

# GUTS 2019 F

Thank you for your continued participation in GUTS.

This questionnaire should take about **30 minutes** to complete.

This year, we are doing new environmental research based on your lifetime residential history. For these questions, it might be helpful to have on hand **all the addresses where you have lived longer than 6 months**.

If you need to leave the survey for any length of time, the page may time out, but your answers will be saved. You can log in again at [www.gutslgin.org](http://www.gutslgin.org) and resume where you left off.

There are 465 questions in this survey

## Personal Information

### []What is your current status?

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

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

### []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 (**Write in**)

If you are currently pregnant or recently pregnant, please still report your weight above.

### []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

### []How do you describe yourself?

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

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

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

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

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

### []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 maternity 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?

**LOGIC**

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

**[ ]What has been your main occupation DURING YOUR ADULTHOOD?**

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

- Artist or art-related
- Building and grounds, cleaning and maintenance
- Construction and building trades
- Farming: animal and agriculture
- Firefighter
- Food preparation and serving
- Forestry
- Medical, dental, and health-care-related
- Military
- Mining or drilling
- Police or correctional
- Production-related \*
- Professional \*\*
- Sales, office, retail, and administrative
- Transportation: bus, car, or van driver
- Transportation: truck driver
- Transportation: other
- Vehicle, engine, or aircraft mechanic
- Welder
- Other \_\_\_\_\_ (Write in)

\* Machine operator, manufacturing, assembling, or processing

\*\* Including business, financial, engineering, computer, science, media, education

**[ ]In the PAST 12 MONTHS, on average, how many hours per week did you work?**

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

- None
- 1-20 hours per week
- 21-40 hours per week
- 41-60 hours per week
- 61+ hours per week

**[ ]In the PAST 12 MONTHS, what schedule did you usually work?**

(If you worked rotating or multiple schedules, please select all shifts you typically worked.)

**LOGIC**

Please choose **all** that apply:

- Early morning shifts
- Day shifts
- Evening shifts
- Night shifts
- Rotating shifts, no night shifts
- Rotating shifts, with night shifts
- Other/Didn't Work

**[ ]What year did you begin your current job?**

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
- 1989
- 1990

- 1991
- 1992
- 1993
- 1994
- 1995
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

[] In the PAST MONTH, on average, how many hours per day were you on your feet (standing or walking) at work?

**LOGIC**

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

- 0 or less than 1 hour per day
- 1-4 hours per day
- 5-8 hours per day
- 9+ hours per day

[] In the PAST MONTH, on average, how many times per day did you lift or move a physical load of 25 pounds or more at work?

**LOGIC**

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

- None
- 1-5 times per day
- 6-15 times per day
- 16+ times per day

[] Did your parents own a home during the first 10 years of your childhood?

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

- Yes
- No

## **Alcohol, Tobacco, and Marijuana Use**

[] In 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

[] In the PAST 12 MONTHS, when you drank alcohol, how much did you usually drink AT ONE TIME?

**LOGIC**

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

**[ ]**In the PAST 12 MONTHS, how many times did you drink 4 or more alcoholic drinks OVER A FEW HOURS?

**LOGIC**

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)

**[ ]**Have you EVER used an ELECTRONIC CIGARETTE (e-cigarette/vaping/Juul)?

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

- Yes
- No

**[ ]**How old were you when you FIRST used an e-cigarette?

**LOGIC**

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

- Age 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
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- 24
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- 46
- 47
- 48
- 49
- 50

[]When you used your first e-cigarette:

**LOGIC**

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

- I had never smoked tobacco cigarettes.
- I was a current smoker of tobacco cigarettes and had no plans to quit.
- I was a current smoker of tobacco cigarettes and was planning to quit.
- I was a current smoker of tobacco cigarettes and was planning to reduce smoking.
- I had stopped smoking tobacco cigarettes.

[]In the PAST 12 MONTHS, on average, how often did you use e-cigarettes?

**LOGIC**

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

- Never
- Less than 1 time per month
- 2-3 times per month
- 1-2 times per week
- 3-6 times per week
- 1-4 times per day
- 5-14 times per day
- 15-24 times per day
- 25-34 times per day
- 35 -44 times per day
- More than 45 times per day

[]In the PAST 12 MONTHS, when you used e-cigarettes, did they contain nicotine?

**LOGIC**

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

- Always contained nicotine
- Sometimes contained nicotine
- Never contained nicotine
- Don't know

[]In the PAST 12 MONTHS, 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
- Monthly, but not weekly
- Weekly, but not daily

[]In the PAST 12 MONTHS, when you smoked, how many cigarettes did you smoke in ONE DAY?

**LOGIC**

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

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

[]Have you EVER used MARIJUANA (smoking/vaping/edibles)?

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

- Yes
- No

[] How old were you when you FIRST used marijuana?

**LOGIC**

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

- Age 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
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- 50

[ ]In the PAST 12 MONTHS, did you use marijuana?

**LOGIC**

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

- Yes
- No

[ ]In the PAST 12 MONTHS, how often did you use marijuana?

**LOGIC**

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

- Once a month or less
- 2-3 times a month
- 1-2 times a week
- 3-5 times a week
- Daily
- More than once per day

[ ]If you have a comment on this section, please write it here. You will have space later for additional comments.

**COMMENT BOX**

## Birth Control/Contraception

[]In the PAST 12 MONTHS, did you use oral birth control pills for any reason?

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

- Yes
- No

[]What brand did you use (For example: Seasonale, Yasmin)?

### LOGIC

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

- Alesse
- Altavera
- Alyacen
- Amethia
- Amethyst
- Apri
- Aranelle
- Ashlyna
- Aubra (all types)
- Aviane
- Aygestin
- Azurette
- Balziva
- Beyaz
- Bilisovi (all types)
- Brevicon
- Balcoltra
- Briellyn
- Camila
- Camrese (all types)
- Caziant
- Cryselle 28
- Cyclofem
- Cyclessa
- Cesia
- Chateal (all types)
- Cyred
- Dasetta
- Daysee
- Demulen (all types)
- Desogen
- Diane
- Deblitane
- Delyla
- Elinest
- Emoquette
- Enpresse
- Enskyce
- Errin
- Estarylla
- Estrostep FE
- Falmina
- Femcon FE
- FaLessa Kit
- Fayosim
- Femhrt
- Femynor
- Generess FE
- Gianvi
- Gildagia
- Gildess (all types)
- Heather
- Introvale
- Isibloom
- Jolessa
- Jolivette

- Junel (all types)
- Jencycla
- Jinteli
- Juleber
- Kariva
- Kelnor (all types)
- Kimidess
- Kurvelo
- Kaitlib FE
- Larin (all types)
- Leena
- Lessina
- Levlen
- Levlite
- Levora
- Lo/Ovral-28
- Loestrin (all types)
- Lomedia 24 Fe
- LoSeasonique
- Low-Ogestrel
- Lutera
- Lybrel
- Larissia
- Levonest
- Lillow
- Lyza
- Marlissa
- Microgestin (all types)
- Micronor
- Minastrin 24
- Mircette
- Modicon
- Mono-Linyah
- Mononessa
- Mili
- Myzilra
- Natazia
- Necon
- Nikki
- Nora-Be
- Nordette
- Norethin
- Norinyl 1/35
- Nor-QD
- Nortrel
- Norlyroc
- Ocella
- Ogestrel (all types)
- Orsythia
- Ortho
- Ortho Tri-Cyclen (all types)
- Ortho-Cept
- Ortho-Cyclen
- Ortho-Novum
- Ovcon
- Ovrette
- Pirmella
- Portia
- Previfem
- Philith
- Quasense
- Quartette
- Reclipsen
- Rivelsa
- Safyral



- Seasonale
- Seasonique
- Setlakin
- Sharobel
- Solia
- Sprintec
- Sronyx
- Syeda
- Tarina Fe 1/20
- Taytulla
- Tilia Fe
- Tri Femynor
- Tri-Legest (all types)
- Tri-Levlen
- Tri-Linyah
- Tri-Lo-Estarylla
- Tri-Lo-Marzia
- Tri-Lo-Sprintec
- Tri-Mili
- TriNessa (all types)
- Tri-Norinyl
- Triphasil (all types)
- Tri-Previfem
- Tri-Sprintec
- Trivora (all types)
- TriVyLibra
- Velivet
- Vestura
- Vienva
- Viorele
- VyLibra
- Vyfemla
- Wera
- Xulane
- Yasmin
- Yaz
- Zarah
- Zenchent
- Zovia (all types)
- Other \_\_\_\_\_

(Write in)

If more than one, report the brand used the longest.

[ ] Did you take this birth control pill for any of the following reasons?

**LOGIC**

Please choose **all** that apply:

- Pregnancy prevention
- Acne or hirsutism (excess hair)
- Irregular periods (including PCOS)
- Painful periods
- Heavy periods
- Premenstrual syndrome
- Chronic pelvic pain (including endometriosis)
- Other

[ ] In the PAST 12 MONTHS, did you or your partner use any of these methods of birth control for any reason?

Please choose **all** that apply:

- None
- Male condom
- Female condom
- Withdrawal
- Shots (For example: Depo-Provera)
- Implant (For example: Nexplanon)
- Female sterilization (For example: tubal ligation)
- Male sterilization (vasectomy)

- Rhythm
- Fertility awareness-based methods (For example: tracking menstrual period dates, body temperature, cervical mucus)
- Patch (For example: Xulane)
- Vaginal ring (For example: NuvaRing)
- Hormonal IUD (For example: Mirena)
- Non-hormonal IUD (For example: Paraguard)
- Spermicide/Jelly/Sponge
- Diaphragm/Cervical cap
- Emergency contraception (For example: Plan B)
- Other

## Pregnancy

Please mark here if it is not possible for you to **EVER** become pregnant. (For example: hysterectomy, tubal ligation, bilateral oophorectomy)

Please choose **all** that apply:

- I am unable to become pregnant.

Are you currently pregnant?

### LOGIC

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

- No
- Yes
- Unsure

Has your pregnancy been confirmed by a positive pregnancy test? (Include over-the-counter and/or clinic tests.)

### LOGIC

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

- No
- Yes

How many weeks has it been since the start of your last menstrual period?

Please round down to the nearest whole number (1-45). If uncertain, please use your best estimate.

### LOGIC

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
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- 42
- 43
- 44
- 45

[]Are you actively trying to become pregnant, or do you think that you may become pregnant at some point within the next year?

**LOGIC**

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

- No
- Yes, actively trying
- Yes, may become pregnant within the next year

[]Regarding this pregnancy, how did you feel about becoming pregnant?

**LOGIC**

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

- I was actively trying to become pregnant.
- I was not actively trying, but I was glad to become pregnant.
- I wanted to become pregnant someday, but not then.
- I did not want to be pregnant then or at any time in the future.

[]Did you use any form of medically assisted reproduction for help getting pregnant (intrauterine insemination, in vitro fertilization, etc.)?

**LOGIC**

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

- No
- Yes, my partner and I had difficulty getting pregnant
- Yes, I want to have a child on my own
- Yes, for same-sex couple reproduction
- Yes, other

[]Did you undergo any medical treatments or procedures to help you get pregnant?

**LOGIC**

Please choose **all** that apply:

- Medication to induce ovulation [For example: clomiphene (Clomid), metformin (Glucophage), gonadotropin injections (Pergonal, Metrodin, Follistim)]
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT) or zygote intrafallopian transfer (ZIFT)
- Sperm donation
- Egg or embryo donation

[]Are you currently using any form of medically assisted reproduction for help getting pregnant (intrauterine insemination, in vitro fertilization, etc.)?

**LOGIC**

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

- No
- Yes, my partner and I have had difficulty getting pregnant
- Yes, I want to have a child on my own
- Yes, for same-sex couple reproduction
- Yes, other

[]What medical treatments or procedures have you used to help you get pregnant?

**LOGIC**

Please choose **all** that apply:

- Medication to induce ovulation [For example: clomiphene (Clomid), metformin (Glucophage), gonadotropin injections (Pergonal, Metrodin, Follistim)]
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT) or zygote intrafallopian transfer (ZIFT)
- Sperm donation
- Egg or embryo donation

[ ] How many months did you actively try to get pregnant?

**LOGIC**

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

- 1 month or less
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 - 35 months
- 36 months or more

[ ] For how many months have you been actively trying to get pregnant?

**LOGIC**

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

- 1 month or less
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 to 35 months
- 36 months or more

[ ] How much time has gone by since you stopped using any contraceptive/birth control?

**LOGIC**

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

- None, I have never used a contraceptive/birth control method.
- None, I am still using contraception/birth control.
- 1 month or less
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 - 35 months
- 36 months or more

[]How often do you have sexual intercourse without using any contraceptive method?

**LOGIC**

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

- Never
- Once per month or less often
- 2 to 3 times per month
- Once per week
- 2 to 3 times per week
- 4 to 6 times per week
- One or more times per day

[]For how many months have you been having sexual intercourse without using any contraceptive method?

**LOGIC**

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

- None, I am using contraception
- 1 month or less
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 to 35 months
- 36 months or more

[]Do you monitor your menstrual cycle for signs of ovulation?

**LOGIC**

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

- Yes
- No

[]How do you monitor your menstrual cycle?

**LOGIC**

Please choose **all** that apply:

- Keeping track of menstrual cycle length
- Basal body temperature monitoring
- Cervical mucus monitoring
- Ovulation prediction kits (For example: Clearblue ovulation test)
- Fertility monitors that use urine samples (For example: Clearblue Monitor)
- Fertility monitors that use saliva samples (For example: OvaCue Monitor)
- Saliva ("ferning") microscopes (For example: Fertile-Focus, Ovulens)
- Other

[]Do you increase the frequency of sexual intercourse around the time of ovulation predicted by your cycle monitoring method(s)?

**LOGIC**

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

- Yes
- No

[] Part of the Growing Up Today Study is a Maternal Health Study. We will investigate how diet, activity, and other factors during pregnancy may influence women's pregnancy experiences and their babies.

If you agree to be part of the Maternal Health Study, we will contact you in three months. At that point we will ask if you have become pregnant and whether you would be interested in providing further information about your pregnancy.

**LOGIC**

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

- Yes, I want to be involved in the Maternal Health Study.
- No, do not contact me about the Maternal Health Study.

[] Another part of the Growing Up Today Study is a Parental Health Study. Increasingly, studies are showing that not only maternal but also paternal factors are associated with pregnancy outcomes. In this study, we will investigate how paternal diet, activity, and other factors prior to conception may influence pregnancy outcomes.

**LOGIC**

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

- Yes, I think the biological father would like to be involved
- No, do not contact him about the Parental Health Study.

[] Please give us the name and email of the man who will be the biological father of the baby.

**LOGIC**

Please write your answer(s) here:

First Name \_\_\_\_\_ (Write in)  
Last Name \_\_\_\_\_ (Write in)  
Email \_\_\_\_\_ (Write in)

[] The following 5 questions are about the biological father of the child you are carrying. If you used a donor, just answer the best you can.

How old is he?

**LOGIC**

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

- Don't Know
- 18 or less
- 19
- 20
- 21
- 22
- 23
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- 59
- 60



## Lifetime Pregnancy

[]What is the TOTAL number of times that you have ever been pregnant? (Include all miscarriages, abortions, stillbirths and live births.)

### LOGIC

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

- 0 (Not including any CURRENT pregnancy)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15+

[]Next, we will ask you a set of questions for each of your lifetime pregnancies.

[\*\*\*Repeated for up to 15 pregnancies\*\*\*]

Please start with your **FIRST** pregnancy.

Month and year in which your **first pregnancy** ended?

Please choose the appropriate response for each item:

- |                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                    |                       |                       |                       |                       |                       |                       | Month                 |                       |                       |                       |                       |                       |  |
|                    | January               | February              | March                 | April                 | May                   | June                  | July                  | August                | September             | October               | November              | December              |  |
| Date               | <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"/> |  |
| [all years listed] |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

[]How long did your **first pregnancy** last?

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

- < 8 weeks
- 8-11 weeks
- 12-19 weeks
- 20-27 weeks
- 28-31 weeks
- 32-36 weeks
- 37-39 weeks
- 40-42 (term)
- 43+ weeks

[]What was the outcome of your **first pregnancy**?

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

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

[]Did you have any of these complications related to pregnancy or lactation during your **first pregnancy**?

Please choose **all** that apply:

- Gestational diabetes
- Pregnancy-related high blood pressure
- Pre-eclampsia/Toxemia
- Mastitis/Breast infection
- No

[]Regarding this **first pregnancy**, how did you feel about becoming pregnant?

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



- I was actively trying to become pregnant.
- I was not actively trying, but I was glad to become pregnant.
- I wanted to become pregnant someday, but not then.
- I did not want to be pregnant then or at any time in the future.

**How many months did you actively try to get pregnant?**

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

- 1 month or less
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 - 35 months
- 36 months or more

**Regarding this pregnancy, did you or your partner visit a doctor to seek help getting pregnant?**

**LOGIC**

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

- Yes
- No

**Regarding this pregnancy, did you undergo any medical treatments or procedures to help you get pregnant?**

**LOGIC**

Please choose **all** that apply:

- Medication to induce ovulation [For example: clomiphene (Clomid), metformin (Glucophage), gonadotropin injections (Pergonal, Metrodin, Follistim)]
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT) or zygote intrafallopian transfer (ZIFT)
- Sperm donation
- Egg or embryo donation

**Illness**

**Have you EVER had any of these clinician-diagnosed illnesses, conditions, or procedures?**

Please choose **all** that apply:

- **CARDIOVASCULAR**
- High cholesterol, triglycerides, or lipids
- High blood pressure (hypertension)
- Deep vein thrombosis
  
- **CANCER & BENIGN TUMORS**
- Melanoma
- Squamous cell skin cancer
- Basal cell skin cancer
- Breast cancer
- Fibrocystic or other benign breast disease
- Colon or rectal polyps (benign)
- Leukemia/Lymphoma/Hodgkin's disease
- Other cancer (please report type on next page)
  
- **DIABETES, METABOLIC & ENDOCRINE CONDITIONS**
- Diabetes-Type I
- Diabetes-Type II
- Gestational diabetes (diabetes during pregnancy)

- Impaired glucose tolerance/Prediabetes
- Graves' disease/Hyperthyroidism
- Hypothyroidism

• **GYNECOLOGICAL CONDITIONS & PROCEDURES**

- Endometriosis
- Uterine fibroids
- Polycystic ovary syndrome (PCOS)
- Tubal ligation
- C-Section/Cesarean section
- Hysterectomy

• **ALLERGIC CONDITIONS**

- Asthma
- Rhinitis (hay fever)

• **ARTHRITIS, JOINT & AUTOIMMUNE CONDITIONS**

- Systemic lupus erythematosus (SLE)
- Rheumatoid arthritis
- Other arthritis

• **SKIN CONDITIONS**

- Eczema (atopic dermatitis)
- Psoriasis

• **GASTROINTESTINAL CONDITIONS & PROCEDURES**

- Gallstones
- Gallbladder removal (cholecystectomy)
- Ulcerative colitis/Crohn's disease/Microscopic colitis
- Irritable bowel syndrome
- Celiac disease
- Eosinophilic esophagitis
- Diverticulitis
- Appendectomy
- Fatty liver/Non-alcoholic fatty liver disease
- Gastric banding/Lap band
- Gastric bypass
- Gastric sleeve (sleeve gastrectomy)
- Other weight loss procedures with bariatric devices

• **EATING DISORDERS**

- Anorexia
- Bulimia
- Binge eating disorder (BED)
- Avoidant/restrictive food intake disorder (ARFID)
- Eating disorder: Other/Not Specified

• **OTHER CONDITIONS & PROCEDURES**

- Kidney stones
- Tonsillectomy
- Hernia
- Seizure (1 or more)/Epilepsy
- Sleep apnea
- Mononucleosis
- Depression (clinician-diagnosed)
- Anxiety (clinician-diagnosed)
- Attention-deficit/hyperactivity disorder (ADHD)/Attention-deficit disorder (ADD) (clinician-diagnosed)
- Migraine headaches
- Multiple sclerosis
- Any joint surgery (shoulder, hip, knee, ankle, etc.)
- Other major illness or surgery

## Illness Confirmation

For each illness below, please indicate the timeframe of your EARLIEST diagnosis.

If you did not have the diagnosis or procedure, please mark "No, did not have."

[]When were you first diagnosed with: High cholesterol, triglycerides, or lipids

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
High blood pressure (hypertension)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Deep vein thrombosis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Melanoma

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Squamous cell skin cancer

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Basal cell skin cancer

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:

## Breast cancer

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Fibrocystic or other benign breast disease

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]Was the Fibrocystic or other benign breast disease confirmed by breast biopsy?

### LOGIC

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

- Yes
- No

[]When were you first diagnosed with:  
Colon or rectal polyps (benign)

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Leukemia/Lymphoma/Hodgkin's disease

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Other cancer

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]What was the location or type of cancer?

### LOGIC

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 were you first diagnosed with:  
Diabetes Type I

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Diabetes Type 2

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Gestational diabetes (diabetes during pregnancy)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Impaired glucose tolerance/Prediabetes

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017

- After 2017
- No, did not have

[]When were you first diagnosed with:  
Graves' disease/Hyperthyroidism

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Hypothyroidism

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Endometriosis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]Was the Endometriosis confirmed by laparoscopy?

**LOGIC**

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

- Yes
- No

[]When were you first diagnosed with:  
Uterine fibroids

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Polycystic ovary syndrome (PCOS)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have:  
Tubal ligation

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first:  
C-Section/Cesarean section

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have: Hysterectomy

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with: Asthma

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with: Rhinitis (hay fever)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Systemic lupus erythematosus (SLE)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Rheumatoid arthritis



**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Other arthritis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Eczema (atopic dermatitis)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]You will be receiving a follow-up email in the near future to gather some more information on your eczema.

**LOGIC**

[]When were you first diagnosed with:  
Psoriasis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Gallstones

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have: Gallbladder removal (cholecystectomy)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Ulcerative colitis/Crohn's disease/Microscopic colitis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Irritable bowel syndrome

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Celiac disease

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Eosinophilic esophagitis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Diverticulitis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have: Appendectomy

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:

## Fatty liver/Non-alcoholic fatty liver disease

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first:  
Gastric banding/Lap band

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first: Gastric bypass

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first:  
Gastric sleeve (sleeve gastrectomy)

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first:  
Other weight loss procedures with bariatric devices

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Anorexia

### LOGIC

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Bulimia

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Binge eating disorder (BED)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Avoidant/Restrictive Food Intake Disorder (ARFID)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Eating disorder: Other/Not Specified

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Kidney stones

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have: Tonsillectomy

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you have first:  
Hernia

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Seizure (1 or more)/Epilepsy

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Sleep apnea

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Mononucleosis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Depression (clinician-diagnosed)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Anxiety (clinician-diagnosed)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
ADHD/ADD (clinician diagnosed)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Migraine headaches

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When were you first diagnosed with:  
Multiple sclerosis

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]When did you first have: Joint surgery (shoulder, hip, knee, ankle, etc.)

**LOGIC**

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

- Before 2006
- 2006-2009
- 2010-2013
- 2014-2017
- After 2017
- No, did not have

[]Describe other major illness or surgery.

**LOGIC**

	Describe Other Major Illness/Surgery	Year of First Diagnosis/Surgery
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

## Health Screening

[]When was your last routine (preventative) physical exam or check-up?

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

- Less than 1 year ago
- 1-2 years ago
- More than 2 years ago

[]Have you EVER had a Pap test?

(This is also known as a Pap smear. A speculum is inserted into the vagina and small brush is used to take a sample of cervical cells.)

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

- Yes
- No
- Not sure



Have you EVER had any of the following cosmetic surgeries or procedures?

(Do NOT count reconstructive surgery, such as following a motor vehicle accident, assault, cancer treatment, or birth defect.)

Please choose **all** that apply:

- Breast implants
- Breast implants removal
- "Nose job" (rhinoplasty)
- Liposuction
- "Tummy tuck" (abdominoplasty)
- Injection with botulinum toxin (For example: Botox or Dysport)
- Injection with soft tissue fillers [For example: fat, collagen, silicone, hyaluronic acid (Restylane, Juvederm)]
- Eyelid surgery (blepharoplasty)
- Face lift
- Breast lift
- "Fat Freezing" (cryolipolysis)
- Hair transplantation
- "Vaginal rejuvenation" (vaginoplasty) or Labiaplasty
- Laser hair removal
- Laser skin resurfacing or Dermabrasion
- Laser treatment of leg veins or Sclerotherapy
- Ear surgery (otoplasty)
- Penile enlargement surgery
- Other cosmetic surgery or procedures

How many times did you have breast implant surgery?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

When did you have your FIRST breast implant procedure?

**[\*Repeated for amount of reported procedures\*]**

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
- 1989
- 1990
- 1991
- 1992
- 1993
- 1994
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- 2001
- 2002
- 2003
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- 2005
- 2006
- 2007



- 2008
- 2009
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- 2020
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

[ ]How many times did you have breast implant removal?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ]When did you have your FIRST breast implant removal?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
- 1989
- 1990
- 1991
- 1992
- 1993
- 1994
- 1995
- 1996
- 1997

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- 2001
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- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

[ ] How many times did you have "nose job" (rhinoplasty)?

**LOGIC**

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

- 1
- 3
- 4
- 5+

[ ] When did you have your FIRST "nose job" (rhinoplasty)?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
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- 2006
- 2007
- 2008
- 2009

- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

[ ]How many times did you have liposuction?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ]When did you have your FIRST liposuction?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
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- 2007
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- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018

- 2019
- 2020

[ ] How many times did you have "tummy tuck" (abdominoplasty)?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ] When did you have your FIRST "tummy tuck" (abdominoplasty)?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
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- 2016
- 2017
- 2018
- 2019
- 2020

[ ] How many times did you have an injection with botulinum toxin (For example: Botox, Dysport)?

**LOGIC**

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

- 1
- 2
- 3
- 4

- 5
- 6
- 7
- 8
- 9
- 10+

[]When did you have your FIRST injection with botulinum toxin (For example: Botox or Dysport)?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
- 1989
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- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

[]What year did you have your MOST RECENT injection with botulinum toxin (For example: Botox or Dysport)?

**LOGIC**

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

- 1985
- 1986
- 1987
- 1988
- 1989
- 1990
- 1991

- 1992
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- 2013
- 2014
- 2015
- 2016
- 2017
- 2019
- 2020

[]How often do you have injections with botulinum toxin (For example: Botox, Dysport)?

**LOGIC**

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

- Less than once per year
- Once per year
- Twice per year
- Three or more times per year

[]How many times did you have Injection with soft tissue fillers (For example: fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

[]When did you have your FIRST injection with soft tissue fillers (For example: fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987

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- 2018
- 2019
- 2020

[]What year did you have your MOST RECENT injection with soft tissue fillers (For example: fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])?

**LOGIC**

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

- 1985
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- 2019
- 2020

[]How often do you have injection with soft tissue fillers (For example: fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])?

**LOGIC**

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

- Less than once per year
- Once per year
- Twice per year
- Three or more times per year

[]How many times did you have eyelid surgery (blepharoplasty)?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST eyelid surgery (blepharoplasty)?

**[\*Repeated for amount of reported procedures\*]**

**LOGIC**

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

- 1985
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- 2020

[]How many times did you have face lift surgery?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST face lift surgery?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
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- 2019
- 2020

[ ]How many times have you had breast lift surgery?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ]When did you have your FIRST breast lift surgery?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
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- 2018

- 2019
- 2020

[]How many times did you have cryolipolysis ("fat freezing")?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST "fat freezing" (cryolipolysis)?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
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- 2017

- 2018
- 2019
- 2020

[ ]How many times did you have hair transplantation?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ]When did you have your FIRST hair transplant?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
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- 2019
- 2020

[ ] How many times did you have "Vaginal rejuvenation" (vaginoplasty) or Labiaplasty?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[ ] When did you have your FIRST "Vaginal rejuvenation" (vaginoplasty) or Labiaplasty?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
- 1977
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- 2016
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- 2018
- 2019
- 2020

[ ]How many times did you have laser hair removal?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

[ ]When did you have your FIRST laser hair removal?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
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- 2019
- 2020

[]What year did you have your MOST RECENT laser hair removal?

**LOGIC**

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

- 1985
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- 2019
- 2020

[]How often do you have laser hair removal?

**LOGIC**

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

- Less than once per year
- Once per year
- Twice per year
- Three or more times per year

[]How many times did you have Laser skin resurfacing or Dermabrasion?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST Laser skin resurfacing or Dermabrasion?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1975
- 1976
- 1977
- 1978
- 1979
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- 2020

[]How many times did you have laser treatment of leg veins or Sclerotherapy?

**LOGIC**

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



- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST laser treatment of leg veins or Sclerotherapy?

[\*Repeated for amount of reported procedures\*]

**LOGIC**

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

- 1985
- 1986
- 1987
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- 2018
- 2019
- 2020

[]How many times did you have ear surgery (otoplasty)?

**LOGIC**

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

- 1
- 2
- 3
- 4
- 5+

[]When did you have your FIRST ear surgery (otoplasty)?

[\*Repeated for amount of reported procedures\*]

## LOGIC

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

- 1985
- 1986
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- 2020

[ ] How many times did you have penile enlargement surgery?

## LOGIC

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

- 1
- 2
- 3
- 4
- 5+

[ ] When did you have your FIRST penile enlargement surgery?

[\*Repeated for amount of reported procedures\*]

## LOGIC

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

- 1985
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- 2018
- 2019

Please list the other cosmetic procedure or surgery you had.

**LOGIC**

COMMENT BOX

If you have a comment on this section, please write it here. You will have space later for additional comments.

**LOGIC**

COMMENT BOX

## **Pelvic Pain**

In the PAST 3 MONTHS, have you had a menstrual period?

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

- Yes
- No

The following questions ask about pelvic pain WITH YOUR PERIODS (including irregular bleeding or bleeding while on hormonal treatments, but not spotting).

By "pelvic pain" we mean any type of pain (cramping, shooting, stabbing, etc.) in the lower part of your belly.

**How much pelvic pain do you typically have during your period?**

**LOGIC**

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

- No pain
- Mild cramps (medication never or rarely needed)
- Moderate cramps (medication usually needed)
- Severe cramps (medication and bed rest needed)

Did your period pain prevent you from going to school, work or carrying out your daily activities (even if taking pain-killers)?

**LOGIC**

Please choose the appropriate response for each item:

	1=Never	2=Occasionally (less than a quarter of my periods)	3=Often (a quarter to half of my periods)	4=Usually (more than half of my periods)	5=Always (every period)
up to age 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-20 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-30 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31-40 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] Did you EVER have to lie down for any part of the day because of your period pain?

**LOGIC**

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

- Yes
- No

[] The following questions ask about pelvic/lower abdominal pain UNRELATED TO YOUR MENSTRUAL PERIOD.

By "pelvic pain unrelated to your menstrual period" we mean any type of pain (cramping, shooting, stabbing, etc.) in the lower part of your belly that is not related to your periods, intercourse, pregnancy or childbirth, surgery, sports-related or other injury, food poisoning, or stomach flu.

[] Have you ever experienced pelvic pain unrelated to your menstrual period?

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

- Yes
- No

[] Did your pelvic/lower abdominal pain unrelated to your period prevent you from going to school, work or carrying out your daily activities (even if taking pain-killers)?

**LOGIC**

Please choose the appropriate response for each item:

	1=Never	2=Occasionally (less than a quarter of my periods)	3=Often (a quarter to half of my periods)	4=Usually (more than half of my periods)	5=Always (every period)
up to age 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-20 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-30 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31-40 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] Did your pelvic/lower abdominal pain unrelated to your period prevent you from doing recreational or social activities (even if taking pain-killers)?

**LOGIC**

Please choose the appropriate response for each item:

	1=Never	2=Occasionally (every few months)	3=Often (about once per month)	4=Usually (about once per week)	5=Always (more than once per week)
up to age 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-20 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-30 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31-40 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] Have you EVER had vaginal intercourse/penetration?

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

- Yes
- No

[]When you had vaginal intercourse/penetration, did you have pelvic pain either during or in the 24 hours following?

**LOGIC**

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

- No
- Yes, during intercourse/penetration
- Yes, in the 24 hours following intercourse/penetration
- Yes, both during intercourse/penetration and in the 24 hours following

[]Did you ever INTERRUPT vaginal intercourse/penetration because of pelvic pain?

**LOGIC**

Please choose the appropriate response for each item:

	No	Yes	N/A
up to age 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-20 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-30 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31-40 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]Did you ever AVOID vaginal intercourse/penetration because of pelvic pain?

**LOGIC**

Please choose the appropriate response for each item:

	No	Yes	N/A
up to age 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-20 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-30 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31-40 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If you have a comment on this section, please write it here. You will have space later for additional comments.

**COMMENT BOX**

## Hearing

[]In the PAST 12 MONTHS, have you had ringing, roaring, or buzzing in your ears or head?

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

- Never
- Less than once/week
- About once/week
- Several times/week
- Almost every day
- Every day

[]On the days you hear the sound, how long does it last?

**LOGIC**

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

- A few seconds
- Less than 5 minutes
- 5 minutes to an hour
- Several hours
- All the time

[]Does the sound affect your ability to do the following?

**LOGIC**

Please choose **all** that apply:

- Sleep
- Work
- Perform other activities
- Concentrate
- None of these

[]Which best describes your hearing?

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

- Excellent
- Good
- A little hearing trouble
- Moderate hearing trouble
- A lot of hearing trouble
- Deaf

[]If your hearing is not as good as it used to be, at what age did you first notice a

change?

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

- Hearing problem since birth
- < 12 years old
- 12-17 years
- 18-22 years
- 23-28 years
- 29-34 years
- 35 or older
- Hearing has not changed

## Blood Pressure

[] What is your current usual blood pressure? (most recent/within 2 years)

If you are using blood pressure lowering medication, please provide your current pressure on medication.

Please choose all that apply and provide a comment:

- [] What was your systolic blood pressure reading? (top number) \_\_\_\_\_ (Write in)
- [] What was your diastolic blood pressure reading? (top number) \_\_\_\_\_ (Write in)
- [] Don't Know (Write in)

[] Are you currently using blood pressure lowering medication?

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

- Yes
- No

[] What was your most recent blood pressure prior to using medication?

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '392 [2c]' (Are you currently using blood pressure lowering medication? )

Please choose all that apply and provide a comment:

- [] What was your systolic blood pressure reading? (top number) \_\_\_\_\_ (Write in)
- [] What was your diastolic blood pressure reading? (top number) \_\_\_\_\_ (Write in)
- [] Don't Know (Write in)

[] If you have a comment on this section, please write it here. You will have space later for additional comments.

Please write your answer here:

COMMENT BOX

## Sample Collection

[] The Growing Up Today Study is in a position to be a leader in the study of how gut bacteria (aka the microbiome) influence human disease.

**If we send you a convenient collection kit, would you be willing to provide a sample of your saliva and of your stool?**

For more details, please read the blue text below.

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

- Yes, definitely
- Yes, possibly
- No

In the question above, we ask you to participate in a ground-breaking new sub-study to examine the role that gut bacteria (aka the microbiome) play in affecting human health. To make this important research possible, we are asking everyone to help us by providing a sample of their saliva and their stool.

Scientists are just beginning to examine how the human microbiome works. Humans and microbes depend on one another – our bodies provide microbes with resources, and the microbes provide functions necessary for our health. It is crucial to learn what types of microbes live in a healthy human, what they are doing, and how they can influence the development of disease. By collecting saliva and stool samples from tens of thousands of people like you, we can begin to describe what makes up a healthy microbiome and start to define when it may be unhealthy.

The collection process is surprisingly easy, hygienic, and not particularly gross. You will be able to provide a sample at a time that is convenient for you. If you agree, we will send you a consent form and detailed instructions with all the supplies you will need. The samples can be returned to us by standard US mail, in a provided postage-paid shipping box.

[] Would you also be willing to provide any of the following?

Please choose **all** that apply:

- Swabbing inside my mouth to obtain DNA.
- A urine sample to measure various biomarkers.

## Residential History

We are interested in studying environmental and neighborhood exposures around places you have lived throughout your life.

First, we will ask you to provide information on the address where you lived when you were born. Please provide as much information as you remember. The more accurate the address information, the more accurately we will be able to assess the impact of environmental and neighborhood exposures on your health.

### [ ]Address at BIRTH (Please provide as much as you can remember.)

Please write your answer(s) here:

Street Address

City

State/Province

Postal Code

Country

If unsure of street address please provide nearby intersection/landmark.

## Current Address

[ ]Next, we would like to know the ADDRESS of your CURRENT HOME. (That is, the street where it is located, which might be different than the mailing address.)

Please write your answer(s) here:

Number and Street

City

State/Province

Zip/Postal Code

Country

### [ ]Year moved into current address

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

- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
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- 1980
- 1979

Have you lived at least 6 months at any other address prior to your current home?

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

- Yes
- No

### Previous Address 1

[\*Repeated for up to 10 previous addresses\*]

Please list the previous address where you lived for at least 6 months.

Please provide as much information as you can.

If you can't remember the street address, please provide an intersection, college/university name, etc.

If you lived at more than one place at the same time, list the address where you stayed the most often.

Please write your answer(s) here:

Street Address

City

State

Postal Code

Country

If unsure of street address please provide nearby intersection/landmark/college or university

What year did you move into this address?

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

- 2019
- 2018
- 2017
- 2016
- 2015
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- 1979

Did you live at another address for at least 6 months?

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

- Yes
- No

Select the ONE address that you lived at for the LONGEST time in your life:

**LOGIC**

What type of dwelling was this?

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

- Detached house not on a farm
- Detached house on a farm
- Duplex/Triplex
- Row house/Town house
- Low rise apartment (1-3 floors)
- High rise apartment (Over 3 floors)
- Mobile home/Trailer
- Other
- Don't know/Don't remember

What was the water supply for this address?

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

- City/Community/Public water supply
- Private well
- Don't know
- Other

## Spirituality

The following questions on this survey ask about your religious/spiritual beliefs and practices. There are different ways that people think about God, such as a higher power or a divine force. We use the word "God" below to refer to these different ways of understanding.

Please substitute your own preferred word for God (For example: Jesus, Jehovah, Allah, Higher Power, Ancestors, etc.).

If you feel uncomfortable answering a question, please skip that question.

For each of the following items about "spirituality," tell us how much you agree or disagree.

"Spirituality" is ...

Please choose the appropriate response for each item:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
...the search for meaning and purpose in life.	<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"/>

...about your personal relationship with God.					
...the search for enlightenment.					
...a connection to all of life that goes beyond the physical world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...embracing the traditions of my ancestors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ] Which one of these statements is closest to your own definition of "spirituality"?

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

- The search for meaning and purpose in life
- Your personal relationship with God
- The search for enlightenment
- A connection to all of life that goes beyond the physical world
- Embracing the traditions of my ancestors

[ ] For each of the following items about being "religious," tell us how much you agree or disagree.

Being "religious" is...

Please choose the appropriate response for each item:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
...identifying with a shared set of practices or beliefs about the right way to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...making efforts to strengthen your faith through membership in a particular church, temple, mosque or other faith community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...following formal teachings or doctrines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...about your personal relationship with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ] Which one of the following statements is closest to your own definition of "religious"?

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

- Identifying with a shared set of practices or beliefs about the right way to live
- Making efforts to strengthen your faith through membership in a particular church, temple, mosque or other faith community
- Following formal teachings or doctrines
- Your personal relationship with God

[ ] To what extent do you view organized religion as positive or negative?

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

- Very positive
- Positive
- Neutral or mixed
- Negative
- Very negative

[ ] Which of the statements best describes you?

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

- I am neither spiritual nor religious.
- I am spiritual, but not religious.
- I am religious, but not spiritual.
- I am both spiritual and religious.

[ ] To what extent do you consider yourself a religious or spiritual person?

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

- Very
- Moderately
- Slightly
- Not at all

[ ] If you have a comment on this section, please write it here. You will have space later for additional comments.

Please write your answer here:

**COMMENT BOX**

## Spirituality 2

[]What is your religious preference?

Please choose **all** that apply:

- Agnostic (impossible to know whether God exists)
- Atheist (there is no God)
- Buddhist
- Catholic/Roman Catholic
- Christian, non-denominational
- Hindu
- Jewish
- Muslim
- Protestant
- I do not belong to any religion
- Other: \_\_\_\_\_ (Write in)

[]What is your denomination, if any?

### LOGIC

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

- Apostolic/New Apostolic
- Assemblies of God
- Baptist
- Born Again
- Christian Reform
- Christian Science
- Church of God
- Church of the Brethren
- Church of the Nazarene
- Churches of Christ
- Congregational/United Church of Christ
- Disciples of Christ
- Episcopalian/Anglican
- Evangelical
- Foursquare Gospel
- Full Gospel
- Fundamentalist
- Holiness/Holy
- Independent Christian Church
- Jehovah's Witness
- Lutheran
- Mennonite
- Methodist / United Methodist / Wesleyan
- Mormon / Latter-Day Saints
- Nondenominational
- Orthodox (Eastern)
- Pentecostal/Charismatic
- Presbyterian
- Quaker
- Reformed/Dutch Reform
- Salvation Army
- Seventh-Day Adventist
- Other: \_\_\_\_\_ (Write in)

[]How often do you attend religious services?

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

- Never
- Rarely
- About once a month
- 2-3 times per month
- Once a week
- Several times per week

[]Do you consider yourself part of a religious congregation or community?

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

- Yes
- No

[ ] Please fill in how often the following happens:

**LOGIC**

Please choose the appropriate response for each item:

	Very often	Fairly often	Once in a while	Never
How often does someone in your congregation or religious community show that they love or care for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you show someone in your congregation or religious community that you love or care for them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often are people in your congregation or religious community critical of you or your lifestyle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel ignored or neglected by people in your congregation or religious community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ] Some churches or religious communities provide important community services in addition to religious services. Please answer the following questions about your church or religious community.

**LOGIC**

Please choose the appropriate response for each item:

	Yes	No	Don't Know
My church or religious community offers social services (For example: food pantry, legal or financial help, childcare, education, health care services) beyond religious services.	<input type="radio"/>	<input type="radio"/>	
In the past, I or a family member have been helped by a non-religious program or service that my church or religious community provides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year, I have volunteered at my church or religious community to help provide a non-religious service to the community.	<input type="radio"/>	<input type="radio"/>	
If I had problems and needed help, my church or religious community would help me out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ] How often do you do the following?

Please choose the appropriate response for each item:

	Several times a day	Once a day	More than once a week	Once a week	Several times a month	Several times a year	Never
Pray in a group other than at a religious service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pray by yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you are by yourself, how often do you pray for others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read scriptures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditate (For example: mindfulness, silent reflection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice Tai Chi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ] To what extent is your religion or spirituality involved in understanding or dealing with stressful situations?

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

- Not at all
- Not very much
- Somewhat
- Very much so

[ ]If you have a comment on this section, please write it here. You will have space later for additional comments.

**COMMENT BOX**

**Spirituality 3**

[ ]Please mark the response that best describes how you feel:

Please choose the appropriate response for each item:

	Definitely true	Tends to be true	Unsure	Tends not to be true	Definitely not true
I believe in life after death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that God exists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ]Please mark the response that best describes how you feel:

**LOGIC**

Please choose the appropriate response for each item:

	Definitely true of me	Tends to be true of me	Unsure	Tends not to be true of me	Definitely not true of me
I feel God's love or care for me, through others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
God gives me the strength to do things that I otherwise could not do myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
God's spirit dwells in my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I desire to be closer to God, or in union with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
God loves or cares for me unconditionally, in a way that I could never earn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throughout my life, God has come through for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with God is what really lies behind my whole approach to life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I pray, I feel a deep sense of closeness with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to express my gratitude to God in my daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
God is the center of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ]The following items deal with ways you have coped with stressful situations in your life. Different people deal with things in different ways. We want to know to what extent you did what the item says, not whether or not it worked.

**LOGIC**

Please choose the appropriate response for each item:

	A great deal	Quite a bit	Somewhat	Not at all
I saw my situation as part of God's plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to see how God might be trying to strengthen me in these situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wondered what I did for God to punish me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wondered if God allowed this event to happen to me because of my wrongdoings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believed the devil or evil spirits were responsible for my situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A great deal	Quite a bit	Somewhat	Not at all
I felt as though the devil or an evil spirit was trying to turn me away from God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to make sense of the situation with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worked together with God to relieve my worries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did what I could and put the rest in God's hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I took control over what I could, and gave the rest up to God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sought God's love or care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trusted that God would be by my side.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wondered whether God had abandoned me.				
I questioned God's love or care for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt confused about my religious or spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt troubled by doubts or questions about my religion or spirituality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful that God would help me get through one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I looked to my faith in God for hope about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]When you think about God in relationship to people who are suffering from life-threatening illness, which of the following is closest to your own view?

Only answer this question if the following conditions are met:

**LOGIC**

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

- I believe that God intervenes to cure people who are sick (for example, by performing miracles or other special forms of physical healing).
- I believe that God provides companionship, strength, and comfort, but does not typically intervene to perform a miracle.

[]When you think about God in relationship to your health, which of the following is closest to your own view?

**LOGIC**

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

- My health is determined by my own actions and behaviors.
- When it comes to my health, God and I both have a role to play.
- God determines my health, regardless of my own actions and behaviors.

[]To what extent do you agree with each of the following:

**LOGIC**

Please choose the appropriate response for each item:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
God gave me the ability to make good choices, and so when I face a difficult situation it is up to me to figure out the right thing to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I face a difficult situation, I bring it to God and together we figure out the best way to handle it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I face a difficult situation, I turn it over to God knowing that God will work things out according to God's plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]Please indicate how much you agree or disagree with each of the following statements:

Please choose the appropriate response for each item:

I have so much in life to be thankful for.

Strongly agree

Somewhat agree

Neutral

Somewhat disagree

Strongly disagree



If I had to list everything that I felt grateful for, it would be a very long list.

Have there been many people you can't forgive because they did or said something to you a long time ago?

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

- Yes
- No

How much do you agree or disagree with the following:

Please choose the appropriate response for each item:

	Strongly agree	Agree	Disagree	Strongly disagree
Before I can forgive others, they must promise not to do the same thing again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I find it hard to forgive myself for some of the things I have done wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I have forgiven those who have hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that others have not forgiven me for things that I have done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I have trouble finding peace of mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a sense of direction and purpose in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not sure my life adds up to much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have a comment, please write it here.

COMMENT BOX

### Spirituality 4

The list that follows includes items you may or may not have experienced. Please consider how often you have had this experience (not whether or not you think you should have).

Please choose the appropriate response for each item:

	Many times a day	Every day	Some days	Once in a while	Never
I experience a connection to all of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel deep inner peace or harmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am touched by the beauty of nature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a selfless caring for others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Last year, what was your total household income before taxes from all household members?

Please include income from all sources (such as social security, stocks, alimony, and child support in the past year).

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

- Less than \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$50,000
- \$50,001 - \$70,000
- \$70,001 - \$90,000
- \$90,001 - \$110,000
- \$110,001 - \$200,000
- More than \$200,000

Last year, how many people, including yourself, were supported by this household income?

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

- 1
- 2
- 3
- 4
- 5



When I want to feel less negative emotion (such as sadness or anger), I change what I am thinking about						
When I am feeling positive emotions (such as joy or amusement), I am careful not to express them.						
When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.						
I control my emotions by not expressing them.						
When I want to feel positive emotion, I change the way I'm thinking about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by changing the way I think about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling negative emotions, I make sure not to express them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less negative emotion, I change the way I'm thinking about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ ]If you have a comment please write it here. This is the last page of the questionnaire.

COMMENT BOX

"Thank you for completing the 2019 GUTS Questionnaire! Your answers have been submitted.

If you wish to print your answers, click the "PRINT YOUR ANSWERS" link below. On the next page you must use your web browser's print button and not the "PDF Export" that appears on the screen. (It will take approximately 30 pages to print.)

Submit your survey.

Thank you for completing this survey.