girlfriend</u>:



GRLIMAGE

8. Have any of these people ever told you that you are too thin?

	Yes	No	Do Not Have One	
A. Has your Father ever told you that you were too thin?	☐	☐	☐	DAD2TH
B. Has your Mother ever told you that you were too thin?	☐	☐	☐	MOM2TH
C. Has Any Brother ever told you that you were too thin?	☐	☐	☐	BRO2TH
D. Has Any Sister ever told you that you were too thin?	☐	☐	☐	SIS2TH
E. Has A Best Girlfriend ever told you that you were too thin?	☐	☐	☐	BGRL2TH
F. Has The Boy You Like Best ever told you that you were too thin?	☐	☐	☐	BBOY2TH
G. Has Any Other Girl ever told you that you were too thin?	☐	☐		GRL2TH
H. Has Any Other Boy ever told you that you were too thin?	☐	☐		BOY2TH
I. Has Any Teacher ever told you that you were too thin?	☐	☐		TCH2TH

9. Have any of these people ever told you that you are too fat?

	Yes	No	Do Not Have One	
A. Has your Father ever told you that you were too fat?	☐	☐	☐	DAD2FAT
B. Has your Mother ever told you that you were too fat?	☐	☐	☐	MOM2FAT
C. Has Any Brother ever told you that you were too fat?	☐	☐	☐	BRO2FAT
D. Has Any Sister ever told you that you were too fat?	☐	☐	☐	SIS2FAT
E. Has A Best Girlfriend ever told you that you were too fat?	☐	☐	☐	BGRL2FAT
F. Has The Boy You Like Best ever told you that you were too fat?	☐	☐	☐	BBOY2FAT
G. Has Any Other Girl ever told you that you were too fat?	☐	☐		GRL2FAT
H. Has Any Other Boy ever told you that you were too fat?	☐	☐		BOY2FAT
I. Has Any Teacher ever told you that you were too fat?	☐	☐		TCH2FAT

HAND SHOW CARD #5 or SHOW SLIDE #5

10. How important are the following things to you?

(Read the Response categories)	Very Important	Important	Unimportant	Very Unimportant	
A. Is being grown up	☐	☐	☐	☐	ADLTIMP
B. Is having lots of friends	☐	☐	☐	☐	FRNDIMP
C. Is looking pretty	☐	☐	☐	☐	PRETIMP
D. Is looking thin	☐	☐	☐	☐	THINIMP
E. Is being healthy	☐	☐	☐	☐	HLTHIMP
F. Is feeling more like a girl ..	☐	☐	☐	☐	MORGRLIM
G. Is not getting fat	☐	☐	☐	☐	NOFATIMP
H. Is having a loving family ...	☐	☐	☐	☐	LOVFAMIM

HAND SHOW CARD #6 or SHOW SLIDE #6

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

(Repeat the question as necessary)	Yes	No	Wouldn't 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

HAND SHOW CARD #7 or SHOW SLIDE #7

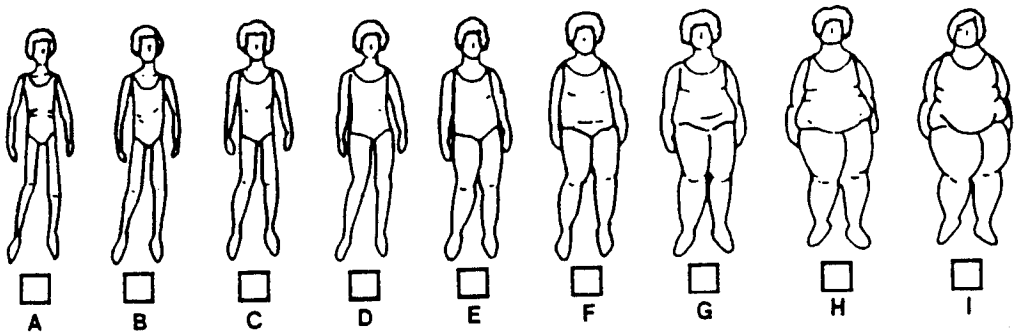
12. **How happy or unhappy are you with these parts of your body? How happy are you with:**

(Read the Response categories)	Very Happy	Happy	Unhappy	Very Unhappy	
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

HAND SHOW CARD #8 or SHOW SLIDE #8

13. **The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please (check the box under the figure that best answers the following/tell me which figure best answers the following:)**

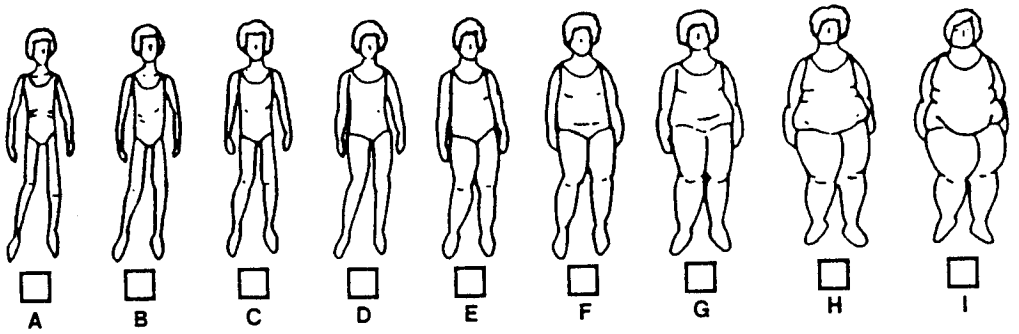
13A. Right now I look like:



IMAGNOW

Continue with same Card or Slide

13B. I would like it best if I now looked like:

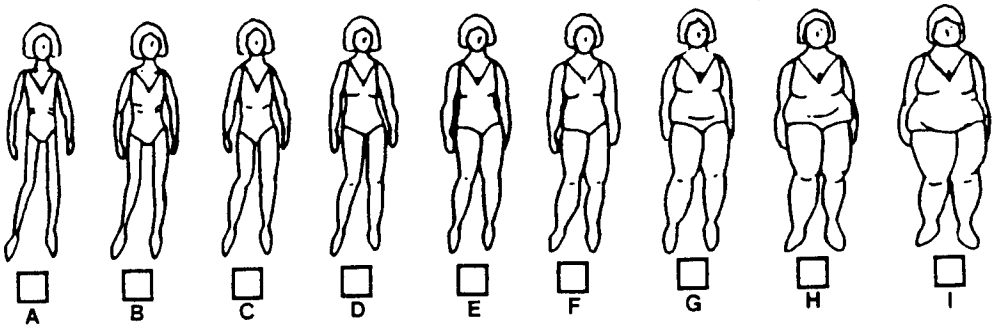


IMAGBST

HAND SHOW CARD #9 or SHOW SLIDE #9

14. Please (check the box under the figure that best answers the following/tell me which figure best answers the following:)

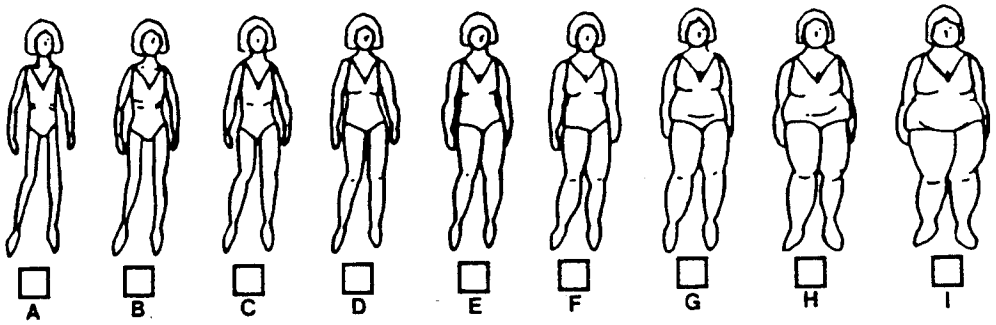
14A. When I am a teenager in high school, I will probably look like:



IMAGTEEN

Continue with same Card or Slide

14B. When I am a teenager in high school, I would like to look like:

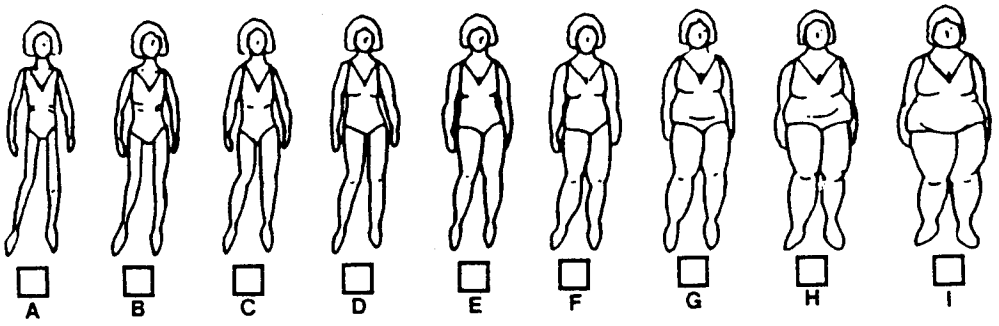


IMAGBTEN

Continue with same Card or Slide

15. Please tell me which figure best answers the following:

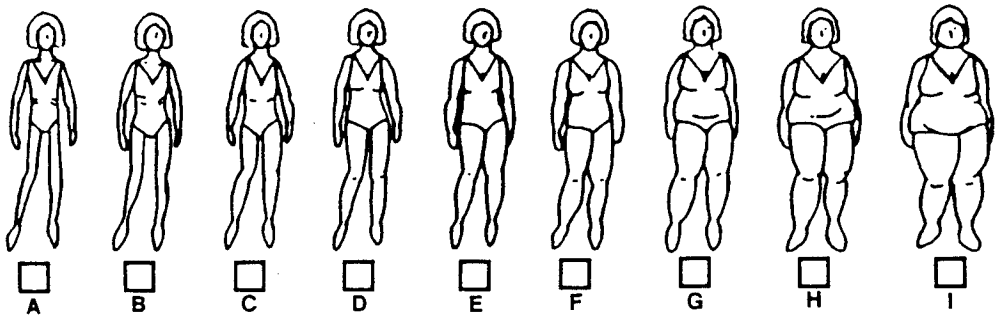
15A. When I am a grownup, 25 to 30 years old, I will probably look like:



IMAGADLT

Continue with same Card or Slide

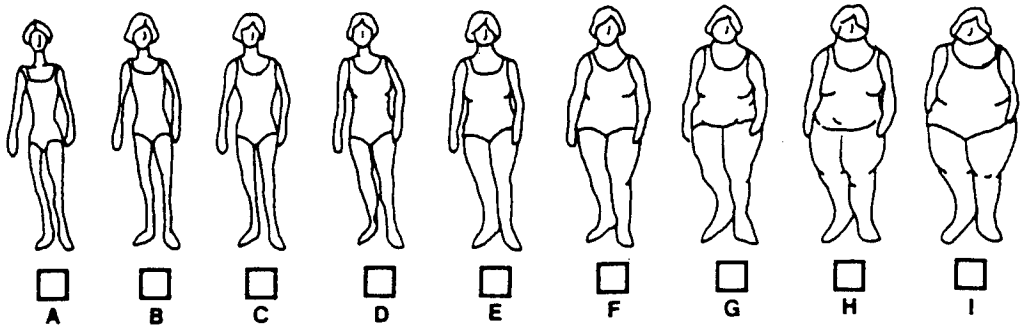
15B. When I am a grownup, 25 to 30 years old, I would like to look like:



IMGBADLT

HAND SHOW CARD #10 or SHOW SLIDE #10

16. Please tell me which figure best answers the following:
A woman looks best when she looks like:



IMAGBFEM

17. Do you have any close friends who are:

	Yes	No	
A. White?	☐	☐	FRWHITE
B. Black?	☐	☐	FRBLACK
C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)?	☐	☐	FRHISP
D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander?	☐	☐	FRASIAN
E. American Indian or Alaskan Native (for example, Eskimo)?	☐	☐	FRAMIND

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

SCHRACE

- All or most of the kids are black ☐ 1
- About half the kids are black and half the kids are white ☐ 2
- All or most of the kids are white ☐ 3

	Yes	No	
19. Have you ever tried to lose weight?	☐	☐	LOSWT
20. Have you ever tried to gain weight?	☐	☐	GAINWT
21. Are you trying to lose weight now?	☐	☐	LOSWTNW

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

HAND SHOW CARD #11 or SHOW SLIDE #11

23A. Do you think your mother is very thin; thin; not thin or heavy; heavy; very heavy; or is she pregnant now?

MOMTHFAT

Very thin	☐	1
Thin	☐	2
Not thin or heavy	☐	3
Heavy	☐	4
Very heavy	☐	5
Mother is now pregnant	☐	6 (Answer 23B)
Do not have one	☐	7

23B. If your mother is now pregnant, do you think she was very thin, thin, not thin or heavy, heavy, or very heavy before she became pregnant?

B4PREG

Very thin	☐	1
Thin	☐	2
Not thin or heavy	☐	3
Heavy	☐	4
Very heavy	☐	5

Now I am going to ask you some questions about how people in your family get along. By your family we mean those you are living with right now. Please tell me how often the following things happen in your family.

HAND SHOW CARD #12 FOR Q24-Q32	or	SHOW SLIDE #12 FOR Q24-Q32

24. In my family we ask each other for help:

(Read the response categories)

FHELP

- **Almost never** ☐ 1
- **Once in a while** ☐ 2
- **Often** ☐ 3
- **Almost always** ☐ 4

25. We like to do things with just members of our family:

(Read the response categories)

FDOTHNG

- **Almost never** ☐ 1
- **Once in a while** ☐ 2
- **Often** ☐ 3
- **Almost always** ☐ 4

26. In my family we feel closer to each other than to people outside the family:

FCLOSE

(Read the response categories)

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

27. In my family we like to spend free time with each other:

FSPEND

(Read the response categories)

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

28. In my family we feel very close to each other:

FFEEL

(Read the response categories)

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

29. When our family gets together for activities, everybody comes:

(Read the response categories) FACTIV

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

30. We can easily think of things to do together as a family:

(Read the response categories) FTHINK

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

31. In my family we ask other family members about our decisions:

(Read the response categories) FASK

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

32. **In my family togetherness is very important:**

(Read the response categories)

FTOGETH

Almost never	☐	1
Once in a while	☐	2
Often	☐	3
Almost always	☐	4

This concludes this questionnaire, thank you very much for your help Enter remaining information on cover sheet.

0925-0294 exp. 12/89

FTYPE
FREV

NGHS FORM 13
Rev. 1 1/89

NHLBI Growth And Health Study
Health Beliefs And Attitudes - 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 14-16 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 13
Rev. 1 1/89
16 Pages

NHLBI Growth And Health Study
Health Beliefs And Attitudes - C

ID						
NC						
VN						

DO_FORM

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

	Very Happy	Happy	Unhappy	Very Unhappy	
2. How happy or unhappy are you with your present *WEIGHT*?	☐	☐	☐	☐	WEIGHT
3. How happy or unhappy are you with your present *HEIGHT*?	☐	☐	☐	☐	HEIGHT
4. How happy or unhappy are you with the way your body looks?	☐	☐	☐	☐	BODY

5. Do your think your father (or male guardian) likes your present weight? DADWT

   Yes ..... ☐ 1

   No ..... ☐ 2

   Do not have one ..... ☐ 3

6. Do you think your mother (or female guardian) likes your present weight?

MOMWT

Yes ..... ☐ 1

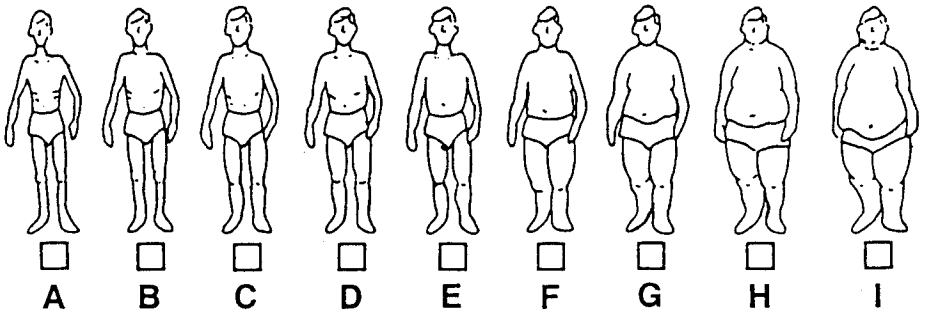
No ..... ☐ 2

Do not have one ..... ☐ 3

7. If a girl your age was thin would she:

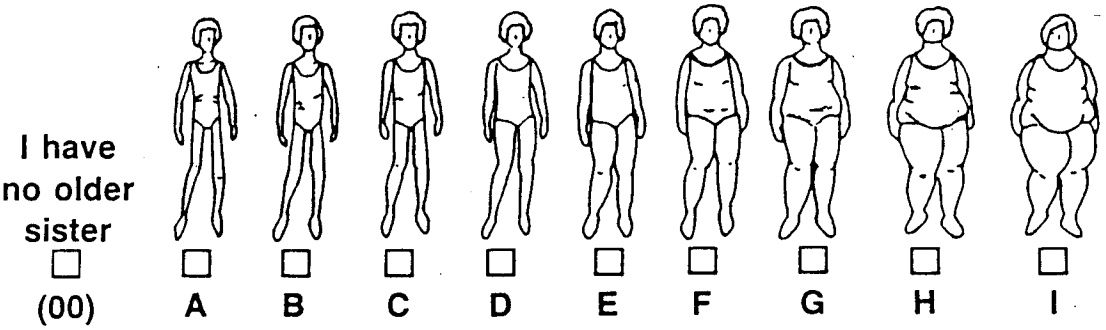
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULTH
B. Look less grown up	☐	☐	☐	LESADLTH
C. Feel less in charge of things	☐	☐	☐	LSCHRGTH
D. Feel better about herself	☐	☐	☐	FELBETTH
E. Be prettier	☐	☐	☐	PRETYTH
F. Feel more like a girl	☐	☐	☐	MORGRLTH
G. Be less likely to get pushed around	☐	☐	☐	PUSHEDTH
H. Be healthier	☐	☐	☐	HLTHTH

8A. Please check the box under the figure that most looks like *YOUR OLDER BROTHER* - nearest your age:



BROIMAGE

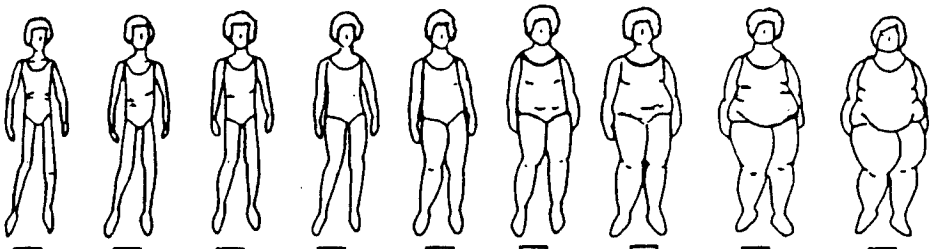
8B. Please check the box under the figure that most looks like *YOUR OLDER SISTER* - nearest your age:



SISIMAGE

8C. Please check the box under the figure that most looks like *YOUR BEST GIRLFRIEND:*

I have no best girlfriend ☐ (00)



☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I

GRLIMAGE

9. Have any of these people ever told you that you are *TOO THIN?*

	Yes	No	Do Not Have One	
A. Your father?	☐	☐	☐	DAD2TH
B. Your mother?	☐	☐	☐	MOM2TH
C. Any brother?	☐	☐	☐	BRO2TH
D. Any sister?	☐	☐	☐	SIS2TH
E. A best girlfriend?	☐	☐	☐	BGRL2TH
F. The boy you like best?	☐	☐	☐	BBOY2TH
G. Any other girl?	☐	☐		GRL2TH
H. Any other boy?	☐	☐		BOY2TH
I. Any teacher?	☐	☐		TCH2TH

10. Have any of these people ever told you that you are *TOO FAT?*

	Yes	No	Do Not Have One	
A. Your father?	☐	☐	☐	DAD2FAT
B. Your mother?	☐	☐	☐	MOM2FAT
C. Any brother?	☐	☐	☐	BRO2FAT
D. Any sister?	☐	☐	☐	SIS2FAT
E. A best girlfriend?	☐	☐	☐	BGRL2FAT
F. The boy you like best?	☐	☐	☐	BBOY2FAT
G. Any other girl?	☐	☐		GRL2FAT
H. Any other boy?	☐	☐		BOY2FAT
I. Any teacher?	☐	☐		TCH2FAT

11. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant	
A. Being grown up	☐	☐	☐	☐	ADLTIMP
B. Having lots of friends	☐	☐	☐	☐	FRNDIMP
C. Looking pretty	☐	☐	☐	☐	PRETIMP
D. Looking thin	☐	☐	☐	☐	THINIMP
E. Being healthy	☐	☐	☐	☐	HLTHIMP
F. Feeling more like a girl	☐	☐	☐	☐	MORGRLIM
G. Not getting fat	☐	☐	☐	☐	NOFATIMP
H. Having a loving family	☐	☐	☐	☐	LOVFAMIM

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

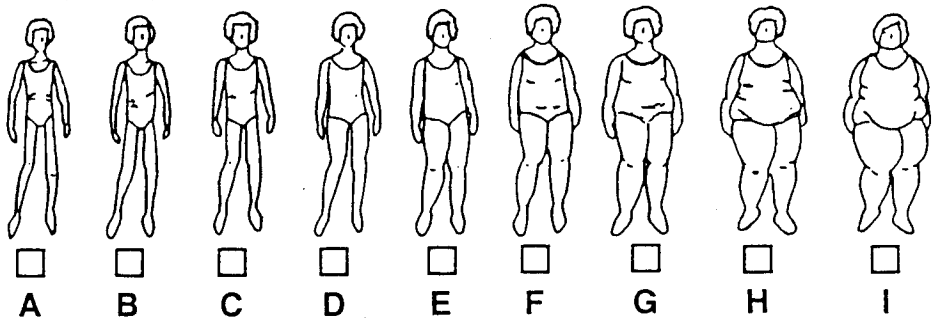
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULFAT
B. Look less grown up	☐	☐	☐	LSADLFAT
C. Feel less in charge of things	☐	☐	☐	LSCHRGFT
D. Feel better about herself	☐	☐	☐	FELBETFT
E. Be prettier	☐	☐	☐	PRETYFAT
F. Feel more like a girl	☐	☐	☐	MORGRLFT
G. Be less likely to get pushed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

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

	Very Happy	Happy	Unhappy	Very Unhappy	
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

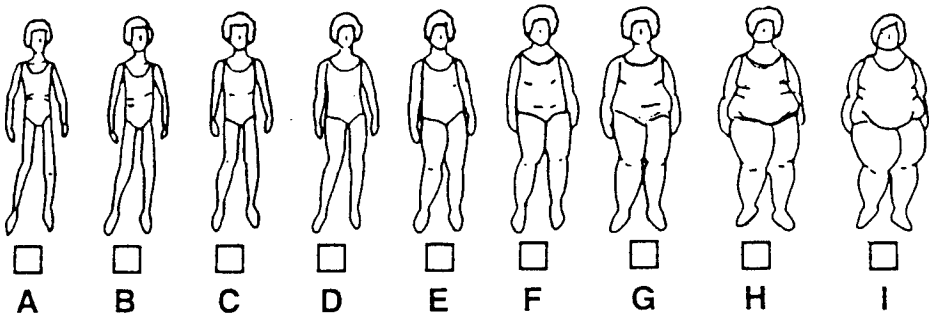
The next set of questions ask about how you *LOOK NOW,* how *YOU THINK YOU ARE GOING TO LOOK,* and how you would *BEST LIKE TO LOOK.* Please check the box under the figure that best answers the following:

14A. Right *NOW* I look like:



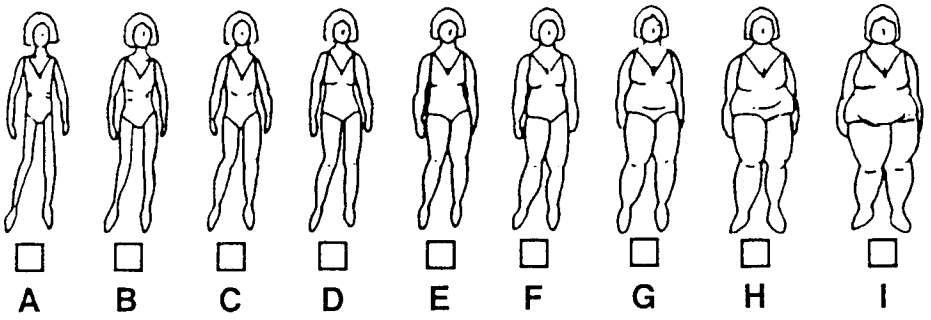
IMAGNOW

14B. I *WOULD LIKE* it best if I now looked like:



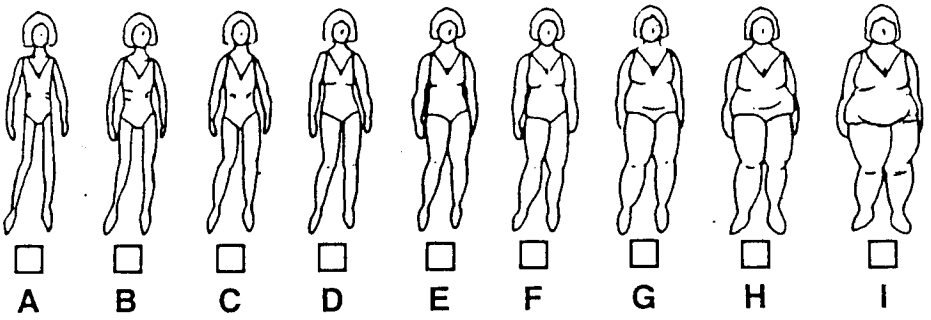
IMAGBST

15A. When I am a teenager in high school, I will *PROBABLY* look like:



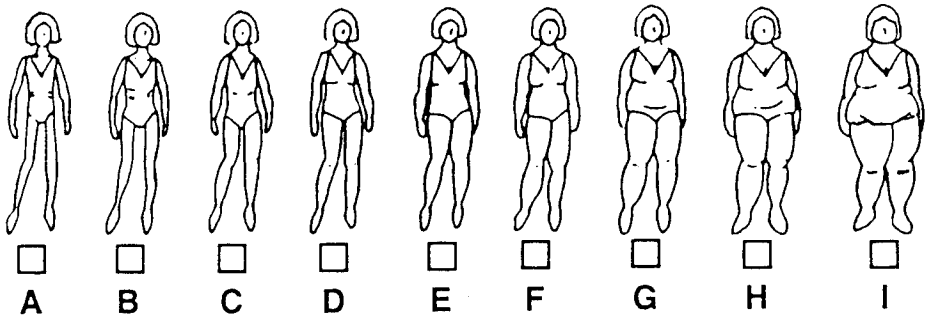
IMAGTEEN

15B. When I am a teenager in high school, I *WOULD LIKE* to look like:



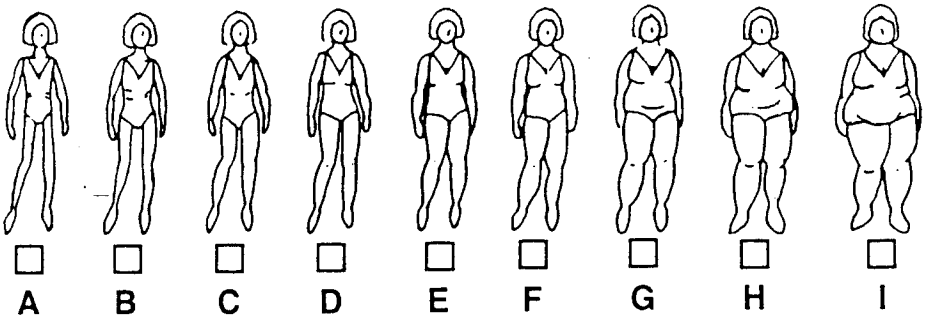
IMAGBTEN

16A. When I am grownup, 25-30 years old, I *WILL PROBABLY* look like:



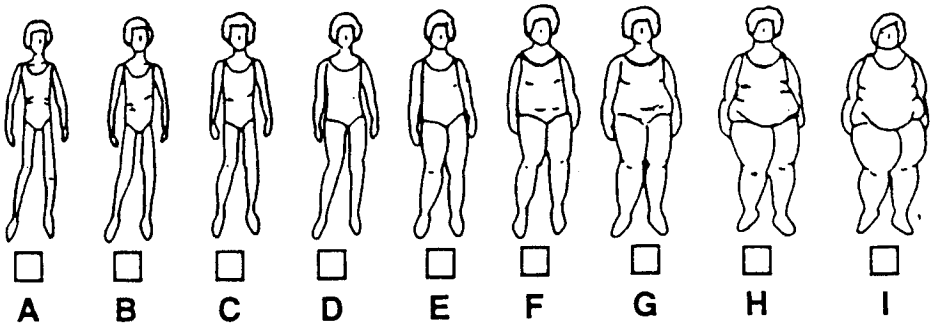
IMAGADLT

16B. When I am a growup, 25-30 years old, I *WOULD LIKE* to look like:



IMGBADLT

17. A woman looks *BEST* when she looks like:



IMAGBFEM

18. Do you have any *CLOSE FRIENDS* who are:

	Yes	No	
A. White?	☐	☐	FRWHITE
B. Black?	☐	☐	FRBLACK
C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)?	☐	☐	FRHISP
D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander?	☐	☐	FRASIAN
E. American Indian or Alaskan Native (for example, Eskimo)?	☐	☐	FRAMIND

19. In your school (check only *ONE* box): SCHRACE

- All or most of the kids are black ☐ 1
- About half the kids are black and half the kids are white ☐ 2
- All or most of the kids are white ☐ 3
- None of these describe my school ☐ 4

	Yes	No	
20. Have you tried to *LOSE* weight in the last 2 years?	☐	☐	LOSWT
21. Have you tried to *GAIN* weight in the last 2 years?	☐	☐	GAINWT
22. Are you trying to *LOSE* weight now?	☐	☐	LOSWTNW

	Yes	No	
23. Are you trying to *GAIN* weight now?	☐	☐	GAINWTNW

24A. Do you think your mother is very thin; thin; not thin or heavy; heavy; very heavy; or is she pregnant now?

MOMTHFAT

- Very thin ..... ☐ 1
- Thin ..... ☐ 2
- Not thin or heavy ..... ☐ 3
- Heavy ..... ☐ 4
- Very heavy ..... ☐ 5
- Mother is now pregnant ..... ☐ 6 (Answer 24B)
- Do not have one ..... ☐ 7

24B. If your mother is now pregnant do you think she was very thin, thin, not thin or heavy, heavy, or very heavy before she became pregnant?

B4PREG

- Very thin ..... ☐ 1
- Thin ..... ☐ 2
- Not thin or heavy ..... ☐ 3
- Heavy ..... ☐ 4
- Very heavy ..... ☐ 5

These questions are about how people in your family get along. By your family we mean those you are living with right now. *HOW OFTEN* do the following things happen in your family?

25. In my family we ask each other for help: FHELP

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

26. We like to do things with just members of our family: FDOTHNG

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

27. In my family we feel closer to each other than to people outside the family: FCLOSE

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

28. In my family we like to spend free time with each other: **FSPEND**

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

29. In my family we feel very close to each other: **FFEEL**

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

30. When our family gets together for activities, everybody comes: **FACTIV**

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

31. We can easily think of things to do together as a family: FTHINK

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

32. In my family we ask other family members about our decisions: FASK

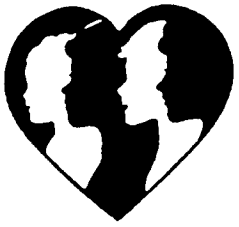
- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

33. In my family togetherness is very important: FTOGETH

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

0925-0294
exp. 9/92

FTYPE NGHS Form 13
FREV Rev. 2 11/90



NHLBI GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

This form is to be administered to the NGHS girl at the Year 5 Follow-up Visit.

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:

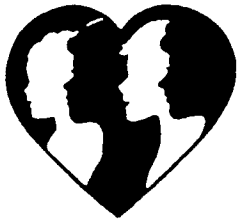
_____

First Name Middle Initial Last Name

We think this questionnaire will take about 14-16 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.

0925-0294
exp. 9/92

NGHS Form 13
Rev. 2 11/90
17 Pages



NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

ID							
NC							
VN							

		Very Happy	Happy	Unhappy	Very Unhappy	
1.	How happy or unhappy are you with your present WEIGHT?	☐	☐	☐	☐	**WEIGHT**
2.	How happy or unhappy are you with your present HEIGHT?	☐	☐	☐	☐	**HEIGHT**
3.	How happy or unhappy are you with the way your body looks?	☐	☐	☐	☐	**BODY**

4. Do you think your father (or male guardian) likes your present weight?

DADWT

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

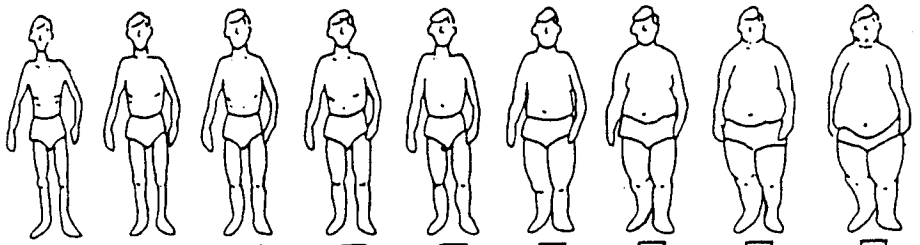
No ..... ☐ 2

Do not have one ..... ☐ 3

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

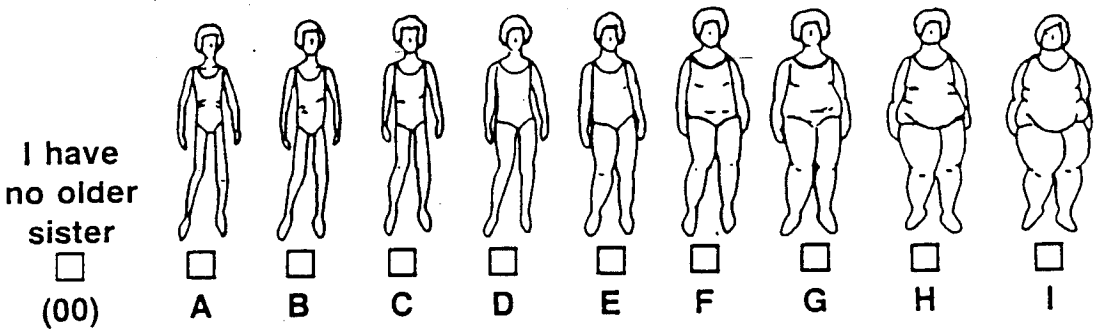
		Yes	No	Wouldn't Make Any Difference	
A.	Have more friends	☐	☐	☐	POPULTH
B.	Look less grown up	☐	☐	☐	LESADLTH
C.	Feel less in charge of things	☐	☐	☐	LSCHRGTH
D.	Feel better about herself	☐	☐	☐	FELBETTH
E.	Be prettier	☐	☐	☐	PRETYTH
F.	Feel more like a girl	☐	☐	☐	MORGRLTH
G.	Be less likely to get pushed around .	☐	☐	☐	PUSHEDTH
H.	Be healthier	☐	☐	☐	HLTHTH

7A. Please check the box under the figure that most looks like YOUR OLDER BROTHER - nearest your age:



BROIMAGE

7B. Please check the box under the figure that most looks like YOUR OLDER SISTER - nearest your age:



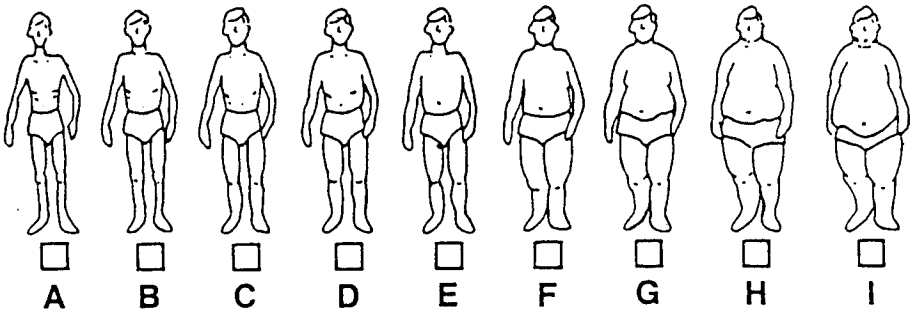
SISIMAGE

YNGBRO

8A. Do you have a YOUNGER brother? ..... ☐ Yes ☐ No

If NO, skip to Question 9A.

8B. Please check the box under the figure that most looks like YOUR YOUNGER BROTHER - nearest your age:



YBROIMAG

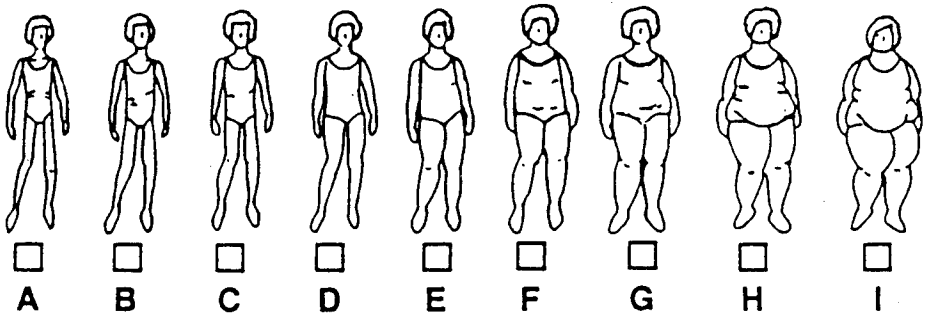
8C. How old is your YOUNGER brother nearest your age? **BROAGE** years old.

YNGSIS

9A. Do you have a YOUNGER sister? ..... ☐ Yes ☐ No

If NO, skip to Question 10.

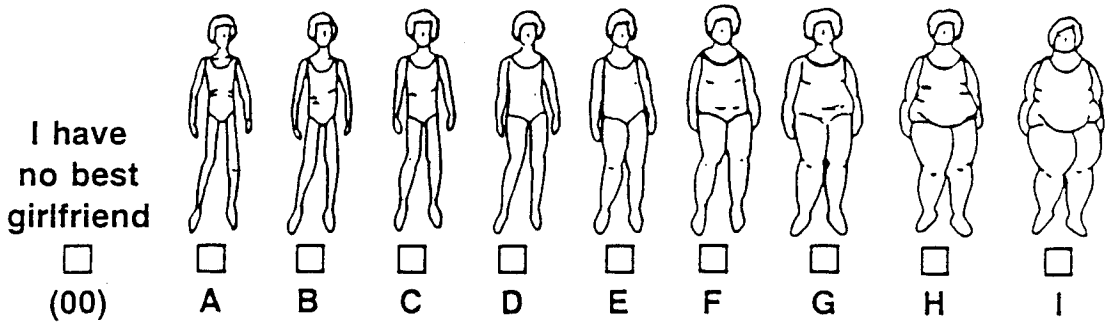
9B. Please check the box under the figure that most looks like YOUR YOUNGER SISTER - nearest your age:



YSISIMAG

9C. How old is your YOUNGER sister nearest your age? **SISAGE** years old.

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



GRLIMAGE

11. Have any of these people ever told you that you are TOO THIN?

	Yes	No	Do Not Have One	
A. Your father	☐	☐	☐	DAD2TH
B. Your mother	☐	☐	☐	MOM2TH
C. Any brother	☐	☐	☐	BRO2TH
D. Any sister	☐	☐	☐	SIS2TH
E. A best girlfriend	☐	☐	☐	BGRL2TH
F. The boy you like best	☐	☐	☐	BBOY2TH
G. Any other girl	☐	☐		GRL2TH
H. Any other boy	☐	☐		BOY2TH
I. Any teacher	☐	☐		TCH2TH

12. Have any of these people ever told you that you are TOO FAT?

	Yes	No	Do Not Have One	
A. Your father	☐	☐	☐	DAD2FAT
B. Your mother	☐	☐	☐	MOM2FAT
C. Any brother	☐	☐	☐	BRO2FAT
D. Any sister	☐	☐	☐	SIS2FAT
E. A best girlfriend	☐	☐	☐	BGRL2FAT
F. The boy you like best	☐	☐	☐	BBOY2FAT
G. Any other girl	☐	☐		GRL2FAT
H. Any other boy	☐	☐		BOY2FAT
I. Any teacher	☐	☐		TCH2FAT

13. How important are the following things to you?

		Very Important	Important	Unimportant	Very Unimportant	
A.	Being grown up	☐	☐	☐	☐	ADLTIMP
B.	Having lots of friends	☐	☐	☐	☐	FRNDIMP
C.	Looking pretty	☐	☐	☐	☐	PRETIMP
D.	Looking thin	☐	☐	☐	☐	THINIMP
E.	Being healthy	☐	☐	☐	☐	HLTHIMP
F.	Feeling more like a girl	☐	☐	☐	☐	MORGRLIM
G.	Not getting fat ...	☐	☐	☐	☐	NOFATIMP
H.	Having a loving family	☐	☐	☐	☐	LOVFAMIM

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

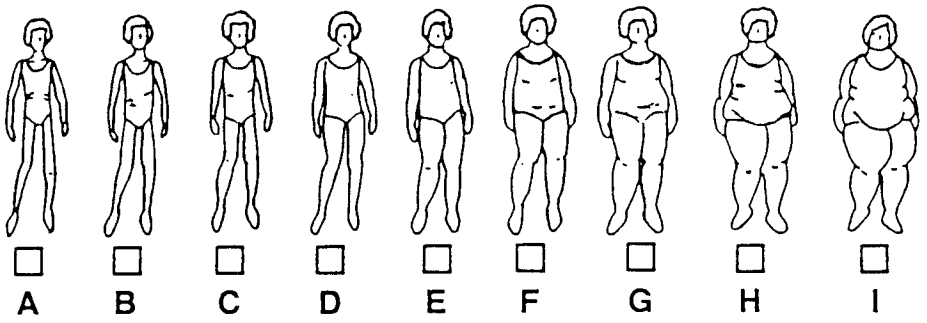
		Yes	No	Wouldn't Make Any Difference	
A.	Have more friends	☐	☐	☐	POPULFAT
B.	Look less grown up	☐	☐	☐	LSADLFAT
C.	Feel less in charge of things	☐	☐	☐	LSCHRGFT
D.	Feel better about herself	☐	☐	☐	FELBETFT
E.	Be prettier	☐	☐	☐	PRETYFAT
F.	Feel more like a girl	☐	☐	☐	MORGRLFT
G.	Be less likely to get pushed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

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

	Very Happy	Happy	Unhappy	Very Unhappy	
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**

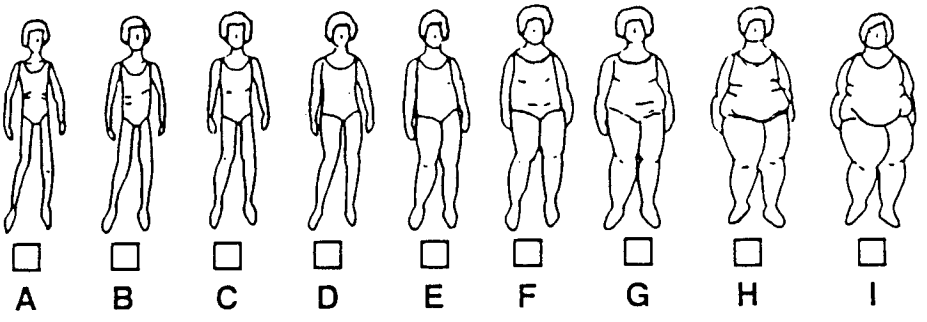
The next set of questions asks about how you LOOK NOW, how YOU THINK YOU ARE GOING TO LOOK, and how you would BEST LIKE TO LOOK. Please check the box under the figure that best answers the following:

16A. Right NOW I look like:



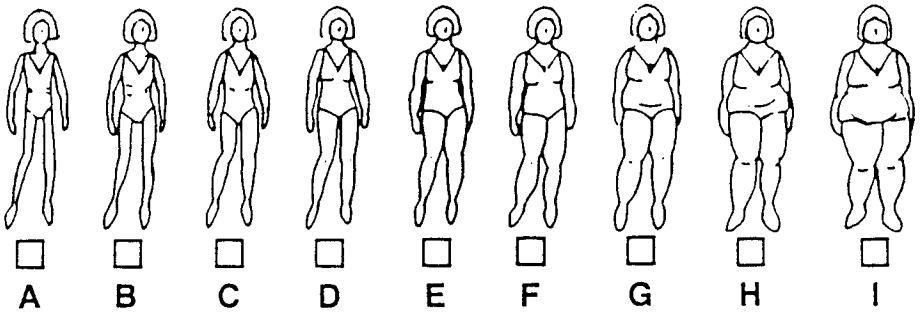
IMAGNOW

16B. I WOULD LIKE it best if I now looked like:



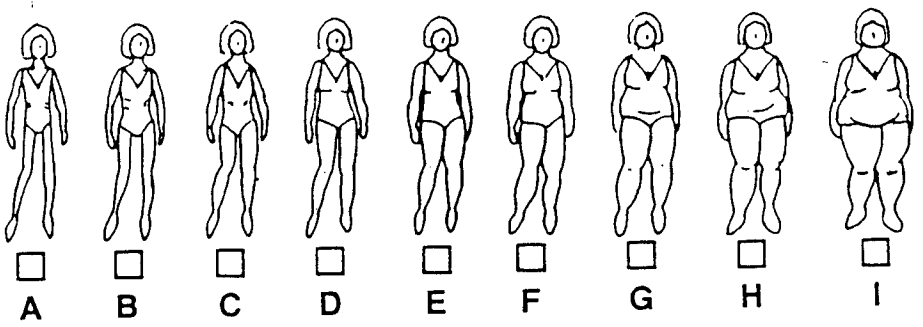
IMAGBST

17A. When I am a senior in high school, I will PROBABLY look like:



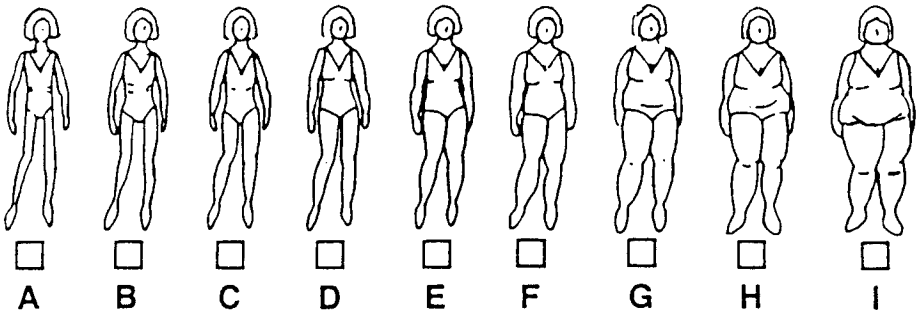
IMAGTEEN

17B. When I am a senior in high school, I WOULD LIKE to look like:



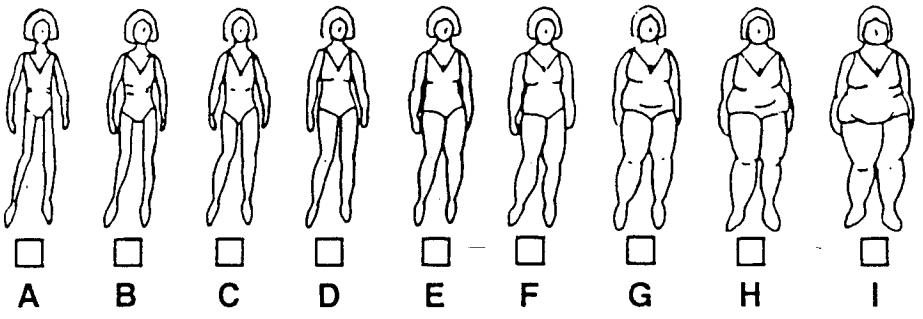
IMAGBTEN

18A. When I am 25-30 years old, I WILL PROBABLY look like:



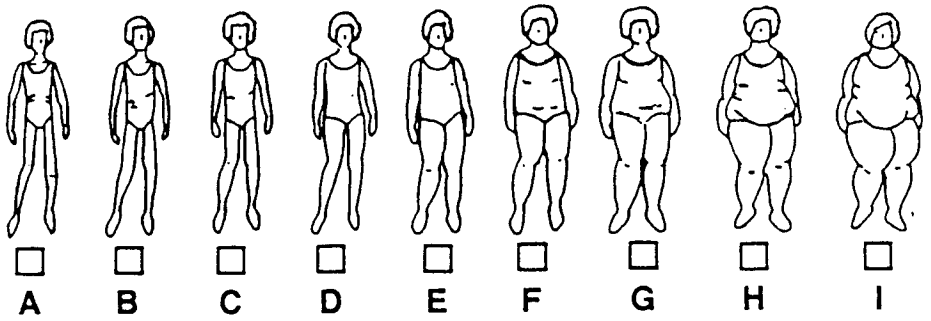
IMAGADLT

18B. When I am 25-30 years old, I WOULD LIKE to look like:



IMGBADLT

19. A woman looks BEST when she looks like:



IMAGBFEM

20. Do you have any CLOSE FRIENDS who are:

	Yes	No	
A. White	☐	☐	FRWHITE
B. Black	☐	☐	FRBLACK
C. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)	☐	☐	FRHISP
D. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander	☐	☐	FRASIAN
E. American Indian or Alaskan Native (for example, Eskimo)	☐	☐	FRAMIND

21. In your school (check only ONE box): **SCHRACE**

- All or most of the kids are black ☐ 1
- About half the kids are black and half the kids are white ☐ 2
- All or most of the kids are white ☐ 3
- None of these describe my school ☐ 4

	Yes	No	
22. Have you tried to LOSE weight in the last 4 years?	☐	☐	LOSWT
23. Have you tried to GAIN weight in the last 4 years?	☐	☐	GAINWT
24. Are you trying to LOSE weight now?	☐	☐	LOSWTNW

25. Are you trying to GAIN weight now? ..... Yes ☐ No ☐

GAINWTNW

26A. Do you think your mother is very thin, thin, not thin or heavy, heavy, very heavy, or is she pregnant now?

MOMTHFAT

- Very thin ..... ☐ 01
- Thin ..... ☐ 02
- Not thin or heavy ..... ☐ 03
- Heavy ..... ☐ 04
- Very heavy ..... ☐ 05
- Mother is now pregnant ..... ☐ 06 (Answer 26B.)
- Do not have one ..... ☐ 07

26B. If your mother is now pregnant do you think she was very thin, thin, not thin or heavy, heavy, or very heavy before she became pregnant?

B4PREG

- Very thin ..... ☐ 1
- Thin ..... ☐ 2
- Not thin or heavy ..... ☐ 3
- Heavy ..... ☐ 4
- Very heavy ..... ☐ 5

These questions are about how people in your family get along. By your family we mean those you are living with right now. HOW OFTEN do the following things happen in your family?

27. In my family we ask each other for help:

FHELP

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

28. We like to do things with just members of our family:

FDOTHNG

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

29. In my family we feel closer to each other than to people outside the family:

FCLOSE

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

30. In my family we like to spend free time with each other:

FSPEND

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

31. In my family we feel very close to each other:

FFEEL

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

32. When our family gets together for activities, everybody comes:

FACTIV

- Almost never ..... ☐ 1
- Once in a while ..... ☐ 2
- Often ..... ☐ 3
- Almost always ..... ☐ 4

33. We can easily think of things to do together as a family:

FTHINK

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

34. In my family we ask other family members about our decisions:

FASK

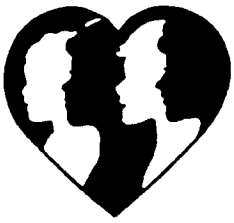
- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

35. In my family togetherness is very important:

FTOGETH

- Almost never ☐ 1
- Once in a while ☐ 2
- Often ☐ 3
- Almost always ☐ 4

FTYPE NGHS Form 13
FREV Rev. 3 1/93



GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

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

NGHS Form 13
Rev. 3 1/93
6 Pages

GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

ID							
NC							
VN							

	Very Happy	Happy	Unhappy	Very Unhappy	
1. How happy or unhappy are you with your present **WEIGHT?**	☐	☐	☐	☐	**WEIGHT**
2. How happy or unhappy are you with your present **HEIGHT?**	☐	☐	☐	☐	**HEIGHT**
3. How happy or unhappy are you with the way your body looks?	☐	☐	☐	☐	**BODY**

4. Do you think your father (or male guardian) likes your present weight?

DADWT

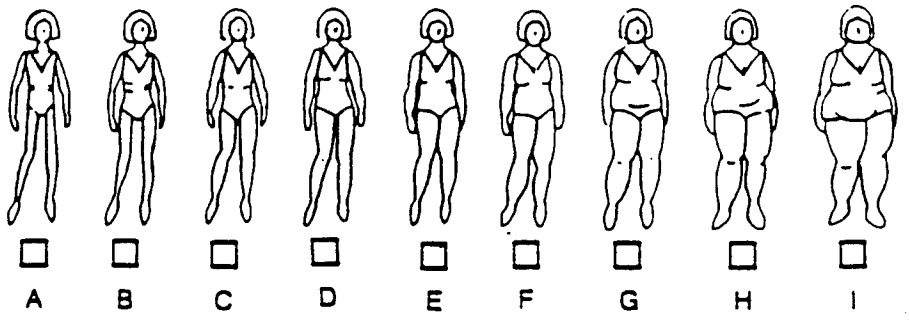
Yes . . . . . ☐ 1
No . . . . . ☐ 2
Do not have one . . . . . ☐ 3

5. Do you think your mother (or female guardian) likes your present weight?

MOMWT

Yes . . . . . ☐ 1
No . . . . . ☐ 2
Do not have one . . . . . ☐ 3

6. Please check the box under the figure that most looks like **YOUR BEST GIRLFRIEND:**



GRLIMAGE

7. How important are the following things to you?

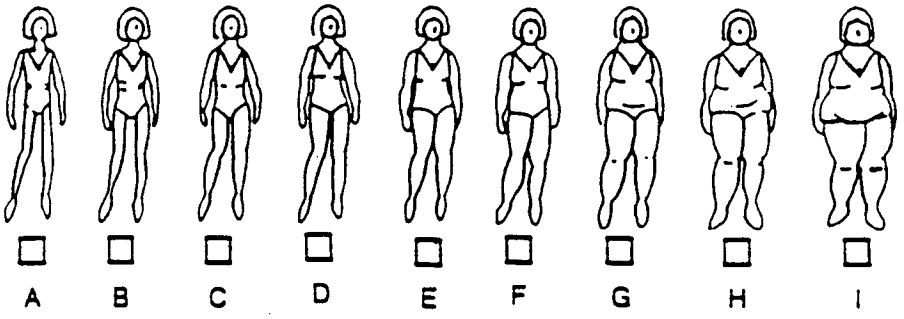
	Very Important	Important	Unimportant	Very Unimportant	
A. Being grown up	☐	☐	☐	☐	**ADLTIMP**
B. Having many friends	☐	☐	☐	☐	**FRNDIMP**
C. Looking pretty	☐	☐	☐	☐	**PRETIMP**
D. Looking thin	☐	☐	☐	☐	**THINIMP**
E. Being healthy	☐	☐	☐	☐	**HLTHIMP**
F. Feeling more like a woman	☐	☐	☐	☐	**MORGRLIM**
G. Not getting fat	☐	☐	☐	☐	**NOFATIMP**
H. Having a loving family	☐	☐	☐	☐	**LOVFAMIM**

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

	Very Happy	Happy	Unhappy	Very Unhappy	
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**

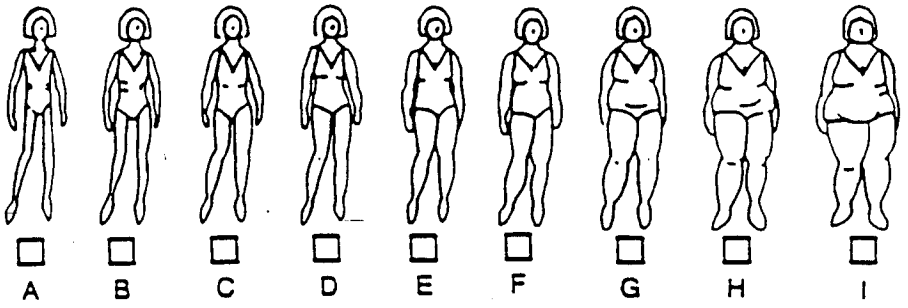
The next set of questions ask about how you **LOOK NOW**, how **YOU THINK YOU ARE GOING TO LOOK**, and how you would **BEST LIKE TO LOOK**. Please check the box under the figure that best answers the following:

9A. **NOW** I look like:



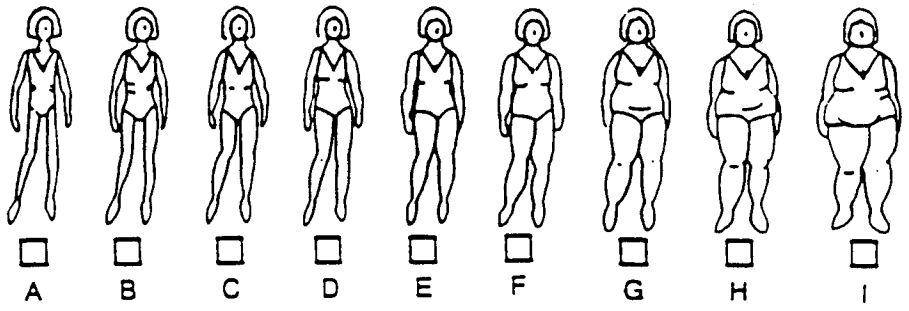
IMAGNOW

9B. I **WOULD LIKE** it best if I now looked like:



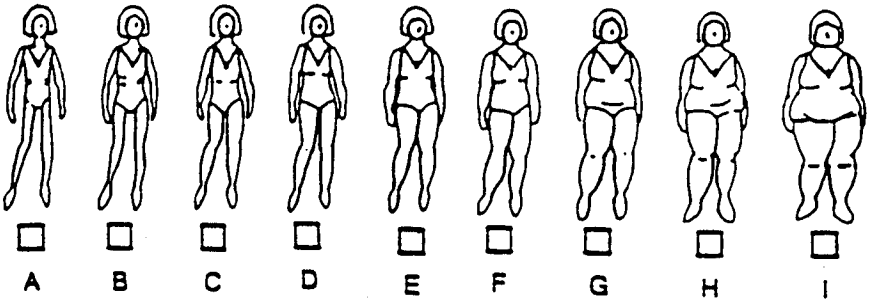
IMAGBST

10A. When I am 25-30 years old, I **WILL PROBABLY** look like:



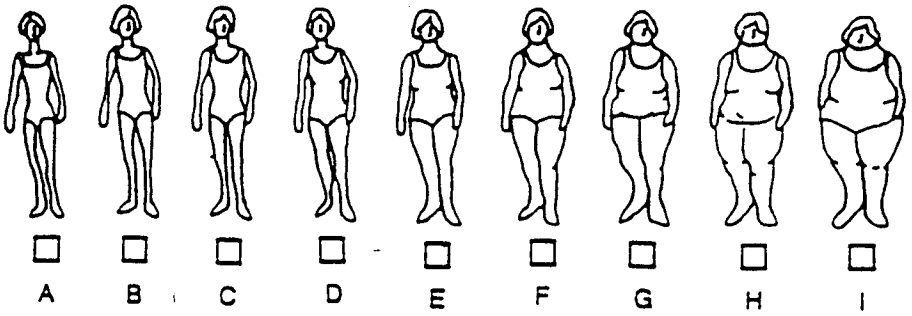
IMAGADLT

10B. When I am 25-30 years old, I **WOULD LIKE** to look like:



IMGBADLT

11. A woman looks **BEST** when she looks like:



IMAGBFEM

12. How often do you:

	Never	Rarely	Some-times	Often	Always	
A. Get depressed	☐	☐	☐	☐	☐	**DEPRESS**
B. Feel anxious	☐	☐	☐	☐	☐	**ANXIOUS**
C. Have trouble getting up in the morning	☐	☐	☐	☐	☐	**TRBLUP**
D. Have crying episodes	☐	☐	☐	☐	☐	**CRYING**
E. Feel irritable	☐	☐	☐	☐	☐	**IRRITAB**
F. Feel tired	☐	☐	☐	☐	☐	**TIRED**
G. Have trouble falling asleep	☐	☐	☐	☐	☐	**TRBLSLEP**
H. Get angry	☐	☐	☐	☐	☐	**ANGRY**

13. Think about your friends. Which of the following statements best describes them? (Check only **ONE** box.)

FRNDRACE

- All or most of my friends are black ☐ 1
- About half of my friends are black and half my friends are white ☐ 2
- All or most of my friends are white ☐ 3
- None of these describe my friends ☐ 4

14. How thin or heavy do you think your mother is?

MOMTHFAT

- Very thin ☐ 01
- Thin ☐ 02
- Not thin or heavy ☐ 03
- Heavy ☐ 04
- Very heavy ☐ 05
- Mother is now pregnant ☐ 06
- Do not have one ☐ 07

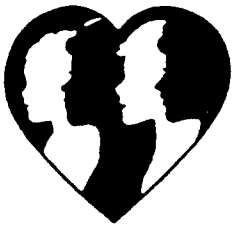
These questions are about how people in your family get along. By your family we mean those you are living with right now. **HOW OFTEN** do the following things happen in your family?

	Almost Never	Once In A While	Often	Almost Always	
15. In my family we ask each other for help.	☐	☐	☐	☐	**FHELP**
16. We like to do things with just members of our family.	☐	☐	☐	☐	**FDOTHNG**
17. In my family we feel closer to each other than to people outside the family.	☐	☐	☐	☐	**FCLOSE**
18. In my family we like to spend free time with each other.	☐	☐	☐	☐	**FSPEND**
19. In my family we feel very close to each other.	☐	☐	☐	☐	**FFEEL**

	Almost Never	Once In A While	Often	Almost Always	
20. When our family gets together for activities, everybody comes.	☐	☐	☐	☐	**FACTIV**
21. We can easily think of things to do together as a family.	☐	☐	☐	☐	**FTHINK**
22. Family members consult other family members on their decisions.	☐	☐	☐	☐	**FASK**
23. Family togetherness is very important.	☐	☐	☐	☐	**FTOGETH**
24. In my family we approve of each others friends.	☐	☐	☐	☐	**FAPPROVE**

Thank you very much.

Copyright for Items 15-24: ©D.H. Olson, 1985.



FTYPE NGHS Form 13
FREV Rev. 4 12/94

GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

This form is to be completed by the NGHS girl.

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

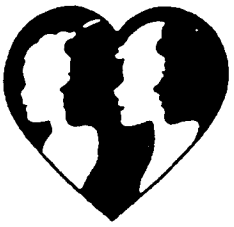
Name code of NGHS girl: ..... __ __ __ __ __ __

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

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

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name



NGHS Form 13
Rev. 4 12/94
5 Pages

GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES

ID							
NC							
VN							

	Very Happy	Happy	Unhappy	Very Unhappy	
1. How happy or unhappy are you with your present **WEIGHT?**	☐	☐	☐	☐	**WEIGHT**
2. How happy or unhappy are you with your present **HEIGHT?**	☐	☐	☐	☐	**HEIGHT**
3. How happy or unhappy are you with the way your body looks?	☐	☐	☐	☐	**BODY**

4. Do you think your mother (or female guardian) likes your present weight?

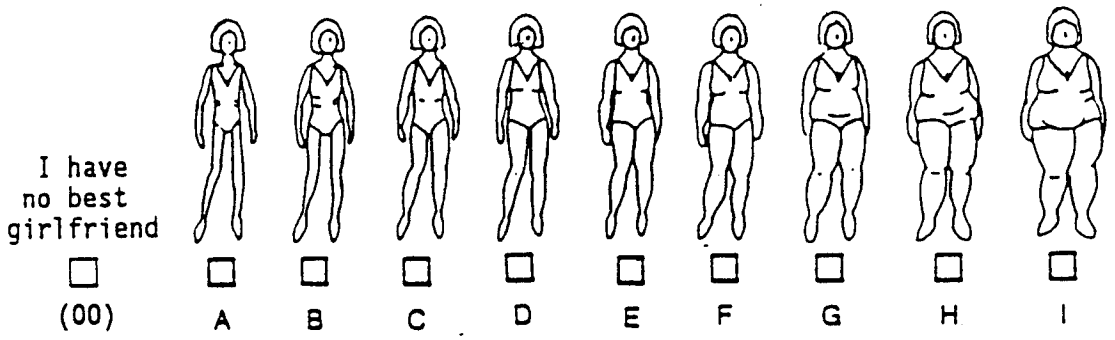
MOMWT

Yes . . . . . ☐ 1

No . . . . . ☐ 2

Do not have one . . . . . ☐ 3

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



GRLIMAGE

6. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant	
A. Having many friends	☐	☐	☐	☐	**FRNDIMP**
B. Looking pretty	☐	☐	☐	☐	**PRETIMP**
C. Looking thin	☐	☐	☐	☐	**THINIMP**
D. Being healthy	☐	☐	☐	☐	**HLTHIMP**
E. Feeling more like a woman	☐	☐	☐	☐	**MORGRLIM**
F. Not getting fat	☐	☐	☐	☐	**NOFATIMP**
G. Having a loving family	☐	☐	☐	☐	**LOVFAMIM**

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

	Very Happy	Happy	Unhappy	Very Unhappy	
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C. Your arms	☐	☐	☐	☐	**ARMS**
D. Your breasts	☐	☐	☐	☐	**BREAST**
E. Your hips	☐	☐	☐	☐	**HIPS**
F. Your legs	☐	☐	☐	☐	**LEGS**
G. Your behind	☐	☐	☐	☐	**BEHIND**

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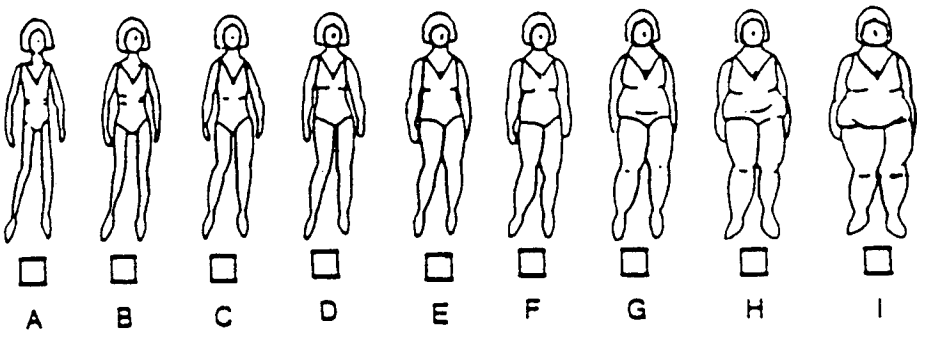

IMAGNOW

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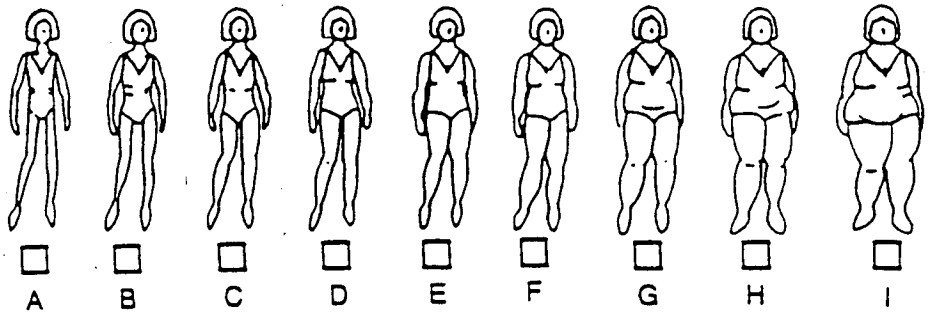

IMAGBST

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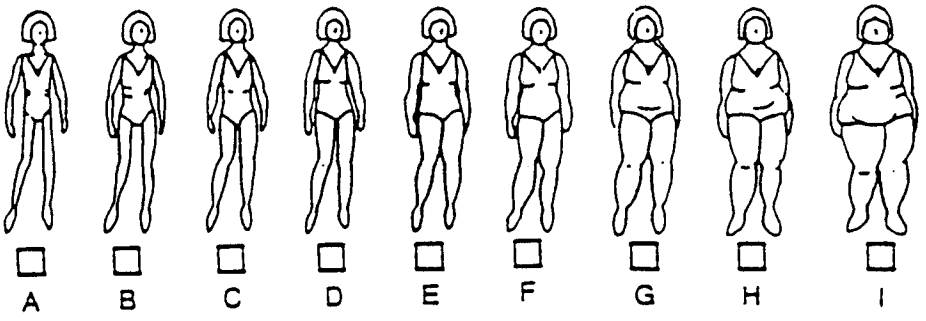
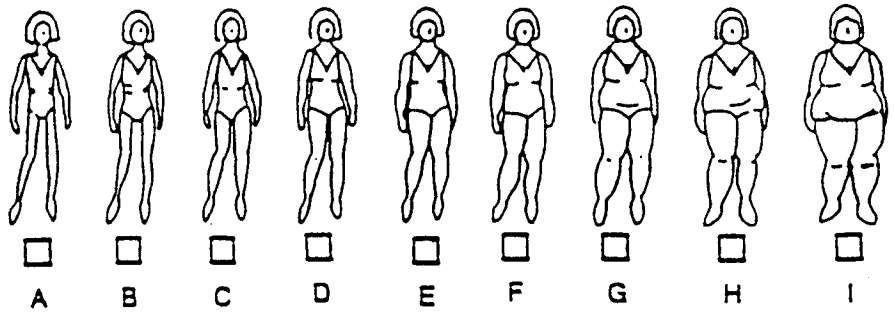


IMAGADLT

9B. When I am 25-30 years old, I **WOULD LIKE** to look like:



IMGBADLT

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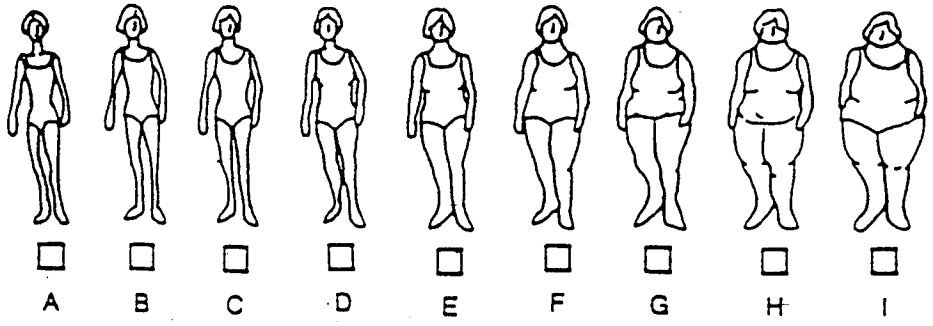

IMAGBFEM

11. How often do you:

	Never	Rarely	Some-times	Often	Always	
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B. Feel anxious	☐	☐	☐	☐	☐	**ANXIOUS**
C. Have trouble getting up in the morning	☐	☐	☐	☐	☐	**TRBLUP**
D. Have crying episodes	☐	☐	☐	☐	☐	**CRYING**
E. Feel irritable	☐	☐	☐	☐	☐	**IRRITAB**
F. Feel tired	☐	☐	☐	☐	☐	**TIRED**
G. Have trouble falling asleep	☐	☐	☐	☐	☐	**TRBLSLEP**
H. Get angry	☐	☐	☐	☐	☐	**ANGRY**

12. Think about your friends. Which of the following statements best describes them? (Check only **ONE** box.)

FRNDRACE

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Thank you very much.