Growing Up Today Study | Channing Laboratory | 181 Longwood Avenue | Boston, Massachusetts | 02115

G07

WINDOW AREA

3/8" spine perf

10th Anniversary $10,000 GUTS giveaway

Everyone Wins

modern lifestyle guts future health

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

Here is how to participate:

1. **Answer online and find out IMMEDIATELY how much you won. (You can also return this paper questionnaire.)**
2. **PayPal will contact you with information about how to redeem your prize.***

1 respondent - $10,000
2 - $1,000
5 - $100
Everyone else - $2.

If you don't answer the survey you'll never know if the big winner is you! Go to our web site now.

Complete Your Questionnaire Online
www.gutsweb.org

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

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 J. Wright, MD MPH

Alison E. Field, ScD

Lindsay Frazier, MD

Brigham and Women's Hospital

Harvard Medical School

Do we have your correct name and address?

Make any necessary changes and return this page with your completed survey.

IMPORTANT: Update Your Information!

This information will be kept strictly confidential.

a) **Please give us the e-mail address where you want to receive your guaranteed $2 or grand prize winning from PayPal!***
We will not send any other information to PayPal.

PayPal E-mail:

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

* If you already have an e-mail associated with a PayPal account, please give us that address. The prize money from the raffle will be reportable income for tax purposes. You can also enclose a postcard with your name, address, and ID# to participate in the drawing.

WINDOW AREA

b) Please tell us your most used e-mail address that will accept e-mail from the study. If you have spam filtering software, please make sure you are able to accept e-mail from: guts@channing.harvard.edu.

Primary E-mail:

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 you.

Alternate Address:

Name: _____

Address: _____

_____

_____

Phone: _____

E-mail: _____

f) Please tell us your social security number.

SS#:

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).

3/8" spine perf

Tell Us About Yourself

Use a No. 2 pencil only.

FOR OFFICE USE ONLY

OFFICE USE ONLY

G07

1. How tall are you?

_____ feet _____ inches

2. How much do you weigh?

_____ pounds

3. Is this your correct date of birth?

- ◯ Yes
- ◯ No → If no, please write your date of birth here: _____ /_____ /_____

4. What is your current status?

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

5. Are you currently registered to vote?

- ◯ Yes
- ◯ No

6. In an average month, how many hours do you spend on volunteer work, community service, or helping people outside of your home without getting paid? (Do not include service you are required to do as a punishment.)

- ◯ 0 hours
- ◯ 1–4 hours
- ◯ 5–9 hours
- ◯ 10 or more hours

7. I have a sense of mission or calling in my own life.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

8. How often do you go to religious meetings or services?

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

FOR OFFICE USE ONLY

9. I try to find comfort in my religion or spiritual beliefs.

- ◯ Not at all
- ◯ A little
- ◯ Medium
- ◯ A lot

10. I pray or meditate.

- ◯ Not at all
- ◯ A little
- ◯ Medium
- ◯ A lot

11. Because of my spiritual or religious beliefs:

	Always or almost always	Often	Seldom	Never	Do not believe in God or a higher power
I have forgiven myself for things that I have done wrong	◯	◯	◯	◯	◯
I have forgiven those who hurt me	◯	◯	◯	◯	◯
I know that God or a higher power forgives me	◯	◯	◯	◯	◯

*Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the **past week**.*

12. During the past week:

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

13. This past summer, how many times did you get a sunburn?

- ◯ Didn't get a sunburn
- ◯ 1 time
- ◯ 2 times
- ◯ 3–4 times
- ◯ 5 or more times

14. In the past year, how many times did you use a tanning bed?

- ◯ Never
- ◯ 1 time
- ◯ 2–9 times
- ◯ 10–19 times
- ◯ 20–29 times
- ◯ 30 or more times

15. When outside this past summer, how often did you use sunscreen with SPF 15+?

- ◯ Never
- ◯ Seldom
- ◯ Sometimes
- ◯ Often
- ◯ Always

16. When outside this past summer, how often did you limit time in the sun between 10am and 4pm?

- ◯ Never
- ◯ Seldom
- ◯ Sometimes
- ◯ Often
- ◯ Always

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

3/8" spine perf

2007 Special Topic - Stressful Events

As we mentioned in the cover letter, this year's survey has a special topic - stressful events.

Why are we asking?
We've had letters from GUTS participants asking us to include particular life experiences because they feel they have impacted their health.

Why is it important?
There is increasing research about the health impact of these kinds of events in the lives of children and young adults.

We need your response whether or not you have experienced these events.

All Growing Up Today Study data (including questionnaire responses, medical history, and name and address information) are kept strictly confidential. We never release individual information about any participant to anyone for any reason, period.

17. a) The following are some kinds of stressful events that can happen in people's lives. For each one, please indicate whether that event has ever happened to you. *(Mark all that apply)*

- ◯ Been in a major fire, flood, or other natural disaster
- ◯ Been in a major automobile, boat, motorcycle, plane, train, or work-related accident
- ◯ Witnessed someone with whom you were very close being attacked by another person
- ◯ Witnessed someone with whom you were not so close being attacked by another person
- ◯ Witnessed someone with whom you were very close deliberately attack one of your family members
- ◯ Witnessed someone with whom you were not so close deliberately attack one of your family members
- ◯ You were attacked deliberately by someone with whom you were very close
- ◯ You were attacked deliberately by someone with whom you were not so close
- ◯ Had a close family member or friend die violently, for example, in a serious car crash, mugging, suicide or attack
- ◯ Served in a war zone, or in a noncombat job that exposed you to war-related casualties
- ◯ Ever had a life threatening illness such as cancer, leukemia, or AIDS
- ◯ Experienced a seriously traumatic event not already covered in any of these questions
- ◯ None of the above

(If you answered yes to any question above in 17a, please answer b and c below. If not, skip to 18.)

b) In any of the events you marked above, were you seriously injured, or did you fear you might be seriously injured or might die?

◯ No ◯ Yes

c) In any of the events you marked above, did you witness a situation in which someone was seriously injured or killed, or witness a situation in which you feared someone else would be seriously injured or killed?

◯ No ◯ Yes

Stressful Events - When You Were Growing Up

The following set of questions are similar, but ask about two different age periods (when you were a child and when you were a teenager) and two groups of people (family members and people not in your family). Please pay close attention to these differences when answering.

18. When you were a child (before age 11) how often did . . .

a) an adult in your family:	Never	Rarely	Sometimes	Often	Very often
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	◯	◯	◯	◯	◯
Hit you so hard it left you with bruises or marks	◯	◯	◯	◯	◯

When you were a child (before age 11) how often did . . .

b) a brother or sister do any of the above things to you?	Never	Rarely	Sometimes	Often	Very often
◯ Don't have a sibling	◯	◯	◯	◯	◯

Continued on next page

Continued from previous page

18. When you were a child (before age 11) how often did . . .

c) an adult who was NOT a family member:	Never	Rarely	Sometimes	Often	Very often
Yell and scream at you	○	○	○	○	○
Say hurtful and insulting things to you	○	○	○	○	○
Threaten to kick, punch, or hit you with something that could hurt you, or physically attack you in some other way	○	○	○	○	○
Actually kick, punch, or hit you with something that hurt you, or physically attack you in some other way	○	○	○	○	○

19. When you were a child (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 NOT in your family:	Never	Rarely	Sometimes	Often	Very often
Make you feel that you were important or special	○	○	○	○	○

20. When you were a child (before age 11) were you touched in a sexual way by any adult or older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?

○ No, this did not happen when I was a child (before age 11) ○ Yes, this happened once ○ Yes, this happened more than once

21. When you were a child (before age 11) did an adult or an older child force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

○ No, this did not happen when I was a child (before age 11) ○ Yes, this happened once ○ Yes, this happened more than once

22. When you were a teenager (ages 11–17) how often did . . .

a) an adult in your family:	Never	Rarely	Sometimes	Often	Very often
Yell and scream at you	○	○	○	○	○
Say hurtful or insulting things to you	○	○	○	○	○
Push, grab, or shove you	○	○	○	○	○
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 some other way	○	○	○	○	○
Actually kick, punch, or hit you with something in a way that hurt your body, or physically attack you in some other way	○	○	○	○	○
Hit you so hard it left you with bruises or marks	○	○	○	○	○

When you were a teenager (ages 11–17) how often did . . .

b) a brother or sister do any of the above things to you?	Never	Rarely	Sometimes	Often	Very often
○ Don't have a sibling	○	○	○	○	○

When you were a teenager (ages 11–17) how often did . . .

c) an adult who was NOT a family member:	Never	Rarely	Sometimes	Often	Very often
Yell and scream at you	○	○	○	○	○
Say hurtful and insulting things to you	○	○	○	○	○
Threaten to kick, punch, or hit you with something that could hurt you, or physically attack you in some other way	○	○	○	○	○
Actually kick, punch, or hit you with something that hurt you, or physically attack you in some other way	○	○	○	○	○

23. When you were a teenager (ages 11–17) 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 NOT a family member:	Never	Rarely	Sometimes	Often	Very often
Make you feel that you were important or special	○	○	○	○	○

24. When you were a teenager (ages 11–17) were you touched in a sexual way by any adult or older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?

○ No, this did not happen when I was a teenager (ages 11–17) ○ Yes, this happened once ○ Yes, this happened more than once

25. When you were a teenager (ages 11–17) did an adult or an older child force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

○ No, this did not happen when I was a teenager (ages 11–17) ○ Yes, this happened once ○ Yes, this happened more than once

3/8" spine perf

26. a) When you were growing up, how often did you see or hear an adult use physical force (such as shoving, hitting, punching, or kicking) against:

	Never	Once	A few times	More than a few times	All the time
your mother	○	○	○	○	○
another adult in your household	○	○	○	○	○
a child in your household (other than you)	○	○	○	○	○

b) When you were growing up, how often did you see or hear an adult verbally or emotionally abuse (e.g., threaten, insult, yell at, degrade):

	Never	Once	A few times	More than a few times	All the time
your mother	○	○	○	○	○
another adult in your household	○	○	○	○	○
a child in your household (other than you)	○	○	○	○	○

c) In what age period did you see or hear the physical or emotional abuse reported above *(questions **26a** and **b**)*?
(Note that you can mark more than one. If you marked never to all above questions please go to the next question.)

○ Before age 11 years ○ 11–17 years ○ After age 17 years

Stressful Events - In Relationships

27. Have you ever been stalked by anyone? *(By* stalked *we mean followed, harassed, spied on, etc.)*

○ No
○ Yes, once
○ Yes, more than once

a) How frightened were you when these things were being done to you?
○ Very frightened ○ Somewhat frightened ○ Just a little frightened ○ Not really frightened ○ Don't know

b) Did you ever believe you or someone close to you would be <u>seriously harmed or killed</u> when you were being stalked (followed, harassed, spied on, etc.)?
○ Yes ○ No ○ Don't know

The next question asks about things that may have happened with a person you were in an intimate relationship with (including a person you were married to, dating, or going out with):

28. Have you ever been involved in an intimate relationship that lasted 3 months or more?

○ No
○ Yes

a) Have you ever been made to feel afraid of your partner(s)?
○ No, I've never been afraid ○ Yes, this happened once ○ Yes, this happened more than once

b) Have you ever been emotionally abused (e.g., threatened, insulted, yelled at, degraded) <u>by your partner(s)</u>?
○ No, this has never happened ○ Yes, this happened once ○ Yes, this happened more than once

c) Have you ever been hit, slapped, kicked, or otherwise physically hurt <u>by your partner(s)</u>?
○ No, this has never happened
○ Yes, this happened once
○ Yes, this happened more than once

Did this cause injury (bruise, cut, sprain, scar, broken bone)?
○ No ○ Yes

d) Have <u>you</u> ever hit, slapped, kicked, or otherwise physically hurt your partner(s)?
○ No, this has never happened
○ Yes, this happened once
○ Yes, this happened more than once

Did this cause injury (bruise, cut, sprain, scar, broken bone)?
○ No ○ Yes

e) Did <u>your partner(s)</u> ever use threats, force, or verbal pressure to do something sexual when you did not want to?
○ No, this has never happened ○ Yes, this happened once ○ Yes, this happened more than once

f) Did <u>you</u> ever use threats, force, or verbal pressure to make your partner(s) do something sexual when she or he did not want to?
○ No, this has never happened ○ Yes, this happened once ○ Yes, this happened more than once

(If you answered* yes *to any of the above questions, a–f, please answer g. If not, skip to next question.)

g) At what age(s) did you experience the emotional, physical or sexual abuse reported above?
(Mark all that apply)

Age in years	≤10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

3/8" spine perf

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

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:

29. Have there ever been times since the event when:

	None of the time	Very little of the time	Some of the time	Much of the time	Most or all of the time
a) You tried to stay away from activities or situations that reminded you of the experience					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
b) You were less interested in important activities that once gave you pleasure, such as sports, hobbies, or social activities					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
c) You felt distant or cut off from those around you					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
d) You felt emotionally numb, or had trouble experiencing feelings such as love or happiness					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
e) You felt that there was no point in planning for the future					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
f) You had more trouble than usual falling or staying asleep					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○
g) You became jumpy or got easily startled by ordinary noises or movements					
○ No ○ Yes → How often in the last 4 weeks?	○	○	○	○	○

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

Smoking

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 ○ Most ○ All

32. In the PAST YEAR, have you smoked a cigarette?
○ No
○ Yes →

a) How long ago did you smoke your last cigarette?
○ In past week ○ In past month, but not in past week ○ 1–3 months ○ 4–6 months ○ 6+ months

b) How often do you smoke?
○ Don't smoke ○ Less than once a month ○ Monthly, but not weekly ○ Weekly, but not daily ○ Daily

c) How many cigarettes do you smoke in one day?
○ Don't smoke ○ 1 ○ 2–5 ○ 6–10 ○ 11–20 ○ 21 or more

d) How many times in the past year have you tried to quit smoking?
○ Never ○ Once ○ 2–3 times ○ 4 or more times

e) In the PAST YEAR, have you quit smoking?
○ Yes, and stayed quit
○ Yes, but restarted →
○ No →

1) Do you intend to quit smoking in the next year? ○ No ○ Yes

2) Do your friends think you should quit smoking cigarettes?
○ Definitely think I should ○ Probably think I should ○ Have no opinion
○ Probably think I should not ○ Definitely think I should not

3) Does your mother think you should quit smoking cigarettes?
○ Definitely thinks I should ○ Probably thinks I should ○ Has no opinion
○ Probably thinks I should not ○ Definitely thinks I should not

3/8" spine perf

Diagnoses and Symptoms

33. Has a doctor or other health care provider ever diagnosed you as having:

	No	Yes
Asthma	○	○
Hayfever (allergic rhinitis)	○	○
Eczema (atopic dermatitis)	○	○
Endometriosis	○	○
Benign breast disease	○	○
Food allergies	○	○

- **a) Confirmed by laparoscopy?** ○ No ○ Yes
- **a) Confirmed by breast biopsy?** ○ No ○ Yes
- **a) What type?**
  - ○ Peanut ○ Tree nut* ○ Shellfish
  - ○ Milk ○ Eggs ○ Other _____

34. Have you ever had an allergic reaction to peanuts or tree nuts?

○ Yes
○ No

What symptoms have you had? *(Mark all that apply)*		Peanut	Tree nut*
Hives, swelling		○	○
Shortness of breath, wheezing, cough		○	○
Dizziness, or fainting		○	○
Vomiting, crampy abdominal pain, diarrhea		○	○
Severe, multisystem allergic reaction (Anaphylaxis)	. . . and received epinephrine	○	○
	. . . and did not receive epinephrine	○	○

***Tree nuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and brazil nuts.**

35. How often do you have headaches?

○ Never ○ 1–2 times per year ○ 3–6 times per year ○ 7–11 times per year ○ 12–24 times per year ○ 24+ times per year

- **a) What is/are the location(s) of your headaches? *(Mark all that apply)***
  - ○ Only on one side of head (i.e., left or right, but not both at the same time)
  - ○ Both sides of the head (temples)
  - ○ Front of the head ○ Back of the head ○ Band around the head
  - ○ Around one eye ○ Around both eyes
- **b) Do you have any of the following symptoms when you have a typical headache? *(Mark all that apply)***
  - ○ Sensitive to noise or light (i.e., you want to be somewhere quiet or in a dark room)
  - ○ Nausea or vomiting
  - ○ Pulsating headache pain
  - ○ Difficulty doing normal activities (bed rest necessary)
  - ○ Pain gets worse when physically active
  - ○ Pain prevents you from routine activities
  - ○ None of the above
- **c) Has a doctor or other health care provider ever told you that you have migraine headaches?**
  - ○ Yes ○ No
- **d) Do you have headaches only after drinking alcohol?**
  - ○ Yes, I only get headaches after drinking alcohol ○ No, I get headaches when I have not been drinking alcohol
  - ○ I do not drink alcohol

36. Have you ever been told by a doctor or other health care provider you have a sexually transmitted disease or STD?
(For example: chlamydia, HPV infection, genital herpes, gonorrhea, genital warts, pubic lice or crabs, syphilis, HIV or AIDS.)

○ No
○ Yes
○ Not sure

- **a) Have you ever had human papillomavirus (HPV) infection or genital warts?**
  - ○ No ○ Yes ○ Not sure

Sexuality and Gender

37. During your life, the person(s) with whom you have had sexual contact is (are) . . .

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

38. Have you ever had sexual intercourse? *(By sexual intercourse we mean vaginal or anal sex.)*

○ No
○ Yes
○ Not sure

- **a) During your life, with how many people have you had sexual intercourse?**
  - ○ 1 person ○ 2 people ○ 3 ○ 4 ○ 5 ○ 6–9 ○ 10–20 ○ 21 or more people
- **b) How old were you when you had sexual intercourse for the first time?**
  - ○ 13 years or younger ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20 ○ 21 years or older

3/8" spine perf

39. **Which of the following best describes your feelings?** ***(Mark one answer)*** 39

- ○ 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

40. **The following questions (a–d) ask about your behavior as a child, that is, up to age 11.** 40

a) When I was a child, the characters on TV or in the movies I imitated or admired were . . . a

- ○ Always girls or women
- ○ Usually girls or women
- ○ Girls/women and boys/men equally
- ○ Usually boys or men
- ○ Always boys or men
- ○ I did not imitate or admire characters on TV or in the movies

b) When I was a child, in pretend play, I took the role . . . b

- ○ Only of girls or women
- ○ Usually of girls or women
- ○ Girls/women and boys/men equally
- ○ Usually of boys or men
- ○ Only of boys or men
- ○ I did not do this type of pretend play

c) When I was a child, my favorite toys and games were . . . c

- ○ Always "feminine"
- ○ Usually "feminine"
- ○ Equally "feminine" and "masculine"
- ○ Usually "masculine"
- ○ Always "masculine"
- ○ Neither "feminine" nor "masculine"

d) When I was a child, I felt . . . d

- ○ Very "feminine"
- ○ Somewhat "feminine"
- ○ "Feminine" and "masculine" equally
- ○ Somewhat "masculine"
- ○ Very "masculine"
- ○ I did not feel "feminine" or "masculine"

Women's Health

41. **Have you ever had a pelvic or gynecological exam?** *(This is when a doctor or other health care provider examines a woman's genital area and female organs, sometimes using an instrument called a speculum.)* 41

- ○ Yes
- ○ No
- ○ Not sure

42. **Have you ever had a Pap test?** *(This test is also known as a Pap smear.)* 42
(This is when a speculum is inserted into the vagina and a flat stick and small brush are used to take a sample of cells from the cervix.)

- ○ No
- ○ Yes → **a) Have you had a Pap test in the past year?** ○ No ○ Yes ○ Not sure a
- ○ Not sure → **b) Have you been told by a doctor or other health care provider that you had an abnormal Pap test?** ○ No ○ Yes ○ Not sure b

43. **Have you ever used birth control pills, patch *(Ortho-Evra)*, ring *(Nuvaring)*, Depo Provera, injectable estrogen, or Implanon (progesterone implantable) for any reason *(acne, bad cramping, irregular periods, birth control)*?** 43

- ○ Yes →
  - **a) During the past year did you use birth control pills, patch** *(Ortho-Evra)*, **ring** *(Nuvaring)* **or injectable estrogen for any reason?** ○ No ○ Yes ○ Not sure a
  - **b) During the past year, have you used Depo Provera?** ○ No ○ Yes ○ Not sure b
  - **c) During the past year, have you used Implanon?** ○ No ○ Yes ○ Not sure c
- ○ No

44. **During the past year, have you been pregnant or breast-feeding?** 44

- ○ No → **a) During the past year, have you skipped three or more periods in a row?** a
  - ○ No
  - ○ Yes, but my periods started again
  - ○ Yes, and I'm still not getting my periods
- ○ Yes

45. **What is the current usual pattern of your menstrual cycles** *(when not pregnant, breast-feeding, or using birth control pills)*? 45

- ○ Extremely regular (no more than 1–2 days before or after expected)
- ○ Very regular (within 3–4 days)
- ○ Regular (within 5–7 days)
- ○ Usually irregular
- ○ Always irregular
- ○ Do not menstruate

46. **What is the current interval from the first day of your period to the first day of your next period?** 46

- ○ Fewer than 21 days
- ○ 21–25
- ○ 26–31
- ○ 32–39
- ○ 40–50
- ○ 51+ days or too irregular to estimate

47. **How much pain do you usually have with your periods?** 47

- ○ No pain
- ○ Mild cramps (medication seldom needed)
- ○ Moderate cramps (medication usually needed) →
- ○ Severe cramps (medication and bed rest needed) →

a) At what age did you start having pain with your periods? a

- ○ With my very first period
- ○ After my first period, but while a teenager
- ○ Age 20 to current

3/8" spine perf

THIS PAGE ASKS FIRST ABOUT BELLY/ABDOMEN PAIN, THEN ABOUT PELVIC/GENITAL PAIN

48. In your lifetime, how often have you had pain in your belly/abdomen, as shown in the GRAY shaded area (labeled "a") of Figure 1? DO NOT COUNT: pain caused by menstrual cramps, surgery, pregnancy, childbirth, sports-related or other injury, food poisoning, or stomach flu.

○ Never ○ Rarely ○ Sometimes ○ Often ○ Very Often

Never or rarely, continue to 49

a) At approximately what age(s) did you experience the pain in your belly/abdomen reported above? *(Mark all that apply)*

Age in years	≤10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

b) Have you sought treatment from a doctor or other health care provider for pain in your belly/abdomen . . .

	No	Yes		No	Yes
. . . in your lifetime?	○	○	. . . in the past year?	○	○

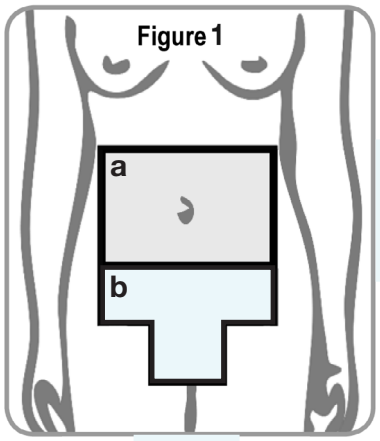
c) Have you ever received a diagnosis for this pain in your belly/abdomen?

○ No ○ Yes → Please write in your diagnosis: _____

d) In the past year, how often have you had pain in your belly/abdomen, as shown in the GRAY shaded area (labeled "a") of Figure 1?

Never continue to 49

○ Never ○ 1–2 times in past year ○ 3–11 times in past year ○ Monthly, but not weekly ○ Weekly, but not daily ○ Daily



e) In the past year, when you had pain in your belly/abdomen, how much did it hurt on average?

No Pain 0 1 2 3 4 5 6 Extreme Pain

f) In the past year, when you had pain in your belly/abdomen, how difficult did it make it for you to go to school or work?

No Difficulty 0 1 2 3 4 5 6 Extreme Difficulty

g) In the past year, when you had pain in your belly/abdomen, how difficult did it make it for you to take part in recreational or other social activities?

No Difficulty 0 1 2 3 4 5 6 Extreme Difficulty

49. In your lifetime, how often have you had pain in your pelvis or genitals, as shown in the BLUE shaded area (labeled "b") of Figure 1? DO NOT COUNT: pain caused by menstrual cramps, surgery, pregnancy, childbirth, sports-related or other injury, food poisoning, or stomach flu.

○ Never ○ Rarely ○ Sometimes ○ Often ○ Very Often

Never or rarely, continue to 50

a) At approximately what age(s) did you experience the pain in your pelvis or genitals reported above? *(Mark all that apply)*

Age in years	≤10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

b) Have you sought treatment from a doctor or other health care provider for pain in your pelvis or genitals . . .

	No	Yes		No	Yes
. . . in your lifetime?	○	○	. . . in the past year?	○	○

c) Have you ever received a diagnosis for this pain in your pelvis or genitals?

○ No ○ Yes → Please write in your diagnosis: _____

Continued on next page

Continued from previous page

Never or rarely, continue to 50

d) In the past year, how often have you had pain in your pelvis or genitals, as shown in the BLUE shaded area (labeled "b") of Figure 1? d

○ Never ○ 1–2 times in past year ○ 3–11 times in past year ○ Monthly, but not weekly ○ Weekly, but not daily ○ Daily

e) In the past year, when you had pain in your pelvis or genitals, how much did it hurt on average? e

No Pain 0 1 2 3 4 5 6 Extreme Pain

f) In the past year, when you had pain in your pelvis or genitals, how difficult did it make it for you to go to school or work? f

No Difficulty 0 1 2 3 4 5 6 Extreme Difficulty

g) In the past year, when you had pain in your pelvis or genitals, how difficult did it make it for you to take part in recreational or other social activities? g

No Difficulty 0 1 2 3 4 5 6 Extreme Difficulty

h) In the past year, when you had pain in your pelvis or genitals, how difficult did it make it for you to have sex? h

No Difficulty 0 1 2 3 4 5 6 Extreme Difficulty

○ I have not had sex in the past year

Alcohol and Drug Use

50. On average, in the past year, how often did you drink beer, wine, or liquor? 50

○ Don't drink
○ Less than once a month
○ Less than once a week
○ 1–2 days/week
○ 3–5 days/week
○ Almost every day
○ Daily

a) When you drink alcohol, how much do you usually drink at one time? a

1 drink = 1 can/bottle of beer, 1 glass of wine, 1 shot of liquor, 1 mixed drink

○ Less than one drink ○ 1 drink ○ 2 drinks ○ 3 drinks
○ 4 drinks ○ 5 drinks ○ 6 or more drinks

b) In the past year, how many times did you drink 4 or more alcohol drinks over a few hours? b

○ None ○ 1 time ○ 2 times ○ 3–5 times
○ 6–8 times ○ 9–11 times ○ 12 or more times

51. In the past year, have you smoked marijuana? 51

○ No
○ Yes

a) In the past year, how often did you smoke marijuana? a

○ Once/month or less ○ 2–3 times/month ○ 1–2 times/week ○ 3–5 times/week ○ 6+ times/week

52. Have you EVER used: 52

	If yes, number of times in the PAST YEAR			
	Not in past year	1 time in past year	2–10 times in past year	11+ times in past year
Cocaine (coke, rock) ○ No ○ Yes	○	○	○	○
Heroin (dope, H) ○ No ○ Yes	○	○	○	○
Ecstasy (E, X) ○ No ○ Yes	○	○	○	○
GHB (liquid X) ○ No ○ Yes	○	○	○	○
LSD (acid), mushrooms (shrooms) or any **other hallucinogenic** ○ No ○ Yes	○	○	○	○
Crystal Meth (methamphetamine, crank, tweak) ○ No ○ Yes	○	○	○	○
Other amphetamines (uppers, speed) ○ No ○ Yes	○	○	○	○

3/8" spine perf

53. Have you ever used any of these drugs without a doctor's prescription?

	If yes, number of times in the PAST YEAR			
	Not in past year	1 time in past year	2–10 times in past year	11+ times in past year
Tranquilizers (e.g., Valium, Diazapam, Xanax, Ativan, Librium, Klonopin) ○ No ○ Yes →	○	○	○	○
Pain killers (e.g., Percocet, Percodan, Oxycontin, Oxycodone, codeine, morphine) ○ No ○ Yes →	○	○	○	○
Sleeping pills (e.g., Rohypnol, downers, roofies) ○ No ○ Yes →	○	○	○	○
Ritalin, Adderall ○ No ○ Yes →	○	○	○	○

Weight Control

54. Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia nervosa? ***(Mark all that apply)***

○ No ○ Yes, a friend ○ Yes, a parent ○ Yes, a doctor, nurse, or other health care provider

55. In the past year, did you try to lose weight or keep from gaining weight?

○ No
○ Yes →

In the past year, did you do any of the following to lose weight or keep from gaining weight?	Never	Less than monthly	1–3 times a month	Once per week	2–6 times per week	Daily
Fast (not eat for at least a day)	○	○	○	○	○	○
Make yourself throw up	○	○	○	○	○	○
Take laxatives	○	○	○	○	○	○

56. In the past year, how often did you use any of the following products to improve muscle mass or strength?

	Never	Less than monthly	Monthly	Weekly	Daily
Creatine	○	○	○	○	○
DHEA, Androstenedione, or human growth hormone	○	○	○	○	○
Anabolic steroids (do not include steroids used for treating medical conditions)	○	○	○	○	○

57. Which of the following are you currently trying to do about your weight?

○ Nothing ○ Stay the same ○ Gain weight ○ Lose weight

58. Sometimes people will go on an "eating binge", when they eat an amount of food that most people, like their friends, would consider to be very large, in a short period of time. <u>In the past year</u>, how often did you go on an eating binge?

○ Never ○ Less than monthly ○ 1–3 times a month ○ Once a week ○ More than once a week →

	No	Yes
a) Did you feel out of control, like you couldn't stop eating even if you wanted to?	○	○
Did you eat very fast or faster than you normally do?	○	○
Did you eat until your stomach hurt or you felt sick to your stomach?	○	○
Did you eat really large amounts of food when you didn't feel hungry?	○	○
Did you eat by yourself because you did not want anyone to see how much you ate?	○	○
Did you feel really bad about yourself or feel guilty after eating a lot of food?	○	○

b) In the past year, was there a period of time when you went on eating binges frequently?

○ No ○ Yes, for 1 month ○ Yes, for 2 months ○ Yes, for 3 or more months →

1) During that period of time how frequently did you go on an eating binge?

○ 1–3 times per month ○ Once a week ○ 2 or more times per week

2) During that period of time did you do any of the following? ***(Mark all that apply)***

○ Exercise a lot to burn off the calories you had eaten during the eating binges
○ Use laxatives to keep from gaining weight → ○ Monthly ○ Weekly ○ 2+ times/week
○ Make yourself throw up to keep from gaining weight → ○ Monthly ○ Weekly ○ 2+ times/week

Thank You!

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

3/8" spine perf