

 GUTS 2016 - 2017 Questionnaire: Male2

Dear {TOKEN:FIRSTNAME},

Thank you for your continued participation. This questionnaire should take about 25 minutes to complete and your contributions will help us in our mission to study health over a lifetime.

Together we are working to improve the health of many generations to come. Thank you!

Sincerely,



Rulla Tamimi, ScD

GUTS Director

NOTE: The information you give us will remain strictly confidential and will be used for research purposes only. For more information on confidentiality, privacy and your rights please [click here](#).

There are 171 questions in this survey

Page 1

[]What is your current status?

Please choose **only one** of the following:

- Never married
- Married
- Living with partner
- Separated
- Divorced
- Widowed

[]In which STATE were you born?

Please choose **only one** of the following:

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District Of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

[] Please describe your current work status:

Please choose **all** that apply:

- Working full time
- Working part time
- Student
- In the military
- Volunteering
- Staying at home with children/taking care of family
- On paternity or family leave from job
- Unemployed, laid off, or looking for work
- Not working due to illness or disability

[] If you are unemployed, laid off, looking for work, or not working due to illness or disability, how long have you been out of work?

Only answer this question if the following conditions are met:
 ((work_8.NAOK == "Y" or work_9.NAOK == "Y"))

Please choose **only one** of the following:

- Less than 1 week
- 1-3 weeks
- 1 month
- 2-3 months
- 4-5 months
- 6-7 months
- 8-9 months
- 10-11 months
- 12+ months

[] Are you currently covered by any kind of health insurance or some other kind of health care plan?

Please choose **only one** of the following:

- Yes
- No

[] Mark all health insurance plans in which you're covered:

Only answer this question if the following conditions are met:
 insur == "Y"

Please choose **all** that apply:

- Private health insurance plan (from a workplace or purchased directly through a government or community program)
- Single-service plan (e.g., dental, vision, prescriptions)

- Military health care (VA, CHAMPUS, TRICARE)
- CHIP (Children's Health Insurance Program)
- Indian Health Service
- Medicaid
- Medicare
- Other

[] In the PAST 12 MONTHS, was there any time that you did not have any health insurance or coverage?

Please choose **only one** of the following:

- Yes
- No

[] How many of the past 12 months were you WITHOUT coverage?

Only answer this question if the following conditions are met:

[noinsur](#) == "Y"

Please choose **only one** of the following:

- Less than 3 months
- 3-5 months
- 6-9 months
- 10-12 months

[]

Which of these statements best describes your own health state today?

Mobility

Please choose **only one** of the following:

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

[] Self-Care

Please choose **only one** of the following:

- I have no problems washing
or dressing myself
- I have slight problems washing
or dressing myself
- I have moderate problems washing
or dressing myself
- I have severe problems washing
or dressing myself
- I am unable to wash
or dress myself

[] Usual Activities (e.g., work, study, housework, family, or leisure activities)

Please choose **only one** of the following:

- I have no problems
doing my usual activities
- I have slight problems
doing my usual activities
- I have moderate problems
doing my usual activities
- I have severe problems
doing my usual activities
- I am unable to perform my usual activities

[] Pain or Discomfort

Please choose **only one** of the following:

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

[]Anxiety or Depression

Please choose **only one** of the following:

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

[]How much do you weigh?

Your answer must be between 80 and 800
Only an integer value may be entered in this field.

Please write your answer here:

pounds

[]

How tall are you?

Please choose the appropriate response for each item:

- | Feet | | | | | | | Inches | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3 | 4 | 5 | 6 | 7 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page 2**[]How often have you used creatine to build muscle in the PAST 12 MONTHS?**Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[]How often have you used dietary supplements (such as amino acids, protein supplement) to build muscle in the PAST 12 MONTHS?Please choose **only one** of the following:

- Never
- Less than monthly
- 1-3 times per month
- Once a week
- More than once a week

[]How often have you used anabolic steroids to build muscle in the PAST 12 MONTHS?Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[] How often in the PAST 12 MONTHS did you use other muscle building substances (such as hydroxyl methybutyrate [HMB], DHEA, or growth hormone)?Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[]Which of the following are you currently trying to do about your weight?Please choose **only one** of the following:

- Nothing
- Stay the same
- Gain weight
- Lose weight

[]Sometimes people will go on an "eating binge" when they eat an amount of food that most people, like their friends, would consider to be very large, in a short period of time. In the PAST YEAR, how often did you go on an eating binge?Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[]Did you feel out of control, like you couldn't stop eating even if you wanted to stop?

Only answer this question if the following conditions are met:

`binge == "2" OR binge == "3" OR binge == "4" OR binge == "5"`Please choose **only one** of the following:

- No
- Yes

[] In the past year, did you go on a diet to lose weight or keep from gaining weight?Please choose **only one** of the following:

- Never
- A couple of times
- Several times

- Often
- Always on a diet

[] In the past year, did you use diet pills to lose weight or keep from gaining weight?

Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[] In the past year, did you make yourself throw up to lose weight or keep from gaining weight?

Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[] In the past year, did you use laxatives to lose weight or keep from gaining weight?

Please choose **only one** of the following:

- Never
- Less than monthly
- 1–3 times per month
- Once a week
- More than once/week

[] What would you consider an abnormally large serving of pizza for a male your age (assuming 8 slices per 16" pizza)?

Please choose **only one** of the following:

- 2 slices
- 4 slices (1/2 pizza)
- 6 slices
- 8 slices (whole pizza)
- 10 slices
- 12 slices (1 1/2 pizzas) or more

[] Would you feel embarrassed about eating this amount of pizza?

Please choose **only one** of the following:

- Not at all
- A little
- A lot

[] During the past 4 WEEKS, how many times have you eaten until you felt uncomfortably full?

Please choose **only one** of the following:

- Never
- 1–3 times
- Once a week
- More than once/week

[] During the past 4 WEEKS, how many times have you eaten alone because you have felt embarrassed about how much you were eating?

Please choose **only one** of the following:

- Never
- 1–3 times
- Once a week
- More than once/week

[] During the past 4 WEEKS, how many times have you felt disgusted with yourself, depressed, or very guilty while eating?

Please choose **only one** of the following:

- Never
- 1–3 times
- Once a week
- More than once/week

Page 3

For the following questions please think about your AVERAGE USE over the PAST 12 MONTHS.

[]How often did you drink BEER, WINE OR LIQUOR?

Please choose **only one** of the following:

- Never, I did not drink in the past 12 months
- Less than monthly
- Less than weekly
- 1-2 times per week
- 3-5 times per week
- 6 or more times per week

[]When you drank ALCOHOL, how much did you usually drink at one time?

Please choose **only one** of the following:

- I did not drink in the past 12 months.
- Less than 1 drink
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6+ drinks

[]How many times did you drink 5 or more ALCOHOLIC DRINKS over a few hours?

Please choose **only one** of the following:

- Never in the past 12 months
- 1 time
- 2 times
- 3-5 times
- 6-8 times
- 9-11 times
- 12-15 times (about once a month)
- 16-24 times (about twice a month)
- 25-36 times (about three times a month)
- 37 or more times (more than three times a month)

[]How often did you SMOKE CIGARETTES?

Please choose **only one** of the following:

- Never, I did not smoke in the past 12 months
- Less than monthly
- Weekly, but not daily
- Monthly, but not weekly
- Daily

[]When you smoked, how many cigarettes did you smoke in one day?

Only answer this question if the following conditions are met:

`cig == "2" OR cig == "3" or cig == "4" or cig == "5"`

Please choose **only one** of the following:

- 1
- 2-5
- 6-10
- 11-20
- 21 or more

[]How often did you USE E-CIGARETTES?

Please choose **only one** of the following:

- Never, I did not use e-cigs in the last 12 months.
- Less than monthly
- Weekly, but not daily
- Monthly, but not weekly
- Daily

[]What is the usual nicotine content of your cartridges/e-cigarette?

Only answer this question if the following conditions are met:

[ecig](#) == "2" OR [ecig](#) == "3" OR [ecig](#) == "4" OR [ecig](#) == "5"

Please choose **only one** of the following:

- 0 mg/mL
- 6 mg/mL lightest
- 12 mg/mL recommended for people who smoked light cigarettes
- 18 mg/mL middle
- 24 mg/mL usually recommended for pack a day
- 36 mg/mL highest
- Don't know
- Other

[]How often did you USE MARIJUANA?

Please choose **only one** of the following:

- Never, I did not use marijuana in the last 12 months.
- Once a month or less
- Monthly, but not weekly
- Weekly, but not daily
- Daily

[]Did you use marijuana for any of the following reasons?

Only answer this question if the following conditions are met:

[marj](#) == "2" OR [marj](#) == "3" OR [marj](#) == "4" OR [marj](#) == "5"

Please choose **all** that apply:

- Medicinal
- Recreational

[]Did you have a prescription for marijuana?

Only answer this question if the following conditions are met:

[marj](#) == "2" OR [marj](#) == "3" OR [marj](#) == "4" OR [marj](#) == "5"

Please choose **only one** of the following:

- Yes
- No

Page 4

[]One hears about morning and evening types of people. Which ONE of these types do you consider yourself to be?

Please choose **only one** of the following:

- Definitely a morning type
- More of a morning than an evening type
- Definitely an evening type
- More of an evening than a morning type
- Neither

[]Would you say that your current type is the same as when you were a child and a teenager?

Please choose **only one** of the following:

- Yes
- No

[]Please indicate which type you considered yourself to be when you were a child.

Only answer this question if the following conditions are met:

`personsame == "N"`

Please choose **only one** of the following:

- Definitely a morning type
- More of a morning than an evening type
- Definitely an evening type
- More of an evening than a morning type
- Neither

[]Please indicate which type you considered yourself to be when you were a teenager.

Only answer this question if the following conditions are met:

Answer was 'No' at question '43 [personsame]' (Would you say that your current type is the same as when you were a child and a teenager?)

Please choose **only one** of the following:

- Definitely a morning type
- More of a morning than an evening type
- Definitely an evening type
- More of an evening than a morning type
- Neither

[]Please estimate an average of the time when you fall asleep and wake-up over the past 2 years on WORK-FREE DAYS, when you were without obligations and not using an alarm clock to wake up.

Please choose the appropriate response for each item:

	12:00 a.m. midnight	12:30 a.m.	1:00 a.m.	1:30 a.m.	2:00 a.m.	2:30 a.m.	3:00 a.m.	3:30 a.m.	4:00 a.m.	4:30 a.m.	5:00 a.m.	5:30 a.m.	6:00 a.m.	6:30 a.m.	7:00 a.m.	7:30 a.m.	8:00 a.m.	8:30 a.m.	9:00 a.m.	9:30 a.m.
I usually fall asleep at <small>(This is NOT always when you get into bed.)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually wake up at <small>(This is NOT always when you get into bed.)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick if the following applies:

Please choose **all** that apply:

- I always use alarm clocks to get up on free days.

[]How often do you have headaches?

Please choose **only one** of the following:

- Never
- 1–2 times/year
- 3–6 times/year
- 7–11 times/year
- 12–24 times/year

- More than 24 times/year

[]What is/are the location(s) of your headaches?

Only answer this question if the following conditions are met:

[headache == "2"](#) OR [headache == "3"](#) OR [headache == "4"](#) OR [headache == "5"](#) OR [headache == "6"](#)

Please choose all that apply:

- Only on one side of head (i.e., left or right, but not both at the same time)
- Back of the head
- Front of the head
- Both sides of the head (temples)
- Band around the head
- Around one eye
- Around both eyes

[]Do you have any of the following symptoms when you have a typical headache?

Only answer this question if the following conditions are met:

[headache == "2"](#) OR [headache == "3"](#) OR [headache == "4"](#) OR [headache == "5"](#) OR [headache == "6"](#)

Please choose all that apply:

- Sensitivity to noise or light
- Pain gets worse when physically active
- Nausea or vomiting
- Pain prevents you from routine activities
- Pulsating headache pain
- Difficulty doing normal activities (bed rest necessary)
- None of the above

Page 5

[]

When you were 17 years or younger, did you receive or seek out any formal or informal instruction from the following sources about the topics listed below?

Methods of birth controlPlease choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]Where to get birth controlPlease choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]How to use a condomPlease choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]How to say no to sexPlease choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]

Sexually transmitted infections (STI)Please choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)

- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]How to prevent HIV/AIDS

Please choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]Waiting until marriage to have sex

Please choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]Lesbian, gay, bisexual (LGB) people and relationships as natural and normal

Please choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]Lesbian, gay, bisexual (LGB) people and relationships as abnormal or sinful

Please choose **all** that apply:

- School
- Church, temple, etc.
- A parent or guardian
- A peer
- Media (e.g., TV, internet, magazines)
- Elsewhere (e.g., scouts, clubs, community center)
- Not sure
- No, I did not receive or seek out instruction on this subject when I was 17 or younger

[]Did you learn about methods of birth control before or after you first became sexually active?

Only answer this question if the following conditions are met:

Answer was NOT at question '51 [instruction]' (When you were 17 years or younger, did you receive or seek out any formal or informal instruction from the following sources about the topics listed below? Methods of birth control)

Please choose **only one** of the following:

- Before
- After
- I have not had sexual contact

[]Did you learn about sexually transmitted infections before or after you first became sexually active?

Only answer this question if the following conditions are met:

Answer was NOT at question '55 [aboutsti]' (Sexually transmitted infections (STI))

Please choose **only one** of the following:

- Before
- After
- I have not had sexual contact

Page 6**[] Has a health care provider (other than your parent) EVER encouraged you to get any of the following care?**

Please choose the appropriate response for each item:

	Yes	Not sure	No
Annual physical exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infection (STI) tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human papillomavirus (HPV) vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] A vaccine to prevent the human papillomavirus (HPV) infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or CERVARIX®. It is given in 3 separate doses over 6 months. Have you ever had this vaccination?Please choose **only one** of the following:

- Yes
 No

[] How many doses have you received?Only answer this question if the following conditions are met:
[hpv == "Y"](#)Please choose **only one** of the following:

- 1
 2
 3

[] At what age did you receive the first dose?Only answer this question if the following conditions are met:
[hpv == "Y"](#)Please choose **only one** of the following:

- Younger than 11 years old
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22 years old or older

[] Have you ever been told by a doctor or other health care provider that you have a sexually transmitted infection (STI) e.g., Chlamydia, HPV, genital warts?Please choose **only one** of the following:

- Yes
 Not sure
 No

[] Have you ever had human papillomavirus (HPV) infection or genital warts?

Only answer this question if the following conditions are met:

Answer was 'Not sure' or 'Yes' at question '66 [stidiag]' (Have you ever been told by a doctor or other health care provider that you have a sexually transmitted infection (STI) e.g., Chlamydia, HPV, genital warts?)

Please choose **only one** of the following:

- Yes
 Not sure
 No

[] In the PAST 12 months, did you or your partner use any of these other methods of birth control for any reason?Please choose **all that apply**:

- None
 Male condom
 Female condom
 Withdrawal
 Shots (Depo Provera)
 Implant (Implanon, Nexplanon)
 Female sterilization (tubal ligation)

- Male sterilization (vasectomy)
- Rhythm
- Natural family planning
- Patch (Ortho-Evra)
- Vaginal ring (NuvaRing)
- Hormonal IUD (Mirena)
- Non-hormonal IUD (Paraguard)
- Spermicide/Jelly/Sponge
- Diaphragm/Cervical cap
- Emergency contraception (Plan B)
- Other

Page 7

[]Which one of the following best describes your feelings?

Please choose **only one** of the following:

- Completely heterosexual
(attracted to persons of the opposite sex)
- Mostly heterosexual
- Bisexual
(equally attracted to men and women)
- Mostly homosexual
- Completely homosexual
(gay/lesbian, attracted to persons of the same sex)
- Not sure

[]Have you ever had sexual contact (however you define it) with another person?

Please choose **only one** of the following:

- Yes
- No

[]During your life, with how many people have you had sexual contact?

Only answer this question if the following conditions are met:

[sexcontact](#) == "Y"

Please choose **only one** of the following:

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6-9 people
- 10-20 people
- 21+ people

[]How old were you when you had sexual contact for the first time?

Only answer this question if the following conditions are met:

[sexcontact](#) == "Y"

Please choose **only one** of the following:

- Less than 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old or older

[]In the PAST 12 months, the person(s) with whom you have had sexual contact (however you define it) is (are):

Only answer this question if the following conditions are met:

[sexcontact](#) == "Y"

Please choose **only one** of the following:

- I have not had sexual contact with anyone
- Female(s)
- Male(s)
- Female(s) and male(s)

[]How do you describe yourself?

Please choose **only one** of the following:

- Female
- Male
- Transgender
- Do not identify as female, male, or transgender

[]Do you consider that you have problems achieving or maintaining an erection?

Please choose **only one** of the following:

- Yes
 No

[]Is this problem limited to a specific sexual partner?

Only answer this question if the following conditions are met:

[erection](#) == "Y"

Please choose **only one** of the following:

- Yes
 No

[]Is this problem limited to a specific sexual activity?

Only answer this question if the following conditions are met:

[erection](#) == "Y"

Please choose **only one** of the following:

- Yes
 No

[]Have you ever gotten someone pregnant?

Please choose **only one** of the following:

- Yes
 No

[] Did you ever get someone pregnant when you were 19 years old or younger?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '78 [preg]' (Have you ever gotten someone pregnant?)

Please choose **only one** of the following:

- Yes
 No

[] Did you ever get someone pregnant who was 19 years old or younger?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '78 [preg]' (Have you ever gotten someone pregnant?)

Please choose **only one** of the following:

- Yes
 No

[]How many times have you gotten someone pregnant when you or your partner were 19 years old or younger?

Only answer this question if the following conditions are met:

----- Scenario 1 -----

Answer was 'Yes' at question '79 [preg19]' (Did you ever get someone pregnant when you were 19 years old or younger?)

----- or Scenario 2 -----

Answer was 'Yes' at question '80 [pregwho19]' (Did you ever get someone pregnant who was 19 years old or younger?)

Please choose **only one** of the following:

- No pregnancies
 1
 2
 3 or more times

[]How many children (biological, adopted, step, or foster) do you have parenting responsibility for?

Please choose **only one** of the following:

- None
 1
 2
 3
 4
 5
 6 or more

Pregnancy 19

The following questions are for research purposes only. If you or someone you know would like to be connected with a trained staff member from a sexual assault service provider, we encourage you to contact 1.800.656.HOPE (4673) or visit: <https://ohlrainn.org/online/>

[]What was your age (years) at the time of pregnancy #1?

Only answer this question if the following conditions are met:

`preg19yr == "2" OR preg19yr == "3" OR preg19yr == "4"`

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]What was your sexual partner's age (years) at the time of pregnancy #1?

Only answer this question if the following conditions are met:

`preg19yr == "2" OR preg19yr == "3" OR preg19yr == "4"`

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]At the time of pregnancy #1, what method(s) were you using to prevent the pregnancy?

Only answer this question if the following conditions are met:

`preg19yr == "2" OR preg19yr == "3" OR preg19yr == "4"`

Please choose **all** that apply:

- None
- Male condom
- Vaginal ring (NuvaRing)
- Shots (Depo Provera)
- Withdrawal
- Patch (Ortho-Evra)
- Female Condom
- Diaphragm/Cervical cap
- Spermicide/Jelly/Sponge
- Natural family planning
- Implant (Implanon/ Nexplanon)
- Non-hormonal IUD (Paraguard)
- Hormonal IUD (Mirena/Skyla)
- Emergency contraception
- Rhythm
- Other

[]At the time of pregnancy #1, were you actively trying to become pregnant?

Only answer this question if the following conditions are met:

`preg19yr == "2" OR preg19yr == "3" OR preg19yr == "4"`

Please choose **only one** of the following:

- Yes
- No

[]What was your feeling regarding this pregnancy at that time?

Only answer this question if the following conditions are met:

`preg19try1 == "N"`

Please choose **only one** of the following:

- I was not actively trying, but I was glad to get my partner pregnant.
- I wanted to be get someone pregnant someday, but not at that time.
- I did not want to get someone pregnant at that time or at any time in the future.

[]Thinking about your life at the time of pregnancy #1, how important was it to you to avoid becoming pregnant?

Only answer this question if the following conditions are met:

`preg19yr == "2" OR preg19yr == "3" OR preg19yr == "4"`

Please choose **only one** of the following:

- Very important
- Somewhat important
- A little important
- Not important

[]At the time of pregnancy #1, how did you feel about finding out that you were pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "2" OR [preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Very upset
- A little upset
- A little pleased
- Very pleased
- Didn't care
- Unsure

[]What was the outcome of your first pregnancy?

Only answer this question if the following conditions are met:

[preg19yr](#) == "2" OR [preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Single live birth
- Twins/Triplets+
- Miscarriage/Stillbirth
- Induced abortion
- Tubal or ectopic

[]What was your age (years) at the time of pregnancy #2?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]What was your sexual partner's age (years) at the time of pregnancy #2?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]At the time of pregnancy #2, what method(s) were you using to prevent the pregnancy?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **all that apply**:

- None
- Male condom
- Vaginal ring (NuvaRing)
- Shots (Depo Provera)
- Withdrawal
- Patch (Ortho-Evra)
- Female Condom
- Diaphragm/Cervical cap
- Spermicide/Jelly/Sponge
- Natural family planning
- Implant (Implanon/ Nexplanon)
- Non-hormonal IUD (Paraguard)
- Hormonal IUD (Mirena/Skyla)
- Emergency contraception
- Rhythm
- Other

[]At the time of pregnancy #2, were you actively trying to become pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Yes
- No

[]At the time of pregnancy #2, what was your feeling regarding this pregnancy?

Only answer this question if the following conditions are met:

[preg19yr2](#) == "N"

Please choose **only one** of the following:

- I was not actively trying, but I was glad to get my partner pregnant.
- I wanted to be get someone pregnant someday, but not at that time.
- I did not want to get someone pregnant at that time or at any time in the future.

[]Thinking about your life at the time of pregnancy #2, how important was it to you to avoid becoming pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Very important
- Somewhat important
- A little important
- Not important

[]At the time of pregnancy #2, how did you feel about finding out that you were pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Very upset
- A little upset
- A little pleased
- Very pleased
- Didn't care
- Unsure

[]What was the outcome of your second pregnancy?

Only answer this question if the following conditions are met:

[preg19yr](#) == "3" OR [preg19yr](#) == "4"

Please choose **only one** of the following:

- Single live birth
- Twins/Triplets+
- Miscarriage/Stillbirth
- Induced abortion
- Tubal or ectopic

[]What was your age (years) at the time of pregnancy #3?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]What was your sexual partner's age (years) at the time of pregnancy #3?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- 18 years old or younger
- 19 years old
- 20 years old or older

[]At the time of pregnancy #3, what method(s) were you using to prevent the pregnancy?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **all** that apply:

- None
- Male condom
- Vaginal ring (NuvaRing)
- Shots (Depo Provera)
- Withdrawal
- Patch (Ortho-Evra)
- Female Condom
- Diaphragm/Cervical cap
- Spermicide/Jelly/Sponge
- Natural family planning
- Implant (Implanon/ Nexplanon)

- Non-hormonal IUD (Paraguard)
- Hormonal IUD (Mirena/Skyla)
- Emergency contraception
- Rhythm
- Other

[]At the time of pregnancy #3, were you actively trying to become pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- Yes
- No

[]At the time of pregnancy #3, what was your feeling regarding this pregnancy?

Only answer this question if the following conditions are met:

[preg19try3](#) == "N"

Please choose **only one** of the following:

- I was not actively trying, but I was glad to get my partner pregnant.
- I wanted to be get someone pregnant someday, but not at that time.
- I did not want to get someone pregnant at that time or at any time in the future.

[]Thinking about your life at the time of pregnancy #3, how important was it to you to avoid becoming pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- Very important
- Somewhat important
- A little important
- Not important

[]At the time of pregnancy #3, how did you feel about finding out that you were pregnant?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- Very upset
- A little upset
- A little pleased
- Very pleased
- Didn't care
- Unsure

[]What was the outcome of your third pregnancy?

Only answer this question if the following conditions are met:

[preg19yr](#) == "4"

Please choose **only one** of the following:

- Single live birth
- Twins/Triplets+
- Miscarriage/Stillbirth
- Induced abortion
- Tubal or ectopic

Illness

[] Have you ever been told by a HEALTH CARE PROVIDER (e.g., a doctor, nurse, social worker, etc.) that you have any of the following illnesses?

Please choose **all** that apply:

HEART CONDITIONS, RESPIRATORY AND BLOOD CONDITIONS

- High cholesterol, triglycerides, or lipids
- Hypertension (high blood pressure)
- Asthma

CANCER AND BENIGN TUMORS

- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma
- Cancer, not melanoma

EATING DISORDERS

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Other eating disorder

NERVOUS SYSTEM AND MENTAL CONDITIONS

- Migraines
- Peripheral neuropathy
- Concussion or other head injury
- Depression
- Anxiety disorder

DIABETES, METABOLIC AND DIGESTIVE CONDITIONS

- Diabetes (high blood sugar)
- Hypothyroidism

GASTROINTESTINAL CONDITIONS

- Gallstones
- Ulcerative Colitis/Crohn's Disease
- Irritable bowel syndrome
- Celiac disease

SKIN DISEASES/CONDITIONS

- Eczema (atopic dermatitis)
- Psoriasis
- Vitiligo
- Atypical mole
- Alopecia areata
- Hidradenitis suppurativa

OTHER COMMON CONDITIONS

- Stress fracture
- ACL tear
- Kidney stones

[] Since 2011 have you either had surgery or been told by a HEALTH CARE PROVIDER that you have any other major illness?

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

1. Please specify:

2. Please specify:

3. Please specify:

Illness confirm

[]

When did you receive your first diagnosis for: High cholesterol, triglycerides, or lipids?

Only answer this question if the following conditions are met:

[illness_2.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Hypertension (high blood pressure)?

Only answer this question if the following conditions are met:

[illness_3.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Asthma?

Only answer this question if the following conditions are met:

[illness_4.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Basal cell carcinoma?

Only answer this question if the following conditions are met:

[illness_6.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Squamous cell carcinoma?

Only answer this question if the following conditions are met:

[illness_7.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Melanoma?

Only answer this question if the following conditions are met:

[illness_8.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Cancer, not melanoma?

Only answer this question if the following conditions are met:

[illness_9.NAOK](#) == "Y"Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]What was the location or type of cancer?

Only answer this question if the following conditions are met:

[cancer](#) == "1" or [cancer](#) == "2" or [cancer](#) == "3"

Please choose **only one** of the following:

- Abdomen
- Adenocarcinoma
- Adrenal
- Appendix
- Bile Duct-Gallbladder
- Bladder
- Bone
- Brain
- Bronchus
- Chronic Lymphocytic Leukemia
- Colon
- Connective Tissue
- Dermatofibrosarcoma
- Digestive organs
- Duodenum
- Endocrine gland
- Esophagus
- Eye Cancer/Eye Melanoma
- Floor of mouth
- Gallbladder
- Genital
- Gum
- Hodgkin's Disease
- Hydatidiform Mole
- Hypopharynx
- Intrahepatic Bile Duct
- Kidney-Wilms' Tumor
- Large Intestine
- Larynx
- Leiomyosarcoma
- Leukemia
- Leukemia, lymphatic
- Leukemia, monocytic
- Leukemia, myeloid
- Lip
- Liver
- Lung
- Lymph Nodes, secondary cancer
- Lymphatic Leukemia
- Lymphoid, other
- Lymphoma
- Lymphosarcoma
- Melanoma of the eye
- Meningioma
- Merkle Cell
- Middle Ear
- Monocytic Leukemia
- Mouth
- Multiple Myeloma
- Mycosis Fungoides
- Myelofibrosis
- Myeloid Leukemia
- Myeloproliferative Disease
- Nasal Cavities
- Nasopharynx
- Nerves
- Non-Hodgkins Lymphoma
- Nose Cancer, NOT skin cancer of nose
- Oropharynx

- Pancreas
- Parotid Gland
- Pelvis
- Peritoneum
- Pharynx
- Pituitary Gland
- Pleura
- Polycythemia Vera
- Prostate
- Rectosigmoid Junction
- Rectum
- Respiratory
- Salivary Gland
- Secondary Cancer, other
- Secondary Neoplasm, lymph nodes
- Secondary Neoplasm, respiratory & digestive
- Sinuses
- Site Unspecified
- Small Bowel
- Small Intestine
- Spine
- Stomach
- Testicular
- Throat
- Thymus Gland
- Thyroid
- Tongue
- Tonsils
- Trachea
- Ureter
- Vocal Cord
- Waldenstrom's Macroglobulinemia
- Wilms' Tumor (kidney)

[]When did you receive your first diagnosis for: Anorexia nervosa?

Only answer this question if the following conditions are met:

[illness_12.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Bulimia nervosa?

Only answer this question if the following conditions are met:

[illness_13.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Binge eating disorder?

Only answer this question if the following conditions are met:

[illness_14.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Other eating disorder?

Only answer this question if the following conditions are met:

[illness_15.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Migraines?

Only answer this question if the following conditions are met:

[illness_20.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Peripheral neuropathy?

Only answer this question if the following conditions are met:

[illness_21.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Concussion or other head injury?

Only answer this question if the following conditions are met:

[illness_22.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Depression?

Only answer this question if the following conditions are met:

[illness_23.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Anxiety disorder?

Only answer this question if the following conditions are met:

[illness_24.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Diabetes (high blood sugar)?

Only answer this question if the following conditions are met:

[illness_26.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]What type of diabetes?

Only answer this question if the following conditions are met:

[diabconf](#) == "1" OR [diabconf](#) == "2" OR [diabconf](#) == "3"

Please choose **only one** of the following:

- Type 1
- Type 2
- Don't Know

[]When did you receive your first diagnosis for: Hypothyroidism?

Only answer this question if the following conditions are met:

[illness_27.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Gallstones?

Only answer this question if the following conditions are met:

[illness_29.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Ulcerative colitis/Crohn's Disease?

Only answer this question if the following conditions are met:

[illness_30.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Irritable bowel syndrome?

Only answer this question if the following conditions are met:

[illness_31.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Celiac disease?

Only answer this question if the following conditions are met:

[illness_32.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Eczema (atopic dermatitis)?

Only answer this question if the following conditions are met:

[illness_34.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: Psoriasis?

Only answer this question if the following conditions are met:

[illness_35.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]Do you have Psoriatic arthritis?

Only answer this question if the following conditions are met:

Answer was 'Diagnosed in 2016 or later' or 'Between 2011-2015' or 'Before 2011' at question '134 [psor]' (When did you receive your first diagnosis for: Psoriasis?)

Please choose **only one** of the following:

- Yes
 No

[]When did you receive your first diagnosis for: atypical mole?

Only answer this question if the following conditions are met:

[illness_37.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: Vitiligo?

Only answer this question if the following conditions are met:

[illness_36.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: Alopecia areata?

Only answer this question if the following conditions are met:

[illness_38.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: Hidradenitis suppurativa?

Only answer this question if the following conditions are met:

[illness_39.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: Stress fracture?

Only answer this question if the following conditions are met:

[illness_41.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: ACL tear?

Only answer this question if the following conditions are met:

[illness_42.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: Kidney stones?

Only answer this question if the following conditions are met:

[illness_43.NAOK](#) == "Y"

Please choose **only one** of the following:

- Diagnosed in 2016 or later
 Between 2011-2015
 Before 2011
 No, did not have

[]When did you receive your first diagnosis for: {Otherillness_1comment.shown}?

Only answer this question if the following conditions are met:

((OtherIllness_1.NAOK == "Y"))

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: {OtherIllness_2comment.shown}?

Only answer this question if the following conditions are met:

((OtherIllness_2.NAOK == "Y"))

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

[]When did you receive your first diagnosis for: {OtherIllness_3comment.shown}?

Only answer this question if the following conditions are met:

((OtherIllness_3.NAOK == "Y"))

Please choose **only one** of the following:

- Diagnosed in 2016 or later
- Between 2011-2015
- Before 2011
- No, did not have

Page 8**[]When was your last routine (preventative) physical exam or check-up?**Please choose **only one** of the following:

- Less than 1 year ago
- In the past 1-2 years
- 2 or more years ago

[]What kind of place do you usually go to for your health care?Please choose **all** that apply:

- Private practice or HMO
- Family planning clinic (e.g., Planned Parenthood)
- Community health center or public health clinic
- School or school-based clinic
- Hospital outpatient clinic
- Hospital emergency room
- Urgent care center
- Employer or company clinic
- Other setting
- No usual place of care

[]Have you gone to any of the places you marked above for your health care in the last 12 months?**Only answer this question if the following conditions are met:**

Answer was NOT at question '147 [healthplace]' (What kind of place do you usually go to for your health care?)

Please choose **only one** of the following:

- Yes
- No

[]Do any of the healthcare places you marked above seem welcoming to lesbian, gay, bisexual, and transgender patients?**Only answer this question if the following conditions are met:**

Answer was NOT at question '147 [healthplace]' (What kind of place do you usually go to for your health care?)

Please choose **only one** of the following:

- Yes
- Not sure
- No

[]Are any of the healthcare places you marked above dedicated to lesbian, gay, bisexual, and transgender patients?**Only answer this question if the following conditions are met:**

Answer was NOT at question '147 [healthplace]' (What kind of place do you usually go to for your health care?)

Please choose **only one** of the following:

- Yes
- Not sure
- No

[]**Think about the last time you needed some kind of non-routine health care (e.g., sprained ankle, bad cut) but did not seek care.****Check all the reasons you did not seek care at that time:**Please choose **all** that apply:

- This does not apply; I have always gotten care
- Symptoms were not serious enough
- Did not want to bother my health care provider
- Concern for cost or lack of insurance
- Bad prior experience with hospitals/health care providers
- Did not believe there was anything they could do to help me
- Could not get an appointment (e.g., due to geographic distance or scheduling difficulties)

[]Does your primary care provider (PCP) know your sexual orientation?Please choose **only one** of the following:

- Yes
- Not sure
- No
- I don't have a PCP

[]How did your primary care provider learn of your sexual orientation?

Only answer this question if the following conditions are met:

Answer was 'Not sure' or 'Yes' at question '152 [pcpsex]' (Does your primary care provider (PCP) know your sexual orientation?)

Please choose **only one** of the following:

- He/she brought it up
- I brought it up
- Someone else may have told him/her
- He/she may have read it in my chart
- Not sure

[]How important is it to you that your primary care provider know your sexual orientation?

Please choose **only one** of the following:

- Very important
- Somewhat important
- Not very important
- Not at all important

[]Has a health care provider (other than your parent) EVER talked to you about sexual health (e.g., STIs, contraceptives)?

Please choose **only one** of the following:

- Yes
- Not sure
- No

[]Below is a list of some of the ways you may have felt or behaved. Indicate how often you have felt this way during the PAST WEEK.

Please choose the appropriate response for each item:

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	All of the time
I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]In the PAST 12 MONTHS, how often have you..

Please choose the appropriate response for each item:

	Never	A little	Sometimes	A lot	Always
thought about wanting to have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
worried about having fat on your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
thought about wanting to be thinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 9

For the following questions, please mark if you use any of the following medications regularly during the PAST 2 YEARS

[] Acetaminophen (e.g., Tylenol)

Please choose **only one** of the following:

- Yes
 No

[] How many days per week do you use Acetaminophen?

Only answer this question if the following conditions are met:

[ace](#) == "Y"

Please choose **only one** of the following:

- Once a week
 2-3 times per week
 4-5 times per week
 6 or more times per week

[] How many tablets per week of Acetaminophen do you take?

Only answer this question if the following conditions are met:

[ace](#) == "Y"

Please choose **only one** of the following:

- 1-2
 3-5
 6-14
 15 +

[] Aspirin or aspirin-containing products (325 mg or more/tablet)

Please choose **only one** of the following:

- Yes
 No

[] How many days per week do you use aspirin or aspirin-containing products (325 mg or more/tablet)?

Only answer this question if the following conditions are met:

[asp](#) == "Y"

Please choose **only one** of the following:

- 1
 2-3
 4-5
 6+

[] How many tablets per week of aspirin or aspirin-containing products (325 mg or more/tablet) do you take?

Only answer this question if the following conditions are met:

[asp](#) == "Y"

Please choose **only one** of the following:

- 1-2
 3-5
 6-14
 15 +

[] Ibuprofen (e.g., Advil, Motrin, Nuprin)

Please choose **only one** of the following:

- Yes
 No

[] How many days per week do you use Ibuprofen (e.g., Advil, Motrin, Nuprin)?

Only answer this question if the following conditions are met:

[ibu](#) == "Y"

Please choose **only one** of the following:

- Once a week
 2-3 times per week
 4-5 times per week
 6 or more times per week

[] How many tablets per week of Ibuprofen (e.g., Advil, Motrin, Nuprin) do you take?

Only answer this question if the following conditions are met:

[ibu](#) == "Y"

Please choose **only one** of the following:

- 1-2
- 3-5
- 6-14
- 15 +

[]Other anti-inflammatory pain reliever (e.g., Aleve)

Please choose **only one** of the following:

- Yes
- No

[]Blood pressure lowering medication

Please choose **all** that apply:

- Thiazide diuretic (e.g., HCTZ)
- Calcium blocker (e.g., Calan)
- Beta-Blocker (e.g., Inderal)
- ACE inhibitor (e.g., lisinopril)
- Other

[]Please mark if you use any of the following medications regularly (2 or more times/week) during the PAST 2 YEARS.

Please choose **all** that apply:

- Prilosec, omeprazole, Nexium, Prevacid, etc.
- ADHD medication (Adderall, Concerta, Ritalin, Strattera, etc.)
- Anti-migraine medication (Imitrex, Maxalt, Zomig)
- Painkillers (e.g., Vicodin, Percocet, Codeine, Oxycontin, morphine)
- Statins (cholesterol-lowering drugs) (e.g., Zocor, Crestor, Lipitor, Mevacor)
- Insulin (any type)
- Oral diabetes medication (e.g., metformin, Glucophage)
- SSRIs (e.g., Prozac, Zoloft)
- Other antidepressant (e.g., Elavil, Tofranil)
- Anxiety medication (e.g., Valium, Xanax, Ativan)
- Retinoids (e.g., RetinA, Differin, Accutane)

Final

[]

Thank you for participating in the GUTS 2016 Questionnaire!**As an additional thank you, we are pleased to be able to offer you a \$5.00 Amazon.com Gift Card*.****Would you like to receive a GUTS Thank You Gift?**Please choose **only one** of the following: Yes No

Please note, your selection here will update our records. **GUTS Thank You Gifts** are sent via email within 2-3 days. If we do not have an email on record for you, we will send your gift to your mailing address on file.

Questions or concerns? guts@channing.harvard.edu.

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[]GUTS Feedback Booth (optional)**Your feedback can help us improve future surveys, make corrections to your responses and address commonly asked questions in our newsletters.****Thank you!**

Please write your answer here:

Submit your survey.
Thank you for completing this survey.