9. 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 per month
- Once a week
- More than once a week

a) During the times when you ate this way, did you feel you couldn’t stop eating or control what or how much you were eating?  
- No
- Yes

10. Below are statements about your immediate family. For each statement, please tell us if you strongly agree, agree, disagree, or strongly disagree.

- In times of crisis we turn to each other for support.
- We cannot talk to each other about sadness we feel.
- Individuals are responsible for their own ability to make decisions about how to solve problems.
- We don’t get along well together.
- We confide in each other.

11. How often did you eat something from a fast food restaurant (McDonald’s, KFC, Wendy’s, etc.) in the past year?

- Never/less than once/month
- 1-3 times/mo.
- Once per week
- 2-6 times/wk.
- Once per day or more

12. How often did you eat something from a takeout restaurant (Chinese food, pizza, deli, supermarket fully prepared food, Applebee’s, Panera Bread, etc.) in the past year?

- Never/less than once/month
- Once per week
- 2-6 times/wk.
- Once per day or more

13. How often did you eat something from a casual dining restaurant (Applebee’s, Panera Bread, etc.) in the past year?

- Never/less than once/month
- Once per week
- 2-6 times/wk.
- Once per day or more

14. DRINKS: Consider the serving size as 1 glass, bottle or can.

- Diet, carbonated low-cal beverage with caffeine (e.g., Diet Coke, Coke Zero)
- Regular carbonated beverage with caffeine & sugar (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper)
- Fruit drink/punch, lemonade, Sunny D, Frootloop, sugared ice tea or other non-carbonated fruit drink - NOT juice
- Sport drinks (e.g., Powerade, Gatorade)
- Energy drinks (e.g., Red Bull - Regular or Sugar Free)

15. During your life, the person(s) with whom you have had sexual contact (however you define it) is (are):

- Female(s)
- Male(s)
- Female(s) and male(s)

16. WOMEN ONLY: How many pregnancies have you ever had?

- 0
- 1
- 2-3
- 4-5
- 6 or more

17. WOMEN ONLY: How old were you when you first became pregnant?

- Before age 13 years old
- 13-15 years old
- 16-17 years old
- 18 years old
- 19 or more years old

18. WOMEN ONLY: Have you used birth control pills (oral contraceptives) since 2008, for any reason, for AT LEAST 2 months?

- No (SKIP TO #18)
- Yes

a) How long did you use that birth control pill?

- 2-4 months
- 5-9 months
- 10-14 months
- 15-19 months
- 20 or more months

19. WOMEN ONLY: Have you used any other hormonal contraception (e.g., patch, ring, Mirena IUD, Depo, Plan B) since 2008, for any reason, for AT LEAST 2 months?

- No (SKIP TO #18)
- Yes

a) How long did you use that hormonal contraception?

- 2-4 months
- 5-9 months
- 10-14 months
- 15-19 months
- 20 or more months

20. Is this your correct date of birth?

- Yes
- No

Thank you! Please return the completed questionnaire to:
GUTS II, Channing Lab, 181 Longwood Ave, Boston, MA 02115
guts2@channing.harvard.edu
guts2@facebook.com/harvardguts
IMPORTANT: Update Your Information!

GUTS 2 staff will e-mail your Gift Card to the e-mail address you list within two weeks of receiving your completed questionnaire.

Make sure you give us your current contact information below in order to receive your Gift Card!

a) Please tell us your preferred e-mail address. If you have spam filtering software, please make sure you are able to accept e-mail from guts2@channing.harvard.edu.

Primary E-mail: ________________________________________________

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

Check here to decline the $5 Assurance Gift Card and decline your $5 GUTS Project payment:

Check here to decline the $5 Assurance Gift Card and decline your $5 GUTS Project payment:

b) 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 '0' vs 'O', '5' vs 'S')

c) 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 #: ____________________________

d) Do you want to receive texts from us? Please note, you can unsubscribe from these at any time.

Text me survey indices ONLY (max of 2)  Text me anything GUTS related (like survey results) max of 4 a year  No texts ever

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 (such as another relative or your best friend).

Back-up Contact: ________________________________________________

Please tell us your Social Security number. This will only be used to help find you in case we lose touch.

SS#: ____________________________

This survey is voluntary and all responses are confidential. It is important that you give us permission to continue communicating with you. By returning this questionnaire, you are agreeing to let us continue to contact you about the project. If you choose not to respond to this survey, we will contact you in the future about other surveys. If you don’t want to participate at all, which we hope is not the case, call Laura Anatale Tardiff, GUTS Project Director, at 617-525-0353 and let her know.

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).

Harvard Medical School  GUTS Project  Page 1  Growing Up Today Study

1. How tall are you?  

Feet _______ Inches _______

2. How much do you weigh?  

Pounds _______

3. What is your current status (Mark all that apply)?

- Never married
- Married/engaged
- Living with partner
- Separated
- Divorced
- Widowed

a) Do you smoke cigarettes?

- Don’t smoke
- Less than once a month
- Monthly, but not weekly
- Weekly, but not daily
- Daily

b) How many cigarettes do you smoke in one day?

1-3 cigarettes  4-6 cigarettes  7-9 cigarettes  10 cigarettes or more

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

- Mostly heterosexual
- Bisexual (equally attracted to men and women)
- Mostly homosexual
- Completely homosexual (gay/lesbian, attracted to persons of the same sex)
- Not sure

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

- Mostly heterosexual
- Bisexual (equally attracted to men and women)
- Mostly homosexual
- Completely homosexual (gay/lesbian, attracted to persons of the same sex)
- Not sure

6. When was your last routine (preventive) physical exam or check-up?

Before 2004  2004-2006  2007-2009  2010-

7. Have you ever been told by a HEALTH CARE PROVIDER that you have any of the following illnesses?

- Cancer
- Location or type of cancer: ____________________________

- High blood sugar (Diabetes)
- High blood pressure (Hypertension)
- High cholesterol, triglycerides or lipids

- Any STD (e.g., chlamydia, HPV, genital herpes/warts, gonorrhea, pubic lice/crabs, syphilis, or HIV)
- Location or type of STD: ____________________________

- Other major illness or surgery
- Location or type of illness: ____________________________

- Polycystic ovarian syndrome (PCOS)

WOMEN ONLY:  Confirmed by breast biopsy?

- Yes
- No
- Don’t know

- Fibrocystic/other benign breast disease

WOMEN ONLY:  Confirmed by breast biopsy?

- Yes
- No
- Don’t know

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

a) Make yourself throw up?

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

b) Take laxatives?

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

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9. 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?
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- More than once a week

a) During the times when you ate this way, did you feel you couldn’t stop eating or control what or how much you were eating?
- No
- Yes

10. Below are statements about your immediate family. For each statement, please tell us if you strongly agree, agree, disagree, or strongly disagree.

Planning family activities is difficult because we misunderstand each other.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Individuals are accepted for who they are.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

We avoid discussing our fears and concerns.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Making decisions is a problem for our family.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

We are able to make decisions about how to solve problems.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

We don’t get along well together.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

We confide in each other.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

These questions ask about what you ate over the PAST YEAR.

11. How often did you eat something from a fast food restaurant (McDonald’s, KFC, Wendy’s, etc.) in the past year?
- Never/less than once/month
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Diet, carbonated low-cal beverage with caffeine (e.g., Diet Coke, Coke Zero)

Regular carbonated beverage with caffeine & sugar (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper)

Non-carbonated, regular carbonated or other non-carbonated fruit drink - NOT juice

Sport drinks (e.g., Powerade, Gatorade)

Energy drinks (e.g., Red Bull) - Regular or Sugar Free

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Male(s)
Female(s)
Female(s) and male(s)

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- Never
- 1
- 2
- 3
- 4
- 5
- 6 or more

17. WOMEN ONLY: How old were you when you first became pregnant?
- Under 18 years old
- 18-20 years old
- 20-24 years old
- 25-29 years old
- 30-34 years old
- 35-39 years old
- 40 or more years old

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- No (SKIP TO #18)
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- No
- Yes

20. Is this your correct date of birth?
- Yes
- No

Thank you for returning this survey. We couldn’t do this research without you!

We want to hear from you:

- E-mail us at guts2@channing.harvard.edu
- Like us on Facebook at www.facebook.com/harvardguts

Thanks again for your continued participation!

Stacey A. Misser, ScD
GUTS Principal Investigator

Hello GUTS 2 participant,

Thank you for your dedication to the study. Because of you, GUTS 2 has become one of the largest and most important studies of adolescents and young adults in the world. Your response will help keep us on top! This is a much shorter version of the questionnaire, and will only take about five minutes to complete.

TO COMPLETE YOUR QUESTIONNAIRE:

- Go to www.gutsweb.org and fill it out online. To log in, all you need is your birthdate.
- Fill out this paper questionnaire and return it in the envelope provided (no postage necessary).
- E-mail us at guts2@channing.harvard.edu
- Like us on Facebook at www.facebook.com/harvardguts

Everyone will receive a $5 Amazon.com Gift Card* for returning this survey. We couldn’t do this research without you!

Thank you for your continued participation!

Stacey A. Misser, ScD
GUTS Principal Investigator

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IMPORTANT: Update Your Information!

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Make sure you give us your current contact information below in order to receive your Gift Card!

a) Please tell us your preferred e-mail address. If you have spam filtering software, please make sure you are able to accept e-mail from guts2@channing.harvard.edu.

Primary E-mail: __________________________

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

☐ Check here to decline the $5 Amazon.com Gift Card and donate your $5 to GUTS research.

b) 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 l or I, 0 vs O, 5 vs S)

c) 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 #: __________________________

d) Do you want to receive texts from us? Please note, you can unsubscribe from these at any time.

Text me survey invites ONLY (max of 2) Text me anything GUTS related (like survey results) max of 4 a year No texts ever

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Back-up Contact: __________________________

This will only be used to help find you in case we lose touch.

SS#: __________________________

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