10th Anniversary

\$10,000

GUTS giveaway

Everyone Wins

Here is how to participate:

1. Answer online and find out

won. (You can also return

this paper questionnaire.)

respondent - \$10,000

Everyone else - \$2.

IMMEDIATELY how much you

WINDOV AREA

Do we have your correct name and address? Make any necessary changes

and return this page with your

completed survey.

Complete Your Questionnaire Online WWW.gutsweb.org

2 - \$1,000 5 - \$100

*For more information about PayPal and the drawing visit www.gutsweb.org

his survey marks our 10th anniversary. To celebrate we're holding a \$10,000 drawing where everyone is a winner.

modern lifestyle

2. PayPal will contact you with

information about how to

If you don't answer the survey

you'll never know if the big winner is you! Go to our web site now.

redeem your prize.*

Hello GUTS participant,

Based on your suggestions this year's survey has a special topic, "Stressful Events". Many participants have told us that stressful experiences such as a motor vehicle accident, losing someone close to them, or experiencing violence have impacted their health and that we ought to be asking about these types of experiences.



Whatever experiences you have had, we need to hear from you.

After 10 years GUTS remains **one of the most important studies of your generation's health**. Your continuing participation is the reason for our success.

Thanks for being part of GUTS,

Rosalind Q. Wright

Rosalind J. Wright, MD MPH

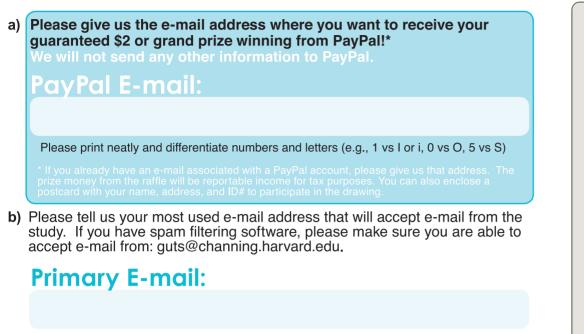
aninem

Alison E. Field, ScD

Lindsay Frazier, MD

IMPORTANT: Update Your Information!

This information will be kept strictly confidential.



Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

c) Is there another e-mail address that we can use to contact you if there is a problem with the first one?

Alternate E-mail:

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

d) Please enter your phone number. We do not routinely call participants, but in the event we lose contact with you, we may call to obtain your new information.

Cell Phone #:

Home Phone #:

e) Please give us the name and address of someone at a different address (other than your mother) who we may contact in the event we lose contact with vou.

Namo

Alternate Address:

f) Please tell us your social security number.

SS#:

Humo.	
Address:	
Phone:	
E-mail:	

Tell Us What You Think:

Do you have questions or comments? Visit our web site: www.gutsblog.com, or include them with this survey, or call Helaine Rockett @ (617)525-2279, 9-4pm EST.

Federal regulations require us to include the following information:

There are no direct benefits to you from participation in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. Although complete information is important to the study, you may skip any question you do not wish to answer. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Brigham and Women's Hospital (617-424-4100).

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Because of my spiritual or re I have forgiven myself for things th I have forgiven those who hurt me	ligious beliefs: nat I have done wrong	or almost	Often	Seldom	Never	
Because of my spiritual or re I have forgiven myself for things the	ligious beliefs: nat I have done wrong	or almost	Often	Seldom	Never	in God or a
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Page 2

3/8" spine perf

2007 Special Topic - Stressful Events

	Why are we asking? Xhy is it impo	rtant?		K We need	VOUR FOR	NOREO
	We've had letters from GUTS participants asking us to include particular life experiences because they feel they have impacted their health.	ng research at hese kinds of	events in	whether of	or not you ced these	ı have
	Growing Up Today Study data (including questionnaire responses t strictly confidential. We never release individual information abo					
	The following are some kinds of stressful events that can whether that event has ever happened to you. (Mark all the		people's li	ves. For each	i one, plea	ase indica
	Been in a major fire, flood, or other natural disaster					
	Been in a major automobile, boat, motorcycle, plane, train, or work	-related accid	lent			
	Witnessed someone with whom you were very close being attacke	d by another	person			
	Witnessed someone with whom you were not so close being attack	ked by anothe	er person			
	Witnessed someone with whom you were very close deliberately a	attack one of y	our family n	nembers		
	Witnessed someone with whom you were not so close deliberately	attack one of	f your family	members		
	\bigcirc You were attacked deliberately by someone with whom you were \underline{v}	very close				
	You were attacked deliberately by someone with whom you were r	•				
	Had a close family member or friend die violently, for example, in a	a serious car c	rash, mugg	ing, suicide or a	ttack	
	Served in a war zone, or in a noncombat job that exposed you to w	var-related cas	sualties			
	Ever had a life threatening illness such as cancer, leukemia, or AIE	DS				
	Experienced a seriously traumatic event not already covered in an	y of these que	estions			
	None of the above					
c)	In any of the events you marked above, were you seriousl or might die? No Yes In any of the events you marked above, did you witness a	situation in	which so	meone was s	eriously i	
c) Stre	or might die? No Yes In any of the events you marked above, did you witness a killed, or witness a situation in which you feared someone No Yes essful Events - When You Were Growing Up	situation in else would	which so I be seriou	meone was s Isly injured o	eriously i r killed?	njured or
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c) Stre The who Wh	No Yes In any of the events you marked above, did you witness a killed, or witness a situation in which you feared someone killed, or witness a situation in which you feared someone No No Yes essful Events - When You Were Growing Up the following set of questions are similar, but ask about two different nager) and two groups of people (family members and people not the naswering. The normal time you were a child (before age 11) how often did a) an adult in your family: Yell and scream at you Say hurtful or insulting things to you Push, grab, or shove you Spank you for discipline Punish you in a way that seemed cruel Threaten to kick, punch, or hit you with something that could hurt you, or physically attack you in another way Actually kick, punch, or hit you with something in a way that hurt your body, or physically attack you in another way	situation in else would age periods in your family	which so I be seriou (when you y). Please p	meone was s isly injured o were a child an pay close atten	eriously i r killed? nd when yo tion to thes	njured or u were a se differenc

National Domestic Violence Hotline 1-800-799-SAFE http://www.nhdv.org

c) an adult who was <u>NOT</u> a family member:	Never	Rarely	Sometimes	Often	Voru often
Yell and scream at you	Never	narely	Sumetimes	Ullell	Very often
Say hurtful and insulting things to you					
<u>Threaten</u> to kick, punch, or hit you with something that could hurt you, or physically attack you in some other way		0	0	0	0
Actually kick, punch, or hit you with something that hurt you, or physically attack you in some other way	0	0	0	0	0
When you were a <u>child</u> (before age 11) how often did					
a) someone in your family:	Never	Rarely	Sometimes	Often	Very often
Make you feel that you were important or special b) someone who was <u>NOT</u> in your family:			0	0	0
Make you feel that you were important or special	0	0	0	0	0
When you were a <u>child</u> (before age 11) did an adult or an old sexual activity by threatening you, holding you down or hun No, this did not happen when I was a child (before age 11) Yes When you were a <u>teenager</u> (ages 11–17) how often did	ting you in	some way	attempt to for when you dic O Yes, this ha	not want	t to?
a) an adult in your family:	Never	Rarely	Sometimes	Often	Very often
Yell and scream at you	0	0	0	0	0
Say hurtful or insulting things to you	0	0	0	0	0
Push, grab, or shove you	0	0	\bigcirc	0	0
Punish you in a way that seemed cruel	0	0	0	0	0
<u>Threaten</u> to kick, punch, or hit you with something that could hurt you, or physically attack you in some other way	0	0	\bigcirc	\bigcirc	0
Actually kick, punch, or hit you with something in a way that hurt your body, or physically attack you in some other way	0	0	0	0	0
	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Hit you so hard it left you with bruises or marks		Rarely		Often	Very often
When you were a <u>teenager</u> (ages 11–17) how often did b) a brother or sister do any of the above things to you?	Never		Sometimes		
When you were a <u>teenager</u> (ages 11–17) how often did b) a brother or sister do any of the above things to you?	Never	0	Sometimes		
 When you were a <u>teenager</u> (ages 11–17) how often did b) a brother or sister do any of the above things to you? Don't have a sibling When you were a <u>teenager</u> (ages 11–17) how often did c) an adult who was <u>NOT</u> a family member: 	Never Never	Rarely	Sometimes	Often	Very often
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O Ye	es, more thar	once 🔳			0	Very ohtened	Some	ewhat tened		Just a fright	a little) Not re frighte	eally			t know	
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erson yd • Have • No • Ye • Ye	ou were mail you ever l b c d d f) (<i>If you ans</i> At what age	rried to, peen in Have National Have partn National Have Ye Ye Ye Did <u>ye</u> did national Natio	dating you e you e you e you e you e er(s)? b, this l you e you	g, or go ed in a ever b never b has never bever b has never has never happer happer happer happer has never has never	bing out in intin been ma been afra been afra been hi ver happ ned ond ned mod rit, slap ver happ ned ond ned mod r(s) ever ver happ e threa did no ver happ of the a	ade to fe aid ade to fe aid ade to fe aid ade to fe aid ade to fe anotional pened t, slappe pened te than or pped, kie pened te than or ped, kie pened te than or pened te pened te pene	eened with ationship eel afraid) Yes, this illy abuse () Yes, f ed, kicke cked, or cked, or	h a person that $a personb that a persond of yeas happeed (e.gthis haped, or a personotherwb person$	lasted our pai ened onc g., three ppened otherw id this c No wise pl id this c No pr verb ppened essure ppened ppened	3 mo rtner(ce atene once vise p cause cause cause once e to m once e ansu	Inths of s)? Yes ed, insu hysica injury (l s ally hu injury (l s essure ake yo wer g. l abuse	r mo s, this Ilted Yes, v Ily hi oruise rt yo oruise to de Yes, v Yes, <i>i</i> f not	re? happe , yelle this ha urt <u>by</u> e, cut, our par e, cut, o som this ha artner this ha	ened m d at, d ppened sprair rtner(sprair ethin ppened (s) do ppened to ne	degrad degrad d more partn n, scar, s)? n, scar, s, scar, g sexu d more o some d more ext que	an once ded) <u>t</u> than o <u>er(s)</u> ? , broke , broke ual wh than o ething than o	en bone nce en bone nen yo g sexu	e)? e)? Du

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http://www.nhdv.org National Domestic Violence Hotline 1-800-799-SAFE

Stressful Events - Possible Reactions

Many people who have experienced the types of events described in the last 3 pages find them distressing. Now we are going to ask you about reactions that some people have after distressing events. Think about the 'most distressing' event that you may have experienced in your lifetime, whether it occurred early in your childhood or more recently. It doesn't have to be one of the events asked about in the previous questions. Keeping that event in mind, answer the following questions:

Have	there ever been times	since the event when:	1	I I		1	I
	You tried to stay away of the experience	from activities or situations that reminded you	None of the time	Very little of the time	Some of the time	Much of the time	Most of all of the time
	○ No ○ Yes →	How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
b)		ed in important activities that once gave you rts, hobbies, or social activities					
	○ No ○ Yes ►►	How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c)	You felt distant or cut	off from those around you					
		How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
	You felt emotionally ne as love or happiness	umb, or had trouble experiencing feelings such					
		How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
e)	You felt that there was	no point in planning for the future					
		How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
f)	You had more trouble	than usual falling or staying asleep					
	○ No ○ Yes ►►	How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
g)	You became jumpy or movements	got easily startled by ordinary noises or					
		How often in the last 4 weeks?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Thank you, again, for answering these questions as best you can. Please continue. . .

Smoking

) No

Yes

30. Have you smoked at least 100 cigarettes (5 packs) in your life?

○ No ○ Yes

- 31. How many of your friends smoke cigarettes? ○ None One ○ A few O Most
- 32. In the PAST YEAR, have you smoked a cigarette?

spine per

3/8"

b) ł c) ł

a) How long ago did yo	ou smoke your last cigarette?
🔵 In past week 🛛 🔾 I	n past month, but not in past week 0 1–3 months 0 4–6 months 6+ months
b) How often do you sr	noke?
🔵 Don't smoke 🛛 🔾 I	ess than once a month O Monthly, but not weekly O Weekly, but not daily O Daily
c) How many cigarettes	s do you smoke in one day?
ODon't smoke	1 2–5 6–10 11–20 21 or more
d) How many times in t	the past year have you tried to quit smoking?
Never Onc	e O 2–3 times O 4 or more times
e) In the PAST YEAR, h	ave you quit smoking?
Yes, and stayed quit	1) Do you intend to quit smoking in the next year? No Yes
O Yes, but restarted	2) Do your friends think you should quit smoking cigarettes?
○ No	O Definitely think I should O Probably think I should O Have no opinion
	Probably think I should not
	3) Does your mother think you should quit smoking cigarettes?

Definitely thinks I should

Probably thinks I should

Probably thinks I should not O Definitely thinks I should not

Has no opinion

rvard Medica			Page 6		Growing Up Today Stu
Diagnose	s and Symptoms				
		rovider ever	diagnosed you as having:		
. 1103 d <u>uuu</u>		Yes	alagnosca you as navniy.		
Asthma					
	llergic rhinitis)				
	opic dermatitis)				
Endometrio			a) Confirmed by laparoscop	ov?	No Yes
Benign brea			a) Confirmed by breast bio		
Food allergi			a) What type?		
			O Peanut O Tree nut*	Shellfish	
			Milk Eggs	Other	
				<u> </u>	
. Have you	ever had an allergic reac	tion to peanu	uts or tree nuts?		
🔵 Yes 📩	What symptoms have	e you had? <i>(</i>	Mark all that apply)	Peanut Tree nut*	*Tree nuts
🔘 No	Hives, swelling			\bigcirc \bigcirc	include walnuts,
	Shortness of breath, whe	ezing, cough		0 0	macadamia nuts, almonds,
	Dizziness, or fainting			0 0	pistachios,
	Vomiting, crampy abdom	-		\cup \bigcirc	cashews, pecans, hazeInuts, and
	Severe, multisystem aller	rgic reaction	and received epinephrine		brazil nuts.
	(Anaphylaxis)		and did not receive epinephrine	\cup \cup	
-	do you have headaches	•			
	a) Wilhot is loss the loss ti		v baadaabaa2 (Mark all that and)	
	-		r headaches? (Mark all that appl	<i>y)</i>	
			r right, but not both at the same time)		
	 Both sides of the heat 				
	Front of the head	Back of t		ad	
	Around one eye	Around b	symptoms when you have a typ	ical boadacho? //	Mark all that apply)
		-	vant to be somewhere quiet or in a dark	-	иагк ан шаг арргу)
	Nausea or vomiting	light (i.e., you v	vant to be somewhere quiet of in a dam	(TOOIII)	
	 Pulsating headache p 	hain			
			d rest necessary)		
	 Pain gets worse when 				
	 Pain prevents you fro 				
	 None of the above 	. called add			
		health care	provider ever told you that you	have migraine he	adaches?
	🔿 Yes 🔷 No				
	d) Do you have headach	nes only afte	r drinking alcohol?		
,	🔘 Yes, I only get heada	ches after drink	king alcohol 🛛 🔿 No, I get headaches	when I have not bee	n drinking alcohol
	I do not drink alcohol				
			ealth care provider you have a se		
		on annital h-		oic lice of crabs, s	UTILIS. TIV UTAIDS.)
(For exam	ever been told by a docto ole: chlamydia, HPV infecti	ion, genital he	erpes, gonorrhea, genital warts, pul		
(For exam	ple: chlamydia, HPV infecti	-		n or gonital warts	
(For exam	ole: chlamydia, HPV infecti a) Have you ev	ver had huma	an papillomavirus (HPV) infection	n or genital warts	
(For exam) No Yes Not sure	a) Have you ev	-	an papillomavirus (HPV) infection	n or genital warts	
(For exam) No Yes Not sure	ole: chlamydia, HPV infecti a) Have you ev	ver had huma	an papillomavirus (HPV) infection	n or genital warts	
(For exam) No Yes Not sure Sexuality	a) Have you ev No and Gender	ver had huma Yes Not s	an papillomavirus (HPV) infection ure		
(For exam) No Yes Not sure Sexuality During yo	a) Have you ev a) Have you ev No and Gender ur life, the person(s) with	ver had huma Yes Not s	an papillomavirus (HPV) infection ure nave had sexual contact is (are)		
(For exam) No Yes Not sure Sexuality During yo	a) Have you ev a) Have you ev No and Gender ur life, the person(s) with ot had sexual contact with any	ver had huma Yes Not s whom you h yone Fe	an papillomavirus (HPV) infection ure have had sexual contact is (are) emale(s) Male(s) Female(s)	and Male(s)	
(For exam) No Yes Not sure Sexuality During yo I have n . Have you	a) Have you ev a) Have you ev No No No No No No No No No No	ver had huma Yes Not s whom you h yone Fe rse? (By sex	an papillomavirus (HPV) infection ure nave had sexual contact is (are) emale(s) Male(s) Female(s) ual intercourse we mean vaginal of	and Male(s) r anal sex.)	
(For exam) No Yes Not sure Sexuality During yo I have n Have you No	a) Have you ev a) Have you ev No and Gender ur life, the person(s) with ot had sexual contact with any ever had sexual intercou a) During your life	ver had huma Yes Not s whom you h yone Fe rse? (<i>By sex</i> e, with how r	an papillomavirus (HPV) infection ure nave had sexual contact is (are) emale(s) Male(s) Female(s) ual intercourse we mean vaginal of many people have you had sexua	and Male(s) r anal sex.) al intercourse?	?
(For exam) No Yes Not sure Sexuality During yo I have n Have you No Yes	a) Have you ev a) Have you ev No and Gender ur life, the person(s) with ot had sexual contact with any ever had sexual intercou a) During your life 1 person	ver had huma ves Not s whom you h vone Fe rse? (By sexue e, with how r 2 people	an papillomavirus (HPV) infection ure nave had sexual contact is (are) emale(s) Male(s) Female(s) ual intercourse we mean vaginal of nany people have you had sexua 3 4 5 6-9	and Male(s) r anal sex.) al intercourse?	
(For exam) No Yes Not sure Sexuality During yo I have n Have you No	a) Have you ev a) Have you ev No and Gender ur life, the person(s) with ot had sexual contact with any ever had sexual intercou a) During your life b) How old were y	ver had huma Yes Not s whom you h yone Fe rse? (By sexu e, with how n 2 people you when you	an papillomavirus (HPV) infection ure nave had sexual contact is (are) emale(s) Male(s) Female(s) ual intercourse we mean vaginal of many people have you had sexua	and Male(s) r anal sex.) al intercourse? 0 10–20 first time?	?

O Cor	a of the follow mpletely heteros ttracted to perso the opposite se	exual O Ins of het	terosexual (equally att men and	tual OMostly	Completel cual (gay/lesbi	y homosexual ONot an attracted to the same sex)	sure
a) Whe			sk about your behavio cters on TV or in the Girls/women and boys/men equally			I did not imitate or	
b) Whe		ild, in pretend Usually of girls or women	d play, I took the role	Usually of boys or men	Only of boys or men	I did not do this type of pretend play	
	en I was a chi ways minine"	i ld, my favorit Usually "feminine"	te toys and games we Equally "feminine" and "masculine"	ere Usually "masculine"	Always "masculine"	Neither "feminine" nor "masculine"	
\bigcirc \	en I was a ch Very minine"	ild, I felt Somewhat "feminine"	"Feminine" and "masculine" equally	, Somewhat "masculine"	Very "masculine"	I did not feel "feminine" or "mascu	lline"
	en's Healt		(naccelerical exam? (This is when a doctor	or other health care i	provider examines a woma	n's
Yes	\sim	Not sure	9	enital area and female peculum.)	e organs, sometimes	using an instrument called	a
	you over had	a Dan test? ()	This test is also known	as a Pan smear)			,
(This is	when a specul	um is inserted in	to the vagina and a flat st	ick and small brush a	re used to take a san	nple of cells from the cervix	.)
(This is No Yes	when a specul	um is inserted in: a) Have you h No	to the vagina and a flat st ad a Pap test in the p Yes Not su	ick and small brush a past year? Jire pr other health card		nple of cells from the cervix u had an abnormal Pap	
(This is No Yes Not Have y Implar	when a specula sure 3 you <u>ever</u> used	um is inserted in: a) Have you h No b) Have you b No d birth control erone implant	to the vagina and a flat sh ad a Pap test in the p Yes Not sh been told by a doctor of Yes Not sh of pills, patch (Ortho-E cable) for any reason	ick and small brush a past year? for other health card ire Evra), ring (Nuvarii (acne, bad crampi	e provider that yo ng), Depo Provera ng, irregular perio	u had an abnormal Pap a, injectable estrogen, o ods, birth control)?	o test? or
(This is No Yes Not Have y Implar	when a specula sure sure sure sure sure sure sure sure	um is inserted in a) Have you h No b) Have you b No d birth control erone implant a) During injecta b) During	to the vagina and a flat sh ad a Pap test in the p Yes Not sh been told by a doctor of Yes Not sh of pills, patch (Ortho-E cable) for any reason	ick and small brush and past year? proof other health card are Evra), ring (Nuvarin (acne, bad crampin (acne, bad crampin u use birth control reason? you used Depo Pro	e provider that yo ng), Depo Provera ng, irregular perio I pills, patch (Orth No overa? No	u had an abnormal Pap a, injectable estrogen, o	o test? or
(This is No Yes Not Have y Implar Yes No	when a specula sure you <u>ever</u> used non (progeste	um is inserted in. a) Have you h No b) Have you b No d birth control erone implanta a) During injecta b) During c) During ar, have you b	to the vagina and a flat sh had a Pap test in the p Yes Not so yeen told by a doctor of Yes Not so l pills, patch (Ortho-E table) for any reason the <u>past year</u> did you ble estrogen for any the <u>past year</u> , have you	ick and small brush and past year? For other health card are Evra), ring (Nuvarin (acne, bad crampin (acne,	e provider that yo ng), Depo Provera ng, irregular perio pills, patch (Orth No povera? No n? No or more periods	u had an abnormal Pap a, injectable estrogen, o ods, birth control)? no-Evra), ring (Nuvaring, Yes Not sure Yes Not sure Yes Not sure	o test? or) or
(This is No Yes Not Have y Implar Yes No During No Yes What i	when a specula sure you <u>ever</u> used non (progeste	um is inserted in: a) Have you h No b) Have you b No d birth control erone implant: a) During injecta b) During c) During ar, have you b a) During No usual pattern no more than 1-	to the vagina and a flat shad a Pap test in the p Yes Not su peen told by a doctor of Yes Not su Peen told by a doctor of Yes Not su Peen told by a doctor of Yes Not su Peen present of the past year did you the past year did you the past year, have y the past year, have y Yes, but my perion of your menstrual cy 2 days before or after ex	ick and small brush and bast year? or other health card ire Evra), ring (Nuvarin (acne, bad crampin (acne, b	e provider that yo ng), Depo Provera ng, irregular perio l pills, patch (Orth No overa? No n? No or more periods i Yes, and I'n	u had an abnormal Pap a, injectable estrogen, o ods, birth control)? o-Evra), ring (Nuvaring, Yes Not sure Yes Not sure Yes Not sure m a row? m still not getting my period	o test? or) or s
(This is No Yes Not Have y Implar Yes No During Yes What i Ext Reg	when a specula sure you <u>ever</u> used non (progester g the past yea is the current remely regular (gular (within 5–7	um is inserted in: a) Have you h No b) Have you b No d birth control erone implant: a) During injecta b) During c) During c) During ar, have you b a) During No usual pattern no more than 1- days) U	to the vagina and a flat shad a Pap test in the p Yes Not su peen told by a doctor of Yes Not su Peen told by a doctor of Yes Not su Peen told by a doctor of Yes Not su Peen present of the past year did you the past year did you the past year, have y the past year, have y Yes, but my perion of your menstrual cy 2 days before or after ex	ick and small brush and spast year? Ire for other health card ire Evra), ring (Nuvarin (acne, bad crampin (acne, bad crampi	e provider that yo ng), Depo Provera ng, irregular period povera? No or more periods Yes, and in gnant, breast-feed Very regular (within 3 Do not menstruate	u had an abnormal Pap a, injectable estrogen, a bods, birth control)? bo-Evra), ring (Nuvaring, Yes Not sure Yes Not sure Yes Not sure Yes Not sure in a row? m still not getting my period ing, or using birth control a-4 days)	o test? or) or s

8. In y of F	Medical S PAGE rour lifet Figure 11 other inju	ASKS ime, ? <u>DO</u>	FIRS how o	often COU	have <u>NT</u> : p	you h ain ca	ad pa used l	in in y by me	PAIN, [·] your <u>b</u>	elly/al	bdome	<u>en,</u> as	show	/n in t	he <u>GF</u>	<u>RAY</u> sl	haded	area	(label	day Stud
	Never		Rare			Sometii			Often	\bigcirc	/ery Oft	en 📘								
		a valı	r -						7											
	ver or r ntinue 1				a) At re	appro	oximat d abov	tely w /e? <i>(N</i>	/hat aq <i>lark a</i>	ge(s) c I <i>l that</i>	lid you <i>apply</i>	u expe)	erienc	e the	pain i	in you	r belly	//abdo	omen	(a
Age in years	 ≤10) 11) 12) 13	0 14) 15	0 16	0 17	0 18) 19	0 20) 21	0 22	0 23	 24	0 25	0 26	0 27	0 28	0 29
								abdon	eatme	•	N	1.1	es	er he			ovide No	r for p Yes	ain	
					-	ave yo	u eve		eived a	-			-	-	our be	elly/ab	dome	n?		
	ever ontinue	to 4	9 ◄	_	d) <u>In</u> <u>Gi</u>	RAY s	hadeo	d area	w often (labe times ast yea	led "a C C	e you ") of F –11 tim n past y	igure nes	1?) Mon	-	(Wee		(own in	
	a	igure					it - f) <u>lı</u> d	t hurt No Pa n the	<u>past y</u> nake i	erage [:] • • • • • • • • • • • • • • • • • • •	? 1) (2) vhen y	ou ha	a air	a) (a)	5 (our be	6 E	dome	Pain	v diffi	
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	<u>n the past year,</u> how			in in your _l	pelvis or ge	nitals, as sho	own in the <u>BLUE</u>
, or rarciy,	shaded area (labeled			the sector to a			11
inue to 50	Never 0 1–2 tim in past			lonthly, ut not weekly	 Weekly but not 		uiy
				•			
		· · · · ·	n you ha	d pain in y	our pelvis o	r genitals, ho	ow much did it hurt <u>on</u>
	<u>averac</u> No Pai		2 3	3 4 (5 6	Extreme Pain	
					our pelvis o	r genitals, ho	w difficult did it make
	-	ou to go to sch				1	
	No Diff	culty 0 (1 2	3 4	5 6	Extreme Diffi	culty
	g) <u>In the</u>	<u>past year,</u> whe	n you ha	d pain in y	our pelvis o	r genitals, ho	w difficult did it make
	-	ou to take part				activities?	
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		<u>past year,</u> whe ou to have sex		d pain in y	our pelvis o	r genitals, ho	ow difficult did it make
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		ve not had sex in		<u> </u>			
Alcohol and l	Drug Use						
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_							ng Up To	
3 Have vou	ever used any of these drugs without a doctor	r'e	lf yes, r	number of ti	mes in t	the PAS		ł .
prescripti		5	Not in p year		in 2–1 ar in p	0 times ast year	11+ time past ye	-
Tran	quilizers (e.g., Valium, Diazapam, Xanax, Ativan, Libriu	um, Klonopin)					
		Yes		0		\bigcirc	0	
	killers (e.g., Percocet, Percodan, Oxycontin, Oxycodo ohine)			\sim		\sim		
	ping pills (e.g., Rohypnol, downers, roofies)	Yes		0		0		
5166		Yes						
Rita	lin, Adderall	/ 100				<u> </u>		
	○ No ○	Yes		0		0	0	
Weight (Control							
Has anyor (Mark all t No		-		as anorexia er health care		ı or buli	mia nerv	vosa?
5. In the pas	t year, did you try to lose weight or keep from	gaining we	eight?					
No No								
🔿 Yes 🗭	In the past year, did you do any of the following to lose weight or keep from gaining weight?	Never	Less than	1–3 times	Once		2–6 times	
	Fast (not eat for at least a day)	ivever	monthly	a month	wee	ĸ	per week	Daily
	Make yourself throw up							
	Take laxatives							
7			U					
lin the nee	tweet hew often did yes use any of the follow	din a						
	t year, how often did you use any of the follow to improve muscle mass or strength?	/ing	Never	Less than monthly	Monthly	We	ekly	Daily
Creatine								0
	ostenedione, or human growth hormone							$\overline{}$
	roids (do not include steroids used for treating medical con						\leq	$-\frac{\circ}{\circ}$
7								0
Which of the Nothing	the following are you currently trying to do about the same Gain weight Lo	out your w	eight?					
 Nothing Sometime would cor 		ose weight	amount of ast year, he	food that m ow often die More than	d you go	o on an ^{/eek}	eating b	oinge'
 Nothing Sometime would cor Never 	Stay the same Gain weight Lo s people will go on an "eating binge", when the sider to be very large, in a short period of tim Less than monthly 1–3 times a month	ney eat an a e. <u>In the pa</u> Once a	amount of ast year, he week	ow often die	d you go	o on an	eating b	riends binge ⁴ /es
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