



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,
Thank you for taking a moment to complete your 2014 GUTS survey!**

This shortened 2014 survey is brief (~5 minutes) and focuses on key health issues that young women and men are facing today.

To complete this year's survey:

Option 1: Fill out this paper survey and return it with the pre-paid envelope provided.

OR

Option 2: Complete the survey online at: www.gutsweb.org
Log in with your birth date and GUTS ID (provided above).



Each year, your valuable participation helps to uncover ground-breaking discoveries about how life experiences impact health over a lifetime. As always, these important findings are shared with the community at large, so everyone can benefit! From all of us here at the GUTS, we would like to say thank you for making this possible!

We look forward to receiving your survey!

Sincerely,

Stacey A. Missmer, ScD
GUTS Director

Comments or Questions? We want both!

Feel free to email us at: guts@channing.harvard.edu

Like us on Facebook at www.facebook.com/harvardguts

Visit us online at: www.gutsweb.org and see for yourself how your responses are shaping the world of healthcare and science!

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



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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 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 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 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. Which categories best describe your race? (Mark one or more to indicate what you consider yourself to be.)

White Black or African-American Asian American Indian/Alaska Native Native Hawaiian or Pacific Islander Other

3. How much do you weigh? Pounds

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 each of your pregnancies that ended 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

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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 |

S14

| For pregnancies lasting 20+ weeks ... | | | | | |
|--|--|--|--|--|---|
| Outcome of this pregnancy? (Mark one answer) | 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) |
| FIRST pregnancy | <input type="radio"/> Yes <input type="radio"/> No ↓ 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+ | <input type="radio"/> <8 weeks <input type="radio"/> 8-19 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"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/toxemia | <input type="text"/> lbs. <input type="text"/> oz. <input type="radio"/> Girl <input type="radio"/> Boy | <input type="radio"/> Spontaneous labor* <input type="radio"/> Induced labor** <input type="radio"/> C-section <input type="radio"/> 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. 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?

Leave blank for NO, mark here for YES

YEAR OF FIRST DIAGNOSIS

Before 2009 2009-2013 2014 +

WOMEN-ONLY section with a grid of medical conditions and checkboxes for diagnosis years. Includes conditions like Fibrocystic or other benign breast disease, Endometriosis, Polycystic ovary syndrome, etc.

20. Is this your correct date of birth?

- Yes/No radio buttons

If no, please write correct date.

MONTH / DAY / YEAR input fields

Alphabetical and numerical grids for data entry

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)?

- Radio buttons for cycle lengths: <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?

- Radio buttons for pain levels: No pain, Mild cramps, Moderate cramps, Severe cramps

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

- No/Yes radio buttons

a.) What brand did you use (e.g. Seasonale, Yasmin)?

Write in the box the pill brand used longest

Text box for brand name

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)

- Radio buttons for birth control methods: Implant, Patch, Mirena IUD, Shots

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 radio buttons

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

- Yes/No radio buttons

26. WOMEN-ONLY: Are you currently pregnant?

- No/Yes radio buttons

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

- Yes/No radio buttons

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