10th Anniversary
$10,000 GUTS giveaway

Everyone Wins

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
Alison E. Field, ScD
Lindsay Frazier, MD
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 l, 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 DMR to participate in the drawing.

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 l, 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 l, 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](http://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).
## Tell Us About Yourself

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?**
   - [ ] 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

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:**
    - [ ] 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:**
    - [ ] 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 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
    - [ ] Sometimes
    - [ ] Seldom
    - [ ] 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
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

b) 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:

- Yell and scream at you
- Say hurtful or insulting things to you
- Push, grab, or shove you
- Spank you for discipline
- Make you feel afraid or hurt 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

b) a brother or sister do any of the above things to you?

- Don’t have a sibling

Continued on next 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:
      Make you feel that you were important or special
   b) someone who was NOT in your family:
      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:
      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 that hurt your body, or physically attack you in some other way
      Hit you so hard it left you with bruises or marks
   b) a brother or sister do any of the above things to you?
   c) an adult who was NOT a family member:
      Yell and scream at you
      Say hurtful or 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:
      Make you feel that you were important or special
   b) someone who was NOT a family member:
      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
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: 

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>A few times</th>
<th>More than a few times</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>your mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>another adult in your household</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a child in your household (other than you)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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): 

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>A few times</th>
<th>More than a few times</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
<td>☐</td>
</tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a child in your household (other than you)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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 seriously harmed or killed when you were being stalked (followed, harassed, spied on, etc.)?

- Yes
- No
- Don’t know

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) by your partner(s)?

- 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 by your partner(s)?

- No, this has never happened
- Yes, this happened once
- Yes, this happened more than once

D) Have you ever been 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 your partner(s) 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 you 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)

- ☐ ≤10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
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:
   a) You tried to stay away from activities or situations that reminded you of the experience
   b) You were less interested in important activities that once gave you pleasure, such as sports, hobbies, or social activities
   c) You felt distant or cut off from those around you
   d) You felt emotionally numb, or had trouble experiencing feelings such as love or happiness
   e) You felt that there was no point in planning for the future
   f) You had more trouble than usual falling or staying asleep
   g) You became jumpy or got easily startled by ordinary noises or movements

How often in the last 4 weeks?
- None of the time
- Very little of the time
- Some of the time
- Much of the time
- Most or all of the time

Thank you, again, for answering these questions as best you can. Please continue...
33. Has a doctor or other health care provider ever diagnosed you as having:

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayfever (allergic rhinitis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema (atopic dermatitis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endometriosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benign breast disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food allergies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Confirmed by laparoscopy? 
  - No 
  - Yes 

b) Confirmed by breast biopsy? 
  - No 
  - Yes 

c) 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)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Peanut</th>
<th>Tree nut*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hives, swelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath, wheezing, cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness, or fainting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting, crampy abdominal pain, diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe, multisystem allergic reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Anaphylaxis)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Confirmed by laparoscopy? 
  - No 
  - Yes 

b) Confirmed by breast biopsy? 
  - No 
  - Yes 

c) What type? 
  - Peanut 
  - Tree nut* 
  - Shellfish 
  - Milk 
  - Eggs 
  - Other 

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 

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
39. Which 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 *(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.

**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"
- "Feminine" and "masculine" equally
- 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"

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**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.)*

- Yes
- No
- Not sure

42. 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.)*

- Yes
- No
- Not sure

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)*?

- Yes
- No

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

- Yes
- No

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

- 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?

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

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

- 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?**

- With my very first period
- After my first period, but while a teenager
- Age 20 to current
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 or rarely, continue to 49

Age in years

<table>
<thead>
<tr>
<th>≤10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
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<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
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</tbody>
</table>

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

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

- in your lifetime?
- in the past year?

No Yes No Yes

(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
- 1–2 times
- 3–11 times
- 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

| 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

| 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

| 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 or rarely, continue to 50

Age in years

<table>
<thead>
<tr>
<th>≤10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
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<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
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</tr>
</tbody>
</table>

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

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

- in your lifetime?
- in the past year?

No Yes No Yes

(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
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? Never or rarely, continue to 50

- 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?

- No Pain
- 1
- 2
- 3
- 4
- 5
- 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?

- No Difficulty
- 1
- 2
- 3
- 4
- 5
- 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?

- No Difficulty
- 1
- 2
- 3
- 4
- 5
- 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?

- No Difficulty
- 1
- 2
- 3
- 4
- 5
- Extreme Difficulty

---

### Alcohol and Drug Use

50. 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

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

- No
- Yes

a) In the past year, 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

52. Have you EVER used:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Not in past year</th>
<th>1 time in past year</th>
<th>2–10 times in past year</th>
<th>11+ times in past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine (coke, rock)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin (dope, H)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy (E, X)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>GHB (liquid X)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSD (acid), mushrooms (shrooms) or any other hallucinogenic</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Meth (methamphetamine, crank, tweak)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other amphetamines (uppers, speed)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
53. Have you ever used any of these drugs without a doctor’s prescription? If yes, number of times in the PAST YEAR

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Never</th>
<th>Less than monthly</th>
<th>1–3 times a month</th>
<th>Once per week</th>
<th>2–6 times per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tranquillizers (e.g., Valium, Diazepam, Xanax, Ativan, Librium, Klonopin)</td>
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<tr>
<td>Painkillers (e.g., Percocet, Percodan, Oxycontin, Oxycodone, codeine, morphine)</td>
<td>No</td>
<td>Yes</td>
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</tr>
<tr>
<td>Sleeping pills (e.g., Rohypnol, downers, roofies)</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Ritalin, Adderall</td>
<td>No</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

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?

In the past year, did you do any of the following to lose weight or keep from gaining weight?

- 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?

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatine</td>
<td></td>
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</tr>
<tr>
<td>DHEA, Androstenedione, or human growth hormone</td>
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<tr>
<td>Anabolic steroids (do not include steroids used for treating medical conditions)</td>
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</table>

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. In the past year, how often did you go on an eating binge?

a) Did you feel out of control, like you couldn’t stop eating even if you wanted to?
- No
- Yes

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

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
- Make yourself throw up to keep from gaining weight

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

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

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

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Thank You!

Thank you for completing this survey. Your participation is greatly appreciated. If you have any questions, please feel free to contact us.