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| Data  Male  Female  Age  4-10 11-13 14-18 19-25 26-30 31-40 40 + Please Specify Age Group Age Group  Do you have any existing gastrointestinal conditions that you know of? yes no  Please Specify what condition you have Ulcerative Colitis Crohn's Disease Inflammatory Bowel Syndrome Other  If other please specify  How long has this condition been aware to you? 1-3 months 4months-1year 1 year-2years more than 2 years  Are you currently being treated? yes no  Guys section  How many times a week do you deficate (poop..go number 2)? 1-2 3-4 5-6 7-8 8 + Please Select  Is this difficult? yes no  Does it hurt? yes no  Girls Section:  How many times a week do you deficate (poop..go number 2) 1-2 3-4 5-6 7-8 8 + Please Select  Is this difficult? yes no  Does it hurt? yes no  Is there a change in these conditions when you're menstruating? no yes  Please Check all that apply for when you're menstruating Diarhea Hard Stool Pain Indigestion (moreso than normal) flatulance (a lot of gas)  Do you believe that you lead a stressful life? yes no  How many hours of sleep do you get a night on average? 5 or less 6 7 8 9 10 More than 10  How many times a week do you eat fast food? 1-2 2-3 3-4 4-5 6+  Do you excercise on a regular basis? yes no  If you would like to receive information regarding the results of this scientific study, please insert your email address here    [[Home](http://docs.google.com/home.html)][[Introduction](http://docs.google.com/introduction.html)][[Hypothesis](http://docs.google.com/hypothesis.html)][[Procedure](http://docs.google.com/procedure.html)][[Data](http://docs.google.com/data.html)][[Conclusions](http://docs.google.com/conclusions.html)][[Bilio/Links](http://docs.google.com/biblio.html)]  [[2002 Projects](http://docs.google.com/AP2002/index.html)][[2001 Projects](http://docs.google.com/index.html)][[2000 Projects](http://docs.google.com/AP2000/index.html)][[1999 Projects](http://docs.google.com/AP99/index.html)][[1998 Projects](http://docs.google.com/AP98/index.html)] |