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YEAR 2002

## DELAWARE YOUTH TOBACCO SURVEY STUDENT ASSENT AND INSTRUCTIONS

We at the University of Delaware are conducting a study for the Delaware Division of Public Health and the Federal Centers for Disease Control and Prevention. We want to find out what students think about, know about, and do about cigarettes and other tobacco products. To learn these things, we are asking 6th to 12th graders in all the Delaware schools these questions. This study includes parts of a much larger study asking other students across the country the same questions. We are doing this to find out what kinds of information and programs students need most and what kinds they don't need. **THIS IS NOT A TEST.** This is research, so there are no right or wrong answers. **It is very important that you answer each question truthfully. The best answer you can give us is the one that is true for you.**

**DO NOT PUT YOUR NAME ON THIS BOOKLET.** We want to be sure that everyone's answers are private. When you are done, all of the booklets will be put in a box at the front of the room. Then we will mix them up, so that no one will know which one was filled out by you. Your teacher will not know, your classmates will not know, and even you will not be able to find your own booklet. The answers will be important to us only when we know what **all** students in Delaware are thinking and doing about topics we are asking about in the questions. We will keep your responses secret because if the study is to be helpful, it is important that you answer each question truthfully.

**You don't have to answer any questions you don't want to.** Anything you don't want to answer, just leave blank. There is no penalty if you choose not to fill out the survey or any part of it. Below you will see marking instructions. They will be explained to you. Unless the question says otherwise, **mark only one answer for each question.** When you are finished, turn your booklets over and you may work on something else. When everyone has finished, bring your booklet up and put it in the box so that we can mix them up.

REMEMBER, this isn't a test, so there are no right or wrong answers. We need **TRUE ANSWERS.** Work quickly so you can finish. If you don't find an answer that fits exactly, choose the one that comes closest. If it's something you just don't understand, raise your hand for help. If it's something you don't know, leave it blank and go on to the next question.

**Thank you very much for your help and for being an important part of this study.**

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

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**THE FIRST QUESTIONS ASK FOR SOME  
BACKGROUND INFORMATION ABOUT  
YOURSELF**

1. How old are you?  
 12 years old or younger  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old  
 18 years old  
 19 years old or older
2. What is your sex?  
 Male  
 Female
3. What grade are you in?  
 6th  
 7th  
 8th  
 9th  
 10th  
 11th  
 12th  
 Ungraded or other grade
4. How do you describe yourself? (You can  
CHOOSE ONE ANSWER, or MORE THAN ONE)  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White
5. Which one of these groups BEST describes  
you? (CHOOSE ONLY ONE ANSWER)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White

**THE NEXT GROUP OF QUESTIONS ASK  
ABOUT TOBACCO USE**  
Cigarette Smoking

6. Have you ever tried cigarette smoking, even one  
or two puffs?  
 Yes  
 No
7. How old were you when you smoked a whole  
cigarette for the first time?  
 I have never smoked a whole cigarette  
 8 years old or younger  
 9 or 10 years old  
 11 or 12 years old  
 13 or 14 years old  
 15 or 16 years old  
 17 years old or older
8. About how many cigarettes have you smoked  
in your entire life?  
 None  
 1 cigarette  
 2 to 5 cigarettes  
 6 to 15 cigarettes (about 1/2 pack total)  
 16 to 25 cigarettes (about 1 pack total)  
 26 to 99 cigarettes (more than 1 pack but less  
than 5 packs)  
 100 or more cigarettes (5 or more packs)
9. Have you ever smoked cigarettes daily, that is, at  
least one cigarette every day for 30 days?  
 Yes  
 No
10. During the past 30 days, on how many days did  
you smoke cigarettes?  
 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

**TOBACCO USE QUESTIONS**  
**Cigarette Smoking (Continued)**

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

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

12. During the past 30 days, what brand of cigarettes did you usually smoke? (CHOOSE ONLY ONE ANSWER)

- I did not smoke cigarettes during the past 30 days
- I do not have a usual brand
- Camel
- Marlboro
- Newport
- Virginia Slims
- GPC, Basic, or Doral
- Some other brand

13. Are the cigarettes you usually smoke menthol cigarettes?

- I do not smoke cigarettes
- Yes
- No

14. During the past 30 days, how did you usually get your own cigarettes? (CHOOSE ONLY ONE ANSWER)

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years or older gave them to me
- I took them from a store or family member
- I got them some other way

15. During the past 30 days, where did you buy the last pack of cigarettes you bought?

- I did not buy a pack in the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- I bought them over the Internet
- Other

16. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, I was asked to show proof of age
- No, I was not asked to show proof of age

17. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, someone refused to sell me cigarettes because of my age
- No, no one refused to sell me cigarettes because of my age

18. During the past 30 days, on how many days did you smoke cigarettes on school property?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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**Cigarette smoking, continued:**

19. When was the last time you smoked a cigarette, even one or two puffs?
- I have never smoked even one or two puffs
  - Earlier today
  - Not today, but sometime during the past 7 days
  - Not during the past 7 days but sometime during the past 30 days
  - Not during the past 30 days but sometime during the past 6 months
  - Not during the past 6 months but sometime during the past year
  - 1 to 4 years ago
  - 5 or more years ago
20. How long can you go without smoking before you feel like you need a cigarette?
- I have never smoked cigarettes
  - I do not smoke now
  - Less than an hour
  - 1 to 3 hours
  - More than 3 hours but less than a day
  - A whole day
  - Several days
  - A week or more
21. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
  - Yes
  - No
22. Do you want to stop smoking cigarettes?
- I do not smoke now
  - Yes
  - No
23. How many times, if any, have you tried to quit smoking?
- I have never smoked
  - None
  - 1 time
  - 2 times
  - 3 to 5 times
  - 6 to 9 times
  - 10 or more times

24. When you last tried to quit, how long did you stay off cigarettes?
- I have never smoked cigarettes
  - I have never tried to quit
  - Less than a day
  - 1 to 7 days
  - More than 7 days but less than 30 days
  - More than 30 days but less than 6 months
  - More than 6 months but less than a year
  - More than a year

**Smokeless Tobacco: Chewing Tobacco, Snuff or Dip:**

25. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- Yes
  - No
26. How old were you when you used chewing tobacco, snuff, or dip for the first time?
- I have never used chewing tobacco, snuff, or dip
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years or older
27. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
28. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

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**Smokeless Tobacco: Chewing Tobacco, Snuff, or Dip, continued:**

29. During the past 30 days, how did you usually get your own chewing tobacco, snuff, or dip? (CHOOSE ONLY ONE ANSWER)
- I did not use chewing tobacco, snuff, or dip during the past 30 days
  - I bought them in a store, such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (bummed) them from someone else
  - A person 18 years or older gave them to me
  - I took them from a store or family member
  - I got them some other way

**Cigars:**

30. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?
- Yes
  - No
31. How old were you when you smoked a cigar, cigarillo, or little cigar for the first time?
- I have never smoked a cigar, cigarillo or little cigar
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years or older
32. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

33. During the past 30 days, how did you usually get your own cigars, cigarillos, or little cigars? (CHOOSE ONLY ONE ANSWER)
- I did not smoke cigars, cigarillos, or little cigars during the past 30 days
  - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (bummed) them from someone else
  - A person 18 years or older gave them to me
  - I took them from a store or family member
  - I got them some other way

**Pipe:**

34. During the past 30 days, on how many days did you smoke tobacco in a pipe?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

**Bidis and Kreteks:**

The next three questions are about bidis and kreteks. Bidis (or beedies) are small brown cigarettes from India consisting of tobacco wrapped in a leaf tied with a thread, available in a variety of flavors. Kreteks (also called clove cigarettes) are cigarettes containing tobacco and clove extract.

35. Have you ever tried any of the following?
- Bidis
  - Kreteks (or other clove cigarettes)
  - I have tried both bidis and kreteks
  - I have never smoked bidis or kreteks



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36. During the past 30 days, on how many days did you smoke bidis?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

37. During the past 30 days, on how many days did you smoke kreteks?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

**THE NEXT QUESTIONS ASK ABOUT YOUR THOUGHTS ABOUT TOBACCO**

38. Do you think that you will try a cigarette soon?
- I have already tried smoking cigarettes
  - Yes
  - No

<i>Mark one answer only please</i>	Definitely Yes	Probably Yes	Probably Not	Definitely Not
39. Do you think you will smoke a cigarette at anytime during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Do you think you will be smoking cigarettes 5 years from now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Can people get addicted to using tobacco just like they can get addicted to using cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Do you think young people who smoke cigarettes have more friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Do you think smoking cigarettes makes young people look cool or fit in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Do you think young people risk harming themselves if they smoke from 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Do you think young people risk harming themselves if they smoke one or more packs per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Do you think it is safe to smoke for only a year or two, as long as you quit after that?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Have either of your parents (or guardians) discussed the dangers of tobacco use with you?
- Mother (female guardian) only
  - Father (male guardian) only
  - Both
  - Neither

49. Do you think you would be able to quit smoking cigarettes now if you wanted to?
- I have never used tobacco
  - Yes
  - No

50. Have you ever participated in a program to help you quit using tobacco?
- I have never used tobacco
  - Yes
  - No

51. During this school year, did you practice ways to say NO to tobacco in any of your classes (for example, by role playing)?
- Yes
  - No
  - Not sure

**THE NEXT QUESTIONS ASK ABOUT EVENTS YOU MAY HAVE ATTENDED OR WHAT YOU HAVE SEEN ON TV, AT THE MOVIES, OR ON THE INTERNET:**

52. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?
- Yes
  - No
  - I did not know about any activities

53. During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking?
- Not in the past 30 days
  - 1 - 3 times in the past 30 days
  - 1 - 3 times per week
  - Daily or almost daily
  - More than once a day

54. When you watch TV or go to the movies, how often do you see actors using tobacco?
- I don't watch TV or go to movies
  - Most of the time
  - Some of the time
  - Hardly ever
  - Never

55. When you watch TV, how often do you see athletes using tobacco?
- I don't watch TV
  - Most of the time
  - Some of the time
  - Hardly ever
  - Never

56. When you are using the Internet, how often do you see ads for tobacco products?
- I don't use the Internet
  - Most of the time
  - Some of the time
  - Hardly ever
  - Never

**SOME TOBACCO COMPANIES MAKE ITEMS LIKE SPORTS GEAR, T-SHIRTS, LIGHTERS, HATS, JACKETS, AND SUNGLASSES THAT PEOPLE CAN BUY OR RECEIVE FREE.**

57. During the past 12 months, did you buy or receive anything that has a tobacco company name or picture on it?
- Yes
  - No

58. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not

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**THE NEXT QUESTIONS ASK ABOUT YOUR EXPOSURE TO TOBACCO USE:**

59. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?  
 0 days  
 1 or 2 days  
 3 or 4 days  
 5 or 6 days  
 7 days

60. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?  
 0 days  
 1 or 2 days  
 3 or 4 days  
 5 or 6 days  
 7 days

61. Do you think the smoke from other people's cigarettes is harmful to you?  
 Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

62. Does anyone who lives with you now smoke cigarettes?  
 Yes  
 No

63. Does anyone who lives with you now use chewing tobacco, snuff, or dip?  
 Yes  
 No

64. How many of your four closest friends smoke cigarettes?  
 None  
 One  
 Two  
 Three  
 Four  
 Not sure

65. How many of your four closest friends use chewing tobacco, snuff, or dip?  
 None  
 One  
 Two  
 Three  
 Four  
 Not sure

66. Do either of your parents/guardians smoke cigarettes, cigars, or use chewing tobacco, snuff, or dip?  
 Yes  
 No

In the boxes provided below, please indicate what percentage of kids your age and adults in Delaware you think smoke cigarettes at least once a month. Please write the number in the top box and bubble in the percent in the number grid.

% of kids your age                      % of adults

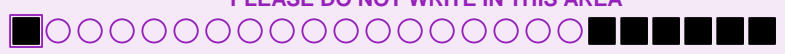
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So far, the questionnaire has focused on tobacco. Now we want to ask you a few questions about exercise and eating.

PLEASE MARK THE ANSWER THAT BEST COMPLETES EACH SENTENCE BELOW

How many days in the past week have you...	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
69. Exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Participated in physical activity for at least 30 minutes that did NOT make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Done exercises to strengthen muscles, such as push-ups, sit-ups or weightlifting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Eaten breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Sat down with your family to eat dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	YES	NO
74. In the past month, have you seen the TELEVISION spot with the man who pops out of the TV and then takes two people sitting on the couch to a park so that they can "Get Up and Do Something"?	<input type="radio"/>	<input type="radio"/>
75. In the past month, have you seen buses and/or billboards with the slogan "Get up and Do Something"?	<input type="radio"/>	<input type="radio"/>
76. As a result of the TV spot, buses and billboards with the slogan "Get Up and Do Something", have you considered being more active?	<input type="radio"/>	<input type="radio"/>
77. In the past month, have you seen a television spot where kids are talking about what chemicals are in cigarettes?	<input type="radio"/>	<input type="radio"/>
78. In the past month, have you seen a television spot with kids saying, "Smoking is cool, minus the cool"?	<input type="radio"/>	<input type="radio"/>

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**MARK THE BEST ANSWER:**

	YES	NO
79. Do you make yourself sick because you feel uncomfortably full?	<input type="radio"/>	<input type="radio"/>
80. Have you recently lost more than 14 pounds in a 3 month period?	<input type="radio"/>	<input type="radio"/>
81. Do you believe yourself to be fat when others say you are too thin?	<input type="radio"/>	<input type="radio"/>
82. Would you say that food dominates your life?	<input type="radio"/>	<input type="radio"/>

How often have you...	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
83. Worried about or had fear about gaining weight or becoming fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Gone through long periods of time without eating (fasting) or eating very little due to concerns about your body size or weight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Attempted to vomit after eating in order to get rid of the food you have eaten?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Used laxatives/herbs or enemas to control your weight or get rid of food or a bloated sensation from eating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Taken diet pills to control your appetite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Taken part in individual or group therapy for an eating disorder ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Taken part in any other program for treating an eating disorder ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. How panicky would you feel if you were to get on the scale tomorrow and find out you had gained two pounds?

- Not panicky at all
- Slightly panicky
- Somewhat panicky
- Panicky
- Very panicky

91. How important is it to you to eat healthy foods?

- Not important at all
- Slightly important
- Somewhat important
- Important
- Very important

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]