OMB: 0925-0294
Expires 12/89

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

NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES - C

SELF ADMINISTERED

(YEARS 2 AND 4)

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: _____

ID number of interviewer: ..... __ - __ __

We think this questionnaire will take about seven minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to NGHS Project Office, DECA, NHLBI, Room 220 Federal Building Bethesda, Maryland 20892; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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

ID						
NC						
VN						

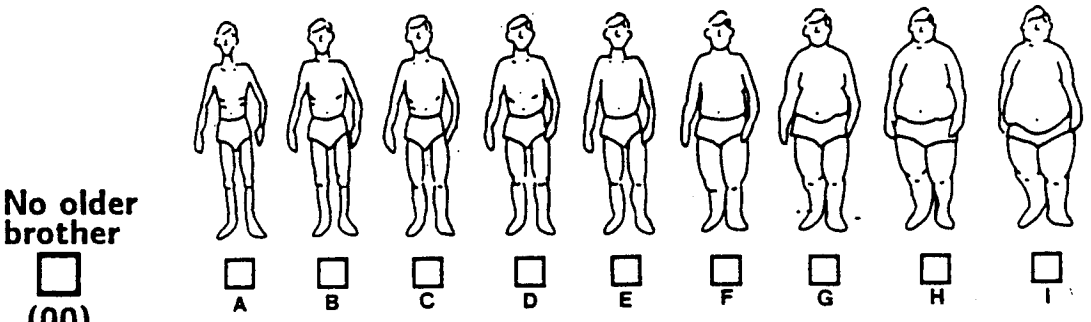
NHLBI GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES - C

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

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

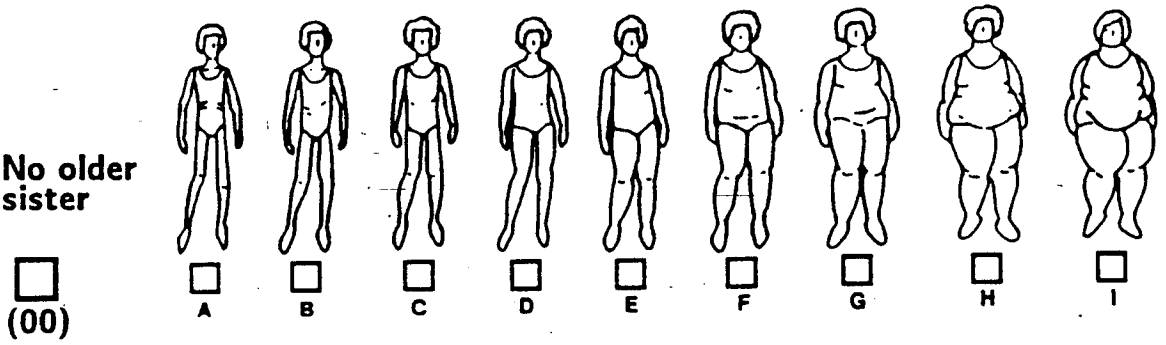
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULTH
B. Look less grown up	☐	☐	☐	LESADLTH
C. Feel less in charge of things	☐	☐	☐	LSCHRGTH
D. Feel better about herself	☐	☐	☐	FELBETTH
E. Be prettier	☐	☐	☐	PRETYTH
F. Feel more like a girl	☐	☐	☐	MORGRLTH
G. Be less likely to get pushed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

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



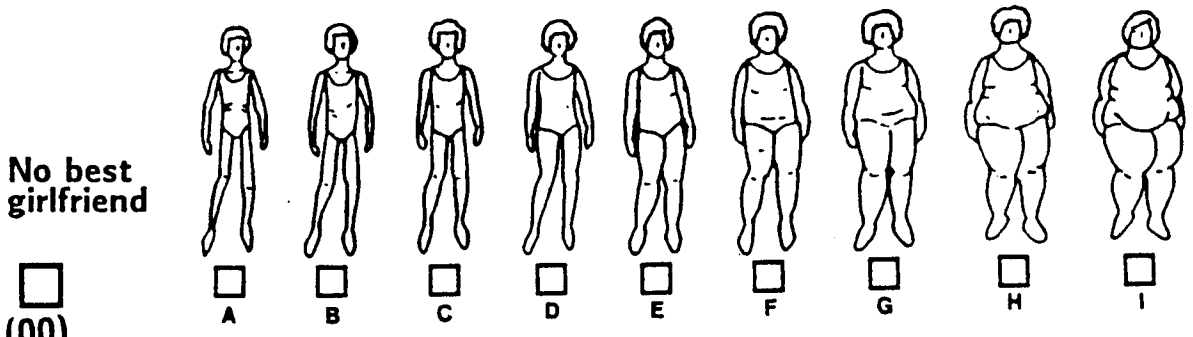
BROIMAGE

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



SISIMAGE

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



GRLIMAGE

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

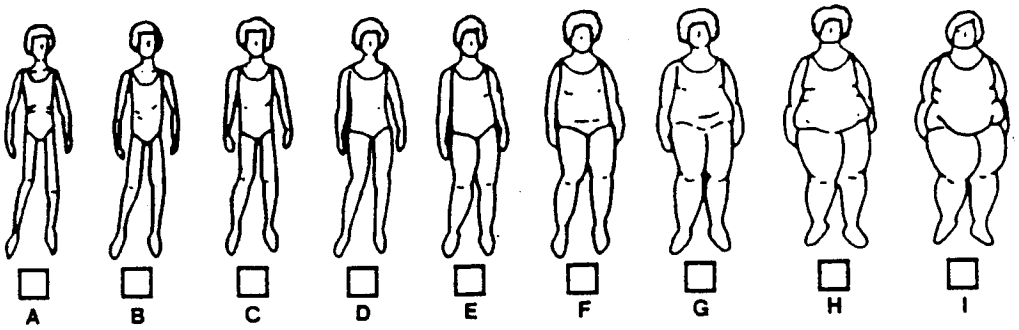
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULFAT
B. Look less grown up	☐	☐	☐	LSADLFAT
C. Feel less in charge of things	☐	☐	☐	LSCHRGFT
D. Feel better about herself	☐	☐	☐	FELBETFT
E. Be prettier	☐	☐	☐	PRETYFAT
F. Feel more like a girl	☐	☐	☐	MORGRLFT
G. Be less likely to get pushed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

7. 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

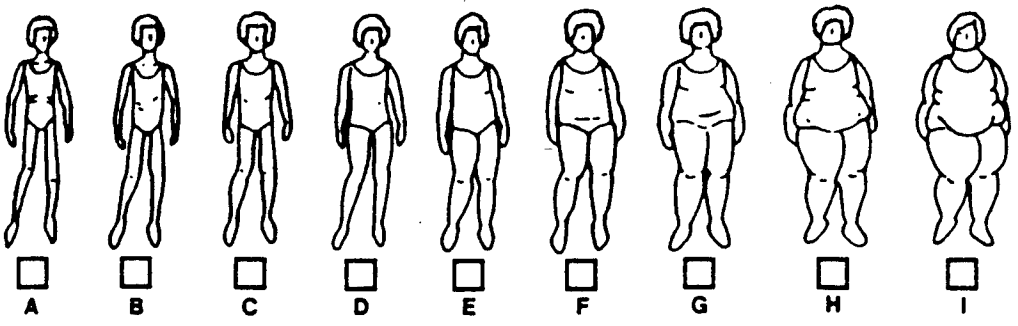
8. The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

8A. Right now I look like:



IMAGNOW

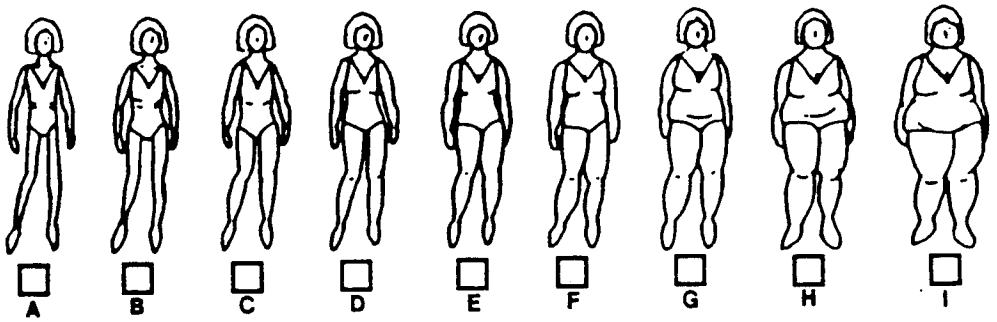
8B. I would like it best if I now looked like:



IMAGBST

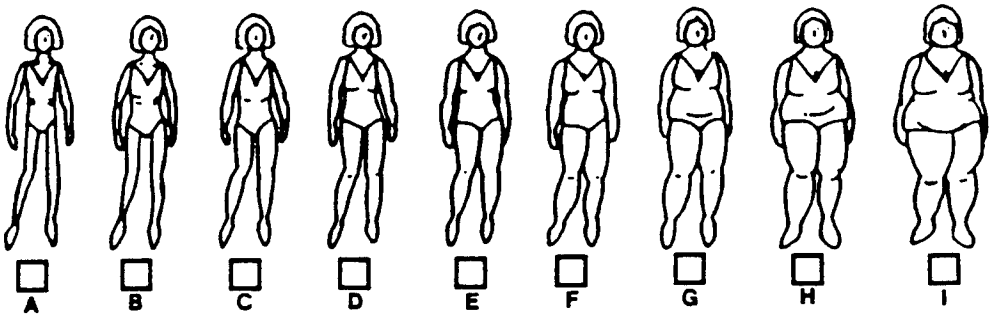
9. Please check the box under the figure that best answers the following:

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



IMAGTEEN

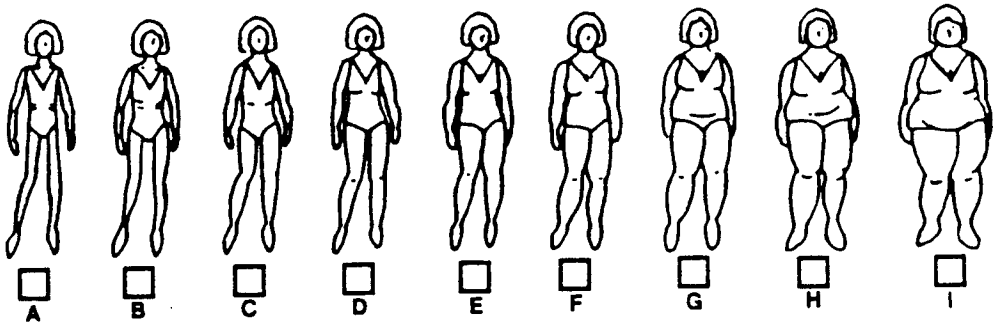
9B. When I am a teenager in high school, I <u>would like</u> to look like:



IMAGBTEN

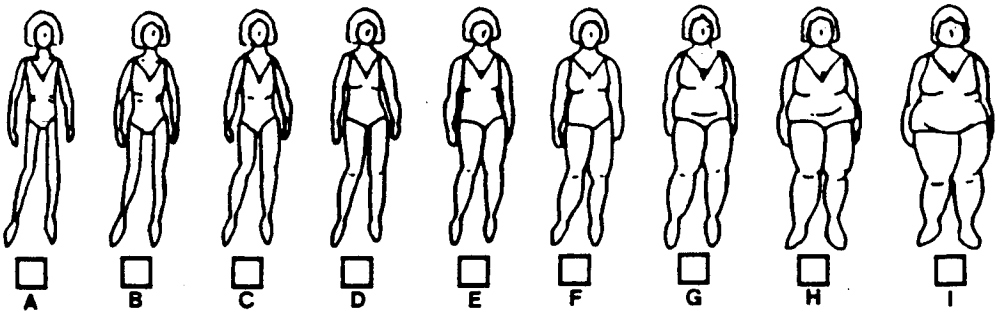
10. Please check the box under the figure that best answers the following:

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



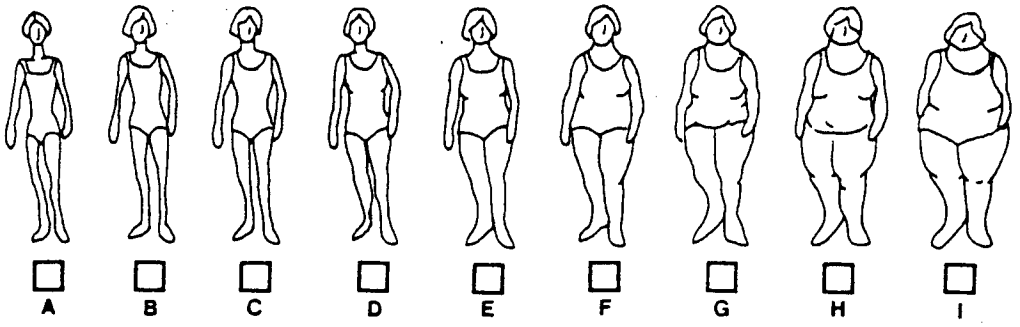
IMAGADLT

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



IMGBADLT

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



IMAGBFEM

12. **Are you trying to <u>lose</u> weight now?** ..... Yes ☐ No ☐

LOSWTNW

13. **Are you trying to <u>gain</u> weight now?** ..... Yes ☐ No ☐

GAINWTNW

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

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

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

	Very good	Good	Fair	Poor	Never do this	
A. Dancing	☐	☐	☐	☐	☐	DANCGD
B. Playing a musical instrument	☐	☐	☐	☐	☐	MUSICGD
C. Painting or drawing	☐	☐	☐	☐	☐	DRAWGD
D. School work	☐	☐	☐	☐	☐	SKOLGD
E. Reading	☐	☐	☐	☐	☐	READGD
F. Taking care of a pet	☐	☐	☐	☐	☐	PETGD
G. Playing in sports	☐	☐	☐	☐	☐	SPRTGD
H. Dieting	☐	☐	☐	☐	☐	DIETGD
I. Babysitting	☐	☐	☐	☐	☐	BABGD
J. Family activities	☐	☐	☐	☐	☐	FAMGD
K. Cooking	☐	☐	☐	☐	☐	COKGD
L. Keeping yourself looking the way you want	☐	☐	☐	☐	☐	LOKGD
M. Dating	☐	☐	☐	☐	☐	DATGD
N. Making and keeping friends	☐	☐	☐	☐	☐	FRNDGD

0925-0294
exp. 9/92

FTYPE NGHS Form 19
FREV Rev. 1 12/89

NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

0925-0294
exp. 9/92

NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

NGHS Form 19
Rev. 1 12/89
11 Pages

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

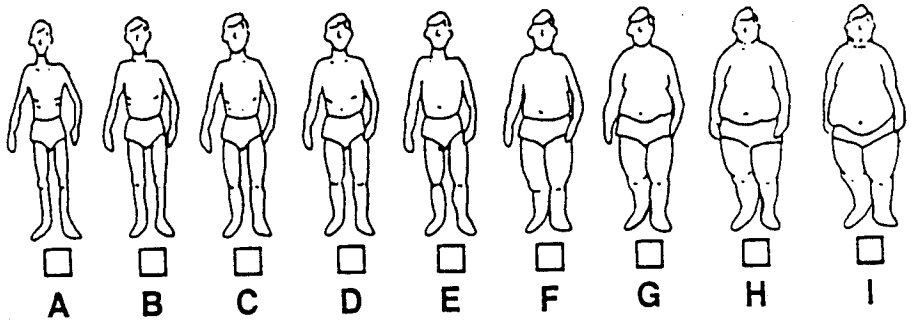
No ..... ☐ 2

Do not have one ..... ☐ 3

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

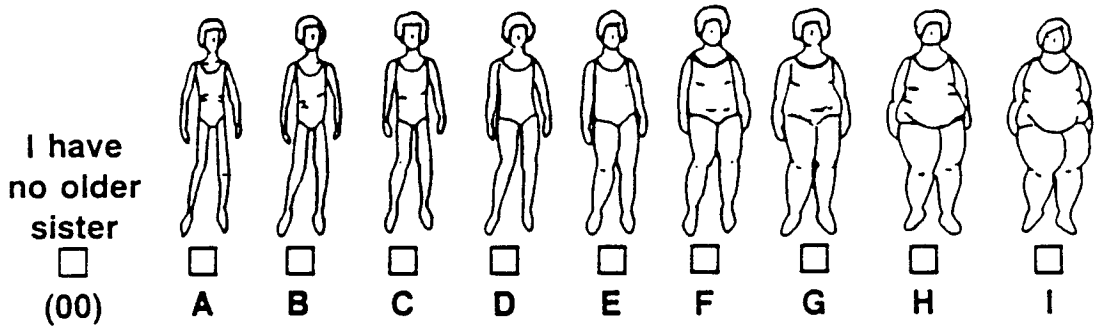
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULTH
B. Look less grown up	☐	☐	☐	LESADLTH
C. Feel less in charge of things	☐	☐	☐	LSCHRGTH
D. Feel better about herself	☐	☐	☐	FELBETTH
E. Be prettier	☐	☐	☐	PRETYTH
F. Feel more like a girl	☐	☐	☐	MORGRLTH
G. Be less likely to get pushed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

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



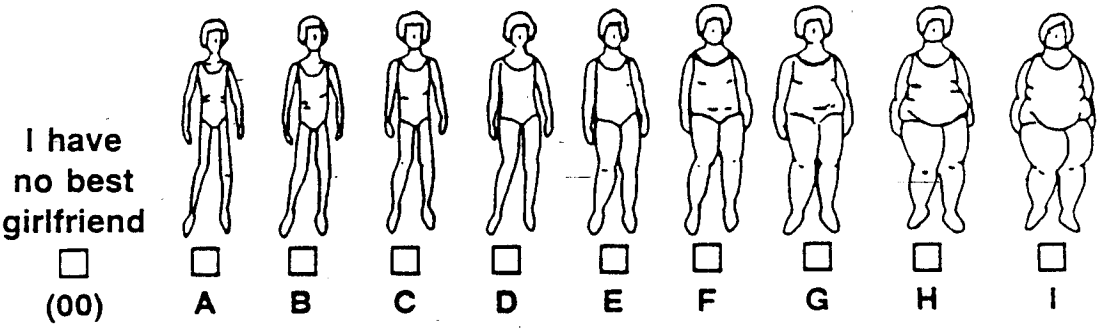
BROIMAGE

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



SISIMAGE

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



GRLIMAGE

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

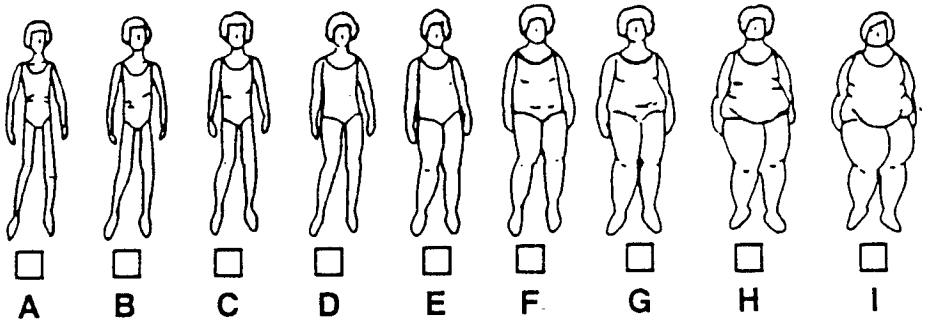
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends	☐	☐	☐	POPULFAT
B. Look less grown up	☐	☐	☐	LSADLFAT
C. Feel less in charge of things	☐	☐	☐	LSCHRGFT
D. Feel better about herself	☐	☐	☐	FELBETFT
E. Be prettier	☐	☐	☐	PRETYFAT
F. Feel more like a girl	☐	☐	☐	MORGRLFT
G. Be less likely to get pushed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

9. 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

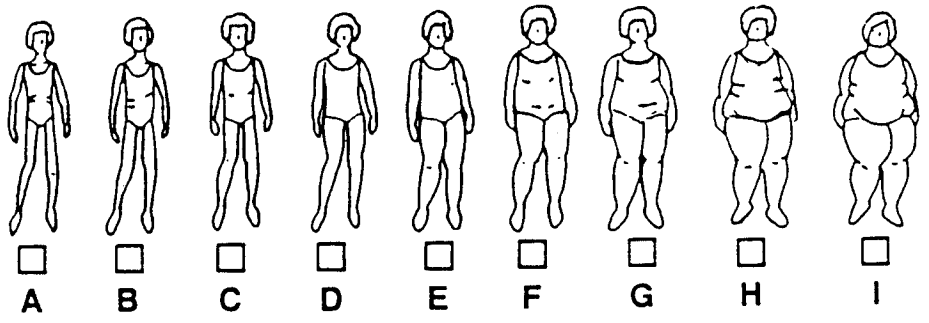
10. The next set of questions ask about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

10A. Right now I look like:



IMAGNOW

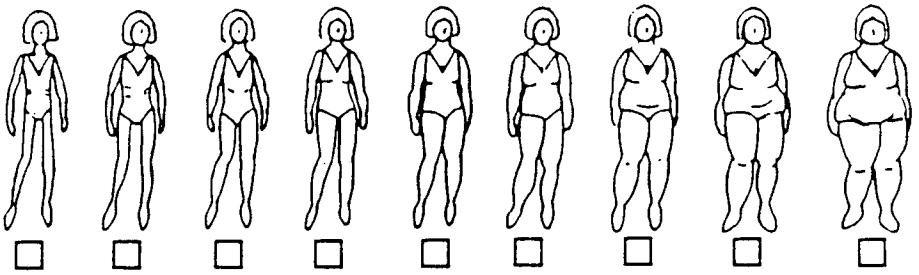
10B. I would like it best if I now looked like:



IMAGBST

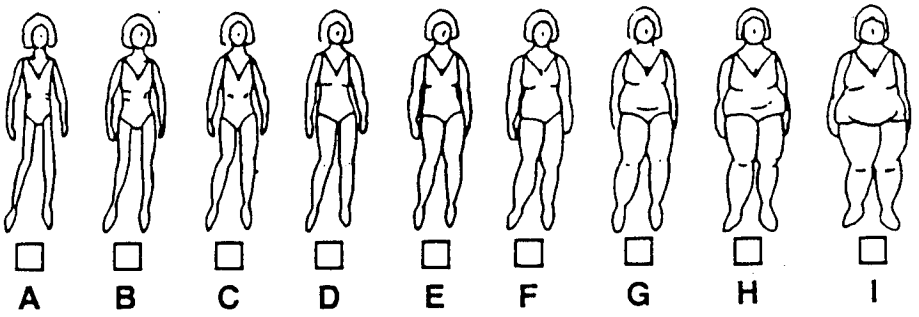
11. Please check the box under the figure that best answers the following:

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



IMAGTEEN

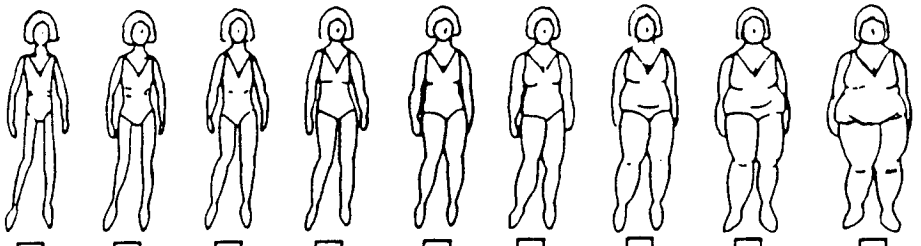
11B. When I am a teenager in high school, I <u>would like</u> to look like:



IMAGBTEN

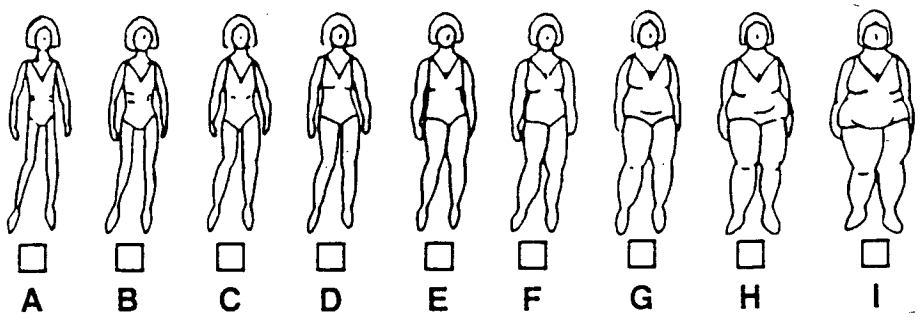
12. Please check the box under the figure that best answers the following:

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



IMAGADLT

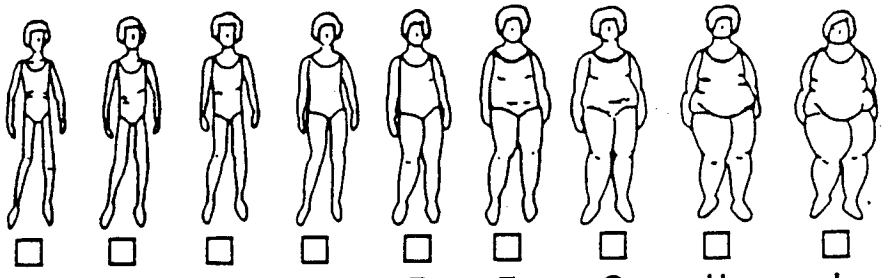
12B. When I am a grownup, 25-30 years old, I <u>would like</u> to look like:



IMGBADLT

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

A woman looks best when she looks like:



IMAGBFEM

	Yes	No	
14. Are you trying to lose weight now?	☐	☐	LOSWTNW
15. Are you trying to gain weight now?	☐	☐	GAINWTNW

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

SCHRACE

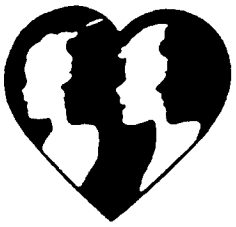
- All or most of the students are black ..... ☐ 1
- About half the students are black and half the students are white ..... ☐ 2
- All or most of the students are white ..... ☐ 3
- None of the above describes my school ..... ☐ 4

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

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

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

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



FTYPE NGHS Form 19
FREV Rev. 2 1/92

GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

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

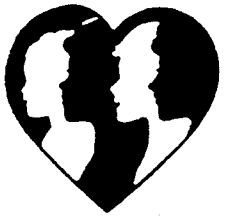
Visit number: . . . . . **VISIT**

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

Month	Day	Year
____	____	____

Please **PRINT** your full name:

First Name	Middle Initial	Last Name



GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

NGHS Form 19
Rev. 2 1/92
10 Pages

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 the way your body looks?	☐	☐	☐	☐	**BODY**

3. Do you think your father (or male guardian) likes your present weight? **DADWT**

Yes ☐ 1

No ☐ 2

Do not have one ☐ 3

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

Yes ☐ 1

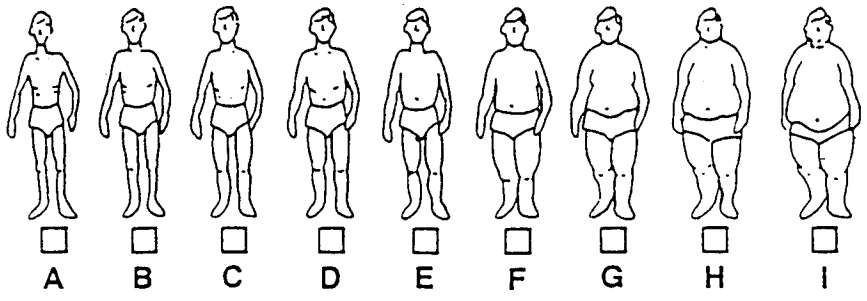
No ☐ 2

Do not have one ☐ 3

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

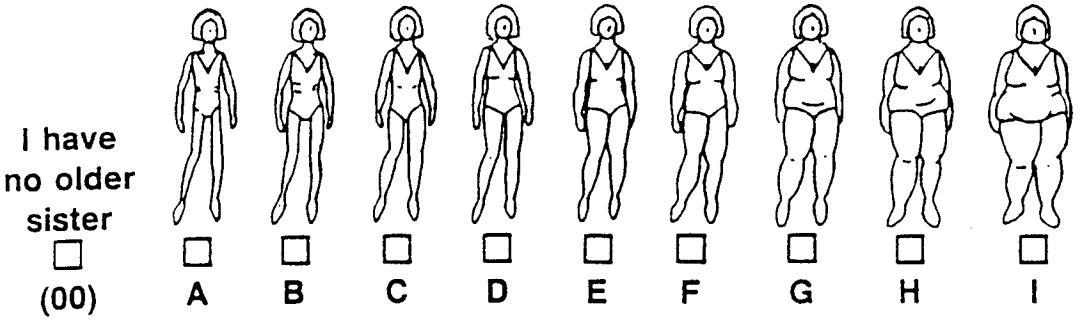
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends?	☐	☐	☐	POPULTH
B. Look less grown up?	☐	☐	☐	LESADLTH
C. Feel less in charge of things?	☐	☐	☐	LSCHRGTH
D. Feel better about herself?	☐	☐	☐	FELBETTH
E. Be prettier?	☐	☐	☐	PRETYTH
F. Feel more like a girl?	☐	☐	☐	MORGRLTH
G. Be less likely to get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

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



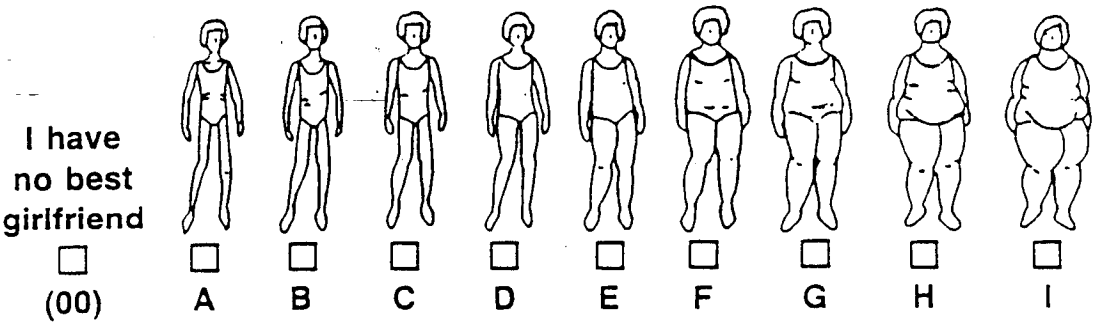
BROIMAGE

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



SISIMAGE

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



GRLIMAGE

7. If a girl your age were 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**

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

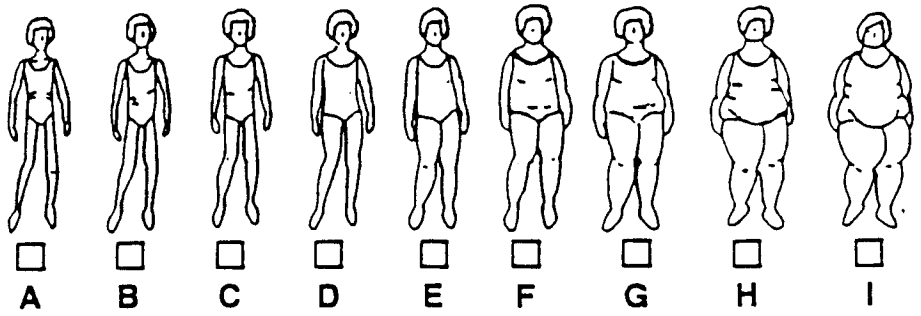
	Yes	No	Wouldn't Make Any Difference	
A. Have more friends?	☐	☐	☐	**POPULBIG**
B. Look less grown up?	☐	☐	☐	**LSADLBIG**
C. Feel less in charge of things?	☐	☐	☐	**LSCHRGBG**
D. Feel better about herself?	☐	☐	☐	**FELBETBG**
E. Be prettier?	☐	☐	☐	**PRETYBIG**
F. Feel more like a girl?	☐	☐	☐	**MORGRLBG**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

9. 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

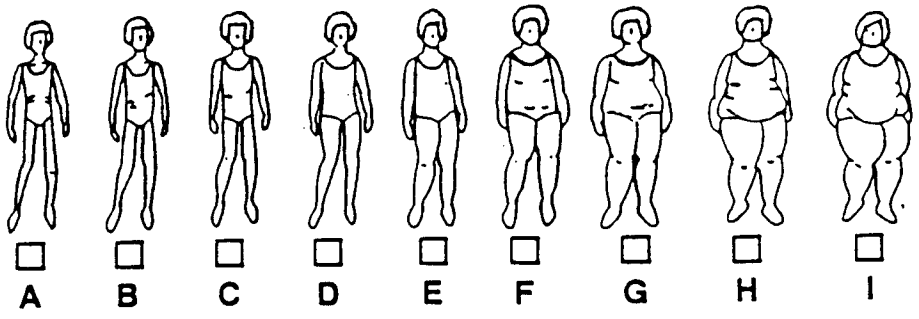
10. The next set of questions asks about how you look now, how you think you are going to look, and how you would best like to look. Please check the box under the figure that best answers the following:

10A. Right now I look like:



IMAGNOW

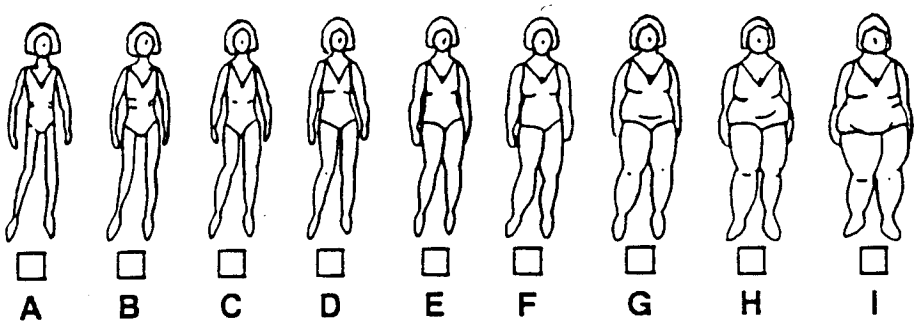
10B. I would like it best if I now looked like:



IMAGBST

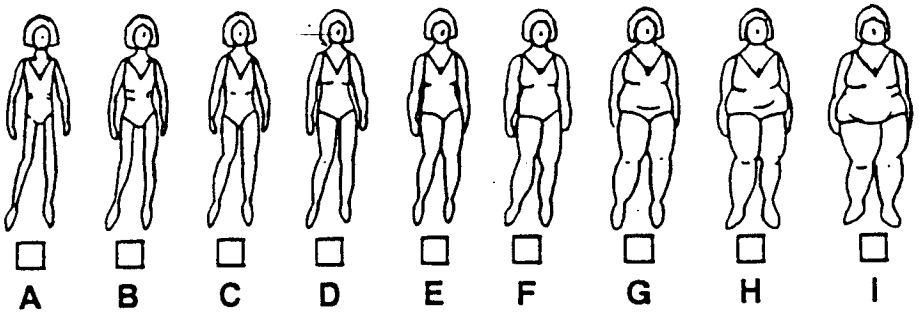
11. Please check the box under the figure that best answers the following:

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



IMAGADLT

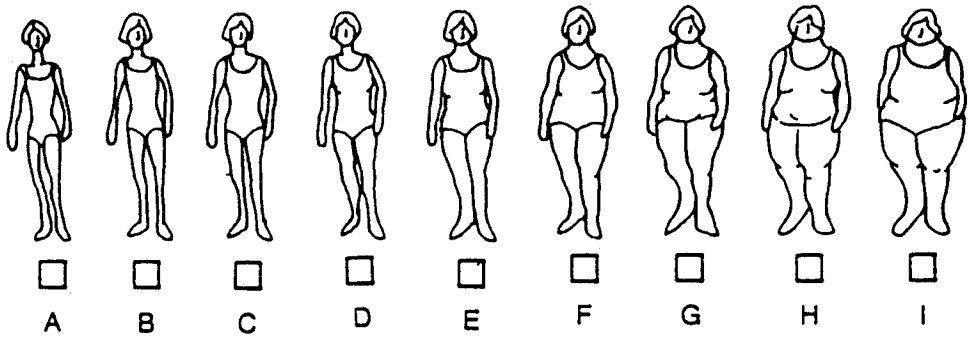
11B. When I am 25-30 years old, I <u>would like</u> to look like:



IMGBADLT

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

A woman looks <u>best</u> when she looks like:



IMAGBFEM

13. In your school (check only <u>one</u> box):

SCHRACE

All or most of the students are black . . . . . ☐ 1

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

All or most of the students are white . . . . . ☐ 3

None of the above describe my school . . . . . ☐ 4

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

FRNDRACE

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

Thanks for taking the time to answer these questions.

FTYPE NGHS Form 19
FREV Rev. 3 3/94

GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

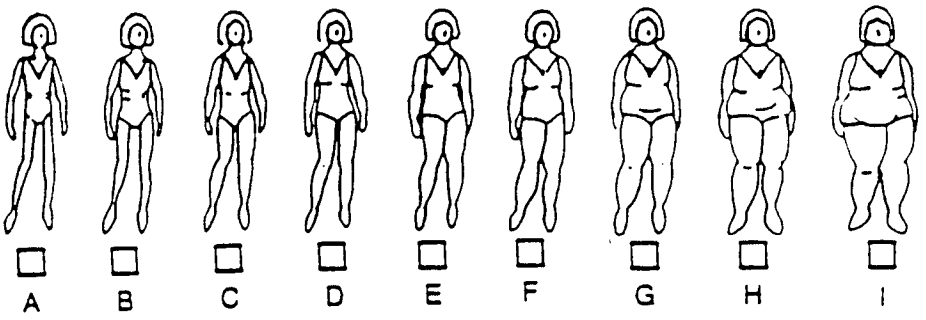
NGHS Form 19
Rev. 3 3/94
5 Pages

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 the way your body looks?	☐	☐	☐	☐	**BODY**
3.	How happy or unhappy are you with these parts of your body? How happy are you with:					
	A. Your waist?	☐	☐	☐	☐	**WAIST**
	B. Your stomach?	☐	☐	☐	☐	**STOM**
	C. Your arms?	☐	☐	☐	☐	**ARMS**
	D. Your breasts?	☐	☐	☐	☐	**BREAST**
	E. Your hips?	☐	☐	☐	☐	**HIPS**
	F. Your legs?	☐	☐	☐	☐	**LEGS**
	G. Your behind?	☐	☐	☐	☐	**BEHIND**
	H. Your thighs?	☐	☐	☐	☐	**THIGHS**

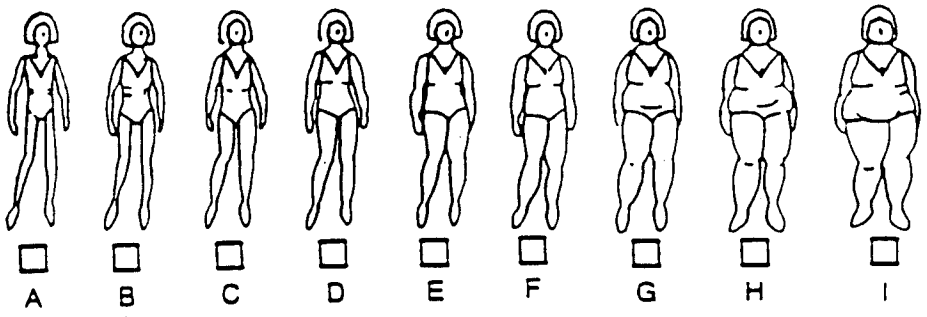
4. The next set of questions asks about how you **look now**, and how you would **best like to look**. Please check the box under the figure that best answers the following:

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



IMAGNOW

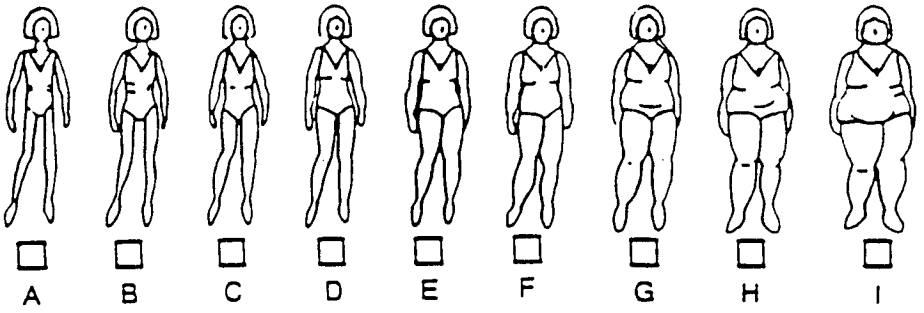
   B. I **would like** it best if I now looked like:



IMAGBST

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

5. Young men like young women who look like:



MENLIKE

6. Think about your friends. Which of the following statements best describes them (check only **one** box)?

FRNDRACE

All or most of my friends are black ..... ☐ 1

About half my friends are black and half my friends are white ..... ☐ 2

All or most of my friends are white ..... ☐ 3

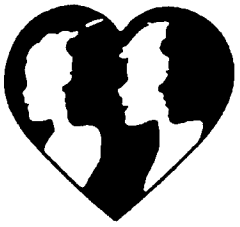
None of the above describe my friends ..... ☐ 4

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

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

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

Thanks for taking the time to answer these questions.



FTYPE NGHS Form 19
FREV Rev. 4 1/4/96

GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

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

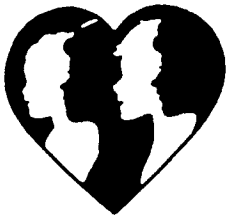
Visit number: ..... **VISIT** __ __

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

Please **PRINT** your full name:

_____

First Name Middle Initial Last Name



GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

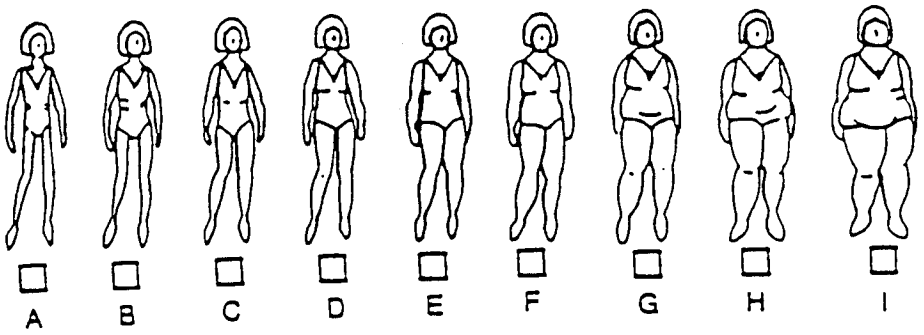
NGHS Form 19
Rev. 4 1/4/96
8 Pages

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 the way your body looks?	☐	☐	☐	☐	**BODY**
3.	How happy or unhappy are you with these parts of your body? How happy are you with:					
	A. Your waist?	☐	☐	☐	☐	**WAIST**
	B. Your stomach?	☐	☐	☐	☐	**STOM**
	C. Your arms?	☐	☐	☐	☐	**ARMS**
	D. Your breasts?	☐	☐	☐	☐	**BREAST**
	E. Your hips?	☐	☐	☐	☐	**HIPS**
	F. Your legs?	☐	☐	☐	☐	**LEGS**
	G. Your behind?	☐	☐	☐	☐	**BEHIND**
	H. Your thighs?	☐	☐	☐	☐	**THIGHS**

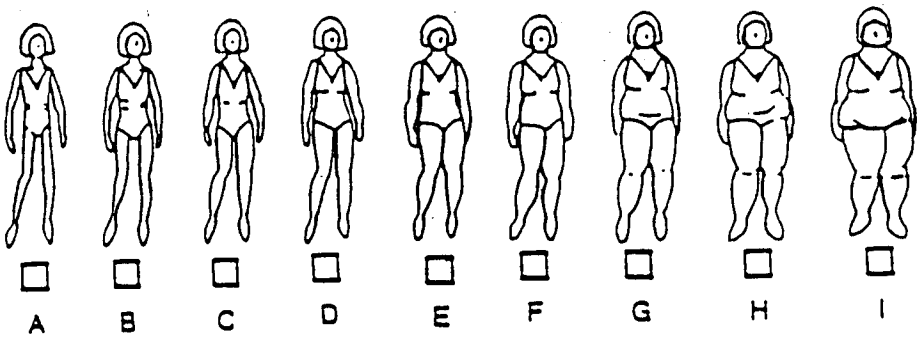
4. The next set of questions asks about how you **look now**, and how you would **best like to look**. Please check the box under the figure that best answers the following:

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



IMAGNOW

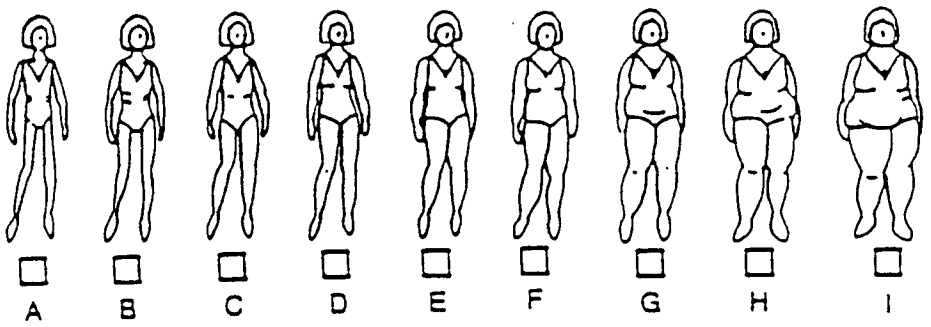
B. I **would like** it best if I now looked like:



IMAGBST

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

5. Young men like young women who look like:



MENLIKE

6. Think about your friends. Which of the following statements best describes them (check only **one** box)?

FRNDRACE

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

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

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

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

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

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

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	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
43. My first reaction is to reject something new or unfamiliar to me.	☐	☐	☐	☐	**DOTSR17**
44. Changes in plans make me restless.	☐	☐	☐	☐	**DOTSR18**
45. I often stay still for long periods of time.	☐	☐	☐	☐	**DOTSR19**
46. Things going on around me can not take me away from home.	☐	☐	☐	☐	**DOTSR20**
47. I take a nap, rest, or break at the same time every day.	☐	☐	☐	☐	**DOTSR21**
48. Once I take something up, I stay with it.	☐	☐	☐	☐	**DOTSR22**
49. Even when I am supposed to be still, I get very fidgety after a few minutes.	☐	☐	☐	☐	**DOTSR23**
50. I am hard to distract.	☐	☐	☐	☐	**DOTSR24**
51. I usually get the same amount of sleep each night.	☐	☐	☐	☐	**DOTSR25**

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
52. On meeting a new person I tend to move toward him or her.	☐	☐	☐	☐	**DOTSR26**
53. I get hungry about the same time each day.	☐	☐	☐	☐	**DOTSR27**
54. I smile often.	☐	☐	☐	☐	**DOTSR28**
55. I never seem to stop moving.	☐	☐	☐	☐	**DOTSR29**
56. It takes me no time at all to get used to new people.	☐	☐	☐	☐	**DOTSR30**
57. I usually eat the same amount each day.	☐	☐	☐	☐	**DOTSR31**
58. I move a great deal in my sleep.	☐	☐	☐	☐	**DOTSR32**
59. I seem to get sleepy just about the same time every night.	☐	☐	☐	☐	**DOTSR33**
60. I do not find that I laugh often.	☐	☐	☐	☐	**DOTSR34**
61. I move toward new situations.	☐	☐	☐	☐	**DOTSR35**

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	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
62. When I am away from home, I still wake up at the same time each morning.	☐	☐	☐	☐	DOTSR36
63. I eat about the same amount of breakfast from day to day.	☐	☐	☐	☐	DOTSR37
64. I move a lot in bed.	☐	☐	☐	☐	DOTSR38
65. I feel full of pep and energy at the same time each day.	☐	☐	☐	☐	DOTSR39
66. I have bowel movements at about the same time each day.	☐	☐	☐	☐	DOTSR40
67. No matter when I go to sleep, I wake up at the same time the next morning.	☐	☐	☐	☐	DOTSR41
68. In the morning, I am still in the same place as I was when I fell asleep.	☐	☐	☐	☐	DOTSR42
69. I eat about the same amount at supper from day to day.	☐	☐	☐	☐	DOTSR43
70. When things are out of place, it takes me a long time to get used to it.	☐	☐	☐	☐	DOTSR44

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
71. I wake up at the same time on weekends and holidays as on other days of the week.	☐	☐	☐	☐	DOTSR45
72. My appetite seems to stay the same day after day.	☐	☐	☐	☐	DOTSR47
73. My mood is generally cheerful.	☐	☐	☐	☐	DOTSR48
74. I resist changes in routine.	☐	☐	☐	☐	DOTSR49
75. I laugh several times a day.	☐	☐	☐	☐	DOTSR50
76. My first response to anything new is to move my head toward it.	☐	☐	☐	☐	DOTSR51
77. Generally, I am happy.	☐	☐	☐	☐	DOTSR52
78. The number of times I have a bowel movement on any day varies from day to day.	☐	☐	☐	☐	DOTSR53
79. I never seem to be in the same place for long.	☐	☐	☐	☐	DOTSR54

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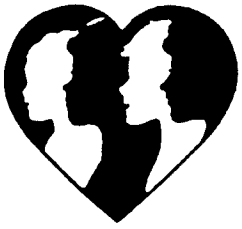
THANK YOU FOR ANSWERING THESE QUESTIONS.

FTYPE
FREV

NGHS Form 19
Rev. 5 8/20/96



GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

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

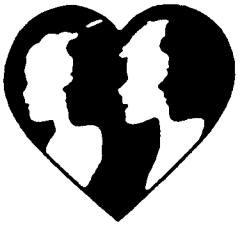
Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

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

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

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name



GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES

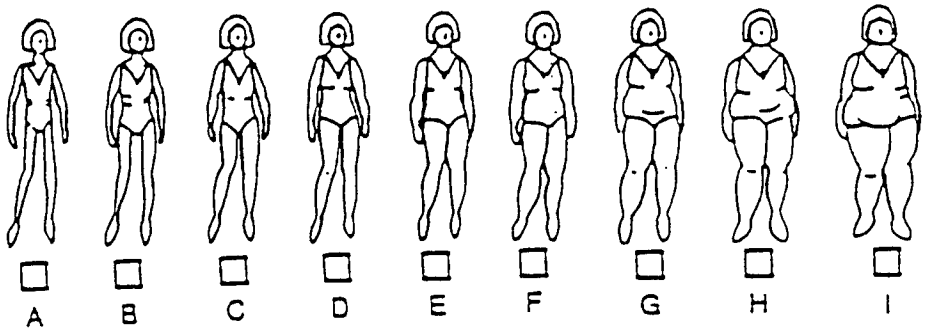
NGHS Form 19
Rev. 5 8/20/96
9 Pages

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 the way your body looks?	☐	☐	☐	☐	**BODY**
3.	How happy or unhappy are you with these parts of your body? How happy are you with:					
	A. Your waist?	☐	☐	☐	☐	**WAIST**
	B. Your stomach?	☐	☐	☐	☐	**STOM**
	C. Your arms?	☐	☐	☐	☐	**ARMS**
	D. Your breasts?	☐	☐	☐	☐	**BREAST**
	E. Your hips?	☐	☐	☐	☐	**HIPS**
	F. Your legs?	☐	☐	☐	☐	**LEGS**
	G. Your behind?	☐	☐	☐	☐	**BEHIND**
	H. Your thighs?	☐	☐	☐	☐	**THIGHS**

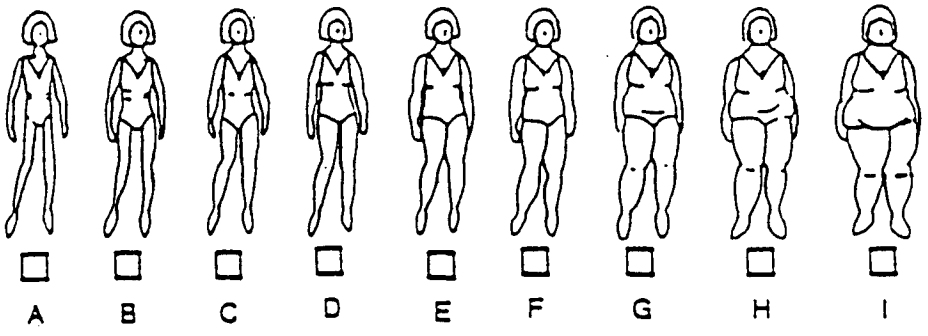
4. The next set of questions asks about how you **look now**, and how you would **best like to look**. Please check the box under the figure that best answers the following:

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



IMAGNOW

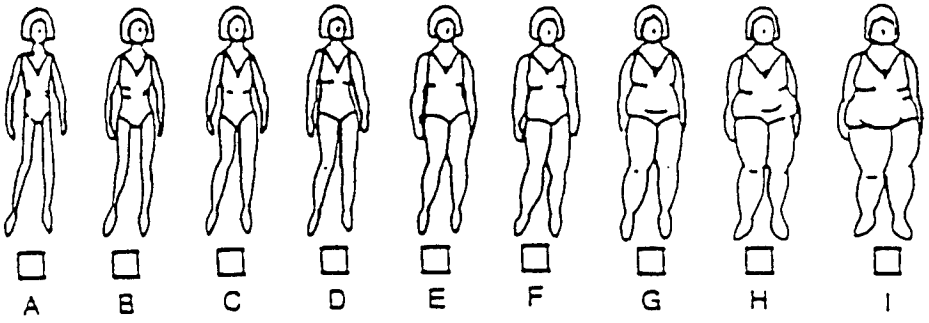
B. I **would like** it best if I now looked like:



IMAGBST

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

5. Young men like young women who look like:



MENLIKE

6. Think about your friends. Which of the following statements best describes them (check only **one** box)? **FRNDRACE**

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

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

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

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

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

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

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	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
42. I eat about the same amount for dinner whether I am home, visiting someone, or traveling.	☐	☐	☐	☐	**DOTSR16**
43. My first reaction is to reject something new or unfamiliar to me.	☐	☐	☐	☐	**DOTSR17**
44. Changes in plans make me restless.	☐	☐	☐	☐	**DOTSR18**
45. I often stay still for long periods of time.	☐	☐	☐	☐	**DOTSR19**
46. Things going on around me can not take me away from home.	☐	☐	☐	☐	**DOTSR20**
47. I take a nap, rest, or break at the same time every day.	☐	☐	☐	☐	**DOTSR21**
48. Once I take something up, I stay with it.	☐	☐	☐	☐	**DOTSR22**
49. Even when I am supposed to be still, I get very fidgety - after a few minutes.	☐	☐	☐	☐	**DOTSR23**
50. I am hard to distract.	☐	☐	☐	☐	**DOTSR24**
51. I usually get the same amount of sleep each night.	☐	☐	☐	☐	**DOTSR25**

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
52. On meeting a new person I tend to move toward him or her.	☐	☐	☐	☐	**DOTSR26**
53. I get hungry about the same time each day.	☐	☐	☐	☐	**DOTSR27**
54. I smile often.	☐	☐	☐	☐	**DOTSR28**
55. I never seem to stop moving.	☐	☐	☐	☐	**DOTSR29**
56. It takes me no time at all to get used to new people.	☐	☐	☐	☐	**DOTSR30**
57. I usually eat the same amount each day.	☐	☐	☐	☐	**DOTSR31**
58. I move a great deal in my sleep.	☐	☐	☐	☐	**DOTSR32**
59. I seem to get sleepy just about the same time every night.	☐	☐	☐	☐	**DOTSR33**

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	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
60. I do not find that I laugh often.	☐	☐	☐	☐	**DOTSR34**
61. I move toward new situations.	☐	☐	☐	☐	**DOTSR35**
62. When I am away from home, I still wake up at the same time each morning.	☐	☐	☐	☐	**DOTSR36**
63. I eat about the same amount of breakfast from day to day.	☐	☐	☐	☐	**DOTSR37**
64. I move a lot in bed.	☐	☐	☐	☐	**DOTSR38**
65. I feel full of pep and energy at the same time each day.	☐	☐	☐	☐	**DOTSR39**
66. I have bowel movements at about the same time each day.	☐	☐	☐	☐	**DOTSR40**
67. No matter when I go to sleep, I wake up at the same time the next morning.	☐	☐	☐	☐	**DOTSR41**
68. In the morning, I am still in the same place as I was when I fell asleep.	☐	☐	☐	☐	**DOTSR42**
69. I eat about the same amount at supper from day to day.	☐	☐	☐	☐	**DOTSR43**
70. When things are out of place, it takes me a long time to get used to it.	☐	☐	☐	☐	**DOTSR44**

	Usually FALSE	More FALSE Than True	More TRUE Than False	Usually TRUE	
71. I wake up at the same time on weekends and holidays as on other days of the week.	☐	☐	☐	☐	**DOTSR45**
72. I don't move around much at all in my sleep.	☐	☐	☐	☐	**DOTSR46**
73. My appetite seems to stay the same day after day.	☐	☐	☐	☐	**DOTSR47**
74. My mood is generally cheerful.	☐	☐	☐	☐	**DOTSR48**
75. I resist changes in routine.	☐	☐	☐	☐	**DOTSR49**
76. I laugh several times a day.	☐	☐	☐	☐	**DOTSR50**
77. My first response to anything new is to move my head toward it.	☐	☐	☐	☐	**DOTSR51**

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

THANK YOU FOR ANSWERING THESE QUESTIONS.

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