

The WOLFPACK Study Lifestyle Survey

This survey will ask you questions about your lifestyle. Please answer the questions as best you can. If you don't know how to answer, please mark 'unsure.' When questions ask about frequency or duration, please write what you think is an average number for your typical week. For example, if you normally exercise for 30 mins, three times a week, but skipped some recently because of a holiday, it's ok to mark your normal exercise routine.

Remember, the survey responses are completely anonymous.

* Required

About you

This section will ask some basic questions about you and your identity. These are not for identification of you.

1. What is the sex you were assigned at birth *

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Intersex
- ☐ Other: _____

2. What gender do you identify as?

Mark only one oval.

☐ Female

☐ Male

☐ Prefer not to say

☐ Other: _____

3. What is your age in years (round up)?

4. What is your current weight (in pounds)

5. What is your height in inches? (For example, if you are 5' 9", you would enter 69.)

6. Are you cis- or transgender?

Mark only one oval.

☐ I am cisgender.

☐ I am transgender.

☐ I prefer not to say.

☐ I'm not sure.

7. Do you identify as LGBTQIA+?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

8. Do you identify as heterosexual?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

9. Are you sexually active?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

Exercise and Wellbeing

These questions will ask about your exercise and wellbeing.

10. Do you exercise?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

11. Where do you exercise?

Mark only one oval.

☐ at home

☐ at a gym

☐ outside

☐ at home and outside

☐ at home and at a gym

☐ at a gym and outside

12. Do you participate in group exercise classes (like CrossFit, yoga or Zumba)?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

13. Do you usually exercise with one or more people or alone?

Mark only one oval.

- ☐ By myself.
- ☐ With one or more people, whether in an organized class or not.
- ☐ I do not exercise

14. When you exercise, do you typically do High Intensity Interval Training (HIIT)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.
- ☐ I do not exercise

15. Do you have a regular workout partner(s)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.
- ☐ I do not exercise

19. If you do cardiovascular exercise (like running), how often do you include this in your workout (Days per week)

Mark only one oval.

0	1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Roughly how long have you had this workout routine? (in years, round up)

21. Do you have a bicycle?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

22. Do you have a mountain bike?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

23. Do you have a 'road' bike (primarily used in town or on roads/sidewalks/paved trails)

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

24. If you own a bicycle, do you ride it to work/school?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.
☐ I don't own a bicycle.

25. How often do you ride your bicycle? (Days per week)

Mark only one oval.

0	1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Do you primarily ride your bicycle to commute, for pleasure, or for exercise?

Mark only one oval.

- ☐ Commuting
☐ Pleasure
☐ Exercise
☐ I prefer not to say.

27. When are you very active outdoors? Check all that apply.

Check all that apply.

- ☐ Spring
- ☐ Summer
- ☐ Fall
- ☐ Winter

28. Do you consider yourself to be 'fit' or 'in shape'?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

29. Do you consider yourself to be 'out of shape' or 'not fit'?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

30. If you could, would you exercise more, less, or about the same amount?

Mark only one oval.

- ☐ More
- ☐ Less
- ☐ About the same

31. Do you get 'winded' walking up stairs?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ I prefer not to say.

Your Home

These questions ask about your home, your household, and your pets (if any).

32. Do you have a safe place that you consider your home and/or that you identify as the place where you live?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

33. Do you own or rent the place where you live?

Mark only one oval.

- ☐ Own
- ☐ Rent
- ☐ I prefer not to say.

34. Are you currently experiencing homelessness? This includes 'couch surfing' and other informal living arrangements, not just living outside.

Mark only one oval.

- ☐ I prefer not to say.
- ☐ Yes
- ☐ No
- ☐ Maybe

35. Have you experienced homelessness in the past? This includes 'couch surfing' and other informal living arrangements, not just living outside

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

36. Do you currently live in the same region/area where you were born?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say

37. Do you live alone?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

38. How many people live in your household, including you? Choose '6' if there are more than 5 people in your household

Mark only one oval.

	1	2	3	4	5	6	
Just Myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	More than 5

39. Do you live with your parent(s) or guardian(s)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say

40. How many generations are in your home? For example, you and your parents would be 2 generations; you, your parents, and grandparents would be 3 generations living together. This includes anyone in your home, whether they are related or not. Two individuals are generally thought to be in different generations if they are about 20 years or more different in age.

Mark only one oval.

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Do you have siblings? These could be siblings related by marriage, adoption, or biological siblings.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

42. Do you live with one or more of your siblings?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

43. How many dogs live in your household? Choose 5 if there are 5 or more dogs.

Mark only one oval.

0	1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. How many cats live in your household? Choose 5 if there are 5 or more cats.

Mark only one oval.

0	1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Do your pets live (sleep and eat) primarily outside or inside the house? Animals that go outside but come inside at night or when you aren't home would be considered living 'inside.'

Mark only one oval.

- ☐ Outside
- ☐ Inside
- ☐ I prefer not to say.
- ☐ I do not have pets

46. Do you have other pets? (other mammals like llamas, rabbits, or hamsters; birds; reptiles; amphibians; or fish?)

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

Social Connectedness

These questions will ask about your interactions with others at work, at home, and in your community.

47. Do you socialize with your coworkers outside of the workplace (e.g. after hours, or if you are friends 'outside of work')

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I am retired/unemployed
- ☐ I prefer not to say.

48. Do you think you have a large or a small circle of regular friends. These would be people you regularly see and socialize with.

Mark only one oval.

- ☐ Large circle of friends
- ☐ Small circle of friends
- ☐ I prefer not to say.

49. Does your friend group overlap (your friends are friends with each other) or do you have several distinct circles of friends?

Mark only one oval.

- ☐ My friend groups overlap
- ☐ My friend groups do not overlap.
- ☐ Maybe
- ☐ I prefer not to say.

50. Do you often see your family members who don't live with you?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

51. Do you feel that you are a part of your local community? For example, you may feel active in your community if you are part of a religious, social, or charity group.

Mark only one oval.

- ☐ Yes, I feel like I am a part of my local community
- ☐ No, I do not feel like I am a part of my local community.
- ☐ I prefer not to say.

52. Do you feel safe in your community?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

53. Do you interact with your neighbors regularly?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

Socioeconomic Questions

These questions will ask about your education, your family's education, your employment, and your financial security.

54. Do you have a full time job (~40+ hours per week for a single employer)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.
- ☐ I am retired

55. If you have a full-time job, how long have you worked there? (years, round up)

56. Are you self-employed?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

57. Are you unemployed?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

58. Do you have one or more part time jobs (less than 30 hours per week at a single employer)

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

59. How many part time jobs do you have?

Mark only one oval.

0	1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. If you have a part time job, how long have you worked at your longest current part time job?

Mark only one oval.

- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 2 or more years
- ☐ I don't have a part time job
- ☐ I prefer not to say.

61. Are you a full time student?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

62. In at least one of your current jobs (if part time) or at your primary full-time job, do you primarily interact with customers (in person) or with coworkers as part of your job? For example, working in an office, you might work with coworkers but not interact with customers face-to-face. If you work in a service industry or retail, you might primarily work with customers

Mark only one oval.

- ☐ Mostly customers
- ☐ Mostly coworkers
- ☐ I work remotely (little or no in-person interactions with coworkers or customers)
- ☐ I prefer not to say.
- ☐ I am not employed

63. Do you feel secure in your current employment status? For example, you might feel secure if you do not think you are likely to lose your job. You might feel insecure if you are often worried about losing your job because of the workplace needs or the environment.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.
- ☐ I am retired

64. Are you a part time student?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

65. Did you serve in the armed forces (of any country)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

66. What is the highest level of education that you've completed?

Mark only one oval.

- ☐ Elementary/Middle school
- ☐ High school
- ☐ Associates degree (2-year degree)
- ☐ Bachelors degree (4 year degree) (BS/BA)
- ☐ Masters degree (MFA/MA/MS)
- ☐ Professional degree (e.g. MD, JD)
- ☐ Doctoral degree (Ph.D.)
- ☐ I prefer not to say.

67. What is the highest level of education that at least one of your parents completed?

Mark only one oval.

- ☐ Elementary/Middle school
- ☐ High school
- ☐ Associates degree (2-year degree)
- ☐ Bachelors degree (4 year degree) (BS/BA)
- ☐ Masters degree (MFA/MA/MS)
- ☐ Professional degree (e.g. MD, JD)
- ☐ Doctoral degree (Ph.D.)
- ☐ I prefer not to say.

68. What is the highest level of education that you would like to achieve?

Mark only one oval.

- ☐ Elementary school
- ☐ High school
- ☐ Associates degree (2-year degree)
- ☐ Bachelors degree (4 year degree) (BS/BA)
- ☐ Masters degree (MFA/MA/MS)
- ☐ Professional degree (e.g. MD, JD)
- ☐ Doctoral degree (Ph.D.)
- ☐ I prefer not to say.
- ☐ I have achieved the highest level of education that I would like to achieve.

69. Do you generally have enough money to buy the things you need?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

70. Are you able to save money each month?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/sometimes
- ☐ I prefer not to say.

71. Do you rely on public transportation?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

72. Do you receive any government benefits for food like SNAP/food stamps?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/Sometimes
- ☐ I prefer not to say.

73. Do you receive other government benefits? For example, social security payments.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

74. Do you live in a large city or a small town/rural area?



Mark only one oval.

- ☐ Large city (e.g., Las Vegas, Reno, Carson City)
- ☐ Small town or rural area

75. What is your zip code?



Race, Identity, and Language

These questions will ask you about the race you identify as, what languages you speak, and about your heritage.

76. Do you identify as single or mixed race?

Mark only one oval.

- ☐ Single
- ☐ Mixed
- ☐ I prefer not to say.

77. Are you Hispanic?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say.

78. Consider how you identify and mark all the boxes that apply.

Check all that apply.

- ☐ White/European
- ☐ Latino/Latina/Latinx
- ☐ Black/African
- ☐ East Asian
- ☐ Middle Eastern
- ☐ Southeast Asian
- ☐ Pacific Islander
- ☐ Other: _____

79. Are you a Native American?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

80. Which language do you speak as your native language?

Mark only one oval.

- ☐ English
- ☐ Spanish
- ☐ I prefer not to say.
- ☐ Tagalog
- ☐ Chinese
- ☐ Other: _____

81. If you speak a second language fluently, mark any of the choices that apply

Check all that apply.

- ☐ English
- ☐ Spanish
- ☐ I prefer not to say.
- ☐ Tagalog
- ☐ I only speak one language fluently
- ☐ Other: _____

82. Do you consider your family to be 'traditional?' This could be however you see it in your cultural heritage.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

83. Do you regularly eat foods that you think are traditional for your heritage or where your family from?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

Health History

These questions will ask you about your health history and may include some information you don't know. If you aren't sure, mark 'unsure' or 'I prefer not to say.'

84. Were you born by cesarean section (C-section)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say.

85. Were you breastfed as an infant?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say.

86. When you were a child (before 18 years old), did you break any bones?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

87. Were you often sick as a child?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

88. Did you receive vaccinations as a child?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

89. Have you been received one or more vaccinations for COVID-19 (SARS-CoV-2)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say



90. Were you generally more fit during adolescence than you are today?

Mark only one oval.

- ☐ More fit during adolescence
- ☐ Fitter at my current age
- ☐ About the same
- ☐ I prefer not to say.

91. Did you experience food insecurity as a child?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

92. Did you have regular healthcare as a child/teen?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/I don't know
- ☐ I prefer not to say.

93. Do you currently have regular healthcare?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/I don't know
- ☐ I prefer not to say.

94. Did you have regular dental care as a child/teen?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/I don't know
- ☐ I prefer not to say.

95. Do you currently have regular dental care?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe/I don't know
- ☐ I prefer not to say.

96. Did you ever have surgery as a child/teen? For example, a sedated procedure where your appendix was removed.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

97. Do you have emphysema/COPD?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

98. Do you have cardiovascular disease?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

99. Do you have Chronic Kidney Disease?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

100. Do you have a chronic infection?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

101. Have you been diagnosed with IBS/IBD?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

102. Have you been diagnosed with Crohn's disease?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

103. Have you been diagnosed with Celiac disease?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

104. Are you lactose intolerant?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

105. Do you think that you have an undiagnosed gastrointestinal issue? This could be gluten intolerance, recurrent gastrointestinal issues, an undiagnosed food allergy, or something else.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

106. Do you stool regularly without straining?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

107. Do you often get constipated?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

108. Do you have any diagnosed food allergies (e.g. peanut, tree nut, milk, egg, fish, shellfish)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

109. Have you been diagnosed with an autoimmune disease (e.g. Rheumatoid arthritis)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

110. Do you get seasonal allergies? (e.g. to pollen)

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

111. Do you think that you have a food sensitivity (diagnosed or undiagnosed)?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

112. Do you have arthritis?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

113. Have you ever broken a bone?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

114. Have you ever had surgery? (For example, a sedated procedure where your gallbladder or appendix was removed)

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I prefer not to say.

115. Have you ever had a colonoscopy?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

116. Have you ever been pregnant?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

☐ Not applicable

117. Have you ever had cancer?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

118. Have you ever undergone chemotherapy?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

119. Have you ever received an organ transplant?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

120. Do you regularly take a medication (prescription or 'over the counter') for heartburn/indigestion?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

121. Do you take any statin-class drugs to lower your cholesterol?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

122. Do you regularly take an antibiotic?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

123. Have you taken antibiotics in the last six months?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

124. Have you taken antibiotics in the last three months?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

125. Have you taken antibiotics in the past month?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

126. Do you regularly take an antiviral medication?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

127. Do you regularly take an anti fungal medication?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

128. Do you take any drugs to manage high blood pressure?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

129. Do you take any anti-inflammatory drugs regularly? These could be prescription or something over-the-counter like aspirin or ibuprofen.

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

130. Do you take any drugs to manage an inflammatory condition like rheumatoid arthritis?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

131. Do you regularly take dietary supplements (non-food, non-FDA regulated supplements like herbal supplements, probiotics, fiber, or protein)?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

132. Do you regularly take a multivitamin?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

133. Do you regularly consume a protein supplement like whey, soy, or pea protein?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

134. Do you regularly take herbal supplements?

Mark only one oval.

- ☐ Yes
☐ No
☐ I prefer not to say.

135. Do you take any vitamins (not a multivitamin) like Vitamin B or C?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

136. If you take a dietary supplement, do you do so to manage a condition?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

☐ I don't take any dietary supplements.

137. Do you regularly utilize alternative medicine to manage a condition? This could be acupuncture, traditional Chinese medicine or Ayurvedic medicine.

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

138. Do you take any supplements to fall asleep, like melatonin?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

139. Do you consume alcohol regularly?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

140. Do you consume any non-prescription drugs? These could be prescription drugs that were n
prescribed to you or illicit drugs.

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

141. Do you regularly use any illegal drugs?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

142. Do you regularly consume marijuana or THC (any form)?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

143. Do you regularly consume cocaine/crack?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

144. Do you regularly consume methamphetamine ('meth')?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

145. Do you use drugs when having sex?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

146. Do you use party drugs like 'Molly' or ecstasy?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

147. Do you use drugs like amyl nitrate (poppers) or GHB?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

148. Have you ever sought addiction therapy?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

149. Have you ever missed work or school because of alcohol/drugs?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

150. Does someone in your family have a drug or alcohol problem?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

151. Does someone in your household have a drug or alcohol problem?

Mark only one oval.

☐ Yes

☐ No

☐ I prefer not to say.

152. [OPTIONAL] Do you have anything that you'd like to share with the study investigators?

153. [OPTIONAL] Is there anything that you'd like the investigators to study? (Please remember that we won't be able to reply to you directly)

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