



Complete Your Questionnaire Online  
[www.gutsweb.org](http://www.gutsweb.org)



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

## 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](http://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](mailto:guts@channing.harvard.edu)
- Like us on Facebook at [www.facebook.com/harvardguts](http://www.facebook.com/harvardguts)

Thanks again for your continued participation!

Stacey A. Missmer, ScD  
GUTS Director

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

Brigham &  
Women's  
Hospital



Harvard  
Medical  
School



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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.

**DIE-CUT  
WINDOW  
AREA**

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:

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) 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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

- e) Has your name changed?

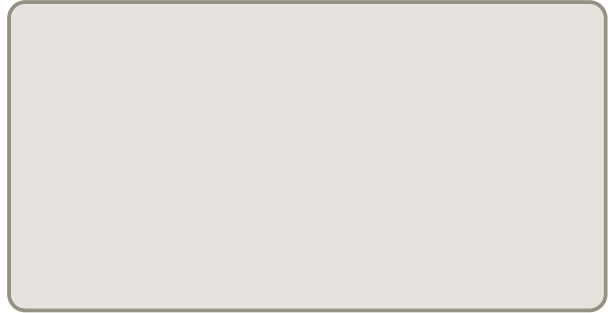
**New last name:**

### 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
- 2. What is the zip code for where you live most of the time?  I don't live in the U.S.

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9



- 3. Is this your correct date of birth?  Yes  No
- If no, please write correct date. MONTH / DAY / YEAR

4. How much do you weigh?    Pounds

- 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: (Mark all that apply)
  - Working full time  Working part time  Student  Volunteering  In the military
  - Unemployed, laid off, or looking for work  Staying at home with children/taking care of family
  - On paternity 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  Monthly, but not weekly  Weekly, but not daily  Daily

- 8. In the PAST 12 MONTHS, on average, how many cigarettes did you smoke in one day?
  - I don't smoke  1  2-5  6-10  11-20  21 or more

- 9. In the PAST 12 MONTHS, on average, how often did you use marijuana?
  - Never  Once a month or less  2-3 times/month  1-2 times/week  3-5 times/week  6 or more times/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 once a week  1-2 days/week  3-5 days/week  Almost every day  Daily

- 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?  No  Yes

- 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:  Never  A couple of times  Several times  Often  Always on a diet
- b) Use diet pills:  Never  Less than monthly  1-3 times per month  Once a week  More than once per week
- c) Make yourself throw up:  Never  Less than monthly  1-3 times per month  Once a week  More than once per week
- d) Take laxatives:  Never  Less than monthly  1-3 times per month  Once a week  More than once per week

- 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



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

- 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 (gay, 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)

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0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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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 . . .

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

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)?

- 0  1  2  3  4  5  6  7  8  9  10+

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

		For pregnancies that have already ended			
	Pregnancy Outcome (Mark one answer)	Were you trying?	Calendar year in which pregnancy ended?	How long did this pregnancy last?	Sex
1st pregnancy	<input type="radio"/> Currently pregnant <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/ Stillbirth <input type="radio"/> Abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> No <input type="radio"/> Yes  How many months did it take you? <input type="radio"/> <2 <input type="radio"/> 3-5 <input type="radio"/> 6-8 <input type="radio"/> 9-11 <input type="radio"/> 12+	please print neatly Year <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> <11 weeks <input type="radio"/> 12-19 weeks <input type="radio"/> 20-36 weeks <input type="radio"/> 37-39 weeks <input type="radio"/> 40-42 weeks <input type="radio"/> 43+ weeks	<input type="radio"/> Girl <input type="radio"/> Boy <input type="radio"/> Don't know
2nd pregnancy	<input type="radio"/> Currently pregnant <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/ Stillbirth <input type="radio"/> Abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> No <input type="radio"/> Yes  How many months did it take you? <input type="radio"/> <2 <input type="radio"/> 3-5 <input type="radio"/> 6-8 <input type="radio"/> 9-11 <input type="radio"/> 12+	please print neatly Year <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> <11 weeks <input type="radio"/> 12-19 weeks <input type="radio"/> 20-36 weeks <input type="radio"/> 37-39 weeks <input type="radio"/> 40-42 weeks <input type="radio"/> 43+ weeks	<input type="radio"/> Girl <input type="radio"/> Boy <input type="radio"/> Don't know

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

27. Since 2006, 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

Table with columns: Before 2006, 2006-2008, 2009-2011, 2012+

Melanoma, Other cancer

Location/type of cancer:

Diabetes (High blood sugar)

Hypertension (High blood pressure)

High cholesterol, triglycerides, or lipids

Chlamydia, HPV, genital warts, or any STD

Asthma, Psoriasis

Eating Disorder

Anorexia nervosa, Bulimia nervosa

Binge eating disorder, Other eating disorder

ACL tear, Stress fracture

Gallstones, Kidney stones

Rheumatoid arthritis, Anxiety disorder

Depression, Mononucleosis (Mono)

Confirmed by blood test? Irritable bowel syndrome

Ulcerative Colitis/Crohn's Disease

Gout, Hypothyroidism

Bacterial meningitis, Concussion or other head injury

Other major illness or surgery since 2006 (e.g., multiple sclerosis, bariatric surgery)

Please specify:

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

- 0-12 months ago, 13-24 months ago, 2+ years ago

Grid of bubbles for data entry (E, N, 0-9)

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

- Yes, No

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

- No, Yes, in the past, Yes, currently

a) Type of eating disorder

- anorexia nervosa, bulimia nervosa, binge eating disorder, ED-NOS, compulsive eating, other

b) Type of treatment (Mark all that apply)

- medications, inpatient/residential, nutritional counseling, weight loss counseling, psychological or behavioral counseling, other

c) Age when treated (Mark all that apply)

- 9-12, 13-15, 16-18, 19-22, 23-27, 28 or older

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

- ADHD Medication, Anti-migraine medication, Acetaminophen, Aspirin, Ibuprofen, Other anti-inflammatory analgesics, Painkillers, Steroids, Thiazide diuretic, Calcium blocker, Beta-blocker, ACE Inhibitors, Other anti-hypertensive, Statins, Other cholesterol-lowering drug, Asthma meds, Allergy meds, Insulin, Oral hypoglycemic medication, Thyroid hormone, SSRIs, Other antidepressants, Minor tranquilizers, GnRH agonists, Retinoids, Other medication

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

- No, Yes, Not sure

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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 moderate 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 moderate 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 moderate 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
  - I have extreme 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 severely 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
- Peanut
- Tree nuts\*
- Shellfish
- Milk
- Egg

a) What type?

\*Tree nuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.

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
- About once a week
- 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
- 29+
- Hearing problem since birth
- Hearing has not changed

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.

When you were AGE:	HOURS PER WEEK IN A NOISY SETTING							
	0	0.5	1-2	3-10	11-20	21-40	41+	N/A
5-11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**EXAMPLES**

- Rock concerts, bars, clubs
- Gyms, amusement parks, sports events
- Playing musical instruments
- Public transportation
- Motorcycle riding
- Using a lawn mower, weed whacker, leaf blower

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:

AGE	HOURS PER WEEK							
	0	0.5	1-2	3-10	11-20	21-40	41+	N/A
5-11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

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

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

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

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

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
I think I would feel more confident if I had more muscle mass.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my legs are not muscular enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish that I were more muscular.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my arms are not muscular enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I would look better if I gained ten pounds in bulk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that my weight-training schedule interferes with other aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my chest is not muscular enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I would feel stronger if I gained a little more muscle mass.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guilty if I miss a weight-training session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A little	Sometimes	Often	A lot	Always
Other people think that I work out with weights too often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about taking anabolic steroids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lift weights to build up muscle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drink weight-gain or protein shakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use protein or energy supplements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to consume as many calories as I can in a day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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 \_\_\_\_\_

44  
a  
b  
45  
46  
47  
48  
49

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.

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	All of the time
I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

**WAIST**

Inches	Fraction
0	0
1	1/4
2	2/4
3	3/4
4	
5	
6	
7	
8	
9	

**Waist:** Measure at navel

**Hip:** Measure the largest circumference around hips (including buttocks)

**HIP**

Inches	Fraction
0	0
1	1/4
2	2/4
3	3/4
4	
5	
6	
7	
8	
9	

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

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

**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**