Hello GUTS participant,

Thank you for taking the time to complete your 2014 GUTS survey! As promised, we are continuing with a shorter, annual questionnaire to make participation easier for you. You will see that this year’s survey covers many fascinating new topics, while also revisiting the critical questions we’ve been asking since you were young.

**Prefer to take your survey online?**

Just go to [www.gutsweb.org](http://www.gutsweb.org), and log in with your birth date and GUTS ID provided with your name above. You can also complete it on your smartphone or tablet!

**Your dedication makes GUTS unique. Thank you.**

We are among a few studies worldwide that can answer key questions about how behavioral and biological factors as a child can affect your health now and over a lifetime. Year after year, your contributions have led to ground-breaking findings that are constantly advancing what we know about health. Go to [www.gutsweb.org](http://www.gutsweb.org) to check out some of the headlines you’re making, and see for yourself how your data are impacting the world of science.

**Questions, Comments? We want both!**

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

Thanks again for your continued participation. Your time and effort remain incredibly valuable to all of us here at GUTS.

*Stacey A. Missmer, Sc.D.*

**GUTS Director**

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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.

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)

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

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

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 #:

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:

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. How tall are you?  
   - Feet  - Inches
3. How much do you weigh?  
   - Pounds
4. Is this your correct date of birth?  
   - Yes  - No
   - If no, please write correct date:
5. Do you consider yourself to be Hispanic or Latino?  
   - No  - Yes
6. Which categories best describe your race?  
   - Mark one or more to indicate what you consider yourself to be.
   - White  - Black or African-American  - American Indian/Alaska Native  - Native Hawaiian or Other Pacific Islander  - Asian  - African-American  - Black or Other  - Other
7. In the PAST 12 MONTHS, how often did you smoke cigarettes?  
   - Never  - Less than once a month  - Less than once a week  - Once a week  - More than once/week  - Once a month or less  - Less than monthly  - 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?  
   - Never  - 1–2 times/day  - 3 or more times/day
9. In the PAST 12 MONTHS, when you drank alcohol, how much did you usually drink at one time?  
   - 1 drink  - 2 or 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 or 2 times  - 3 or 4 times  - 5 or 6 times  - 7 or 8 times  - 9 or 10 times  - 11 or 12 times  - 13 or more times (average of more than 3 times/month)
11. In the PAST 12 MONTHS, how often did you use marijuana?  
   - Never  - 1–2 times/month  - 3–5 times/month  - 6 or more times/month
12. In the PAST 12 MONTHS, on average, how often did you drink beer, wine, or liquor?  
   - Never  - 1–2 days/week  - 3–5 days/week  - 6 or more days/week  - 1–2 times/week  - 3–5 times/week  - More than once/week  - Once a week
13. Which categories best describe your feelings?  
   - Mark one answer.  
   - Completely heterosexual  - Mostly heterosexual  - Mostly homosexual  - Completely homosexual  - Bisexual  - Mostly homosexual (equally attracted to men and women)  - Mostly homosexual (equally attracted to persons of the opposite sex)  - Mostly heterosexual (equally attracted to persons of the same sex)  - Not sure
14. In the PAST 12 MONTHS, the person(s) with whom you have had sexual contact (however you define it) is (are):  
   - I have not had sexual contact with anyone  - I've had sexual contact with persons of the same sex  - I've had sexual contact with persons of the opposite sex  - I've had sexual contact with persons of both sexes
15. Which of the following are you currently trying to do about your weight?  
   - Gain weight  - Stay the same  - Lose weight
16. During the past year, did you try to lose weight or keep from gaining weight?  
   - No  - Yes
17. 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  - 1 time  - Several times  - A couple of times  - Several times
18. In the PAST YEAR, how often did you try to lose weight or keep from gaining weight?  
   - Nothing  - Stay the same  - Gain weight  - Lose weight
   - Never  - Less than once a month  - 1–3 times per month  - Once a week  - More than once a week
19. In the PAST 3 MONTHS, how much did you spend on diet pills?  

19. Are you circumcised?  
- Yes
- No

20. Have you ever gotten someone pregnant?  
- Yes
- No
- Not sure

  a.) How old were you the first time this happened?  
  - Younger than 18 years old
  - 18-19 years old
  - 20+ years old

  b.) What is the age of the youngest woman you ever got pregnant?  
  - Younger than 18 years old
  - 18-19 years old
  - 20+ years old

21. Do you ejaculate before you want to?  
- Never
- Less than half the time
- About half the time
- Over half the time
- Always or almost always

22. Do you ejaculate with very little stimulation?  
- Never
- Less than half the time
- About half the time
- Over half the time
- Always or almost always

23. How difficult is it for you to delay ejaculation?  
- Not at all
- Somewhat
- Moderately
- Very
- Extremely

24. Do you feel frustrated because of ejaculating before you want to?  
- Never
- Less than half the time
- About half the time
- Over half the time
- Always or almost always

25. How concerned are you that your time to ejaculation leaves your partner unfulfilled?  
- Not at all
- Somewhat
- Moderately
- Very
- Extremely

26. Have you ever been told by a doctor or other health care provider that you have a sexually transmitted infection (STI) e.g., Chlamydia, HPV, genital warts?  
- No
- Yes
- Not sure

  a.) Have you ever had human papillomavirus (HPV) infection or genital warts?  
  - No
  - Yes
  - Not sure

27. Have you ever had the HPV vaccination?  
- No
- Yes
- Not sure

  a.) How many doses have you received?  
  - 1
  - 2
  - 3

28. How likely would you be to engage in the following activities if you were presented with the opportunity?  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Extremely unlikely</th>
<th>Moderately unlikely</th>
<th>Somewhat unlikely</th>
<th>Not sure</th>
<th>Somewhat likely</th>
<th>Moderately likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink heavily at a social function</td>
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<td>Engage in unprotected sex</td>
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<td>Drive a car without wearing a seat belt</td>
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<td>Ride a motorcycle without a helmet</td>
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<td>Sunbathe without sunscreen</td>
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<td>Walk home alone at night in an unsafe area of town</td>
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<td>Go camping in the wilderness</td>
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<td>Go down a ski run that is beyond your ability</td>
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<td>Go whitewater rafting at high water in the spring</td>
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<tr>
<td>Take a skydiving class</td>
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<td>Bungee jump off a tall bridge</td>
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<tr>
<td>Pilot a small plane</td>
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</tbody>
</table>

29. How do you describe yourself? (Mark one answer)  
- Female
- Male
- Transgender
- Do not identify as female, male or transgender
30. Have you ever been told by a HEALTH CARE PROVIDER (e.g., a doctor, nurse, social worker, etc.) that you have any of the following illnesses?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2009</td>
<td>2009–2013</td>
</tr>
<tr>
<td>Other cancer</td>
<td></td>
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<tr>
<td>Location/type of cancer:</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Type 1</td>
<td>Type 2</td>
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<tr>
<td>Hypertension</td>
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<td>High cholesterol</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Psoriasis</td>
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<tr>
<td>Eating Disorder</td>
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<tr>
<td>Anorexia nervosa</td>
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<tr>
<td>Bulimia nervosa</td>
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<tr>
<td>Binge eating disorder</td>
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<tr>
<td>Other</td>
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<td>ACL tear</td>
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<td>Stress fracture</td>
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<td>Gallstones</td>
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<tr>
<td>Kidney stones</td>
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<tr>
<td>Anxiety disorder</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Ulcerative Colitis/Crohn’s Disease</td>
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<tr>
<td>Irritable bowel syndrome</td>
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<tr>
<td>Shingles</td>
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<tr>
<td>Hypothyroidism</td>
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<tr>
<td>Concussion or other head injury</td>
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<tr>
<td>Celiac disease</td>
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<tr>
<td>Migraines</td>
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<tr>
<td>Other major illness or surgery since 2008</td>
<td>Leave blank for NO, mark here for YES</td>
</tr>
</tbody>
</table>

31. Has anyone ever told you that they thought you had an eating disorder? (Mark all that apply.)

- No
- Yes, a friend
- Yes, a parent
- Yes, a partner or spouse

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

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

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

- Yes
- No

34. 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 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>
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<tr>
<td>I had trouble keeping my mind on what I was doing.</td>
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<tr>
<td>I felt depressed.</td>
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<tr>
<td>I felt that everything I did was an effort.</td>
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<tr>
<td>I felt hopeful about the future.</td>
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<tr>
<td>My sleep was restless.</td>
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<tr>
<td>I was happy.</td>
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<tr>
<td>I felt lonely.</td>
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<tr>
<td>I could not “get going.”</td>
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</table>

35. In the PAST 12 MONTHS, how often have you...

- Thought about wanting to have toned or defined muscles?
- Worried about having fat on your body?
- Thought about wanting to be thinner?
- Felt fat?

36. What is the highest grade of school you have completed or the highest degree you have received?

- Some high school
- High school graduate or the equivalent (e.g., GED)
- Trade/vocational school certificate/diploma
- Some college
- Associate degree (2-year college)
- Bachelor’s degree (4-year college)
- Master’s degree
- Doctoral degree

37. How often do you have headaches?

- Never
- 1–2 times/year
- 3–6 times/year
- 7–11 times/year
- 12–24 times/year
- 24+ times/year

a) What is/are the location(s) of your headaches? Mark all that apply.

- Only on one side of head (i.e., left or right, but not both at the same time)
- Both sides of the head (temples)
- Front of the head
- Back of the head
- Band around the head
- Around one eye
- Around both eyes

b) Do you have any of the following symptoms when you have a typical headache? Mark all that apply.

- Sensitive to noise or light
- Pulsating headache pain
- Pain prevents you from routine activities
- Difficulty doing normal activities (bed rest necessary)
- Pain gets worse when physically active
- None of the above
38. There are many ways to watch TV or play video games these days. How many hours per week do you spend doing the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>0–½ hr.</th>
<th>1–2 hr.</th>
<th>2–5 hr.</th>
<th>5–10 hr.</th>
<th>11–20 hr.</th>
<th>21–40 hr.</th>
<th>41–60 hr.</th>
<th>61+ hrs.</th>
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</thead>
<tbody>
<tr>
<td>Watching TV shows or movies when they are broadcast</td>
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<tr>
<td>Watching TV shows or movies that have been recorded (e.g., DVR, Tivo)</td>
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<tr>
<td>Watching TV shows or movies online (e.g., Hulu)</td>
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<tr>
<td>Watching DVDs or downloaded TV shows or movies (e.g., On Demand, iTunes, Netflix)</td>
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<td>Watching TV shows, movies, videos on hand-held device (e.g., iPad)</td>
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<td>Playing video games on a PC, console, or online (e.g., PS3, Wii, DS, PSP, PC)</td>
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<tr>
<td>Playing active video games (e.g., Kinect, Wii Fit, DDR, Rock Band, etc.)</td>
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39. In a typical 24-hour period, how many hours of sleep do you get?

- Less than 5 hours
- 5–6 hours
- 7–8 hours
- 9–10 hours
- 11–12 hours
- 13+ hours

40. During the PAST MONTH, how would you rate your sleep quality overall?

- Very good
- Fairly good
- Fairly bad
- Very bad

41. In the PAST MONTH, how often did you feel excessively or overly sleepy during the day?

- Never
- Rarely (1 time a month)
- Sometimes (2–4 times a month)
- Often (5–15 times a month)
- Almost always (16–30 times a month)

42. In the hour before you go to sleep, how often do you use the following: smartphone, tablet (e.g., iPad) or other handheld device for the internet, apps, texts, or games?

- Never
- A few days a week (1–3 days)
- Most days a week (4–6 days)
- Every day

43. How often do you sleep with one of the following within reach (e.g., in or near your bed): smartphone, tablet (e.g., iPad), or other handheld device on which you can send text messages or chats?

- I never sleep near those devices
- A few days a week (1–3 days)
- Most days a week (4–6 days)
- Every day

44. How often have you stayed overnight in a hospital because of your own health problems?

- Never
- Once/month or less
- 2–3 times/month
- About once/week
- Several times/week
- Almost every day

45. During the PAST 12 MONTHS, how much did your health problems affect your productivity while you were working? Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. Mark one response.

- No effect on my work
- 1 hour
- 2 hours
- 3–5 hours
- 6–8 hours
- 9–16 hours
- 17–24 hours
- 25–32 hours
- 33–40 hours
- >40 hours
- I am not working full or part time
49. Have you used dietary supplements to build muscle in the PAST 12 MONTHS?
   - Never
   - Less than monthly
   - 1–3 times per month
   - Once a week
   - More than once a week
   a.) In the past THREE MONTHS, how much did you spend on dietary supplements to build muscle?
      - $0
      - $1–$49
      - $50–$99
      - $100–$199
      - $200–$299
      - $300–$399
      - $400–$499
      - $500–$749
      - $750–$999
      - $1,000 or more

50. How often have you used anabolic steroids to build muscle in the PAST 12 MONTHS?
   - Never
   - Less than monthly
   - 1–3 times per month
   - Once a week
   - More than once a week
   a.) In the past THREE MONTHS, how much did you spend on anabolic steroids to build muscle?
      - $0
      - $1–$49
      - $50–$99
      - $100–$199
      - $200–$299
      - $300–$399
      - $400–$499
      - $500 or more

51. How often in the PAST 12 MONTHS did you use other muscle building substances (such as creatine, amino acids, hydroxyl methylbutyrate [HMB], DHEA, or growth hormone)?
   - Never
   - Less than monthly
   - 1–3 times per month
   - Once a week
   - More than once a week
   a.) In the past THREE MONTHS, how much did you spend on other muscle building substances?
      - $0
      - $1–$49
      - $50–$99
      - $100–$199
      - $200–$299
      - $300–$399
      - $400–$499
      - $500 or more

52. Please choose the appropriate response for each item.

53. Please choose the appropriate response for each item.

54. Have you ever had any of the following cosmetic surgeries or procedures? (Do NOT count reconstructive surgery, such as following a motor vehicle accident, assault, cancer treatment, or birth defect.)

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<tbody>
<tr>
<td>Pectoral implants</td>
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<td>Male breast reduction (Gynecomastia)</td>
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<td>“Nose job” (Rhinoplasty)</td>
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<td>Liposuction</td>
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<tr>
<td>“Tummy tuck” (Abdominoplasty)</td>
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<td>Injection with Botox or Dysport (botulinum toxin)</td>
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<td>Injection with soft tissue fillers (e.g., fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])</td>
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<td>Other cosmetic surgery (e.g., facelift, eyelid lift)</td>
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<td>Other cosmetic procedures (e.g., chemical peel, microdermabrasion)</td>
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55. Please mark if you use any of the following medications regularly (2 or more times/week).

- ADHD medication (e.g., Adderal, 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, Naprosyn)
  
  Days/week:  
  - 1
  - 2–3
  - 4–5
  - 6+ days
  
  Total tablets/week:  
  - 1–2
  - 3–5
  - 6–14
  - 15+

- Other anti-inflammatory pain reliever (e.g., Aleve)
  
  Days/week:  
  - 1
  - 2–3
  - 4–5
  - 6+ days
  
  Total tablets/week:  
  - 1–2
  - 3–5
  - 6–14
  - 15+

- Blood pressure lowering medication, mark all that apply

  Type:
  - Thiazide diuretic (e.g., HCTZ)
  - Calcium blocker (e.g., Calan)
  - Beta-blocker (e.g., Inderal)
  - Other
  - ACE inhibitor (e.g., lisinopril)
  - Other

- Other cardiovascular medications (e.g., Lipitor, Crestor, Mevacor)

  Days/week:  
  - 1
  - 2–3
  - 4–5
  - 6+ days
  
  Total tablets/week:  
  - 1–2
  - 3–5
  - 6–14
  - 15+

- Statins (cholesterol-lowering drugs) (e.g., Mevacor, Crestor, Lipitor)

- Insulin

- Oral diabetes medication (e.g., Metformin)

- SSRIs (e.g., Prozac, Zoloft)

- Other antidepressant (e.g., Elavil, Tofranil)

- Anxiety medication (e.g., Valium, Xanax)

- Other pain medications (e.g., Percocet, Oxycontin, codeine, morphine)

- Other anti-inflammatory pain reliever (e.g., Aleve)

- Retinoids (e.g., RetinA, Differin, and Accutane)

56. What would you consider an abnormally large serving of pizza for a male your age (assuming 8 slices per 16" pizza)?

- 2 slices
- 4 slices (1/2 pizza)
- 6 slices
- 8 slices (whole pizza)
- 10 slices
- 12 slices (1 1/2 pizzas) or more

57. Would you feel embarrassed about eating this amount of pizza?

- Not at all
- A little
- A lot
- Extremely embarrassed

58. During the past four weeks, how many times have you eaten until you felt uncomfortably full?

- Never
- 1–3 times
- Once a week
- More than once a week

  a.) On average, during these times, how uncomfortably full did you feel?

  Not at all uncomfortably full

  1
  2
  3
  4
  5
  6
  7
  8
  9
  10

  Extremely uncomfortably full

59. During the past four weeks, how many times have you eaten alone because you have felt embarrassed about how much you were eating?

- Never
- 1–3 times
- Once a week
- More than once a week

  a.) On average, during these times, how embarrassed have you felt about how much you were eating when you ate alone?

  Not at all embarrassed

  1
  2
  3
  4
  5
  6
  7
  8
  9
  10

  Extremely embarrassed

60. During the past four weeks, how many times have you felt disgusted with yourself, depressed, or very guilty while eating?

- Never
- 1–3 times
- Once a week
- More than once a week

  a.) On average, during these times, how disgusted with yourself, depressed, or very guilty did you feel?

  Not at all disgusted, depressed, very guilty

  1
  2
  3
  4
  5
  6
  7
  8
  9
  10

  Extremely disgusted, depressed, very guilty

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