


GUTS 2021 Male PID 25341Select a data collection instrument to view - select an instrument -  Print pageparticipant info

Record ID _____

Year of birth _____ ((format: YYYY, example: 1985))
_____GUTS 2021 Male

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.orgInformation 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.
- 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 consent 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

Are you a biological, step/social, or adoptive father to a child 5 years of age or younger? _____

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+ times per day

Comment

Height and Weight

What is your current weight in pounds?

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 5 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.

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.

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

{neurologist}

- ADHD (attention deficit/hyperactivity disorder)
- Autism spectrum disorder (including Asperger's)
- Migraine headaches
- Multiple sclerosis
- Peripheral 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

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

COX-2 inhibitors (such as Celebrex) _____

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?

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

How many tablets per week of other anti-inflammatory analgesics do you take?

- 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, Lipid (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
- Other

Are 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)
- Prolsec, 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
- Daily

In the past 12 months, how often did you use weight loss supplements?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily

In the past 12 months, how often did you use sports-performance or muscle-building supplements?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily

In the past 12 months, how often did you use energy-boosting supplements?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily

In the past 12 months, how often did you use immune-boosting supplements?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily

In the past 12 months, how often did you use creatine?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily

In 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 more

In 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

Sexual Health

How often have you experienced any of the following?

Difficulty achieving an erection

Almost never

Sometimes

Often

Almost always

Ejaculating too early

Almost never

Sometimes

Often

Almost always

Difficulty ejaculating

Almost never

Sometimes

Often

Almost always

Lack of interest in sex

Almost never

Sometimes

Often

Almost always

Sexual Health

These questions ask about the effects that erection problems may have had on your sex life over the last 4 weeks.

The following definitions apply:

- "sexual activity" includes intercourse, caressing, foreplay & masturbation

- "sexual intercourse" is defined as sexual penetration of your partner

- "sexual stimulation" includes situations such as foreplay, erotic pictures etc.

- "ejaculation" is the ejection of semen from the penis (or the feeling of this)

- "orgasm" is the fulfilment or climax following sexual stimulation or intercourse

Over the past 4 weeks, how often were you able to get an erection during sexual activity?

No sexual activity

Almost never or never

A few times (less than half the time)

Sometimes (about half the time)

Most times (more than half the time)

Almost always or always

Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?

No sexual activity

Almost never or never

A few times (less than half the time)

Sometimes (about half the time)

Most times (more than half the time)

Almost always or always

Over the past 4 weeks, how many times have you attempted sexual intercourse?

- No attempts
- One to two attempts
- Three to four attempts
- Five to six attempts
- Seven to ten attempts
- Eleven or more attempts

Over the past 4 weeks, when you attempted intercourse, how often were you able to penetrate (enter) your partner?

- Did not attempt intercourse
- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- Did not attempt intercourse
- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- Did not attempt intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

Over the past 4 weeks, when you attempted sexual intercourse, how often was it satisfactory for you?

- Did not attempt intercourse
- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, how much have you enjoyed sexual intercourse?

- No intercourse
- No enjoyment at all
- Not very enjoyable
- Fairly enjoyable
- Highly enjoyable
- Very highly enjoyable

Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you ejaculate?

- No sexual stimulation or intercourse
- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?

- No sexual stimulation or intercourse
- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, how often have you felt sexual desire?

- Almost never or never
- A few times (less than half the time)
- Sometimes (about half the time)
- Most times (more than half the time)
- Almost always or always

Over the past 4 weeks, how would you rate your level of sexual desire?

- Very low or none at all
- Low
- Moderate
- High
- Very high

Over the past 4 weeks, how satisfied have you been with your overall sex life?

- Very dissatisfied
- Moderately dissatisfied
- Equally satisfied & dissatisfied
- Moderately satisfied
- Very satisfied

Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

- No partner
- Very dissatisfied
- Moderately dissatisfied
- Equally satisfied & dissatisfied
- Moderately satisfied
- Very satisfied

Over the past 4 weeks, how do you rate your confidence that you could get and keep an erection?

- Very low
- Low
- Moderate
- High
- Very high

Contraception

In the past 12 months, did you or your partner(s) use any of these methods of birth control for any reason?

- 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 and a female partner tried to become pregnant for 12 consecutive months without becoming pregnant (even if she ultimately became pregnant)?

_____ Did you or your partner see a clinician to receive diagnosis or treatment for difficulty getting pregnant?

_____ Did the clinician find a reason why you and your partner 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
- Male factor
- Not found
- Other

Other reason you and your partner had difficulty getting pregnant:

_____ Did your partner undergo any medical treatments or procedures to help her 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

Pregnancy

Is your spouse or partner currently pregnant?

- N/A - No current female spouse or partner
- No
- Yes
- Unsure

Are you the biological father?

- Yes
- No
- Unsure

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

- Yes
- No
- Unsure

How many weeks has it been since the start of the pregnancy?

- Less than 8 weeks
- 9-12 weeks
- 13-19 weeks
- 20-24 weeks
- 25-29 weeks
- 30-36 weeks
- 37-39 weeks
- 40-42 weeks
- 42+ weeks
- Unsure

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

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

Were you and your partner actively trying to become pregnant? _____

How many months did you and your partner 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

Are you and your spouse or partner actively trying to become pregnant, or do you think that she may become pregnant at some point within the next year?

- No
- Yes, we are actively trying
- Yes, my spouse or partner may become pregnant within the next year

For how many months have you and your partner 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 and your partner stopped using any contraceptive/birth control?

- None, we have never used a contraceptive/birth control method.
- None, we are 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

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, we are 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

The following questions are about your pregnant spouse/partner.

The following questions are about your spouse/partner who may become pregnant.

How old is she?

- Don't know
- 18 or younger
- 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

- 3
- 4
- 5
- 6
- 7

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

How tall do you think she is?

Feet: {heightfeet}

Inches: {heightinches}

How much do you think she weighs? _____

Is she Hispanic or Latino/a?

- No
- Yes
- Don't know

Which race do you consider her 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 Parental Health Sub-study.

Participation involves completing a one time questionnaire about diet, activity, and other factors that may influence pregnancy health and outcomes.

Would you like to participate in this sub-study?

Your pregnant spouse/partner is eligible to participate in our GUTS Parental Health Sub-study. Participation involves completing a one-time questionnaire about diet, activity, and other factors that may influence pregnancy outcomes.

Would you like us to invite your spouse/partner to participate? If yes, we will ask for their name and email.

- Yes, please invite the biological mother.
 No

Please provide your pregnant spouse/partner's name and email.

First name: {motherfirst}

Last name: {motherlast}

Email: {motheremail}

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:

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

A semen sample by mail

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

Comment

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