Hello GUTS participant,

We would like to thank you for your dedication to the study. Your participation becomes more and more important each year. Now that we are seventeen years into GUTS, we are able to look at how the things that people did when they were younger affect their health right now. GUTS is one of the only teams in the world that can answer important questions about what life is like for young adults these days. And you make it possible.

TO COMPLETE YOUR QUESTIONNAIRE:

• Go to www.gutsweb.org and fill it out online. To log in, all you need is your birthdate and the ID listed with your name above.

OR

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

You may notice that this questionnaire is shorter than in years past. That's because from now on, thanks to your feedback, we will always send you one short questionnaire per year. We'll email you a link in January or mail you a paper copy in March.

We want to hear from you! Contact us any time:

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

Thanks again for your continued participation!

Stacey A. Missmer, ScD
GUTS Director

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IMPORTANT: Update Your Information!

Everyone will receive a $5 Amazon.com Gift Card for completing this questionnaire. Use your Amazon.com Gift Card to shop from a huge selection of books, electronics, music, DVDs, software, apparel, toys, and much more.

GUTS 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 guts@channing.harvard.edu.

Primary E-mail: [Text Box]

Please print neatly and differentiate numbers and letters (e.g., 1 vs I 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: [Text Box]

Please print neatly and differentiate numbers and letters (e.g., 1 vs I 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 #: [Text Box] Home Phone #: [Text Box]

d) 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: Name: [Text Box] Address: [Text Box] Phone: [Text Box] E-mail: [Text Box]

e) Has your name changed?

New last name: [Text Box]

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).
1. What is your current status?  
- Never married  
- Married  
- Living with partner  
- Separated  
- Divorced  
- Widowed  
- I don’t live in the U.S.

2. What is the zip code for where you live most of the time?  

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

4. How much do you weigh?  

5. Who is completing this questionnaire?  
- GUTS participant this was addressed to  
- GUTS participant’s parent  
- Partner  
- Sibling  
- Other

6. Please describe your current work status:  
- Working full time  
- Working part time  
- Student  
- Unemployed, laid off, or looking for work  
- Staying at home with children/taking care of family  
- Volunteering  
- In the military  
- On maternity or family leave from job  
- Not working due to illness or disability

7. In the PAST 12 MONTHS, how often did you smoke cigarettes?  
- Never  
- Less than once a month  
- Less than monthly  
- Less than once a week  
- 1-3 times per month  
- 1-3 times per week  
- More than once per week

8. In the PAST 12 MONTHS, on average, how many cigarettes did you smoke in one day?  
- I don’t smoke  
- 1-2  
- 2-3  
- 3-5  
- More than 5

9. In the PAST 12 MONTHS, on average, how often did you use marijuana?  
- Never  
- Less than once a month  
- Less than monthly  
- Less than once a week  
- 1-3 times per month  
- 1-3 times per week  
- More than once per week

10. In the PAST 12 MONTHS, on average, how often did you drink beer, wine, or liquor?  
- Never  
- Less than once a month  
- Less than monthly  
- Less than once a week  
- 1-3 times per month  
- 1-3 times per week  
- More than once per week

11. In the PAST 12 MONTHS, when you drank alcohol, how much did you usually drink at one time?  
- I don’t drink  
- Less than 1 drink  
- 1 drink  
- 2 drinks  
- 3 drinks  
- 4 drinks  
- 5 drinks  
- 6 or more drinks

12. In the PAST 12 MONTHS, how many times did you drink 5 or more alcoholic drinks over a few hours?  
- Never  
- 1 time  
- 2 times  
- 3-5 times  
- 6-8 times  
- 9-11 times  
- 12-15 times (about once/mo.)  
- 16-24 times (about 2x/mo.)  
- 25-36 times (about 3x/mo.)  
- 37 or more times (average of more than 3x/mo.)

13. During the past year, did you try to lose weight or keep from gaining weight?  
- a) Go on a diet:  
- b) Use diet pills:  
- c) Make yourself throw up:  
- d) Take laxatives:

14. In the past year, did you do any of the following to lose weight or keep from gaining weight?  
- a) Go on a diet:  
- b) Use diet pills:  
- c) Make yourself throw up:  
- d) Take laxatives:

15. 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

16. Do you have parenting responsibility for any children (biological, adopted, or step)?  
- Yes  
- No

17. In the PAST 12 MONTHS, 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

18. 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 (attracted to persons of the same sex)  
- Not sure

19. In the past year, 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)
20. Were you sexually active during the past 12 months?  
   ☐ Yes  ☐ No  Please continue to Question 21
   a) How many sexual partners did you have during the past 12 months?  
   □ 1 □ 2 □ 3-5 □ 6-10 □ 11-14 □ 15+

21. During the past 12 months, how would you rate your confidence that you could get and keep an erection?  
   □ Very low □ Low □ Moderate □ High □ Very High

22. In the past 12 months, during sexual activity, how difficult was it to maintain your erection to completion?  
   □ Extremely difficult □ Very difficult □ Difficult □ Slightly difficult □ Not difficult

23. DURING THE PAST 12 MONTHS...  

<table>
<thead>
<tr>
<th>When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?</th>
<th>Almost never or never</th>
<th>A few times</th>
<th>Sometimes</th>
<th>Most times</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>During sexual activity, how often were you able to maintain your erection after you had penetrated (entered) your partner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you attempted sexual activity, how often was it satisfactory for you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Do you consider that you have problems achieving or maintaining an erection?  
   ☐ No  ☐ Yes  
   1) Is this problem limited to a specific sexual partner?  
      ☐ No  ☐ Yes  
   2) Is this problem limited to a specific sexual activity?  
      ☐ No  ☐ Yes

24. Do you experience morning erections or sleep-related erections?  
   ☐ No  ☐ Yes

25. During the past 12 months, how often did you use medications or supplements to correct or enhance the quality and/or duration of your erections? (e.g., Viagra, Cialis, L-Arginine, Epimedium/horny goat weed)  
   □ Never □ Less than once per month □ Once per month □ 2-3 times per month □ Once per week □ 2+ times per week
   a) How did you get the product?  
      ☐ Product was prescribed to me by a health care provider  
      ☐ From someone else (e.g., family member, friend) to whom the product was prescribed  
      ☐ Purchased abroad or online without proof of prescription  
      ☐ Over the counter (no prescription required)  
      ☐ Specialty health or natural food store (e.g., GNC, homeopathic)

26. To your knowledge, how many times have you ever gotten a woman pregnant (intended or unintended)?  
   ☐ No  ☐ 1st pregnancy  ☐ 2nd pregnancy  ☐ 3-5  ☐ 6-10  ☐ 11-14  ☐ 15+

   a) For any pregnancies you fathered in the last 2 years, including miscarriages and abortions, please complete one row of the chart.

<table>
<thead>
<tr>
<th>Pregnancy Outcome</th>
<th>Were you trying?</th>
<th>Calendar year in which pregnancy ended?</th>
<th>How long did this pregnancy last?</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently pregnant</td>
<td>No</td>
<td>☐ 2012</td>
<td>☐ &lt;11 weeks</td>
<td>☐ Girl</td>
</tr>
<tr>
<td>Single live birth</td>
<td>Yes</td>
<td>☐ 2013</td>
<td>☐ 12-19 weeks</td>
<td>☐ Boy</td>
</tr>
<tr>
<td>Twins/Triplets</td>
<td></td>
<td>☐ 2014</td>
<td>☐ 20-36 weeks</td>
<td>☐ Don't know</td>
</tr>
<tr>
<td>Miscarriage/Stillbirth</td>
<td></td>
<td>☐ 2015</td>
<td>☐ 37-39 weeks</td>
<td>☐ Girl</td>
</tr>
<tr>
<td>Abortion</td>
<td></td>
<td>☐ 2016</td>
<td>☐ 40-42 weeks</td>
<td>☐ Boy</td>
</tr>
<tr>
<td>Tubal or ectopic</td>
<td></td>
<td>☐ 2017</td>
<td>☐ 43+ weeks</td>
<td>☐ Don't know</td>
</tr>
</tbody>
</table>

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27. Since 2006, have you ever been told by a HEALTH CARE PROVIDER that you have any of the following illnesses?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cancer</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location/type of cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High blood sugar)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High blood pressure)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol, triglycerides, or lipids</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia, HPV, genital warts, or any STD</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia nervosa</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulimia nervosa</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge eating disorder</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other eating disorder</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACL tear</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress fracture</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis (Mono)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by blood test?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable bowel syndrome</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcerative Colitis/Crohn’s Disease</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial meningitis</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion or other head injury</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other major illness or surgery since 2006 (e.g., multiple sclerosis, bariatric surgery)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. When was your last routine (preventive) physical exam?

<table>
<thead>
<tr>
<th></th>
<th>0-12 months ago</th>
<th>13-24 months ago</th>
<th>2+ years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

29. Are you covered by any kind of health insurance or some other kind of health care plan?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. Have you ever been treated for an eating disorder by a doctor, nurse, or other health care provider?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, in the past</th>
<th>Yes, currently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Please mark if you used any of the following medications regularly over the past 12 months.

- ADHD Medication (e.g., Adderall, Concerta, Ritalin, Strattera, etc.)
- Anti-migraine medication (e.g., Imitrex, Maxalt, Zomig)
- Acetaminophen (e.g., Tylenol, Anacin 3, Excedrin Free)
- Days/week: 1 2-3 4-5 6+ days
- Total tablets/week: 1-2 3-5 6-14 15+
- Aspirin or aspirin-containing products
- Days/week: 1 2-3 4-5 6+ days
- Total tablets/week: 1-2 3-5 6-14 15+
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
- Days/week: 1 2-3 4-5 6+ days
- Total tablets/week: 1-2 3-5 6-14 15+
- Other anti-inflammatory analgesics (e.g., Aleve)
- Painkillers (e.g., Percocet, Oxycontin, codeine, morphine)
- Steroids taken orally (e.g., Prednisone)
- Thiazide diuretic (e.g., HCTZ, Diuril)
- Calcium blocker (e.g., Calan, Procardia)
- Beta-blocker (e.g., Inderal, Lopressor)
- ACE Inhibitors (e.g., Capoten, Vasotec)
- Other anti-hypertensive
- Statins (cholesterol-lowering drugs) (e.g., Mevacor, Crestor, Liptor)
- Other cholesterol-lowering drug (e.g., niacin)
- Asthma meds (e.g., albuterol, Flovent)
- Allergy meds (e.g., Allegra, Claritin, Zyrtec)
- Insulin
- Oral hypoglycemic medication (e.g., metformin)
- Thyroid hormone (e.g., Synthroid, Levothroid)
- SSRIs anti-depressant (e.g., Prozac, Zoloft)
- Other antidepressants (e.g., Elavil, Tofranil)
- Minor tranquilizers (e.g., Valium, Xanax)
- GnRH agonists (e.g., Lupron)
- Retinoids (e.g., RetinA, Differin, Accutane)
- Other medication (no need to specify)

32. Are you biologically related to your mother who participates in the Nurses’ Health Study?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33. Were you hospitalized over the past 12 months?
   - Yes
   - No

   a) If yes, what was the reason? Write in box:

Which of these statements best describes your own health state today?

34. Mobility
   - I have no problems in walking about
   - I have slight problems in walking about
   - I have severe problems in walking about
   - I am unable to walk about

35. Self-care
   - I have no problems washing or dressing myself
   - I have slight problems washing or dressing myself
   - I have severe problems washing or dressing myself
   - I am unable to wash or dress myself

36. Usual Activities (e.g., work, study, housework, family, or leisure activities)
   - I have no problems doing my usual activities
   - I have slight problems doing my usual activities
   - I have severe problems doing my usual activities
   - I am unable to perform my usual activities

37. Pain/Discomfort
   - I have no pain or discomfort
   - I have slight pain or discomfort
   - I have moderate pain or discomfort
   - I have severe pain or discomfort

38. Anxiety/Depression
   - I am not anxious or depressed
   - I am slightly anxious or depressed
   - I am moderately anxious or depressed
   - I am extremely anxious or depressed

39. Have you ever had doctor-diagnosed . . . (Mark all that apply)
   - Food allergies
   - Hayfever
   - Eczema (atopic dermatitis)
   - Eosinophilic esophagitis
   - None of these

   a) What type?
      - Peanut
      - Tree nuts*
      - Shellfish
      - Milk
      - Egg

40. Have you ever regularly had heartburn/acid reflux 1 or more times a week?
   - Yes
   - No

   a) How long ago did these symptoms begin?
   - <1 year
   - 1-2 years
   - 3-5 years
   - 6-10 years
   - 10+ years

   b) Do you take any drugs to treat acid reflux?
      - No
      - Yes

   If yes, what type of drugs do you take?
      - Antacids (e.g., TUMS)
      - H2 blockers (e.g., Pepcid, Zantac)
      - Proton Pump Inhibitors (e.g., Prilosec, Nexium, Prevacid)

   How would you describe your use of medications for heartburn/acid reflux?
      - Use occasionally, as needed
      - Use regularly, symptoms well-controlled
      - Use regularly, but symptoms not well-controlled

In the past year, how often did you have symptoms of heartburn/acid reflux?
   - Never in the past year
   - Less than once a month
   - About once a month
   - Several times a week
   - Daily

41. Which best describes your hearing?
   - Excellent
   - Good
   - A little hearing trouble
   - Moderate hearing trouble
   - A lot of hearing trouble
   - Deaf

   a) If your hearing is not as good as it used to be, at what age did you first notice a change?
      - Less than 12 years old
      - 12-17 years old
      - 18-22 years old
      - 23-28 years old
      - 29+

42. Please estimate how many hours per week in your lifetime you spent in very noisy activities or settings without ear protection. Very noisy means you would need to shout to be heard by someone standing 3 feet away from you - see examples below. We realize this is a difficult task, but please provide your best guess.

   HOURS PER WEEK IN A NOISY SETTING
   - Rock concerts, bars, clubs
   - Gyms, amusement parks, sports events
   - Playing musical instruments
   - Public transportation
   - Motorcycle riding
   - Using a lawn mower, weed whacker, leaf blower

   EXAMPLES
   - Hearing problem since birth
   - Hearing has not changed

43. For each age range below, please estimate how many hours per week you used headphones or earbuds with the volume set at 60% of maximum (~2/3) or higher:

   HOURS PER WEEK
   - 0
   - 0.5
   - 1-2
   - 3-10
   - 11-20
   - 21-40
   - 41+
   - N/A

   AGE
   - 5-11
   - 12-17
   - 18-22
   - 23+

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44. Have you and a female partner ever tried to become pregnant FOR 12 CONSECUTIVE MONTHS without becoming pregnant (even if she ultimately became pregnant)?

[ ] Yes
[ ] No

a) How old were you when this first happened? ___________ years old

b) Did a doctor find a reason why your partner had difficulty getting pregnant? (Mark all that apply)

- Male factor
- Female factor (e.g., tubal blockage, ovulatory disorder, endometriosis)
- We did not visit a doctor for diagnosis/treatment.
- Not found
- Other

---

45. Please indicate your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not like to show my emotions to other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My work or school often disrupts other parts of my life (home, health, leisure).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding time to relax is difficult for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It's hard for me to express my emotional needs to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It's hard for me to talk about my feelings with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have difficulty telling others I care about them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

46. Please indicate your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think I would feel more confident if I had more muscle mass.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think my legs are not muscular enough.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wish that I were more muscular.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think my arms are not muscular enough.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that I would look better if I gained ten pounds in bulk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that my weight-training schedule interferes with other aspects of my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think my chest is not muscular enough.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that I would feel stronger if I gained a little more muscle mass.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel guilty if I miss a weight-training session.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Never</th>
<th>A little</th>
<th>Sometimes</th>
<th>Often</th>
<th>A lot</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other people think that I work out with weights too often. |     |      |   |       |               |
I think about taking anabolic steroids. |     |      |   |       |               |
I lift weights to build up muscle. |     |      |   |       |               |
I think weight-gain or protein shakes. |     |      |   |       |               |
I use protein or energy supplements. |     |      |   |       |               |
I try to consume as many calories as I can in a day. |     |      |   |       |               |

---

47. Please select the image that most closely represents your current hair pattern:

[ ] No treatment, procedure, or products
[ ] Hair styling (e.g., "comb over", shaved head, hair weave)
[ ] Home product for hair loss concealment (e.g., spray-on hair, wig/toupee)
[ ] Alternative treatments or devices (e.g., vitamins, shampoos, herbal supplements, laser comb)
[ ] Non-prescription medicines (e.g., Monoxidil, Rogaine)
[ ] Prescription medicines (e.g., Finasteride, Propecia, Proscar)
[ ] Surgical procedure (e.g., hair implants, hair plugs)
[ ] Other

---

48. How concerned are you with hair loss?

[ ] Not at all concerned
[ ] Somewhat concerned
[ ] Concerned
[ ] Very concerned
[ ] Extremely concerned

---

49. Have you ever used any of the following treatments or procedures to manage hair loss? Select all that apply.

[ ] No treatment, procedure, or products
[ ] Hair styling (e.g., "comb over", shaved head, hair weave)
[ ] Home product for hair loss concealment (e.g., spray-on hair, wig/toupee)
[ ] Alternative treatments or devices (e.g., vitamins, shampoos, herbal supplements, laser comb)
[ ] Non-prescription medicines (e.g., Monoxidil, Rogaine)
[ ] Prescription medicines (e.g., Finasteride, Propecia, Proscar)
[ ] Surgical procedure (e.g., hair implants, hair plugs)
[ ] Other
50. Below is a list of some of the ways you may have felt or behaved. Indicate how often you have felt this way during the PAST WEEK.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Rarely or none of the time</th>
<th>Some or a little of the time</th>
<th>Occasionally or a moderate amount of time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was bothered by things that usually don’t bother me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I had trouble keeping my mind on what I was doing.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt depressed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that everything I did was an effort.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt hopeful about the future.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt fearful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My sleep was restless.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I was happy.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt lonely.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I could not “get going.”</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

51. Question 51, which should only be answered if a tape measure is available, asks about body measurements. This information will be more accurate if you follow these suggestions.

- Make measurements while standing
- Avoid measuring over bulky clothing
- Try to record answers to the nearest 1/4 (do not estimate)

If a tape measure is not available, please leave blank.

52. Please choose the appropriate response for each item. Think of your neighborhood as the area about 1 mile around your home.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a lot of trash and litter on the street in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There is a lot of noise in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>In my neighborhood the buildings and homes are well-maintained.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The buildings and houses in my neighborhood are interesting.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My neighborhood is attractive.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are interesting things to do in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My neighborhood offers many opportunities to be physically active.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sports and recreational facilities in my neighborhood offer many opportunities to get exercise.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It is pleasant to walk in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The trees in my neighborhood provide enough shade.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I often see other people walking in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I often see other people exercising (e.g., jogging, bicycling, playing sports) in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My neighborhood has heavy traffic.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are busy roads to cross when out for walks in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>In my neighborhood it is easy to walk places.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A large selection of fresh fruits and vegetables is available in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The fresh fruits and vegetables in my neighborhood are of high quality.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A large selection of low-fat products is available in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are many opportunities to purchase fast foods in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel safe walking in my neighborhood, day or night.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Violence is not a problem in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My neighborhood is safe from crime.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Thank you! Please return the completed questionnaire in the enclosed postage-paid envelope to: GUTS, Channing Laboratory, 181 Longwood Avenue, Boston, MA 02115

Questions/comments? Email us: guts@channing.harvard.edu