

The following questions ask about your family, environment, diet, health, and activity level from when you were born **until you turned 18 years old**.

If answers to the questions changed over the time you were growing up, please choose the answer that best represents the majority of that time.

If you are **NOT sure of a response**, please provide your **best estimate**.

1. How would you describe the type of environment you grew up in most of the time?
 - a. ___ Rural
 - b. ___ Urban
 - c. ___ Suburban
 - d. ___ Other (describe): _____

2. How many brothers and sisters do you have (both living and deceased)? _____

3. In what order were you born compared to your brothers and sisters?
 - a. ___ First
 - b. ___ Second
 - c. ___ Third
 - d. ___ Fourth
 - e. ___ Last
 - f. ___ Other (describe): _____

4. How many cars did your family own most of the time? _____ cars
(provide your best estimate)

5. At anytime prior to age 18, did your family own:
 - a. YES NO Farm equipment
 - b. YES NO Boat
 - c. YES NO RV
 - d. YES NO Motorcycle (circle YES or NO for all items)
 - e. YES NO TV How many TVs? _____
 - f. YES NO VCR/DVD/Blu-ray player
 - g. YES NO Dishwasher
 - h. YES NO Microwave

6. Did your family usually get household luxury items:
 - a. ___ Before others in your community
 - b. ___ Same time as others in your community
 - c. ___ After others in your community

Remember that this section of questions represents **birth until you turned 18 years old**.

7. How often did both your parents change the type of work they did for a living while you were growing up?

- a. Never
- b. Once
- c. Twice
- d. 3 times
- e. 4 times
- f. 5 times
- g. More than 5 times

8. What type(s) of pets did your family usually have while you were growing up, and how many? Provide an approximate number of animals in each category. If you did NOT have any of a particular type of animal, please indicate zero.

- a. Dogs
- b. Cats
- c. Birds
- d. Small pets (hamster, guinea pigs)
- e. Other (describe): _____

9. How often did you interact with livestock/farm animals?
(for example, cows, pigs, horses, chickens, ducks)

0 1 2 3 4 5 6 7 8 9 10
Never Moderate amount A great amount

10. How often did your drinking water come from a well?

0 1 2 3 4 5 6 7 8 9 10
Never Moderate amount Always

11. Did your family have any type of financial assistance at any time?

- a. YES NO Food stamps
- b. YES NO Medicaid
- c. YES NO Welfare payments
- d. YES NO Unemployment benefits
- e. YES NO Other (describe): _____

12. Up until you turned 18 years old, how much did allergies (food or environmental) usually affect you?

0 1 2 3 4 5 6 7 8 9 10
Never Moderate amount Very frequently

Remember that this section of questions represents **birth until you turned 18 years old**.

13. Since you turned 18 years old, how much have allergies (food or environmental) usually affected you?

0	1	2	3	4	5	6	7	8	9	10
Never				Moderate amount						Very frequently

14. How much did anyone smoke in your home and/or around you when you were growing up?

0	1	2	3	4	5	6	7	8	9	10
Never				Moderate amount						Very frequently

****Please continue on the next page****

Now we are going to ask questions specific to early childhood (**birth to 5 years of age**).

15. How old was your mother when you were born? _____

16. What was your birth weight? _____ lbs. _____ oz. (please give your **best estimate**)

16b. Did you KNOW your birth weight or did you estimate it?

KNOW ESTIMATE

17. Which of the following circumstances applied to your birth or when your mother was pregnant with you?

- a. ___ Born by C-section (Check all that apply) (If not sure, please give your **best estimate**)
- b. ___ Born breach
- c. ___ Born premature: _____ weeks before due date
- d. ___ Born late: _____ weeks after due date
- e. ___ Born low birth weight (less than 5 lbs. 8 oz.)
- f. ___ Born very low birth weight (less than 3 lbs. 5 oz.)
- g. ___ You received specialized care in a neo-natal intensive care unit
- h. ___ You were hospitalized longer than typical after birth: approximately _____ days
- i. ___ Your mother was bedridden due to complications during pregnancy
- j. ___ Your mother experienced maternal diabetes during pregnancy
- k. ___ Your mother experienced high blood pressure during pregnancy
- l. ___ Your mother experienced morning sickness during pregnancy
- m. ___ Your mother received routine medical care during pregnancy
- n. ___ Your mother smoked cigarettes during pregnancy
- o. ___ Your mother drank alcohol during pregnancy
- p. ___ Your mother took pre-natal vitamins during pregnancy
- q. ___ Your mother ate a healthy, adequate diet during pregnancy
- r. Other (describe): _____

18. To your knowledge, as a baby, you were:

- a. ___ Breast-fed
- b. ___ Bottle-fed breast milk (check all that apply) (Please give your best **estimate**)
- c. ___ Bottle-fed formula

18b. Did you KNOW this answer or estimate it?

KNOW ESTIMATE

Now we are going to ask questions about your life **while you were in elementary school** (ages 6 -12).

19. What was your mother's occupation while you were in elementary school?

20. What was your father's occupation while you were in elementary school?

21. What kinds of infections did you have during elementary school?

Indicate approximately how often you usually had each infection in a given year by checking the appropriate box.

Infection Type	Never	Rarely	Sometimes	Often	Very Often
Fever/flu					
Respiratory (common cold/sinus infection)					
Stomach/Intestinal					
Ear					
Throat (tonsillitis)					
Eye (pink eye)					
Other (describe):					

22. During elementary school, how often were you sick compared to other children in your home?

0 1 2 3 4 5 6 7 8 9 10
Much less often About the same Much more often

(Skip if no other children in your home)

Remember that this section of questions represents **elementary school age (6 – 12 years old)**.

23. How often did you play outside from ages 6 to 12?

- a. ___ Never
- b. ___ Rarely
- c. ___ 1 day per week
- d. ___ 2 days per week
- e. ___ 3 days per week
- f. ___ 4 days per week
- g. ___ 5 days per week
- h. ___ 6 days per week
- i. ___ 7 days per week

24. From ages 6 to 12, how many days per week did you usually:

- a. Walk to school _____ days out of 5 (If none, please indicate zero)
- b. Bike to school _____ days out of 5

25. If you usually walked or biked to school,
how long did it usually take you to get from home to school?
_____ minutes (Please provide your **best estimate**)

26. How physically active were you from ages 6 to 12 most of the time?

0	1	2	3	4	5	6	7	8	9	10
Very inactive				Moderately active						Extremely active

****Please continue on the next page****

Remember that this section of questions represents **elementary school age (6 – 12 years old)**.

27. Think of the ladder shown below as representing where people stand in New Mexico.

People who are at the **top of the ladder** are the best off –

that is, people who have the most money, the most education, and the best jobs.

People who are at the **bottom of the ladder** are the worst off –

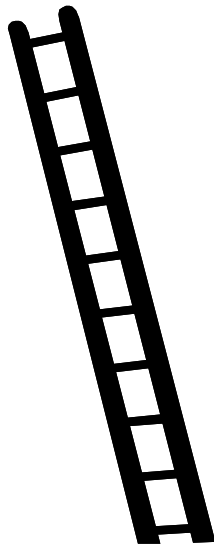
that is, people who have the least money, least education, and the worst jobs or no job.

The higher up you are on this ladder, the closer you are to the people at the very top; and the lower you are on the ladder, the closer you are to the people at the very bottom.

Where would you place your family on this ladder **while you were in elementary school (ages 6 to 12)**?

“Please place a **large “X”** on the ladder rung

where you think your family stood while you were growing up, compared to other people living in New Mexico at the time you were in elementary school.”



_____ out of 10 rungs

Now think back to the types of meals you typically ate when you were **6 to 12 years old**.

28. How many home-made breakfasts per week did you usually eat?

_____ out of 7 meals

29. How many home-made lunches per week did you usually eat?

_____ out of 7 meals

30. How many home-made dinners or suppers per week did you usually eat?

_____ out of 7 meals

Remember that this section of questions represents **elementary school age (6 – 12 years old)**.

31. How often did you usually eat any meal at a fast-food restaurant
(for example, Blake's Lotaburger, McDonalds, Wendy's, Taco Bell)?

- a. ___ More than once per day
- b. ___ Once per day
- c. ___ 5 or 6 times per week
- d. ___ 3 or 4 times per week
- e. ___ 1 or 2 times per week
- f. ___ 2 or 3 times per month
- g. ___ Once per month
- h. ___ Never or almost never

32. During elementary school, were you on any special diets (e.g. vegetarian, vegan, dairy free, low salt, kosher, etc.)?

Please describe: _____

****Please continue on the next page****

Remember that this section of questions represents **elementary school age (6 – 12 years old)**.

33. From ages 6 to 12, in a given day, approximately **how many servings** did you usually eat of the following types of foods?

Please check the box corresponding to your **best estimate**.

Check the “rarely/special occasions” box only if you ate these foods less than once per day.

Think of a serving as a normal helping of each food.

Foods		Number of Servings Per Day – Ages 6 to 12					
		No Servings	Rarely/ Special Occasions	1 – 2 Servings	3 – 4 Servings	5 – 6 Servings	7 or more Servings
Dairy	Milk, Cheese (any), Yogurt, Sour cream						
Proteins	Fish, Poultry, Pork, Ham, Red meat, Lunch meats, Bacon, Eggs, Beans, Nuts						
Fats	Butter, Margarine, Avocado, Olives, Oils						
Fruits	Berries, Bananas, Citrus, Apples, Fruit juices, etc.						
Veg	Carrots, Corn, Greens, Squash, etc.						
Grains/ Starches	Potatoes, Rice, Pasta, Bread, Tortillas (corn, flour), Cold/hot cereals, etc.						
Sugars/ Processed	Potato chips, Tortilla chips, Candy, Syrup, Jelly, Honey, Sugary drinks, All desserts, etc.						

Remember that this section of questions represents **elementary school age (6 – 12 years old)**.

34. The table shown below lists a series of events that may have occurred while you were in **elementary school (6 – 12 years old)**.

For each event in the left column, circle **YES** if that event occurred while you were in elementary school. Circle **NO** if it did NOT happen during this period.

Circle **GOOD** or **BAD** to indicate how this event affected you.

Circle **0, 1, 2, or 3** to indicate how much this event affected you:

0 = no effect, 1 = some effect, 2 = moderate effect, 3 = great effect.

Event	Good or Bad Effect?				How Much Did This Event Affect Your Life?				
	YES	NO	Good	Bad	No effect	Some effect	Moderate effect	Great effect	
A. Health									
Major personal illness or injury	YES	NO	Good	Bad	0	1	2	3	
Major change in eating habits	YES	NO	Good	Bad	0	1	2	3	
Major change in overall health	YES	NO	Good	Bad	0	1	2	3	
Major change in food availability	YES	NO	Good	Bad	0	1	2	3	
Major change in type and/or amount of recreation	YES	NO	Good	Bad	0	1	2	3	
B. Parent's Work									
Loss of job	YES	NO	Good	Bad	0	1	2	3	
Change of job	YES	NO	Good	Bad	0	1	2	3	
Major change in finances	YES	NO	Good	Bad	0	1	2	3	
C. Home Life									
Major change in life conditions	YES	NO	Good	Bad	0	1	2	3	
Parents' separation	YES	NO	Good	Bad	0	1	2	3	
Parents' divorce	YES	NO	Good	Bad	0	1	2	3	
Gain new family member (step-parent, birth, etc.)	YES	NO	Good	Bad	0	1	2	3	
Major change in health of family member living with you	YES	NO	Good	Bad	0	1	2	3	
Death of close family member	YES	NO	Good	Bad	0	1	2	3	
Moved to a new home or city	YES	NO	Good	Bad	0	1	2	3	
Changed school districts	YES	NO	Good	Bad	0	1	2	3	