

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.

	Strongly agree	Agree	Disagree	Strongly disagree
Planning family activities is difficult because we misunderstand each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In times of crisis we turn to each other for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cannot talk to each other about sadness we feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals are accepted for who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We avoid discussing our fears and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making decisions is a problem for our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to make decisions about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
 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 to-go) 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

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
 1-3 times/mo.
 Once per week
 2-6 times/wk.
 Once per day or more

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

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Diet, carbonated low-cal beverage with caffeine (e.g., Diet Coke, Coke Zero)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit drinks/punch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sport drinks (e.g., Powerade, Gatorade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (e.g., Red Bull) - Regular or Sugar Free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- I have not had sexual contact with anyone
 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?

- I have never been pregnant

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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 #19)
 Yes → Do you know the name of the brand that you used longest?

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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 Yes

20. Is this your correct date of birth? →

Yes
 No → If no, please write correct date.

MONTH	/	DAY	/	YEAR

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

Thank you! Please return the completed questionnaire to:
 GUTS II, Channing Lab, 181 Longwood Ave, Boston, MA 02115
guts2@channing.harvard.edu www.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 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

- 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#:

Name:

Address:

Phone:

E-mail:

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).

This is your ID



← Has your address changed?
Please make corrections and
mail back with your survey.



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.

OR

- Fill out this paper questionnaire and return it in the envelope provided (no postage necessary).

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. Missmer, ScD
GUTS Principal Investigator

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

Thanks to all who responded to our e-mail poll asking what thank-you gift YOU wanted. We picked the gift based on your answers.

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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

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

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

5. 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
- 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?

- Past year
- Past 1-2 years
- More than 2 years ago

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

Leave blank for NO, mark here for YES

YEAR OF FIRST DIAGNOSIS

Before 2004	2004-2006	2007-2009	2010 +
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Cancer	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location or type of cancer:	<input type="text"/>				
High blood sugar (Diabetes)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (Hypertension)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol, triglycerides or lipids	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any STD (e.g., chlamydia, HPV, genital herpes/warts, gonorrhea, pubic lice/crabs, syphilis, or HIV)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder					
Anorexia nervosa	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulimia nervosa	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge eating disorder	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anterior cruciate ligament (ACL) tear	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress fracture	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mononucleosis (Mono)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by blood test?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know				
WOMEN ONLY: Fibrocystic/other benign breast disease	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by breast biopsy?	<input type="radio"/> No <input type="radio"/> Yes				
WOMEN ONLY: Endometriosis	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by laparoscopy?	<input type="radio"/> No <input type="radio"/> Yes				
WOMEN ONLY: Polycystic ovarian syndrome (PCOS)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other major illness or surgery in the last 10 years (e.g., multiple sclerosis, bariatric surgery, etc.)	<input type="radio"/> Y →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify:

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

FOR USE ONLY

0	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	

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