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Growing Up Today Study

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DIE-CUT WINDOW AREA

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

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, 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 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

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

amazon.com

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.

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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.

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 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).

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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.** MONTH / DAY / YEAR

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 ◯ Asian ◯ American Indian/ Alaska Native ◯ Native Hawaiian or Pacific Islander ◯ Other

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. **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

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 ◯ Female(s) ◯ Male(s) ◯ Female(s) and male(s)

15. **Which of the following are you currently trying to do about your weight?**
    ◯ Nothing ◯ Stay the same ◯ Gain weight ◯ 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
    ◯ 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

18. **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

    In the PAST 3 MONTHS, how much did you spend on diet pills?
    ◯ $0 ◯ $1–49 ◯ $50–99 ◯ $100–199 ◯ $200–299 ◯ $300–399 ◯ $400–499 ◯ $500+

    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/week

    In the PAST 3 MONTHS, how much did you spend on laxatives?
    ◯ $0 ◯ $1–24 ◯ $25–49 ◯ $50–99 ◯ $100–149 ◯ $150–199 ◯ $200–299 ◯ $300+

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19. Are you circumcised? ○ Yes ○ No

20. Have you ever gotten someone pregnant?

○ Yes → **a.) How old were you the first time this happened?**
○ Younger than 18 years old ○ 18–19 years old ○ 20+ years old

○ No

○ Not sure

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

Please choose the number that best represents your answer for each of the questions below and darken the circle. Ejaculation refers to the release of semen after penetration of your partner.

When having sexual intercourse with a partner…	Never or almost never (0%)	Less than half the time (25%)	About half the time (50%)	Over half the time (75%)	Always or almost always (100%)
21. Do you ejaculate before you want to?	○	○	○	○	○
22. Do you ejaculate with very little stimulation?	○	○	○	○	○
	Not at all	**Somewhat**	**Moderately**	**Very**	**Extremely**
23. How difficult is it for you to delay ejaculation?	○	○	○	○	○
24. Do you feel frustrated because of ejaculating before you want to?	○	○	○	○	○
25. How concerned are you that your time to ejaculation leaves your partner unfulfilled?	○	○	○	○	○

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

○ Not sure

27. A vaccine to prevent the human papillomavirus (HPV) infection is available and is called the cervical cancer vaccine, HPV shot, GARDASIL®, or CERVARIX®. It is given in 3 separate doses over 6 months. Have you ever had the HPV vaccination?

○ No

○ Yes → **a.) How many doses have you received?**
○ 1 ○ 2 ○ 3

○ Not sure

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

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

29. How do you describe yourself? (Mark one answer)

○ Female ○ Male ○ Transgender ○ Do not identify as female, male or transgender

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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? 30

Leave blank for NO, mark here for YES

		YEAR OF FIRST DIAGNOSIS		
		Before 2009	2009–2013	2014+
Melanoma	Y	○	○	○
Other cancer	Y	○	○	○
Location/type of cancer:				
Diabetes	Y	○	○	○
○ Type 1 ○ Type 2 ○ Don't know				
Hypertension (High blood pressure)	Y	○	○	○
High cholesterol	Y	○	○	○
Asthma	Y	○	○	○
Psoriasis	Y	○	○	○
Eating Disorder				
Anorexia nervosa	Y	○	○	○
Bulimia nervosa	Y	○	○	○
Binge eating disorder	Y	○	○	○
Other	Y	○	○	○
ACL tear	Y	○	○	○
Stress fracture	Y	○	○	○
Gallstones	Y	○	○	○
Kidney stones	Y	○	○	○
Anxiety disorder	Y	○	○	○
Depression	Y	○	○	○
Ulcerative Colitis/Crohn's Disease	Y	○	○	○
Irritable bowel syndrome	Y	○	○	○
Shingles	Y	○	○	○
Hypothyroidism	Y	○	○	○
Concussion or other head injury	Y	○	○	○
Celiac disease	Y	○	○	○
Migraines	Y	○	○	○
Other major illness or surgery since 2008	Y	○	○	○
Please specify:				

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

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

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

○ 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? 33

○ 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. 34

	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.	○	○	○	○
I had trouble keeping my mind on what I was doing.	○	○	○	○
I felt depressed.	○	○	○	○
I felt that everything I did was an effort.	○	○	○	○
I felt hopeful about the future.	○	○	○	○
I felt fearful.	○	○	○	○
My sleep was restless.	○	○	○	○
I was happy.	○	○	○	○
I felt lonely.	○	○	○	○
I could not "get going."	○	○	○	○

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

	Never	A little	Sometimes	A lot	Always
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? 36

○ 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? 37

○ 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. a

○ 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. b

○ Sensitive to noise or light ○ Nausea or vomiting
○ Pulsating headache pain ○ Difficulty doing normal activities (bed rest necessary)
○ Pain gets worse when physically active ○ Pain prevents you from routine activities
○ None of the above

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

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 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

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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?

	0–½ hr.	½–1 hr.	2–5 hrs.	6–10 hrs.	11–20 hrs.	21–40 hrs.	41–60 hrs.	61+ hrs.
Watching TV shows or movies when they are broadcast	○	○	○	○	○	○	○	○
Watching TV shows or movies that have been recorded (e.g., DVR, Tivo)	○	○	○	○	○	○	○	○
Watching TV shows or movies online (e.g., Hulu)	○	○	○	○	○	○	○	○
Watching DVDs or downloaded TV shows or movies (e.g., On Demand, iTunes, Netflix)	○	○	○	○	○	○	○	○
Watching TV shows, movies, videos on hand-held device (e.g., iPad) or smartphone	○	○	○	○	○	○	○	○
Playing video games on a PC, console, or online (e.g., PS3, Wii, DS, PSP, PC)	○	○	○	○	○	○	○	○
Playing active video games (e.g., Kinect, Wii Fit, DDR, Rock Band, etc.)	○	○	○	○	○	○	○	○

39. In a typical 24-hour period, how many hours of sleep do you get?

○ Less than 5 hours ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11+

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

○ Very good ○ Fairly good ○ Fairly bad ○ Very bad

41. How long does it usually take you to fall asleep at bedtime (minutes)?

○ 0–10 ○ 11–20 ○ 21–30 ○ 31–40 ○ 41–50 ○ 51–60 ○ >60

42. 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)

43. 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?

○ I don't use those devices ○ Never ○ A few days a week (1–3 days) ○ Most days a week (4–6 days)
○ Every day (7 days a week)

44. 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 don't use those devices ○ I never sleep near those ○ A few days a week (1–3 days) ○ Most days a week (4–6 days)
○ Every day (7 days a week)

45. In the PAST 12 MONTHS, have you had ringing, roaring, or buzzing in your ears?

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

a.) On the days you hear the sound, how long does it last?

○ A few seconds ○ Less than 5 minutes ○ 5 minutes to an hour ○ Several hours ○ All the time

b.) Does the sound affect your ability to: ○ Sleep ○ Work ○ Perform other activities ○ None of these

46. During the PAST 12 MONTHS, how many times have you ...

	0	1	2	3	4	5	6	7	8	9	10	11	12+
... stayed overnight in a hospital because of your own health problems?	○	○	○	○	○	○	○	○	○	○	○	○	○
... had to visit an emergency room or urgent care center because of your own health problems?	○	○	○	○	○	○	○	○	○	○	○	○	○
... had to see a doctor or other health professional because of your own health problems? Do NOT include hospital inpatient, emergency room, or urgent care center visits.	○	○	○	○	○	○	○	○	○	○	○	○	○

47. 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

a.) If you currently work full or part time, during the PAST SEVEN DAYS, how many hours did you miss from work because of your health problems? Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems.

○ 0 hours ○ 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

b.) During the PAST SEVEN DAYS, 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 ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Completely prevented me from working

48. If you are unemployed, laid off, looking for work, or not working due to illness or disability, how long have you been out of work?

○ <1 week ○ 1–3 weeks ○ 1 month ○ 2–3 months ○ 4–5 months
○ 6–7 months ○ 8–9 months ○ 10–11 months ○ 12+ months ○ Does not apply to me

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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–$249 ○ $250–$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.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
When I can't control my weight, I feel like something must be wrong with me.	○	○	○	○	○
I feel ashamed of myself when I haven't made the effort to look my best.	○	○	○	○	○
I feel like I must be a bad person when I don't look as good as I could.	○	○	○	○	○
I would be ashamed for people to know what I really weigh.	○	○	○	○	○
I never worry that something is wrong with me when I am not exercising as much as I should.	○	○	○	○	○
When I'm not exercising enough, I question whether I am good.	○	○	○	○	○
Even when I can't control my weight, I think I'm an okay person.	○	○	○	○	○
When I'm not the size I think I should be, I feel ashamed.	○	○	○	○	○

53. Please choose the appropriate response for each item.

	Strongly agree 1	2	3	Neither agree nor disagree 4	5	6	Strongly disagree 7
I have sometimes thought about having cosmetic surgery.	○	○	○	○	○	○	○
If I could have a surgical procedure done for free, I would consider trying cosmetic surgery.	○	○	○	○	○	○	○
If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.	○	○	○	○	○	○	○
In the future, I could end up having some kind of cosmetic surgery.	○	○	○	○	○	○	○
I would never have any kind of cosmetic surgery.	○	○	○	○	○	○	○

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.)

	Leave blank for NO, mark here for YES	YEAR OF PROCEDURE									
		Before 2006	2006	2007	2008	2009	2010	2011	2012	2013	2014+
Pectoral implants	Y →	○	○	○	○	○	○	○	○	○	○
Male breast reduction (Gynecomastia)	Y →	○	○	○	○	○	○	○	○	○	○
"Nose job" (Rhinoplasty)	Y →	○	○	○	○	○	○	○	○	○	○
Liposuction	Y →	○	○	○	○	○	○	○	○	○	○
"Tummy tuck" (Abdominoplasty)	Y →	○	○	○	○	○	○	○	○	○	○
Injection with Botox or Dysport (botullinum toxin)	Y →	○	○	○	○	○	○	○	○	○	○
Injection with soft tissue fillers (e.g., fat, collagen, silicone, hyaluronic acid [Restylane, Juvederm])	Y →	○	○	○	○	○	○	○	○	○	○
Other cosmetic surgery (e.g., facelift, eyelid lift)	Y →	○	○	○	○	○	○	○	○	○	○
Other cosmetic procedures (e.g., chemical peel, microdermabrasion)	Y →	○	○	○	○	○	○	○	○	○	○

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55. Please mark if you use any of the following medications regularly (2 or more times/week).

Past 2 years

- 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, Nuprin)
  - 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)
- Painkillers (e.g., Percocet, Oxycontin, codeine, morphine)
- Blood pressure lowering medication, mark all that apply
  - Type: Thiazide diuretic (e.g., HCTZ) Calcium blocker (e.g., Calan) Beta-blocker (e.g., Inderal) ACE inhibitor (e.g., lisinopril) Other
- 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)
- 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

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 | 0 | 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 | 0 | 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 | 0 | 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

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