guts
Growing Up Today Study

Complete Your Questionnaire Online
www.gutsweb.org

This is your ID

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

Hello GUTS participant,

We would like to say 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 study how experiences early in life impact the health of young adults. GUTS is one of the only studies in the world that can answer important questions about what life is like for young adults these days. And *you* make it possible.

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 and the ID listed with your name above.

OR

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

amazon.com

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

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

Brigham & Women's Hospital BWH Harvard Medical School

Growing Up Today Study | Channing Laboratory
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tel: (617)525-2279 | fax: (617)525-2008 | www.gutsweb.org

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 send 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 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:

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 current contact 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.

3. **How much do you weigh?** ☐☐☐ Pounds

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

5. **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

6. **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

7. **In the PAST 12 MONTHS, on average, how often do 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

8. **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

9. **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

10. **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.)

11. **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/lesbian, attracted to persons of the same sex) ◯ Not sure

12. **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)

13. **During the past year did you try to lose weight or keep from gaining weight?** ◯ No ◯ Yes

14. **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

15. **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/week
c.) **Make yourself throw up:** ◯ Never ◯ Less than monthly ◯ 1–3 times per month ◯ Once a week ◯ More than once/week
d.) **Take laxatives:** ◯ Never ◯ Less than monthly ◯ 1–3 times per month ◯ Once a week ◯ More than once a week

16. **When was your last routine (preventative) physical exam?** ◯ 0–12 months ◯ 13–24 months ago ◯ 2+ years ago

17. **Are you covered by any kind of health insurance or some other kind of health care plan?** ◯ Yes ◯ No

18. **WOMEN-ONLY: Please answer the questions below for <u>each</u> of your pregnancies that <u>ended</u> in the previous year. If you had twins or triplets, please count them as one pregnancy and mark more than one circle (if necessary) for birth weight and gender.** *If you have never been pregnant, please skip to #19. Need more room? Please make copies or download from gutsweb.org/forms*

				For pregnancies lasting 20+ weeks . . .		
	Outcome of this pregnancy? (Mark one answer) FIRST pregnancy	Were you trying to become pregnant?	How long did this pregnancy last?	Did you have any of these complications?	Birth weight and sex	Type of delivery (Mark all that apply)
1st pregnancy	◯ Single live birth ◯ Twins/Triplets+ ◯ Miscarriage/ Stillbirth ◯ Induced abortion ◯ Tubal or ectopic	◯ Yes ◯ No How many months did it take you? ◯ <2 ◯ 3–5 ◯ 6–8 ◯ 9–11 ◯ 12+	◯ <8 weeks ◯ 8–19 weeks ◯ 20–36 weeks ◯ 37–39 weeks ◯ 40–42 weeks ◯ 43+ weeks	◯ Gestational diabetes ◯ Pregnancy-related high blood pressure ◯ Pre-clampsia/toxemia	☐☐ lbs. ☐☐ oz. ◯ Girl ◯ Boy	◯ Spontaneous labor* ◯ Induced labor** ◯ C-section ◯ Vaginal birth

*Spontaneous (contractions started ON THEIR OWN) **Induced (contractions AFTER receiving a medication by mouth or IV, having gel applied on cervix or membranes broken by clinician)

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

Mark here for YES →

		YEAR OF FIRST DIAGNOSIS			
		Before 2006	2006-2008	2009-2011	2012 +
WOMEN-ONLY	Fibrocystic or other benign breast disease (Y) →	○	○	○	○
	Confirmed by breast biopsy? ○ No ○ Yes				
	Endometriosis (Y) →	○	○	○	○
	Confirmed by laparoscopy? ○ No ○ Yes				
	Polycystic ovary syndrome (PCOS) (Y) →	○	○	○	○
	Cancer (Y) →	○	○	○	○
	Location/type of cancer:				
	Diabetes (High blood sugar) (Y) →	○	○	○	○
	Hypertension (High blood pressure) (Y) →	○	○	○	○
	High cholesterol, triglycerides or lipids (Y) →	○	○	○	○
	Chlamydia, HPV, genital warts, or any STD (Y) →	○	○	○	○
	Asthma (Y) →	○	○	○	○
	Psoriasis (Y) →	○	○	○	○
	Eating Disorder				
	Anorexia nervosa (Y) →	○	○	○	○
	Bulimia nervosa (Y) →	○	○	○	○
	Binge eating disorder (Y) →	○	○	○	○
	Other (Y) →	○	○	○	○
	Stress fracture (Y) →	○	○	○	○
	Gallstones (Y) →	○	○	○	○
	Kidney stones (Y) →	○	○	○	○
	Anxiety disorders (Y) →	○	○	○	○
	Depression (Y) →	○	○	○	○
	Mononucleosis (Mono) (Y) →	○	○	○	○
	Confirmed by blood test? ○ No ○ Yes ○ Don't Know				
	Ulcerative Colitis/Crohn's Disease (Y) →	○	○	○	○
	Irritable bowel syndrome (Y) →	○	○	○	○
	Hypothyroidism (Y) →	○	○	○	○
	Concussion or other head injury (Y) →	○	○	○	○
	Other major illness or surgery since 2006 (e.g. multiple sclerosis, bariatric surgery) (Y) →	○	○	○	○
	Please specify:				

20. Is this your correct date of birth? →

○ Yes

○ No → If no, please write correct date. MONTH / DAY / YEAR

21. WOMEN-ONLY: What is the usual average length of your menstrual cycle (interval from first day of period to first day of next period)?

○ <21 days ○ 21-25 ○ 26-31 ○ 32-39 ○ 40-50

○ 51+ days or too irregular to estimate ○ No periods/ amenorrhea

22. WOMEN-ONLY: 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)

23. WOMEN-ONLY: In the past 12 months, did you use birth control pils for any reason (e.g. birth control, acne, cramping, irregular periods)?

○ No

○ Yes

a.) What brand did you use (e.g. Seasonale, Yasmin)?
Write in the box the pill brand used longest

24. WOMEN-ONLY: In the past 12 months, did you use any of these other methods of birth control for any reason? (Mark all that apply)

○ Implant (Implanon) ○ Patch (Ortho-Evra)

○ Mirena IUD ○ Shots (Depo Provera, Lunelle)

25. WOMEN-ONLY: Since 2010, have you tried to become pregnant for 12 consecutive months without becoming pregnant (even if you ultimately became pregnant)?

○ No

○ Yes

a.) Did you see a doctor to receive a diagnosis or treatment for difficulty getting pregnant?

○ Yes ○ No

26. WOMEN-ONLY: Are you currently pregnant?

○ No

○ Yes

a.) Regarding this pregnancy, were you actively trying to become pregnant?

○ Yes ○ No

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