

**GUTS 2021 Female** PID 21735Select a data collection instrument to view - select an instrument - ▾ Print page

## Participant info

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Record ID \_\_\_\_\_

G\_Dashboard \_\_\_\_\_

Year of birth:

\_\_\_\_\_ ((format: YYYY, example: 1985))

## GUTS 2021 Female

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Thank you for your continued participation in GUTS!

This questionnaire should take about 15 minutes to complete. It includes questions about your health and your life and covers topics such as COVID- 19, pets, and dietary supplements.

If you need to pause in the middle of the questionnaire, your answers will be saved and you can log in again at [www.gutslogin.org](http://www.gutslogin.org)

### Information for Research Participants

- There are no direct benefits to you from participating in this study. You will not receive monetary compensation for participating.
- Your choice to participate in this study is completely voluntary, and you may withdraw at any time.
- You may skip any question you do not wish to answer.
- The risk of breach of confidentiality associated with participation in this study is very small.
- We have a Certificate of Confidentiality from the National Institutes of Health, which means we cannot be forced (for example by court order or subpoena) to disclose your health information or other identifying information from the research in any federal, state or local civil, criminal, administrative, legislative, or other proceedings.
- If you have questions about this study, please contact [guts@channing.harvard.edu](mailto:guts@channing.harvard.edu).
- If you have any questions regarding your rights as a research participant, you may call the Mass General Brigham Human Research Committee (857-282-1900).

By clicking "Next," you agree to participate in this research study.

What is your CURRENT living arrangement? (Select all that apply)

- Alone
- With spouse or partner
- With minor children
- With other adult family
- With other people
- With pets

What is your current status?

- Never married
- Married
- Divorced
- Separated
- Widowed
- Domestic partnership

What is the highest level of education you have completed?

- Some high school
- High school graduate or the equivalent (such as a GED)
- Trade/vocational school certificate/diploma
- Some college
- Associate degree (2-year college)
- Bachelor's degree (4-year college)
- Master's degree
- Doctoral degree

What is the highest level of education completed by your current spouse/partner?

- Some high school
- High school graduate or the equivalent (such as a GED)
- Trade/vocational school certificate/diploma
- Some college
- Associate degree (2-year college)
- Bachelor's degree (4-year college)
- Master's degree
- Doctoral degree

Do you consider yourself to be Hispanic or Latino/a? \_\_\_\_\_

What race do you consider yourself to be? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Other

Which one of the following best describes your feelings?

- 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

During your life, the person(s) with whom you have had sexual contact (however you define it) is (are):

- I have not had sexual contact with anyone
- Female
- Male
- Female and Male

## Employment

Please describe your CURRENT work status: (Select 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, furloughed or looking for work
- Not working due to illness or disability

How long have you been out of work?

- 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

In the past 12 months, on average, how many hours per week did you work?

- 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.)

- Early morning shifts
- Day shifts
- Evening shifts
- Night shifts
- Rotating shifts, no night shifts

Rotating shifts, with night shifts

Other/Didn't Work

In the past month, on average, how many hours per day were you on your feet (standing or walking) at work?

- 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?

- None
- Less than 1 time per day
- 1-5 times per day
- 6-15 times per day
- 16 or more times per day

Comment

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## Height and Weight

What is your current weight in pounds?

(Please report even if currently or recently pregnant.)

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I am currently pregnant or have been pregnant in the past 6 months.

What is your current weight in pounds?

(Please report even if currently or recently pregnant.)

{weight}

{iamcurrpreg}

Feet

- 3
- 4
- 5
- 6
- 7

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

What is your current height?

Feet: {feet}

Inches: {inches}

## Alcohol

In the past 12 months, how often did you drink any alcoholic beverage (including beer, hard seltzer, wine, and liquor)?

- 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?

- 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?

- 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)

## E-cigarettes

Have you ever used an electronic cigarette (e-cigarette/vaping/Juul) in your lifetime?

How old were you when you first used an e-cigarette?

- 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44

- 45
- 46
- 47
- 48
- 49
- 50
- 51 or older

When you used your first e-cigarette:

- 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?

- 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

## Tobacco

Have you smoked 20 cigarettes (about 1 pack) or more in your lifetime?

- No
- Yes, currently smoke
- Yes, smoked in the past but quit

In the past 12 months, how often did you smoke cigarettes?

- Never in the past 12 months
- Less than once a month
- Monthly, but not weekly
- Weekly, but not daily
- Daily

**In the past 12 months, when you smoked, how many cigarettes did you smoke in one day?**

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

How old were you when you had your FIRST cigarette?

- 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29

- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41-42,
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51 or older

How old were you when you smoked your LAST cigarette?

- 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51 or older

### Marijuana (THC & CBD)

In the past 12 months, how often have you used marijuana or other products containing THC (smoking/vaping/edibles etc.)?

- Never in the past 12 months

- 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

In the past 12 months, what products containing THC did you use?

- Smoking
- Vaping
- Edibles
- Tinctures
- Other

Which other products containing THC did you use? \_\_\_\_\_

In the past 12 months, how often did you use CBD products (vaping/creams/edibles etc.)?

- Never in the past 12 months
- 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

In the past 12 months, what CBD products did you use?

- Smoking
- Vaping
- Edibles
- Tinctures
- Other

Which other CBD products did you use? \_\_\_\_\_

### Blood Pressure

- Unknown/Not checked within 2 yrs
- < 105 mmHg
- 105-109 mmHg
- 110-114 mmHg
- 115-119 mmHg
- 120-124 mmHg
- 125-129 mmHg
- 130-134 mmHg
- 135-139 mmHg
- 140-144 mmHg
- 145-149 mmHg
- 150-154 mmHg
- 155-159 mmHg
- 160-164 mmHg
- 165-169 mmHg
- 170-174 mmHg
- 175+ mmHg

- Unknown/Not checked within 2 yrs
- < 65 mmHg
- 65-69 mmHg
- 70-74 mmHg
- 75-79 mmHg
- 80-84 mmHg
- 85-89 mmHg
- 90-94 mmHg
- 95-99 mmHg
- 100-104 mmHg
- 105+ mmHg

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

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

Systolic: {systolic}

Diastolic: {diastolic}

Are you currently using blood pressure lowering medication?

\_\_\_\_\_ What was your most recent blood pressure prior to using medication?

## Systolic:

- Unknown/Not checked within 2 yrs
- < 105 mmHg
- 105-109 mmHg
- 110-114 mmHg
- 115-119 mmHg
- 120-124 mmHg
- 125-129 mmHg
- 130-134 mmHg
- 135-139 mmHg
- 140-144 mmHg
- 145-149 mmHg
- 150-154 mmHg
- 155-159 mmHg
- 160-164 mmHg
- 165-169 mmHg
- 170-174 mmHg
- 175+ mmHg

- Unknown/Not checked within 2 yrs
- < 65 mmHg
- 65-69 mmHg
- 70-74 mmHg
- 75-79 mmHg
- 80-84 mmHg
- 85-89 mmHg
- 90-94 mmHg
- 95-99 mmHg
- 100-104 mmHg
- 105+ mmHg

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

Systolic: {systolic\_2}

Diastolic: {diastolic\_2}

## Diagnoses & Procedures

Please select the clinician diagnoses or procedures you have had.

### ARTHRITIS, ALLERGIC & AUTOIMMUNE

{illallergy}

- Osteoarthritis
- Rheumatoid arthritis
- SLE (systemic lupus)
- Spondyloarthritis (ankylosing spondylitis)
- Raynaud's
- Food allergies
- Rhinitis (hay fever)
- Other arthritis, allergic, or autoimmune

### CANCER & BENIGN TUMORS

{illcancer}

- Basal cell carcinoma (skin)
- Squamous cell carcinoma (skin)
- Melanoma (skin)
- Breast cancer
- Fibrocystic or other benign breast disease
- Cervical cancer
- Colorectal cancer
- Colon or rectal polyps (benign)
- Ovarian cancer
- Pituitary adenoma
- Prostate cancer
- Testicular cancer
- Other cancer (please report type on next page)

### CARDIOVASCULAR & PULMONARY

{illcardio}

- Angina pectoris



- Asthma
- COPD (chronic obstructive pulmonary disease)
- Coronary bypass, angioplasty, or stent
- Deep vein thrombosis
- Elevated cholesterol
- Hypertension (high blood pressure)
- Myocardial infarction (heart attack)
- Pulmonary embolism
- Stroke (CVA)
- Transient ischemic attack (TIA)

List continues on next page.

#### Diagnoses & Procedures

##### DIABETES & ENDOCRINE

{illmetaendo}

- Diabetes (Type I)
- Diabetes (Type II)
- Impaired glucose tolerance
- Graves' disease/hyperthyroidism
- Hypothyroidism

##### GASTROINTESTINAL CONDITIONS

{illgastro}

- Barrett's esophagus
- Gallstones
- GERD (gastroesophageal reflux disease)
- Inflammatory bowel disease (ulcerative colitis or Crohn's disease)

##### GASTROINTESTINAL PROCEDURES

{gastroproc}

- Appendectomy
- Cholecystectomy
- Gastric bypass
- Other weight loss surgery (gastric banding, lap-band, gastric sleeve)

##### OBSTETRICAL & GYNECOLOGICAL CONDITIONS

{illgyn}

- Endometriosis
- Gestational diabetes
- Gestational hypertension
- PCOS (polycystic ovarian syndrome)
- Preeclampsia
- Uterine fibroids

##### OBSTETRICAL & GYNECOLOGICAL PROCEDURES

{illgynproc}

- C-section (Cesarean section)
- Endometrial ablation
- Hysterectomy (removal of uterus)
- Oophorectomy (removal of ovaries)
- Tubal ligation

##### LIVER

{liver}

- Fatty liver
- Hepatitis (type B or C)
- Liver cirrhosis

List continues on next page.

## Diagnoses & Procedures

##### MENTAL HEALTH

{mentalill}

- Anxiety (generalized anxiety disorder (GAD))
- Anorexia nervosa
- Bipolar disorder
- Binge eating disorder
- Bulimia nervosa

- Other eating disorder
- Depression
- OCD (obsessive-compulsive disorder)
- Panic disorder
- PTSD (Post-traumatic stress disorder)
- Schizophrenia
- Social anxiety disorder
- Substance use disorder, alcohol
- Substance use disorder, drugs

## MUSCULOSKELETAL

{muscoil}

- Gout
- Hip fracture
- Vertebral fracture
- Wrist or Colles fracture
- Any joint surgery (shoulder, hip, knee, ankle, etc.)

## NEUROLOGICAL

{neurolist}

- ADHD
- Autism spectrum disorder (including Asperger's)
- Migraine headaches
- Multiple sclerosis
- Peripheal neuropathy
- Seizure (1 or more)/Epilepsy

## SKIN

{skinlist}

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

## OTHER

{otherlist}

- Hernia (inguinal or abdominal)
- Kidney stones
- Mononucleosis
- Sleep apnea
- Tonsillectomy
- Prostatectomy
- Vasectomy
- STI (such as chlamydia, genital herpes, gonorrhea, genital warts, pubic lice, syphilis, HIV or AIDS)
- Other major illness or surgery

## DIAGNOSIS CONFIRMATION

For each item you checked on the previous page, please indicate the time frame of your first diagnosis or procedure.

When were you first diagnosed with: Osteoarthritis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Rheumatoid arthritis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: SLE (systemic lupus)

- Within last 6 months

- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Spondyloarthritis (Ankylosing spondylitis)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Raynaud's

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Food allergies

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Which of the following foods are you allergic to?

- Milk
- Eggs
- Wheat
- Sesame
- Tree nuts
- Peanuts
- Soy
- Fish
- Shellfish
- Other

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

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Other arthritis, allergic, or autoimmune

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Basal cell carcinoma (skin)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Squamous cell carcinoma (skin)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Melanoma (skin)

- Within last 6 months

- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Breast cancer

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

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

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Was your fibrocystic or other benign breast disease confirmed by breast biopsy or aspiration?

- Biopsy
- Aspiration
- Neither

When were you first diagnosed with: Cervical cancer

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Was your cervical cancer in situ or invasive?

- In situ
- Invasive
- Not sure

When were you first diagnosed with: Colorectal cancer

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

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

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Ovarian cancer

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Pituitary adenoma

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Prostate cancer

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago

Did not have

When were you first diagnosed with: Testicular cancer

Within last 6 months

6-12 months ago

1-2 years ago

3-4 years ago

5 or more years ago

Did not have

What other type of cancer did you have?

If you had more than one type of cancer on this list, please choose the one you had first.

Abdomen

Adenocarcinoma

Adrenal

Appendix

Bile Duct-Gallbladder

Bladder

Bone

Brain

Bronchus

Chorion Epithelioma

Chronic Lymphocytic Leukemia

Connective Tissue

Dermatofibrosarcoma

Digestive organs

Duodenum

Endometrial

Endocrine gland

Esophagus

Eye Cancer/Eye Melanoma

Fallopian Tube

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

Merkel Cell

Middle Ear

Monocytic Leukemia

Mouth

Multiple Myeloma

Mycosis Fungoides

Myelofibrosis

Myeloid Leukemia

Myeloproliferative Disease

Nasal Cavities

Nasopharynx

Nerves

Non-Hodgkin's Lymphoma

Nose Cancer, NOT skin cancer of nose

Oropharynx

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

When were you first diagnosed with: [othercancer\_type]

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Angina pectoris

- Yes, within last 6 months
- Yes, 6-12 months ago
- Yes, 1-2 years ago
- Yes, 3-4 years ago
- Yes, 5 or more years ago
- No, did not have

Was your angina confirmed by angiography?

---

When were you first diagnosed with: Asthma

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: COPD (chronic obstructive pulmonary disease)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Coronary bypass, angioplasty, or stent

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Deep vein thrombosis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Elevated cholesterol

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Hypertension (high blood pressure)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Myocardial infarction (heart attack)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Were you hospitalized for MI?

When were you first diagnosed with: Pulmonary embolism

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Stroke (CVA)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Transient ischemic attack (TIA)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Diabetes (Type I)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Diabetes (Type II)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Impaired glucose tolerance

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Graves' Disease/hyperthyroidism

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Hypothyroidism

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Barrett's esophagus

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Gallstones

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Did you have symptoms of gallstones?

---

How were you diagnosed with gallstones?

- X-ray or ultrasound
- Other

When were you first diagnosed with: GERD (gastroesophageal reflux disease)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Inflammatory bowel disease (ulcerative colitis or Crohn's disease)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Appendectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Cholecystectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Gastric bypass

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Other weight loss surgery (gastric banding, lap-band, gastric sleeve)

- Within last 6 months
- 6-12 months ago



- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Endometriosis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Was your endometriosis confirmed by laparoscopy?

When were you first diagnosed with: Gestational diabetes

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Gestational hypertension

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: PCOS (polycystic ovarian syndrome)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Preeclampsia

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Uterine fibroids

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Were your uterine fibroids confirmed by ultrasound or hysterectomy?

When did you first have: C-section (Cesarean section)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Endometrial ablation

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Hysterectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Oophorectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

How many ovaries do you have remaining?

- 0
- 1

When did you first have: Tubal ligation

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Fatty liver

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Was your fatty liver confirmed by liver biopsy?

When were you first diagnosed with: Hepatitis (type B or C)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Liver cirrhosis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Anxiety

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Anorexia nervosa

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Bipolar disorder

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Binge eating disorder

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Bulimia nervosa

- Within last 6 months

- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Other eating disorder

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Depression

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: OCD (obsessive-compulsive disorder)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Panic disorder

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: PTSD

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Schizophrenia

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Social anxiety disorder

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Substance use disorder, alcohol

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Substance use disorder, drugs

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Gout

- Within last 6 months
- 6-12 months ago
- 1-2 years ago

- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Hip fracture

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Vertebral fracture

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Wrist or Colles fracture

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Any joint surgery (shoulder, hip, knee, ankle, etc.)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: ADHD

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Autism spectrum disorder (including Asperger's)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Migraine headaches

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Multiple sclerosis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Peripheral neuropathy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

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

- Within last 6 months
- 6-12 months ago
- 1-2 years ago

- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Alopecia areata

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Atypical nevi (mole)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

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

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Hidradenitis suppurativa

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Psoriasis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Rosacea

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Shingles

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Vitiligo

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Hernia (inguinal or abdominal)

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Kidney stones

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago

Did not have

When were you first diagnosed with: Mononucleosis

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with: Sleep apnea

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Tonsillectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Prostatectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When did you first have: Vasectomy

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

When were you first diagnosed with STI (such as chlamydia, genital herpes, gonorrhea, genital warts, pubic lice, syphilis, HIV or AIDS)?

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

Please enter the type and date of up to 3 other major illnesses or surgeries you had.

1: Other major illness or surgery \_\_\_\_\_

Date of other illness 1: [illness1\_describe]

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

{illness1\_describe}

Date of diagnosis or surgery

{illness1\_dx}

2: Other major illness or surgery \_\_\_\_\_

Date of [illness2\_describe]

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

{illness2\_describe}

Date of diagnosis or surgery

{illness2\_dx}

3: Other major illness or surgery \_\_\_\_\_

Date of [illness3\_describe]

- Within last 6 months
- 6-12 months ago
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Did not have

{illness3\_describe}

Date of diagnosis or surgery

{illness3\_dx}

## COVID-19

Have you ever had a COVID-19 infection (presumed or confirmed)?

\_\_\_\_\_

Was this confirmed by a positive test (antibody or infection)?

\_\_\_\_\_

When you had COVID-19, did you have the following symptoms?

- Persistent cough
- Shortness of breath or difficulty breathing
- Fever
- Sore throat
- Muscle aches
- Vomiting or diarrhea
- Loss of taste
- Loss of smell
- Fatigue
- Other symptoms
- I did not have symptoms

How long did you have COVID-19 symptoms?

- Less than one week
- 1 to 4 weeks
- 1-2 months
- 2-3 months
- 4 months or longer

Were you hospitalized because of COVID-19?

\_\_\_\_\_

Please indicate all treatments you received during your hospitalization:

- Intravenous fluids
- Oxygen through nasal (nose) prongs or facial mask, but not requiring a ventilator
- Admission to the ICU (intensive care unit)
- Invasive ventilation or ventilator (Breathing support through an inserted tube. People are usually asleep

for this procedure.)

- Other
- None of the above

Have you received a COVID-19 vaccine?

- Yes
- No
- Unsure, in clinical trial

Do you plan to receive a COVID-19 vaccine?

- Yes
- No
- Unsure

Comment

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## Medications

Please mark any medications that you are currently taking at least once per week, regardless of the reason you are taking them.

Acetaminophen (such as Tylenol, Anacin 3, Excedrin Free)

How many days per week do you take acetaminophen?

- 1 day
- 2-3 days
- 4-5 days
- 6+ days

How many tablets per week of acetaminophen do you take?

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

Low dose aspirin (100 mg or less/tablet)

How many days per week do you take low dose aspirin (100 mg or less/tablet) ?

- 1 day
- 2-3 days
- 4-5 days
- 6+ days

How many tablets per week of low dose aspirin (100 mg or less/tablet) do you take?

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

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

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

- 1 day
- 2-3 days
- 4-5 days
- 6+ days

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

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

Ibuprofen (such as Advil, Motrin, Nuprin) \_\_\_\_\_

How many days per week do you take ibuprofen?

- 1 day
- 2-3 days
- 4-5 days
- 6+ days

How many tablets per week of ibuprofen do you take?

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

Celebrex (COX-2 inhibitors) \_\_\_\_\_

How many days per week do you take COX-2 inhibitors?

- 1 day
- 2-3 days
- 4-5 days
- 6+ days

How many tablets per week of COX-2 inhibitors do you take?

- 1-2 tablets
- 3-5 tablets
- 6-14 tablets



15+ tablets

Other anti-inflammatory analgesics (Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) \_\_\_\_\_

How many days per week do you take other anti-inflammatory analgesics do you take (Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) ?

1 day

2-3 days

4-5 days

6+ days

How many tablets per week of other anti-inflammatory analgesics (Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) ?

1-2 tablets

3-5 tablets

6-14 tablets

15+ tablets

## Medications

Are you currently taking any of the following medications?

- Beta-blocker (such as Inderal, Lopressor, Tenormin, Corgard)
- Calcium-blocker (such as Calan, Procardia, Cardizem, Norvasc)
- Thiazide diuretic (such as HCTZ, chlorthalidone, Moduretic, Dyazide, indapamide)
- Loop diuretic (such as furosemide, Lasix, torsemide, Bumex, ethacrynic acid)
- ACE-inhibitor (such as Capoten, Vasotec, Zestril)
- Angiotensin receptor blocker (such as valsartan, irbesartan, Entresto)
- Aldosterone receptor blocker (such as spironolactone, eplerenone)
- Other anti-hypertensive (such as terazosin, clonidine, doxazosin)
- Potassium

I am taking this/these medication(s) for:

High blood pressure

Other

Are you currently taking any of the following medications?

- Mevacor (lovastatin)
- Zocor (simvastatin)
- Crestor (rosuvastatin)
- Pravachol (pravastatin)
- Lipitor (atorvastatin)
- Lescol (fluvastatin)
- Other cholesterol-lowering drug (such as niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zetia)

Are you currently taking any of the following medications?

- Insulin
- Non-insulin injections for diabetes (such as Byetta, Victoza, Trulicity)
- Metformin
- Glyburide/Glipizide/Glimepiride
- Actos
- Jardiance (empagliflozin)
- Invokana (canagliflozin)
- Januvia (sitagliptin)
- Other oral diabetes medication (such as Precose (acarbose), Glyset (miglitol), Prandin (repaglinide))

## Medications

Are you currently taking any of the following medications at least once per week?

- SSRIs (such as Celexa, Lexapro, Prozac, Paxil, Zoloft, sertraline, fluoxetine, citalopram, vortioxetine)
- SNRIs and NDRIs (such as Wellbutrin, Effexor, Remeron, Cymbalta, venlafaxine, bupropion, Pristiq)
- Tricyclics (such as Elavil, Tofranil, Pamelor, nortriptyline, amitriptyline, imipramine, clomipramine)
- MAOIs (such as Parnate, Nardil, phenelzine, tranylcypromine, Marplan)
- Other antidepressants (such as trazodone, buspirone, Desyrel, Serzone, milnacipran, vilazodone)
- Minor tranquilizers (such as Valium, alprazolam, lorazepam)

I am taking this medication for:

Depression

Anxiety OtherAre you currently taking any of the following medications at least once per week? Steroids taken orally (such as Prednisone, Decadron, Medrol) Thyroid hormone (such as Synthroid, Levothroid) Triptans (such as Imitrex, Maxalt, Zomig, Amerge, Replax) Prilosec, Nexium, Prevacid (lansoprazole) or other proton pump inhibitors (PPI) H2 blocker (such as Pepcid, Tagamet, Zantac, Axid) Ambien, Sonata, Lunesta, or zolpidem Other prescription sleep medications (such as Trazodone, Rozerem) Over-the-counter sleep medications Prescription pain relievers (such as Percocet, hydrocodone, Codeine, Oxycontin) Prescription sedatives (such as methaqualone, pentobarbital, temazepam) Prescription stimulants (such as Adderall, Ritalin, Desoxyn, amphetamine ) Other medication

## Dietary Supplements

In the past 12 months, how often did you use "cleanse" or "detox" supplements? Never Less than monthly Monthly Weekly DailyIn the past 12 months, how often did you use weight loss supplements? Never Less than monthly Monthly Weekly DailyIn the past 12 months, how often did you use sports-performance or muscle-building supplements? Never Less than monthly Monthly Weekly DailyIn the past 12 months, how often did you use energy-boosting supplements? Never Less than monthly Monthly Weekly DailyIn the past 12 months, how often did you use immune-boosting supplements? Never Less than monthly Monthly Weekly DailyIn the past 12 months, how often did you use creatine? Never Less than monthly Monthly Weekly DailyIn the past 3 months, how much did you spend on the supplements listed above? \$0 \$1-\$49 \$50-\$99 \$100-\$249 \$250-\$499 \$500-\$749 \$750-\$999 \$1000 or moreIn the past 12 months, how often did you use anabolic/injectable steroids? Never Less than monthly Monthly

- Weekly
- Daily

## Family History

The next questions ask about the health history of your family members. Please only include information about biological family members (not adopted or step-relatives).

I do not have any knowledge of my biological family's health history.

Has a parent or sibling ever been diagnosed with ovarian cancer?

- No
- Yes, a parent
- Yes, a sibling
- Don't know

Has a parent or sibling ever been diagnosed with breast cancer?

- No
- Yes, a parent
- Yes, a sibling
- Don't know

Has your parent or sibling ever been diagnosed with diabetes?

- No
- Yes, a parent
- Yes, a sibling
- Don't know

Has your parent or sibling ever been diagnosed with multiple sclerosis?

- No
- Yes, mother
- Yes, father
- Yes, a sibling
- Don't know

## Contraception

In the past 12 months, did you use birth control pills for any reason? \_\_\_\_\_

In the past 12 months, what brand of birth control pill did you use LONGEST?

- 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
- Loryna
- 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
- Prevfem
- Philith
- Quasense
- Quartette
- Reclipsen
- Rivelsa
- Safyral
- Seasonale
- Seasonique
- Setlakin
- Sharobel
- Solia
- Sprintec
- Sronyx
- Syeda
- Tarina Fe 1/20
- Taytulla
- Tilia Fe
- Tri Femynor
- Tri-Estarylla
- 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
- Vienna
- Viorele
- VyLibra
- Vyfemla
- Wera
- Xulane
- Yasmin
- Yaz
- Zarah
- Zenchent
- Zovia (all types)
- Other (not on list)

What brand of oral contraceptive did you use LONGEST? \_\_\_\_\_

In the past 12 months, did you use any of these methods of birth control for any reason? (Select all that apply)

- None
- Male condom
- Female condom
- Withdrawal
- Shots (such as Depo-Provera)
- Implant (such as Nexplanon)
- Female sterilization (such as tubal ligation)
- Male sterilization (vasectomy)
- Rhythm
- Fertility awareness-based methods (such as tracking menstrual period dates, body temp, cervical mucus)
- Patch (such as Xulane)
- Vaginal ring (such as NuvaRing)
- Hormonal IUD (such as Mirena)
- Non-hormonal IUD (such as Paragard)

- Spermicide/Jelly/Sponge
- Diaphragm/Cervical cap
- Emergency contraception (such as Plan B)
- Other

Other Contraception: \_\_\_\_\_

Within the past 2 years, have you tried to become pregnant for 12 consecutive months without becoming pregnant (even if you ultimately became pregnant)?

\_\_\_\_\_ Did you see a clinician to receive diagnosis or treatment for difficulty getting pregnant? \_\_\_\_\_

Did the clinician find a reason why you had difficulty getting pregnant?

- Tubal blockage or damage
- PCOS (polycystic ovary syndrome)
- Other ovulatory disorder
- Endometriosis
- Mass or abnormality of the uterus, such as myoma, septate uterus
- Spouse/male partner factor
- Not found
- Other

Other reason you had difficulty getting pregnant \_\_\_\_\_

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

- Medication to induce ovulation [such as 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
- Other

Which of the following did you take?

- Clomiphene (Clomid)
- Metformin (Glucophage)
- Gonadotropin injections (Pergonal, Metrodin, Follistim)

## Pregnancy

**Please mark here if it is not possible for you to become pregnant now and in the future.**

(due to hysterectomy, tubal ligation, bilateral oophorectomy etc.)

- I am unable to become pregnant

Are you currently pregnant?

- No
- Yes
- Unsure

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

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

Please round down to the nearest whole number. If uncertain, please use your best estimate.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45

Thinking back to when you got pregnant, which of the following best describes the timing of your pregnancy?

- I wanted to be pregnant at that time or sooner.
- I was not actively trying, but I was glad to become pregnant.
- I wanted to be pregnant in the next 1-2 years, but not yet.
- I wanted to be pregnant in 2+ years, but not yet.
- I did not want to be pregnant then or at any time

Thinking back to before you got pregnant, how much did you want to become pregnant?

- 10 - highly wanted
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 - not wanted at all

Thinking back to before you got pregnant, how important was it to you to avoid becoming pregnant?

- 10 - extremely important to avoid
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 - not important at all to avoid

Thinking back to when you found out you were pregnant how happy were you to find out you were pregnant?

- 10 - extremely happy
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 - not happy at all

Thinking back to when you found out you were pregnant how acceptable was it to you to be pregnant at that time?

- 10 - extremely acceptable
- 9
- 8
- 7
- 6
- 5

- 4
- 3
- 2
- 1 - completely unacceptable

Were you actively trying to become pregnant? \_\_\_\_\_

How many months did you actively try to get pregnant?

- 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
- 1 to 2 years
- 3 years or more

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

- 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?

Medication to induce ovulation [such as 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
- Other

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

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

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

- 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
- 1 to 2 years
- 3 years or more

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

- 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



- 1 to 2 years
- 3 years or more

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

- 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?

- None
- Medication to induce ovulation [such as 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
- Other

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

- Never, we always use contraception
- 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?

- 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
- 1 to 2 years
- 3 years or more

Do you monitor your menstrual cycle for signs of ovulation? \_\_\_\_\_

How do you monitor your menstrual cycle?

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

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

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

The following questions are about the man who will be the biological father of your baby. If you are using a donor, just answer as best you can.

How old is he?

- Don't know
- 18 or less
- 19
- 20
- 21
- 22
- 23
- 24

- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65 or older

How tall do you think he is?

Feet

- 3
- 4
- 5
- 6
- 7

How tall do you think he is?

Inches

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

How tall do you think he is?

Feet: {heightfeet}

Inches: {heightinches}

How much do you think he weighs? \_\_\_\_\_

Is he Hispanic or Latino?

- No
- Yes
- Don't know

Which race do you consider him to be?

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Don't know
- Other

You are eligible to participate in our GUTS Maternal Health Sub-study. This sub-study investigates how diet, activity, and other factors influence pregnancy health and outcomes. If you agree to participate, we will contact you periodically to ask if you have become pregnant. When you become pregnant, you will be asked to provide additional information about your pregnancy.

Would you like to participate in the GUTS Maternal Health Sub-study?

\_\_\_\_\_

The man who will be the biological father of your baby is also eligible to participate in our GUTS Parental Health Sub-study. This sub-study investigates how a father's diet, activity, and other factors prior to conception may influence pregnancy outcomes. Participation involves completing a one-time questionnaire.

Would you like us to invite the biological father to participate?

- Yes, I think the biological father would like to be invited.
- No, please do not contact him.
- Not applicable

You are eligible to participate in our GUTS Maternal Health Study. This sub-study investigates how diet, activity, and other factors influence pregnancy health and outcomes. If you agree to participate, we will send you one questionnaire during your pregnancy and one after your pregnancy ends.

Would you like to participate in the GUTS Maternal Health Sub-study?

\_\_\_\_\_

The man who will be the biological father of your baby is also eligible to participate in our GUTS Parental Health Sub-study. This sub-study investigates how a father's diet, activity, and other factors prior to conception may influence pregnancy outcomes. Participation involves completing a one-time questionnaire.

Would you like us to invite the biological father to participate?

- Yes, I think the biological father would like to be invited.
- No, please do not contact him.
- Not applicable

\_\_\_\_\_

Please enter the name and email of the man who will be the father.

First name: {fatherfirst}

Last name: {fatherlast}

Email: {fatheremail}

## Pets

Do you have any pets, service animals, or emotional support animals in your household? \_\_\_\_\_

Which animals do you have in your household?

- Dog
- Cat
- Bird
- Fish
- Other

How many dogs live in your household?

- 1
- 2
- 3
- 4
- 5 or more

How many cats live in your household?

- 1
- 2
- 3
- 4
- 5 or more

**How much time do you spend most weekdays actively walking with your dog(s)?** (Total for the day)

- None

- 1 - 14 minutes
- 15 - 29 minutes
- 30 - 59 minutes
- 1 - 1.5 hours
- 1.5 - 2 hours
- Over 2 hours per day

**How much time do you spend most weekend days actively walking with your dog(s)?** (Total for the day)

- None
- 1 - 14 minutes
- 15 - 29 minutes
- 30 - 59 minutes
- 1 - 1.5 hours
- 1.5 - 2 hours
- Over 2 hours per day

Thinking about the animal(s) that you spend the most time with, to what extent do you agree or disagree with the following statements?

I consider my animal a friend.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I talk to my animal.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Owning an animal adds to my happiness.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I talk to others about my animal.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I often play with my animal.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

My animal is considered part of the family.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Comments:

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## Biosample Collection

Would you be interested in being invited to participate **in collections of the following biological samples?**

We are just gauging interest at this time. Participants in these studies will be sent all the information and supplies necessary to provide and ship the samples.

A blood sample drawn at a clinical location

- No
- Maybe
- Yes, probably
- Yes, definitely

A urine sample

- No
- Maybe
- Yes, probably
- Yes, definitely

A sample of your stool (used to study your gut bacteria/microbiome)

- No
- Maybe
- Yes, probably
- Yes, definitely

Swabbing inside your mouth to obtain DNA

- No
- Maybe
- Yes, probably
- Yes, definitely

A blood sample where you would prick your finger at home and apply a droplet of blood to a card

- No
- Maybe
- Yes, probably
- Yes, definitely

Comment

This is the final page in this questionnaire. Please enter any comments you have.

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