

Harvard Medical School



This is your ID#

Harvard Medical School | Channing Laboratory | 181 Longwood Avenue | Boston, Massachusetts | 02115

FREE iTunes® CODE

Redeem your free iTunes®

If you are new to iTunes®, download and install iTunes® 4.9 or later for Macintosh or Windows, free of charge, at www.itunes.com/download. In order to redeem your iTunes® you will have to set up an Apple account, but you DO NOT need a credit card. For more detailed instructions visit www.gutblog.com/iTunes.

- 1 Open the iTunes® program on your computer and click "Music Store".
- 2 Click "Redeem" located on the left-hand side of the iTunes® Music Store home page.
- 3 Enter your 12-digit code exactly as it appears.

Win an iPod® Shuffle

- 🎵 You will be entered into the raffle as soon as we receive your questionnaire. Complete it online or mail it in right away to increase your chances of winning!

New GUTS website

📄 Visit www.gutblog.com where you'll find:

- Recent results from the study
- Links to articles related to health
- Polls and quizzes
- Past newsletters and questionnaires
- Biographies of the researchers

Post comments or just see what other GUTS participants are thinking. You can also use the "Contact us" link to send us an email.

Has your address changed? Make corrections above and mail back with your survey.

Is this your permanent or temporary address? Good until: / /

Hello GUTS member

Thank you for being part of the study. This year:

- Everyone receives a gift – a free iTunes®
- You have a chance to win an iPod® shuffle
- We have a new website – www.gutblog.com
- A new format keeps the survey shorter

Thank you gifts

To thank you for being part of GUTS we are offering a code redeemable for one free iTunes®! Just follow the instructions on the right and enjoy.

In addition, we will be raffling two iPod® shuffles every month for one year! Once your questionnaire is returned you will be eligible for the monthly drawings.

If you don't win a shuffle in one monthly drawing, you will be automatically entered in the next drawing. So, the sooner you return your questionnaire, the more chances you will have to win.

Please tell us your email address. We will not release your email address to anyone!

New survey layout

We got a lot of positive response from participants about the shorter length of the last survey. This survey has a new streamlined format to keep the questionnaire short and easy to complete.

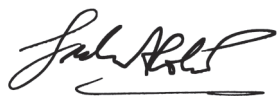
New survey questions

This survey includes questions that ask about your relationship with your mother and how it affects health behaviors. We understand that there are many influential people in any person's life. For the purposes of this study, we would like to ask questions specifically about your mother. Although your individual situation may make it difficult to answer these questions, please answer them as best you can.

Thank you

GUTS continues to publish important papers about health and lifestyle and we couldn't do it without your help. The information you give us is extremely important. You've probably seen news stories about health and young adults based on information from studies like GUTS. Your participation throughout the years has provided the data for scientific research that will benefit people for years to come.

Thanks again for being part of GUTS.



Graham A. Colditz, MD, DrPH



Alison E. Field, ScD

Instructions

There are two ways to complete the survey:

- 1 Online:
 - Go to www.gutsweb.org
 - Enter your ID# (printed on top of front page) and your date of birth to enter our secure server.
 - At the end of the survey make sure to hit the "Submit" button.
- 2 Complete the paper questionnaire:
 - Please use No. 2 pencil and fill in response circles completely.
 - Tear off the cover letter (to preserve your confidentiality) and return the questionnaire in the enclosed postage paid envelope.
 - Please make any necessary changes to your name and address on this letter and return it to us.

As always, the answers you give us will remain strictly confidential.

Questions and comments

We are always interested in what you think. There are several ways to contact us.

- 1 Include any ideas, comments, or suggestions with your survey.
- 2 Email us at: guts@channing.harvard.edu
- 3 Call Helaine Rockett collect at (617)525-2279 anytime between 9 am and 4 pm Eastern time.

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. You will not receive monetary compensation for participating. 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 (617-525-3170).

FOR OFFICE USE ONLY	0	0	0	0	0	6	1
	1	1	1	1	1	7	2
	2	2	2	2	2	8	3
	3	3	3	3	3	9	4
	4	4	4	4	4	10	5
	5	5	5	5	5	11	6
	6	6	6	6	6		7
	7	7	7	7	7		8
	8	8	8	8	8		9
	9	9	9	9	9		

G05

1. What is your date of birth? _____ / _____ / _____

2. How tall are you? _____ feet _____ inches

3. How much do you weigh? _____ pounds

4. What is your current status?
 Never married Married Living with partner Separated Divorced Widowed

5. Who do you live with most of the time? (Mark all that apply.)
 Roommate(s) Partner or spouse Parent(s) I live alone Other

6. Where do you live most of the time?
 In apartment or house In a sorority/fraternity house In a dorm Military housing Other

7. How often do you go to religious meetings or services?
 More than once a week Once a week 1-3 times per month Less than once per month Never or almost never

8. Do you currently take a multi-vitamin?
 Yes No

a) How many days a week do you take a multi-vitamin?
 1 2 3 4 5 6 7

9. How many tablets per week do you take of the following pain relievers?

	None	1-2 tablets/week	3-5 tablets/week	6-14 tablets/week	15+ tablets/week
Acetaminophen (e.g., Tylenol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin or aspirin-containing products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ibuprofen (e.g., Advil, Motrin, Nuprin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen (e.g., Aleve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(For the purposes of this survey, a sunburn is when exposed parts of your skin stay red for several hours after you have been in the sun.)

10. Last summer, how many times ...

	Didn't get a sunburn	1 time	2 times	3-4 times	5+ times	Don't know
Did you get a sunburn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your friends get a sunburn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your mother get a sunburn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past year, how many times ...

	Never	1 time	2-9 times	10-19 times	20-29 times	30+ times	Don't know
Did you use a tanning bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your friends use a tanning bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your mother use a tanning bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do the following people think you should use a tanning bed?

	Definitely think(s) I should	Probably think(s) I should	Have/Has no opinion	Probably think(s) I should not	Definitely think(s) I should not
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Has a health care provider (a doctor, nurse, or other health practitioner) ever recommended that you ...
 NOT use a tanning bed? No Yes
 Use sunscreen with SPF 15+? No Yes

14. In the past year, how often has your mother talked to you about using sunscreen with SPF 15+?
 Never Once Several times Frequently

15. In the past year, how often has your mother talked to you about NOT using a tanning bed?
 Never Once Several times Frequently

16. When outside this past summer, how often did ...

	Never	Seldom	Sometimes	Often	Always	Don't know
you use sunscreen with SPF 15+?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you limit time in the sun between 10am and 4pm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your friends use sunscreen with SPF 15+?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your mother use sunscreen with SPF 15+?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the coming year, how likely is it that YOU will ...

	Extremely likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Extremely unlikely
Use sunscreen with SPF 15+?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a tanning bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Exposing my skin to the sun now increases the chances of skin cancer later in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it inconvenient to use sunscreen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take great care to avoid getting sunburned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sun protection ruins my chances for a tan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3/8" spine part

19. How would you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

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

- Nothing
- Stay the same
- Gain weight
- Lose weight

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

- No
- Yes → a) In the past year, how often did you go on a diet to lose weight or keep from gaining weight?

- Never
- A couple of times
- Several times
- Often
- Always on a diet

1) How long did you stay on the diet?

- Less than a week
- 1-3 weeks
- 1-3 months
- 3 or more months

b) In the past year, how often did you exercise to lose weight or keep from gaining weight?

- Never
- Less than monthly
- 1-3 times a month
- 1-4 times per week
- 5 or more times per week

1) Did you exercise even when you were sick or injured?

- No
- Yes, sometimes
- Yes, frequently

2) Was it difficult for you to do your work or school work because of the amount of time that you were exercising to lose weight or keep from gaining weight?

- No
- Yes, sometimes
- Yes, frequently

c) 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make yourself throw up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take laxatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. 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. In the past year, 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

a) Did you feel out of control, like you couldn't stop eating even if you wanted to?

	No	Yes
Did you eat very fast or faster than you normally do?	<input type="radio"/>	<input type="radio"/>
Did you eat until your stomach hurt or you felt sick to your stomach?	<input type="radio"/>	<input type="radio"/>
Did you eat really large amounts of food when you didn't feel hungry?	<input type="radio"/>	<input type="radio"/>
Did you eat by yourself because you did not want anyone to see how much you ate?	<input type="radio"/>	<input type="radio"/>
Did you feel really bad about yourself or feel guilty after eating a lot of food?	<input type="radio"/>	<input type="radio"/>

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

23. 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

24. In the past year, how much . . .

	Not at all	A little	Somewhat	Quite a bit	Extremely	Not sure
Has your weight made a difference in how you feel about yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you worried about gaining two pounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. In the past year, how important has it been to your romantic partner (e.g., boyfriend/girlfriend or spouse) that . . .

	Not at all	A little	Somewhat	Quite a bit	Extremely	Not sure	Not applicable
you be thin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
he/she be thin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
he/she have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. In the past year, how important was it to your friends that . . .

	Not at all	A little	Somewhat	Quite a bit	Extremely	Not sure
you be thin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
they be thin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
they have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. In the past year, how often have you . . .	Never	A little	Sometimes	A lot	Always	27
thought about wanting to have toned or defined muscles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
worried about having fat on your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
thought about wanting to be thinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
felt fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

28. Have you smoked at least 100 cigarettes (5 packs) in your life? No Yes 28

29. In the PAST YEAR, have you smoked a cigarette? 29

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 a

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

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

d) Do you smoke . . .
 Mainly with other people Mainly by yourself As often by yourself as with other people d

e) Is it difficult for you not to smoke in a place where smoking is forbidden?
 Very difficult Difficult Somewhat difficult Slightly difficult Not at all difficult e

f) Do you smoke more in the morning than the rest of the day?
 Always Usually Sometimes Rarely Never f

g) Do you smoke when you are really sick (i.e., coughing or vomiting a lot)?
 Always Usually Sometimes Rarely Never g

h) How deeply do you inhale the smoke?
 Just into the mouth As far back as the throat Partly into the chest Deeply into the chest h

i) How soon after waking in the morning do you smoke your first cigarette?
 When I first open my eyes Within the first 15 minutes Between 15 and 30 minutes
 Between 30 and 60 minutes Between 1 and 2 hours More than 2 hours i

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

k) In the PAST YEAR, have you quit smoking? k

Yes, and stayed quit **1) Do you intend to quit smoking in the next year?** No Yes 1

Yes, but restarted **2) Do your friends think you should quit smoking cigarettes?** 2

No 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? 3

Definitely thinks I should Probably thinks I should Has no opinion
 Probably thinks I should not Definitely thinks I should not

30. In the coming year, do you think you will smoke a cigarette, even a few puffs?
 Definitely not Probably not Maybe Probably will Definitely will 30

31. Which statement best describes the rules about smoking inside the place where you live most of the time? 31

No one is allowed to smoke anywhere Smoking is allowed in some places or at some times Smoking is permitted anywhere

32. In the past year, have you been to an event sponsored by a tobacco company? 32

No Yes **a) Did you receive . . .** Cigarettes? Any item(s) with a cigarette logo? Coupons? a

33. How many of your friends smoke cigarettes? None One A few Most All 33

34. How do you think these people would react if you were smoking cigarettes and they knew?	Tell me to stop and be very upset	Tell me to stop, but not be too upset	Not tell me to stop, but would disapprove	Would have no reaction	Don't know how they would react	Would approve	34
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Your mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

35. Has a health care provider ever . . .	No	Yes	35
Asked you if you were smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	
Advised you not to start smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	
Advised you to quit smoking?	<input type="radio"/>	<input type="radio"/>	

36. Has a health care provider ever diagnosed you as having . . .	No	Yes	A	B	C	D	E	36
Asthma?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	1	1	1	1	1	1
Endometriosis?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	2	2	2	2	2	2
Benign breast disease?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	4	4	4	4	4	4
			8	8	8	8	8	8
			P	P	P	P	P	P

3/8" spine perf

For this study, we are only asking about your mother. Please answer as best you can.

37. I am satisfied with . . .	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The love and affection my mother shows me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The emotional support my mother gives me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many things my mother and I have in common	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time my mother and I spend together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way my mother and I resolve conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The respect my mother shows me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The fun my mother and I have together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way my mother and I communicate with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my mother, in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- a) When I was a child, the characters on TV or in the movies I imitated or admired were . . .
- 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 . . .
- 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 . . .
- Always "feminine" Usually "feminine" Equally "feminine" and "masculine" Usually "masculine" Always "masculine" Neither "feminine" nor "masculine"
- d) When I was a child, I felt . . .
- Very "feminine" Somewhat "feminine" "Feminine" and "masculine" equally Somewhat "masculine" Very "masculine" I did not feel "feminine" or "masculine"

39. During the PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?	TIME PER WEEK							
	Zero	1–14 min.	15–44 min.	3/4–1.5 hrs.	2–3 hrs.	4–6 hrs.	7–9 hrs.	10+ hrs.
Walking for exercise or walking to school or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (faster than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (include spinning class and stationary bike)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis, squash, racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baseball or softball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soccer, hockey, lacrosse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball, ice skating, rollerblading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football or rugby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dance, cheerleading, gymnastics, aerobics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Step machines (Stairmaster®), elliptical trainer (Precor®), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight training or resistance training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower intensity exercise (yoga, stretching, Pilates, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vigorous activities (ultimate frisbee, skiing, rowing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DHEA, Androstenedione, or human growth hormone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids (do not include steroids used for treating medical conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. During the PAST YEAR, on average, how many HOURS PER WEEK did you spend . . .	TIME PER WEEK						
	Zero	1–5 hrs.	6–10 hrs.	11–15 hrs.	16–20 hrs.	21–30 hrs.	31+ hrs.
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching DVDs or videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing video or computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using internet/computer (not including school or work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In the past year, how much have you tried to look like girls or women you see on television, in movies or in magazines?
- A lot **a) To look like them I have changed or I am trying to change my . . . (Mark all that apply.)**
- | | | | | |
|----------------------------------|---|----------------------------------|---|---|
| <input type="radio"/> Somewhat | <input type="radio"/> Hair color | <input type="radio"/> Hair style | <input type="radio"/> Body shape | <input type="radio"/> By diet or exercise |
| <input type="radio"/> A little | <input type="radio"/> Tan/skin color | <input type="radio"/> Clothing | <input type="radio"/> Weight (trying to lose) | <input type="radio"/> By surgery |
| <input type="radio"/> Not at all | <input type="radio"/> Muscle definition | <input type="radio"/> Makeup | <input type="radio"/> Weight (trying to gain) | |

43. How often do you read through these types of magazines?

	Never	Less than monthly	1-3 times a month	At least once a week
Fashion (e.g., Vogue, Elle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's (e.g., GQ, Maxim)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's (e.g., Glamour, Cosmo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health/Fitness (e.g., Shape, Men's Health, Muscle & Fitness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports (e.g., Sports Illustrated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

No Yes → **a) How often did you smoke marijuana?**

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

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

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?

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?

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

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

46. 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)

47. 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 people 4 people 5 people 6 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

48. Have you ever been told by a doctor or a nurse you have a sexually transmitted disease or STD? (For example: chlamydia, 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

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

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

a) How many of the following people know about your same-sex feelings?

	Everyone knows	Most people know	Some people know	A few people know	No one knows
Your family (parents or stepparents, grandparents, brothers, and sisters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at school or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) I wish I were not attracted to the same sex.

Strongly agree Agree Mixed/not sure Disagree Strongly disagree

50. In the past year, how often did you . . .

	Never	1-5 times	6-11 times	1 time/month	2-3 times/month	1 time/week	2+ times/week
Go to lesbian, gay, or bisexual social events, cafes, dance clubs, bars, or hang around these places?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to lesbian, gay, or bisexual meetings or educational events at a community center or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read or watch lesbian, gay, or bisexual magazines, newspapers, books, web sites, videos, or movies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. How many of your close friends (people you can confide in) are lesbian, gay, or bisexual?

0 1 2 3 4 5 6 7 8 9 10 or more

52. I feel uneasy around people who are very open in public about being lesbian, gay, or bisexual.

Strongly agree Agree Mixed/not sure Disagree Strongly disagree

53. I worry a lot that others might think I am lesbian, gay, or bisexual.

Strongly agree Agree Mixed/not sure Disagree Strongly disagree

3/8" spine per

54. Have you ever had a pelvic or gynecological exam? (This is when a doctor or nurse examines a woman's genital area and female organs, sometimes using an instrument called a speculum.)
 Yes No Not sure

55. Have you ever had a Pap test? (This test is also known as a Pap smear.)
 (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 Not sure
a) Have you had a Pap test in the past year?
 No Yes Not sure
b) Have you been told by a doctor or nurse that you had an abnormal Pap test?
 No Yes Not sure

56. How likely is it that you will get a Pap test in the next year?
 Extremely likely Somewhat likely Neither likely nor unlikely Somewhat unlikely Extremely unlikely

57. How often do you think your friends get a Pap test?
 Never Every few years Every year Don't know

58. How often do you think your mother gets a Pap test?
 Never Every few years Every year Don't know

59. How often has your mother talked to you about getting a Pap test?
 Never Once Several times Frequently

60. Do these people think you should get a Pap test?	Definitely think(s) I should	Probably think(s) I should	Have/Has no opinion	Probably think(s) I should not	Definitely think(s) I should not	Don't know
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. If I were to get a Pap test . . .	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I would be less likely to get cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor or nurse might find something wrong that I can't see or don't know about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would give me peace of mind to know what the result is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help me take control of my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be embarrassing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. How likely is it that you will get cervical cancer sometime in your life?
 Extremely likely Somewhat likely Neither likely nor unlikely Somewhat unlikely Extremely unlikely

63. If you were to get cervical cancer, how serious a problem would it be?
 Extremely serious Very serious Somewhat serious Not at all serious

64. How often has your mother talked to you about protecting yourself from cervical cancer?
 Never Once Several times Frequently

65. During the past year, have you been pregnant or breast-feeding?
 No Yes
a) During the past year, have you skipped three or more periods in a row?
 No Yes, but my periods started again Yes, and I'm still not getting my periods

66. Have you ever used birth control pills, patch (Ortho-Evra), ring (Nuvaring), Depo Provera, or injectable estrogen (Lunelle) for any reason (acne, bad cramping, irregular periods, birth control)?
 Yes No
a) During the past year did you use birth control pills, patch (Ortho-Evra), ring (Nuvaring) or injectable estrogen (Lunelle) for any reason? Yes No Not sure
b) During the past year, have you used Depo Provera? Yes No Not sure

67. How many years after the onset of your menstrual periods did your cycles become regular? (Your cycle is the interval from the first day of your period to the first day of your next period.)
 Less than 1 year 1-2 years 3-4 years 5 years or more Still not regular

68. What is the current interval from the first day of your period to the first day of your next period?
 Fewer than 21 days 21-25 26-31 32-39 40-50 51+ days or too irregular to estimate

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

70. When was your last routine (preventative) physical exam or check-up?
 In the past year In the past 1-2 years More than 2 years ago



Thank You!

Please return to: Graham Colditz, 181 Longwood Avenue, Boston MA 02115.

We would love to hear any comments or suggestions you have about the study.

Please include them with your survey when you mail it back.

1 2 3 4 5 6 7 8 9 10 11 12 05 06 07

A	B	C	D	E
1	1	1	1	1
2	2	2	2	2
4	4	4	4	4
8	8	8	8	8
P	P	P	P	P

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