

Topic	Instrument	Question	Responses
Introduction	Welcome!	Thank you for joining iCureCeliac. The information that you contribute will make it possible for there to be new treatments, and one day, a cure.<p>This survey will take approximately 45-60 minutes to complete, depending on how much detail you provide.<p>If you get tired, you can take a break and when you return, continue from where you left off. However, <i>it is very important that you complete the entire survey </i> so that everyone in the community has answered the same questions.</p><p> Thank you for your willingness to take part in this important work.</p> <p>Select "Continue" to get started...</p>	
Demographics	Let's get started...	We would like to ask you a few questions about yourself. This will help researchers to better understand how your gluten-related disorder affects you, as well as different people of all ages, genders, and ethnicities. We will begin with some basic questions.	
Demographics	Gender	My gender (self-identified) is...	Female, Male, Other (specify on next question)
Demographics	Gender	I describe my gender as "Other" because I am...	Intersex (ambiguous at birth), Intersex (XXY, XXYY or other chromosomal variation from XX-female or XY-male), Male-to-female transsexual, Female-to-male transsexual, Other
Demographics	Gender	My gender is...	
Demographics	Birthplace	I was born in...	United States, Canada, Caribbean, Mexico, United Kingdom, Other European Countries, Africa, Asia, Central America, Middle East, South America, South Pacific, Other
Demographics	Birthplace	The specific European country in which I was born is...	France, Germany, Ireland, Italy, Netherlands, Spain, Switzerland, and, Other

Demographics	Birthplace	The specific Caribbean country in which I was born is...	Aruba,Bahama Islands,Dominican Republic,Jamaica,Other
Demographics	Birthplace	The specific African country in which I was born is...	Egypt,Morocco,Senegal,South Africa,Other
Demographics	Birthplace	The specific South American country in which I was born is...	Argentina,Brazil,Columbia,Peru,Venezuela,Other
Demographics	Birthplace	The specific Central American country in which I was born is...	Costa Rica,El Salvador,Guatemala,Panama,Other
Demographics	Birthplace	The specific Asian country in which I was born is...	China / Mainland,China / Taiwan,Hong Kong,India,Japan,Korea,Philippines,Other
Demographics	Birthplace	The specific Middle Eastern country in which I was born is...	Yemen,Oman,Saudi Arabia,Jordan,Egypt,United Arab Emirates,Israel,Kuwait,Qatar,Lebanon,Bahrain,Other
Demographics	Birthplace	The specific South Pacific country in which I was born is...	Australia,New Zealand,Polynesia,Other
Demographics	Birthplace	The specific country in which I was born is...	

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, Puerto Rico, District of Columbia, Northern Mariana Islands, United States Virgin Islands, American Samoa, Guam

Demographics	Birthplace	The state in which I was born is...
Demographics	Birthplace	The city, town or village in which I was born is...

Demographics	Race & Ethnicity	My race or origin is...	American Indian or Alaskan Native (i.e. Navajo, Mayan, Tlingit, etc.),Asian (i.e. Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.),Black or African American (i.e. African American, Haitian, Nigerian, etc.),Hispanic, Latino, or Spanish origin (i.e. Mexican, Mexican American, Puerto Rican, Cuban, Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, etc.),Native Hawaiian or Other Pacific Islander (i.e. Native Hawaiian, Guamanian or Chamorro, Samoan, Fijian, Tongan, etc.),White (i.e., European, Middle Eastern, Northern Africa, etc.),Some other race or origin
Demographics	Race & Ethnicity	More specifically my Asian heritage is...	Asian Indian,Chinese,Filipino,Japanese,Korean,Vietnamese,Hmong,Laotian,Indonesian,Thai,Cambodian,Malaysian,Pakistani,Sri Lankan,Bangladeshi,Other
Demographics	Race & Ethnicity	More specifically my Pacific Islander heritage is...	Native Hawaiian,Guamanian,Chamorro,Samoan,Fijian,Tongan,Other
Demographics	Race & Ethnicity	More specifically my Hispanic or Latino heritage is...	Mexican,Puerto Rican,Cuban,Central American,South American,Other Spanish,Hispanic or Latino
Demographics	Race & Ethnicity	More specifically my "Other" background is...	
Demographics	Race & Ethnicity	The name of my tribe is...	

Your background is important to understanding your condition and any support you might need. Thank you for replying to these questions.

<p>Remember if you get tired, you can take a break and when you return, continue from where you left off.

Background

About this section:

Algerian, Albanian, Algerian, American, Andorran, Angola, Antiguan, Argentinean, Armenian, Australian, Austrian, Azerbaijani, Bahamian, Bahraini, Bangladeshi, Barbadian, Barbudans, Batswana, Belarusian, Belgian, Belizean, Beninese, Bhutanese, Bolivian, Bosnian, Brazilian, British, Bruneian, Bulgarian, Burkinabe, Burmese, Burundian, Cambodian, Cameroonian, Canadian, Cape Verdean, Central African, Chadian, Chilean, Chinese, Colombian, Comoran, Congolese, Costa Rican, Croatian, Cuban, Cypriot, Czech, Danish, Djibouti, Dominican, Dutch, East Timorese, Ecuadorean, Egyptian, Emirian, Equatorial Guinean, Eritrean, Estonian, Ethiopian, Fijian, Filipino, Finnish, French, Gabonese, Gambian, Georgian, German, Ghanaian, Greek, Grenadian, Guatemalan, Guinea-Bissauan, Guinean, Guyanese, Haitian, Herzegovinian, Honduran, Hungarian, I-Kiribati, Icelander, Indian, Indonesian, Iranian, Iraqi,

Background

Grandparent Ancestry

My maternal grandmother describes or described her ancestors as...

Algerian, Albanian, Angolan, American, Andorran, Argentinian, Antiguan, Argentinean, Armenian, Australian, Austrian, Azerbaijani, Bahamian, Bahraini, Bangladeshi, Barbadian, Barbudans, Batswana, Belarusian, Belgian, Belizean, Beninese, Bhutanese, Bolivian, Bosnian, Brazilian, British, Bruneian, Bulgarian, Burkinabe, Burmese, Burundian, Cambodian, Cameroonian, Canadian, Cape Verdean, Central African, Chadian, Chilean, Chinese, Colombian, Comoran, Congolese, Costa Rican, Croatian, Cuban, Cypriot, Czech, Danish, Djibouti, Dominican, Dutch, East Timorese, Ecuadorean, Egyptian, Emirian, Equatorial Guinean, Eritrean, Estonian, Ethiopian, Fijian, Filipino, Finnish, French, Gabonese, Gambian, Georgian, German, Ghanaian, Greek, Grenadian, Guatemalan, Guinea-Bissauan, Guinean, Guyanese, Haitian, Herzegovinian, Honduran, Hungarian, I-Kiribati, Icelander, Indian, Indonesian, Iranian, Iraqi,

Background Grandparent Ancestry My maternal grandfather describes or described his ancestors as...

Algerian, Albanian, Algerian,
American, Andorran,
Angolan, Antiguan,
Argentinean, Armenian,
Australian, Austrian,
Azerbaijani, Bahamian,
Bahraini, Bangladeshi,
Barbadian, Barbudans,
Batswana, Belarusian,
Belgian, Belizean, Beninese,
Bhutanese, Bolivian,
Bosnian, Brazilian, British,
Bruneian, Bulgarian,
Burkinabe, Burmese,
Burundian, Cambodian,
Cameroonian, Canadian,
Cape Verdean, Central
African, Chadian, Chilean,
Chinese, Colombian,
Comoran, Congolese, Costa
Rican, Croatian, Cuban,
Cypriot, Czech, Danish,
Djibouti, Dominican, Dutch,
East Timorese, Ecuadorean,
Egyptian, Emirian,
Equatorial Guinean,
Eritrean, Estonian,
Ethiopian, Fijian, Filipino,
Finnish, French, Gabonese,
Gambian, Georgian,
German, Ghanaian, Greek,
Grenadian, Guatemalan,
Guinea-Bissauan, Guinean,
Guyanese, Haitian,
Herzegovinian, Honduran,
Hungarian, I-Kiribati,
Icelander, Indian,
Indonesian, Iranian, Iraqi,

Background	Grandparent Ancestry	My paternal grandmother describes or described her ancestors as...
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Algerian, Albanian, Angolan, American, Andorran, Argentinian, Antiguan, Argentinean, Armenian, Australian, Austrian, Azerbaijani, Bahamian, Bahraini, Bangladeshi, Barbadian, Barbudans, Batswana, Belarusian, Belgian, Belizean, Beninese, Bhutanese, Bolivian, Bosnian, Brazilian, British, Bruneian, Bulgarian, Burkinabe, Burmese, Burundian, Cambodian, Cameroonian, Canadian, Cape Verdean, Central African, Chadian, Chilean, Chinese, Colombian, Comoran, Congolese, Costa Rican, Croatian, Cuban, Cypriot, Czech, Danish, Djibouti, Dominican, Dutch, East Timorese, Ecuadorean, Egyptian, Emirian, Equatorial Guinean, Eritrean, Estonian, Ethiopian, Fijian, Filipino, Finnish, French, Gabonese, Gambian, Georgian, German, Ghanaian, Greek, Grenadian, Guatemalan, Guinea-Bissauan, Guinean, Guyanese, Haitian, Herzegovinian, Honduran, Hungarian, I-Kiribati, Icelander, Indian, Indonesian, Iranian, Iraqi,

Background Grandparent My paternal grandfather describes or
 Background Ancestry described his ancestors as...
 Background Insurance About these questions...

Medicare, Medicaid, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), High-Deductible Health Plan (HDHP), Military Health Benefits (DoD), Veterans Health Administration (VA), State Children's Health Insurance Program (SCHIP), Indian Health Service (IHS), State Risk Pool, Other, No health insurance

Background Insurance The type of health insurance that I use is...
 Background Insurance The other type of health insurance that I use is...

Background	Insurance	The insurer, if any, that I receive my health insurance from is...
		Aetna Group,Blue Cross Blue Shield,California Physicians' Service,Cambia Health Solutions Inc.,Carefirst Inc. Group,Centene Corp. Group,Cigna Health Group,Coventry Corp. Group,HCSC Group,Health Net of California, Inc.,Highmark Group,HIP Insurance Group,Humana Group,Independence Blue Cross Group,Kaiser Foundation Group,Lifetime Healthcare Group,Metropolitan Group,Molina Healthcare Inc. Group,UHC of California,United Healthgroup,Wellcare Group,Wellpoint Inc. Group,Other

			Alabama,Alaska,Arizona,Arkansas,California,Colorado,Connecticut,Delaware,Florida,Georgia,Hawaii,Idaho,Illinois,Indiana,Iowa,Kansas,Kentucky,Louisiana,Maine,Maryland,Massachusetts,Michigan,Minnesota,Mississippi,Missouri,Montana,Nebraska,Nevada,New Hampshire,New Jersey,New Mexico,New York,North Carolina,North Dakota,Ohio,Oklahoma,Oregon,Pennsylvania,Rhode Island,South Carolina,South Dakota,Tennessee,Texas,Utah,Vermont,Virginia,Washington,West Virginia,Wisconsin,Wyoming, District of Columbia
Background	Insurance	My company is Blue Cross Blue Shield of...	
Background	Insurance	The insurer, if any, I receive insurance from is called...	
			Work or school pays for it,Spouse or guardian's work pays for it,Purchase through work or school,Purchased through a health exchange,Privately purchased from a insurance company,Other
Background	Insurance	My health insurance is provided by...	
Background	Insurance	The other place I get my insurance from is...	
Background	Insurance	I have received health insurance from my current company for the last...	Month,3 months,6 months,9 months,1 year,2 years,3 to 5 years,More than 5 years
Background	Insurance	In general, my medical expenses are...	Not covered,Covered a little,Mostly covered,Completely covered

			Not at all,Health insurance,Life insurance,Long-term care insurance,Disability insurance,Don't know
Background	Insurance	My health has impacted my ability to get insurance...	
Background	Environment	The environment in which I grew up in was:	Urban,Suburban,Rural
Background	Environment	My childhood pets included:	Cat,Dog,Rabbit,Other,No pets
Background	Environment	Please provide a short explanation of the other pet:	
			U.S. Customary System or the inch-pound system in lbs or ft-in (example: 150 lbs and 5 ft, 6 in),International System of Units or the metric system in kg or m-cm (example: 60 kg and 1m70cm)
General Health	Weight & Height	Please select system of measurement for weight and height...	

Under 100 lbs ,100 lbs ,101
lbs ,102 lbs ,103 lbs,104 lbs
,105 lbs ,106 lbs ,107 lbs
,108 lbs ,109 lbs ,110 lbs
,111 lbs ,112 lbs ,113 lbs
,114 lbs ,115 lbs ,116 lbs
,117 lbs ,118 lbs,119
lbs,120 lbs,121 lbs,122
lbs,123 lbs,124 lbs,125
lbs,126 lbs,127 lbs,128
lbs,129 lbs,130 lbs,131
lbs,132 lbs ,133 lbs ,134 lbs
,135 lbs ,136 lbs,137 lbs
,138 lbs ,139 lbs ,140
lbs,141 lbs,142 lbs,143
lbs,144 lbs,145 lbs,146
lbs,147 lbs,148 lbs,149
lbs,150 lbs,151 lbs,152
lbs,153 lbs,154 lbs,155
lbs,156 lbs,157 lbs,158
lbs,159 lbs,160 lbs,161
lbs,162 lbs,163 lbs,164
lbs,165 lbs,166 lbs,167
lbs,168 lbs,169 lbs,170
lbs,171 lbs,172 lbs,173
lbs,174 lbs,175 lbs,176
lbs,177 lbs,178 lbs,179
lbs,180 lbs,181 lbs ,182
lbs,183 lbs,184 lbs,185
lbs,186 lbs,187 lbs,188
lbs,189 lbs,190 lbs,191
lbs,192 lbs,193 lbs,194
lbs,195 lbs,196 lbs,197
lbs,198 lbs,199 lbs,200
lbs,201 lbs,202 lbs,203
lbs,204 lbs,205 lbs,206
lbs,207 lbs,208 lbs,209
lbs,210 lbs,211 lbs,212

General Health Weight &
 Height My current weight is approximately...

General Health

Weight &
Height

My current weight is approximately...

Under 45 kg ,45 kg ,46
kg,47 kg,48 kg,49 kg,50
kg,51 kg,52 kg,53 kg,54
kg,55 kg,56 kg,57 kg,58
kg,59 kg,60 kg,61 kg,62
kg,63 kg,64 kg,65 kg,66
kg,67 kg,68 kg,69 kg,70
kg,71 kg,72 kg,73 kg,74
kg,75 kg,76 kg,77 kg,78
kg,79 kg,80 kg,81 kg,82
kg,83 kg,84 kg,85 kg,86
kg,87 kg,88 kg,89 kg,90
kg,91 kg,92 kg,93 kg,94
kg,95 kg,96 kg,97 kg,98
kg,99 kg,100 kg,101 kg,102
kg,103 kg,104 kg,105
kg,106 kg,107 kg,108
kg,109 kg,110 kg,111
kg,112 kg,113 kg,114
kg,115 kg,Over 115 kg

251 lbs, 252 lbs, 253
lbs,254 lbs,255 lbs,256
lbs,257 lbs,258 lbs,259
lbs,260 lbs,261 lbs,262 lbs
,263 lbs,264 lbs,265 lbs,266
lbs,267 lbs,268 lbs,269
lbs,270 lbs,271 lbs,272
lbs,273 lbs,274 lbs,275
lbs,276 lbs,277 lbs,278
lbs,279 lbs,280 lbs,281
lbs,282 lbs,283 lbs,284
lbs,285 lbs,286 lbs,287
lbs,288 lbs,289 lbs,290
lbs,291 lbs,292 lbs,293
lbs,294 lbs,295 lbs,296
lbs,297 lbs,298 lbs,299
lbs,300 lbs,301 lbs,302
lbs,303 lbs,304 lbs,305
lbs,306 lbs,307 lbs,308
lbs,309 lbs,310 lbs,311
lbs,312 lbs,313 lbs,314
lbs,315 lbs,316 lbs,317
lbs,318 lbs,319 lbs,320
lbs,321 lbs,322 lbs,323
lbs,324 lbs,325 lbs,326
lbs,327 lbs,328 lbs,329
lbs,330 lbs,331 lbs,332
lbs,333 lbs,334 lbs,335
lbs,336 lbs,337 lbs,338
lbs,339 lbs,340 lbs,341
lbs,342 lbs,343 lbs,344
lbs,345 lbs,346 lbs,347
lbs,348 lbs,349 lbs,350
lbs,351 lbs,352 lbs,353
lbs,354 lbs,355 lbs,356
lbs,357 lbs,358 lbs,359
lbs,360 lbs,361 lbs,362
lbs,363 lbs,364 lbs,365

General Health Weight & Height My current weight is approximately...

110 kg ,111 kg ,112 kg
,119 kg ,120 kg,121 kg,122
kg,123 kg,124 kg,125
kg,126 kg,127 kg,128
kg,129 kg,130 kg,131
kg,132 kg,133 kg ,134
kg,135 kg,136 kg,137
kg,138 kg,139 kg,140
kg,141 kg,142 kg,143
kg,144 kg,145 kg,146
kg,147 kg,148 kg,149
kg,150 kg,151 kg,152
kg,153 kg,154 kg,155
kg,156 kg,157 kg,158
kg,159 kg,160 kg,161
kg,162 kg,163 kg,164
kg,165 kg,166 kg,167
kg,168 kg,169 kg,170
kg,171 kg,172 kg,173
kg,174 kg,175 kg,176
kg,177 kg,178 kg,179
kg,180 kg,181 kg,182
kg,183 kg,184 kg,185
kg,186 kg,187 kg,188
kg,189 kg,190 kg,191
kg,192 kg,193 kg,194
kg,195 kg,196 kg,197
kg,198 kg,199 kg,200
kg,201 kg,202 kg,203
kg,204 kg,205 kg,206
kg,207 kg,208 kg,209
kg,210 kg,211 kg,212
kg,213 kg,214 kg,215
kg,216 kg,217 kg,218
kg,219 kg,220 kg,221
kg,222 kg,223 kg,224
kg,225 kg,226 kg,227
kg,228 kg,229 kg,230

General Health Weight &
 Height My current weight is approximately...

99 lbs ,98 lbs ,97 lbs ,96
lbs,95 lbs ,94 lbs ,93 lbs ,92
lbs ,91 lbs,90 lbs ,89 lbs ,88
lbs ,87 lbs ,86 lbs ,85 lbs
,84 lbs ,83 lbs ,82 lbs ,81
lbs ,80 lbs ,79 lbs ,78 lbs
,77 lbs ,76 lbs ,75 lbs ,74
lbs ,73 lbs ,72 lbs ,71 lbs
,70 lbs ,69 lbs ,68 lbs ,67
lbs ,66 lbs ,65 lbs ,64 lbs,63
lbs ,62 lbs ,61 lbs ,60 lbs
,59 lbs ,58 lbs ,57 lbs ,56
lbs ,55 lbs ,54 lbs ,53 lbs
,52 lbs ,51 lbs ,50 lbs ,49
lbs ,48 lbs ,47 lbs ,46 lbs
,45 lbs ,44 lbs ,43 lbs ,42
lbs ,41 lbs ,40 lbs ,39 lbs
,38 lbs ,37 lbs ,36 lbs ,35
lbs,34 lbs ,33 lbs,32 lbs ,31
lbs ,30 lbs ,29 lbs ,28 lbs
,27 lbs ,26 lbs ,25 lbs ,24
lbs ,23 lbs,22 lbs,21 lbs ,20
lbs ,19 lbs ,18 lbs ,17 lbs
,16 lbs ,15 lbs ,14 lbs ,13
lbs ,12 lbs ,11 lbs ,10 lbs ,9
lbs ,8 lbs,7 lbs ,6 lbs ,5 lbs
,4 lbs ,3 lbs ,2 lbs ,1 lb ,11
oz ,10 oz ,9 oz ,8 oz ,7 oz
,6 oz ,5 oz ,4 oz ,3 oz ,2 oz
,1 oz

General Health Weight & Height My current weight is approximately...

44 kg ,43 kg ,42 kg,41 kg
,40 kg ,39 kg ,38 kg ,37 kg
,36 kg ,35 kg ,34 kg ,33 kg
,32 kg ,31 kg ,30 kg ,29 kg
,28 kg ,27 kg ,26 kg ,25 kg
,24 kg ,23 kg,22 kg ,21 kg
,20 kg ,19 kg ,18 kg ,17 kg
,16 kg ,15 kg,14 kg ,13
kg,12 kg ,11 kg ,10 kg ,9
kg ,8 kg ,7 kg ,6 kg ,5 kg,4
kg ,3 kg ,2 kg,1 kg

General Health Weight & Height My current weight is approximately...

Under 5' 0",5' 0",5' 1",5'
2",5' 3",5' 4",5' 5",5' 6",5'
7",5' 8",5' 9",5' 10",5'
11",6' 0",6' 1",6' 2",6' 3",6'
4",6' 5",6' 6",Over 6' 6"

General Health Weight & Height My current height is approximately...

General Health	Weight & Height	My current height is approximately...	<p>Under</p> <p>1m50cm,1m50cm,1m51cm, 1m52cm,1m53cm,1m54cm, 1m55cm,1m56cm,1m57cm, 1m58cm,1m59cm,1m60cm, 1m61cm,1m62cm,1m63cm, 1m64cm,1m65cm,1m66cm, 1m67cm,1m68cm,1m69cm, 1m70cm,1m71cm,1m72cm, 1m73cm,1m74cm,1m75cm, 1m76cm,1m77cm,1m78cm, 1m79cm,1m80cm,1m81cm, 1m82cm,1m83cm,1m84cm, 1m85cm,1m86cm,1m87cm, 1m88cm,1m89cm,1m90cm, 1m91cm,1m92cm,1m93cm, 1m94cm,1m95cm,1m96cm, 1m97cm,1m98cm,1m99cm, 2m,Over 2m</p>
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General Health	Weight & Height	My current height is approximately...	<p>6' 7",6' 8",6' 9",6' 10",6' 11",7' 0",7' 1",7' 2",7' 3",7' 4",7' 5",7' 6",7' 7",7' 8",7' 9",7' 10",7' 11",8' 0",8' 1",8' 2",8' 3",8' 4",8' 5",8' 6",8' 7",8' 8",8' 9",8' 10",8' 11",9' 0"</p>
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2m01cm,2m02cm,2m03cm,
2m04cm,2m05cm,2m06cm,
2m07cm,2m08cm,2m09cm,
2m10cm,2m11cm,2m12cm,
2m13cm,2m14cm,2m15cm,
2m16cm,2m17cm,2m18cm,
2m19cm,2m20cm,2m21cm,
2m22cm,2m23cm,2m24cm,
2m25cm,2m26cm,2m27cm,
2m28cm,2m29cm,2m30cm,
2m31cm,2m32cm,2m33cm,
2m34cm,2m35cm,2m36cm,
2m37cm,2m38cm,2m39cm,
2m40cm,2m41cm,2m42cm,
2m43cm,2m44cm,2m45cm,
2m46cm,2m47cm,2m48cm,
2m49cm,2m50cm,2m51cm,
2m52cm,2m53cm,2m54cm,
2m55cm,2m56cm,2m57cm,
2m58cm,2m59cm,2m60cm,
2m61cm,2m62cm,2m63cm,
2m64cm,2m65cm,2m66cm,
2m67cm,2m68cm,2m69cm,
2m70cm,2m71cm,2m72cm,
2m73cm,2m74cm,2m75cm,
2m76cm,2m77cm,2m78cm,
2m79cm,2m80cm,2m81cm,
2m82cm,2m83cm,2m84cm,
2m85cm,2m86cm,2m87cm,
2m88cm,2m89cm,2m90cm,
2m91cm,2m92cm,2m93cm,
2m94cm,2m95cm,2m96cm,
2m97cm,2m98cm,2m99cm,
3m

General Health Weight & Height My current height is approximately...

4' 11",4' 10",4' 9",4' 8",4'
7",4' 6",4' 5",4' 4",4' 3",4'
2",4' 1",4' 0",3' 11",3'
10",3' 9",3' 8",3' 7",3' 6",3'
5",3' 4",3' 3",3' 2",3' 1",3'
0",2' 11",2' 10",2' 9",2'
8",2' 7",2' 6",2' 5",2' 4",2'
3",2' 2",2' 1",2' 0",1' 11",1'
10",1' 9",1' 8",1' 7",1' 6",1'
5",1' 4",1' 3",1' 2",1' 1",1'
0",0' 11",0' 10",0' 9",0'
8",0' 7",0' 6",0' 5",0' 4",0'
3",0' 2",0' 1"

General Health Weight & Height My current height is approximately...

1m79cm,1m78cm,1m77cm,
 1m46cm,1m45cm,1m44cm,
 1m43cm,1m42cm,1m41cm,
 1m40cm,1m39cm,1m38cm,
 1m37cm,1m36cm,1m35cm,
 1m34cm,1m33cm,1m32cm,
 1m31cm,1m30cm,1m29cm,
 1m28cm,1m27cm,1m26cm,
 1m25cm,1m24cm,1m23cm,
 1m22cm,1m21cm,1m20cm,
 1m19cm,1m18cm,1m17cm,
 1m16cm,1m15cm,1m14cm,
 1m13cm,1m12cm,1m11cm,
 1m10cm,1m9cm,1m8cm,1
 m7cm,1m6cm,1m5cm,1m4c
 m,1m3cm,1m2cm,1m1cm,1
 mcm,99cm,98cm,97cm,96c
 m,95cm,94cm,93cm,92cm,9
 1cm,90cm,89cm,88cm,87c
 m,86cm,85cm,84cm,83cm,8
 2cm,81cm,80cm,79cm,78c
 m,77cm,76cm,75cm,74cm,7
 3cm,72cm,71cm,70cm,69c
 m,68cm,67cm,66cm,65cm,6
 4cm,63cm,62cm,61cm,60c
 m,59cm,58cm,57cm,56cm,5
 5cm,54cm,53cm,52cm,51c
 m,50cm,49cm,48cm,47cm,4
 6cm,45cm,44cm,43cm,42c
 m,41cm,40cm,39cm,38cm,3
 7cm,36cm,35cm,34cm,33c
 m,32cm,31cm,30cm,29cm,2
 8cm,27cm,26cm,25cm,24c
 m,23cm,22cm,21cm,20cm,1
 9cm,18cm,17cm,16cm,15c
 m,14cm,13cm,12cm,11cm,1
 0cm,9cm,8cm,7cm,6cm,5c
 m,4cm,3cm,2cm,1cm

General Health Weight & Height My current height is approximately...

Gluten-Related Disorder History About this section: Our research and medical communities have a number of questions about your gluten-related disorder. This section covers your physical and emotional experiences.

Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	My diagnosed gluten-related disorder is (check as many as apply): Please describe the other gluten-related disorder:	Celiac Disease,Refractory Celiac Disease Type I,Refractory Celiac Disease Type II,Refractory Celiac Disease (Type Uncertain),Non-Celiac Gluten Sensitivity,Gluten Ataxia,Dermatitis Herpetiformis (DH),Wheat Allergy/Intolerance,Other gluten-related disorder,Self-diagnosed with a gluten-related disorder,Not diagnosed with a gluten-related disorder
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Gluten-Related Disorder History	Diagnosis and Care	I first experienced symptoms of my gluten-related disorder on this date:
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Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	The length of time from the first symptoms of my gluten-related disorder to my first healthcare appointment for them was: My first healthcare appointment for symptoms of my gluten-related disorder was on this date:	< 1 month,1-2 months,3-6 months,7-12 months,1-2 years,2-5 years,5-7 years,7-10 years,10-15 years,15-20 years,20-25 years,> 25 years,Never had a healthcare appointment for symptoms,Don't know
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Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	The length of time to diagnosis from the first symptoms of my gluten-related disorder was: The specific date of diagnosis of my gluten-related disorder was:	< 1 month,2-3 months,3-6 mos,7-12 mos,1-2 years,2-5 years,5-7 years,7-10 years,10-15 years,15-20 years,20-25 years,> 25 years,Don't know
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Gluten-Related Disorder History
Gluten-Related Disorder History

Diagnosis and Care
Diagnosis and Care

I was this age when first diagnosed with my gluten-related disorder:
The age (in months) that I was first diagnosed:

Don't know,Less than 4 years old,4 years old,5 years old,6 years old,7 years old,8 years old,9 years old,10 years old,11 years old,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,31 years old,32 years old,33 years old,34 years old,35 years old,36 years old,37 years old,38 years old,39 years old,40 years old,41 years old,42 years old,43 years old,44 years old,45 years old,46 years old,47 years old,48 years old,49 years old,50 years old,51 years old,52 years old,53 years old,54 years old,55 years old,56 years old,57 years old,58 years old,59 years old,60 years old,61 years old,62 years old,63 years old,64 years old,Greater than 65 years

Gluten-Related Disorder History
Gluten-Related Disorder History

Diagnosis and Care
Diagnosis and Care

The following best describes my initial diagnosis:
Please describe the other initial diagnosis:

Clinical diagnosis by physician based on symptoms,Clinical diagnosis by physician based on family history,Diagnosis by healthcare professional other than a physician,Was not given a diagnosis but was told by healthcare provider to try a gluten-free diet,Self-diagnosis,Other,Don't know

Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	Please select the physician type who diagnosed you (check as many as apply): Please describe the other physician type:	Endocrinologist,Family Medicine Practitioner,Gastroenterologist,Internist,Obstetrician/Gynecologist,Pediatrician,Pediatric Endocrinologist,Pediatric Gastroenterologist,Pediatric Rheumatologist,Rheumatologist,Other physician type,Don't know
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Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	Please select the other healthcare professional who diagnosed you (check all that apply): Please describe the other non-physician healthcare professional:	Chiropractor,Dietitian,Dentist,Naturopath,Nutritionist,Other non-physician healthcare professional,Don't know
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Gluten-Related Disorder History Gluten-Related Disorder History	Diagnosis and Care Diagnosis and Care	The tests used to diagnose me were (check as many as apply): Please describe the other test(s):	Celiac Disease panel blood test,Biopsy of the intestine or small bowel during upper endoscopy,HLA (genetic) testing,Skin biopsy,Gluten challenge,ALCAT food sensitivity test,Stool test,Saliva test,Allergy skin test,Other test(s),No tests but respond well to a gluten-free diet,Don't know
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Gluten-Related Disorder History	Diagnosis and Care	The specific celiac disease blood tests used to diagnosis me were (check as many as apply):	Tissue Transglutaminase (tTG),IgA Endomysial antibody (EMA),Deamidated Gliadin Peptide (DGP),Anti Gliadin Antibodies,Total serum IgA,Other celiac disease blood test,Don't know
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Gluten-Related Disorder History	Diagnosis and Care	Please describe the other celiac disease blood tests:	
Gluten-Related Disorder History	Diagnosis and Care	At the time of diagnosis, I was told by my healthcare provider that I would grow out of my gluten-related disorder:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	I grew out of my gluten-related disorder:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	At the time of diagnosis, I was told by my healthcare provider to follow a strict, gluten-free diet for the rest of my life:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	At the time of diagnosis, I was told by my healthcare provider to seek nutritional counseling:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	At the time of diagnosis, I sought nutritional counseling:	Yes,No,Don't know
			< 1 month,1-2 months,3-6 months,7-12 months,1-2 years,2-5 years,5-7 years,7-10 years,10-15 years,15-20 years,20-25 years,> 25 years,Never sought nutritional counseling,Don't know
Gluten-Related Disorder History	Diagnosis and Care	After diagnosis, I sought nutritional counseling within:	

Gluten-Related Disorder History	Diagnosis and Care	I have never sought nutritional counseling because (check as many as apply):	Not told by healthcare provider to seek nutritional counseling for gluten-related disorder,Diagnosing healthcare provider provided enough information,Enough information available through the internet, books or magazines,Enough information provided by a foundation or support group,Already familiar with the nutritional requirements for gluten-related disorder,No local dietitian/nutritionist knowledgeable about gluten-related disorder,Do not trust dietitians/nutritionists,For financial reasons - uninsured,For financial reasons - insured but co-pay too high,For financial reasons - insured but not a covered benefit,Do not think nutritional counseling is helpful for gluten-related disorder,Other reason,Don't know
Gluten-Related Disorder History	Diagnosis and Care	Please describe the other reason:	
Gluten-Related Disorder History	Diagnosis and Care	I am still symptomatic even though I follow a strict gluten-free diet:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	My dentist is familiar with my gluten-related disorder:	Yes,No,Don't know
Gluten-Related Disorder History	Diagnosis and Care	To evaluate my current health, I would be willing to undergo:	Yes,No,Unsure
Gluten-Related Disorder History	Living with a Gluten-Related	About this section:	

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My gluten-related disorder is currently managed by my (check as many as apply):	Chiropractor, Dietitian, Endocrinologist, Family Medicine Practitioner, Gastroenterologist, Internist, Naturopath, Nutritionist, Obstetrician/Gynecologist, Pediatrician, Pediatric Endocrinologist, Pediatric Gastroenterologist, Pediatric Rheumatologist, Rheumatologist, Other healthcare provider, Self-managed, Not managed, Gluten-related disorder does not require management
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other healthcare provider:	

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	I see my healthcare provider for my gluten-related disorder this frequently:	Less than monthly, Monthly, 2-5 months, 6-11 months, Annually, 13-24 months, 25-36 months, 37-48 months, 49-60 months, More than 5 years, No healthcare provider ever seen
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	I haven't visited a healthcare provider within the past 5 years to specifically discuss or manage my gluten-related disorder because (check as many as apply):	Doing a good job of managing gluten-related disorder and don't need to see a healthcare provider for it,Have not had a reason to see a healthcare provider about gluten-related disorder,Do not trust healthcare providers,Have not found healthcare provider(s) to be knowledgeable about gluten-related disorder,Have not found previous visits to be helpful for gluten-related disorder,For financial reasons -uninsured,For financial reasons - insured, but co-pay is too high,For financial reasons - not a covered benefit,Visited a healthcare provider within the past 5 years,Don't know,Other reason
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other reason:	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My health has improved since my diagnosis:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My health in relation to my gluten-related disorder is:	Terrible,Fair,Poor,Good,Excellent
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My overall health is:	Terrible,Fair,Poor,Good,Excellent
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Keeping my gluten-related disorder in mind and in relation to my health, I would say that I am comfortable:	Strongly Disagree,Somewhat Disagree,Neither Agree or Disagree,Somewhat Agree,Strongly Agree

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	I am just as healthy as anybody I know.	Strongly Disagree, Somewhat Disagree, Neither Agree or Disagree, Somewhat Agree, Strongly Agree
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My primary source of information for living with my gluten-related disorder is:	Chiropractor, Dietitian, Endocrinologist, Family Medicine Practitioner, Internist, Gastroenterologist, Naturopath, Nutritionist, Obstetrician/Gynecologist, Pediatrician, Pediatric Endocrinologist, Pediatric Gastroenterologist, Pediatric Rheumatologist, Rheumatologist, Other healthcare provider, Book, Foundation or support group, Social media, Magazine, Website, Other primary information source, Do not use a primary information source, Don't know
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other primary information source:	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other healthcare provider:	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the book(s):	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the foundation or support group:	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the magazine(s):	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe which social media:	

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	My primary website for information on my gluten-related disorder is...	Celiac Disease Foundation (celiac.org),about.com,celiac.com,Celiac Support Association (csaceliacs.org),CeliacNow,Columbia University Celiac Disease Center,Gluten Intolerance Group (gluten.org),MassGeneral Center for Celiac Research,Mayo Clinic,National Institute of Health,National Foundation for Celiac Awareness (celiacentral.org),University of Chicago Celiac Disease Center,sharecare.com,WebMD,Other website,Do not use a website,Don't know
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other website:	
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	I get blood work for my gluten-related disorder this frequently:	Daily,2-3 times each week,Weekly,Every two weeks,Monthly,Every two months,Every three months,Every Six Months,Annually
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Regarding future monitoring of my gluten-related disorder, I would utilize (check as many as apply):	Administered by a healthcare provider,Self-administered,Not interested in monitoring
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	An acceptable frequency for healthcare provider monitoring of my gluten-related disorder is:	Daily,2-3 times each week,Weekly,Every two weeks,Monthly,Every two months,Every three months,Every six months,Annually,Less than once a year

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	An acceptable frequency for self-monitoring of my gluten-related disorder is:	Daily,2-3 times/week,Weekly,Twice monthly,Monthly,Every 2 months,Every 3 months,Every 6 months,Annually,Less than once a year
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	To monitor my gluten-related disorder, the maximum monthly out-of-pocket cost I would be willing to pay is:	<\$10,\$10-\$25,\$26-\$50,\$51-\$75,\$76-\$100,\$101-\$150,>\$150,Not willing to pay for treatment

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Assuming there is no complete cure (ability to eat gluten without symptoms and intestinal damage) for my gluten-related disorder, the ideal treatment would be:	Ability to eat gluten whenever, without symptoms,A backup plan when exposed to gluten accidentally to mitigate symptoms,Symptom improvement for ongoing symptoms that haven't improved on the gluten-free diet,Improvement of intestinal inflammation/complications that has not improved on a gluten-free diet,Not interested in a gluten-related disorder treatment other than a strict gluten-free diet,Not interested in a gluten-related disorder treatment,Other
Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Please describe the other ideal treatment:	

Gluten-Related Disorder History	Living with a Gluten-Related Disorder	Regarding a future medication or treatment for my gluten-related disorder, I would utilize (check as many as apply):	Injectable drug administered in healthcare provider office, Self-administered injectable drug, Over the Counter (OTC) inhaler, Prescription inhaler, Over the Counter (OTC) oral medication, Prescription oral medication, Over the Counter (OTC) suppository, Prescription suppository, Over the Counter (OTC) transdermal (skin) patch, Prescription transdermal (skin) patch, Not interested in a medication or treatment for gluten-related disorder
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	An acceptable frequency for treatment of my gluten-related disorder by my healthcare provider administered injectable is (check as many as apply):	Daily, 2-3 times each week, Weekly, Every two weeks, Monthly, Every Two Months, Every Three Months, Every Six Months, Annually, Less than once a year
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	An acceptable frequency for self-treatment of my gluten-related disorder is (check as many as apply):	With each meal, 4 times/day, 3 times/day, 2 times/day, Daily, Weekly, 2-3 times/week, Monthly, Less than once a month, Never
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	To treat my gluten-related disorder I would be willing to tolerate (check as many as apply):	No side effects, Mild side effects, Moderate side effects, Severe side effects
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Gluten-Related Disorder History	Living with a Gluten-Related Disorder	To treat my gluten-related disorder, the maximum monthly out-of-pocket cost I would be willing to pay is:	<\$10,\$10-\$25,\$26-\$50,\$51-\$75,\$76-\$100,\$101-\$150,>\$150,Not willing to pay for treatment
Gluten-Related Disorder History	Dietary Adherence	About this section:	
Gluten-Related Disorder History	Dietary Adherence	I keep a strict gluten-free diet.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I am able to follow a gluten-free diet when dining outside my home.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I am annoyed or frustrated by trying to find gluten-free food.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I am annoyed or frustrated trying to find gluten-free medications.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	When dining out, I tell my server about my gluten-related disorder and dietary requirements.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	When dining at someone else's home I tell them about my gluten-related disorder and dietary requirements.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I feel uncomfortable about other people having to cater to my diet.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I find it difficult to explain my dietary needs to others.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I am annoyed or frustrated about the cost of gluten-free food.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I feel guilty about other people buying gluten-free foods for me.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I check product labels for gluten.	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Dietary Adherence	I check these product labels for gluten content (check as many as apply):	Beverages,Dental products,Food,Lip care/cosmetic products,Other cosmetics,Lotions,Medications,Shampoo and conditioner,Other hair care products,Nutritional supplements,Vitamins,Other product(s)
Gluten-Related Disorder History	Dietary Adherence	Please describe the other product(s):	
Gluten-Related Disorder History	Dietary Adherence	A product must contain a certification symbol by a gluten-free certification organization for me to ingest/apply it.	Yes,No
Gluten-Related Disorder History	Dietary Adherence	Please describe the other product(s):	

Gluten-Related Disorder History	Dietary Adherence	Which products (check as many as apply): A product package must contain the words gluten-free for me to ingest/apply it.	Beverages,Dental products,Food,Lip care/cosmetic products,Other cosmetics,Lotions,Medications,Nutritional supplements,Shampoo and conditioner,Other hair care products,Vitamins,Other product(s)
Gluten-Related Disorder History	Dietary Adherence		Yes,No
Gluten-Related Disorder History	Dietary Adherence	Which products (check as many as apply):	Beverages,Dental products,Food,Lip care/cosmetic products,Other cosmetics,Lotions,Medications,Nutritional supplements,Shampoo and conditioner,Other hair care products,Vitamins,Other product(s)
Gluten-Related Disorder History	Dietary Adherence	Please describe the other product(s):	
Gluten-Related Disorder History	Dietary Adherence	I avoid products labeled gluten-free that are labeled "made in a factory that also processes wheat products".	Yes,No
Gluten-Related Disorder History	Dietary Adherence	I avoid these products because:	
Gluten-Related Disorder History	Dietary Adherence	I avoid products not labeled gluten-free that list no gluten-containing ingredients, but are labeled "made in a factory that also processes wheat products."	Yes,No
Gluten-Related Disorder History	Dietary Adherence	I avoid these products because:	
Gluten-Related Disorder History	Dietary Adherence	I am annoyed or frustrated about the taste of gluten-free food.	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Dietary Adherence	I am concerned about the nutritional value of gluten-free food.	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Dietary Adherence	Do you use supplements to aid in the digestion of gluten?	Yes,No
Gluten-Related Disorder History	Dietary Adherence	Please describe which supplements you take:	
Gluten-Related Disorder History	Dietary Adherence	Are you familiar with gluten-free dental products?	Yes,No

Gluten-Related Disorder History	Dietary Adherence	The importance to my health of accidental gluten exposure is:	Not at all important,A little important,Neutral/Don't know,Somewhat important,Very important
Gluten-Related Disorder History	Dietary Adherence	In the past 30 days, the number of times I have eaten foods containing gluten on purpose is:	0 (never),1-2,3-5,6-10,>10
Gluten-Related Disorder History	Dietary Adherence	In the past 30 days, the number of times I have been inadvertently exposed to gluten is:	0 (never),1-2,3-5,6-10,> 10
Gluten-Related Disorder History	Dietary Adherence	In the past 12 months, the number of work/school days I have missed due to illness from gluten exposure is:	
Gluten-Related Disorder History	Dietary Adherence	In the past 12 months, the number of work/school days I have missed due to my gluten-related disorder is:	
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	About this section:	
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel limited by my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel worried that I will suffer from my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel concerned that my gluten-related disorder will cause other health problems.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel worried about my increased risk of cancer from my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel socially stigmatized for having this gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel like I am limited in eating meals with coworkers.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel like I am not able to have special foods like birthday cake and pizza.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel that the gluten-free diet is sufficient treatment for my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel that there are not enough choices for treatment for my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel depressed because of my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much

Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel frightened by having this gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel like I don't know enough about this gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel overwhelmed about having this gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I have trouble socializing because of my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I find it difficult to travel or take long trips because of my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel like I cannot live a normal life because of my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel afraid to go out because my food may be contaminated with gluten.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel worried about the increased risk of one of my family members having this gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel like I think about food all the time.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel concerned that my long-term health will be affected by my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel I have been discriminated against because of my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel affected by the lack of support of friends or family members for my gluten-related disorder.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel annoyed by others lack of understanding about my gluten-related disorder and/or dietary needs (e.g. dismissing it as a lifestyle choice).	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel guilty about the impact of my gluten-related disorder on friends, family members or caregivers.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel there are specific activities that are important to me that I cannot do at all or as fully as I would like because of my gluten-related disorder.	Yes,No,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder	The specific activities that are important to me are:	

Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel it is the gluten-free diet not my disorder that is most burdensome for me.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder Concerns	I feel it is the gluten-free diet not my disorder that is most burdensome to others.	Not at all,A little bit,Somewhat,Quite a bit,Very Much
Gluten-Related Disorder History	Gluten-Related Disorder	Please describe the ways in which friends, family or caregivers are most affected:	
Gluten-Related Disorder History	Gluten-Related	Introduction to this section...	
Gluten-Related Disorder History	Gluten-Related Medical History	As an infant I was fed:	Breast milk,Formula,Cow's milk,Other,Don't know
Gluten-Related Disorder History	Gluten-Related	Please describe other:	
Gluten-Related Disorder History	Gluten-Related Medical History	The age that gluten was introduced into my diet was:	Don't know,Under 1 year,1 year,2 years,3 years,4 years,5 years,6 years,7 years,8 years,9 years,10 years,Over 10 years,Never
Gluten-Related Disorder History	Gluten-Related Medical History	The age (in months) that gluten was introduced into my diet:	
Gluten-Related Disorder History	Gluten-Related Medical History	I was born by this mode of birth:	Emergency,C-section,Scheduled C-section,Vaginal,Don't know
Gluten-Related Disorder History	Gluten-Related	I was prescribed antibiotics as a child.	Yes,No,Don't Know
Gluten-Related Disorder History	Gluten-Related Medical History	How frequently were you prescribed antibiotics during your childhood?	Less than once per year,1-2 times per year,More than 3 times per year,Don't know
Gluten-Related Disorder History	Gluten-Related Medical History	I was this old when I first received antibiotics:	Don't know,Less than 4 years old,4 years old,5 years old,6 years old,7 years old,8 years old,9 years old,10 years old,11 years old,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old
Gluten-Related Disorder History	Gluten-Related Medical History	I was this old (in months) when I first received antibiotics:	
Gluten-Related Disorder History	Gluten-Related Family History	About this section:	

Gluten-Related Disorder History	Family History	I have a family member with Celiac Disease.	Yes,No,Don't know
Gluten-Related Disorder History	Family History	Please select all family members with Celiac Disease:	Parent,Sibling,Child,Aunt,Uncle,Grandmother,Grandfather,Niece,Nephew,Cousin,Half-Sibling
Gluten-Related Disorder History	Family History	I have a family member with Non-Celiac Gluten Sensitivity.	Yes,No,Don't know
Gluten-Related Disorder History	Family History	Please select all family members with Non-Celiac Gluten Sensitivity:	Parent,Sibling,Child,Aunt,Uncle,Grandmother,Grandfather,Niece,Nephew,Cousin,Half-Sibling
Gluten-Related Disorder History	Family History	Other conditions and autoimmune disorders that a first degree relative (parent, sibling or child) experiences are (check as many as apply):	Addison's Disease ,Autoimmune Hepatitis ,Autoimmune Pancreatitis ,Crohn's Disease; Inflammatory Bowel Disease ,Dental enamel defects or frequent mouth sores (aphthous ulcers),Down Syndrome ,Idiopathic Dilated Cardiomyopathy ,IgA Nephropathy ,Irritable Bowel Syndrome (IBS) ,Juvenile Idiopathic Arthritis ,Multiple Sclerosis ,None,Don't know

Gluten-Related Disorder History	Family History	Additional conditions and autoimmune disorders that a first degree relative (parent, sibling or child) experiences are (check as many as apply):	Primary Biliary Cirrhosis ,Primary Sclerosing Cholangitis ,Psoriasis ,Rheumatoid Arthritis ,Scleroderma ,Sjogren's Disease ,Thyroid Disease ,Turner Syndrome ,Type I Diabetes ,Ulcerative Colitis; Inflammatory Bowel Disease ,Williams Syndrome ,None,Don't know
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Gluten-Related Disorder History	Family History	Other conditions and autoimmune disorders that a second degree relative (aunt, uncle, grandparent, niece, nephew, cousin, half-sibling) experiences are (check as many as apply):	Addison's Disease ,Autoimmune Hepatitis ,Autoimmune Pancreatitis ,Crohn's Disease; Inflammatory Bowel Disease ,Down Syndrome ,Idiopathic Dilated Cardiomyopathy ,IgA Nephropathy ,Irritable Bowel Syndrome (IBS) ,Juvenile Idiopathic Arthritis ,Multiple Sclerosis ,None,Don't know
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Gluten-Related Disorder History	Family History	Additional conditions and autoimmune disorders that a second degree relative (aunt, uncle, grandparent, niece, nephew, cousin, half-sibling) experiences are (check as many as apply):	Primary Biliary Cirrhosis ,Primary Sclerosing Cholangitis ,Psoriasis ,Rheumatoid Arthritis ,Scleroderma ,Sjogren's Disease ,Thyroid Disease ,Turner Syndrome ,Type I Diabetes ,Ulcerative Colitis; Inflammatory Bowel Disease ,Williams Syndrome ,None
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Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	About this section...	
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following general conditions:	Diagnosed prior to gluten-related diagnosis,Currently experiencing ,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following general conditions (continued):	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	Prior to diagnosis of my gluten-related disorder I experienced the following behavioral or central nervous system conditions:	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	I currently experience the following behavioral or central nervous system conditions:	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	Prior to diagnosis of my gluten-related disorder I experienced the following gastrointestinal symptoms:	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	Prior to diagnosis of my gluten-related disorder I experienced the following gastrointestinal symptoms (continued):	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I currently experience the following gastrointestinal symptoms:	Abdominal pain or discomfort in upper abdomen or pit of stomach,Acid reflux (Heartburn),Black, tarry stool,Bloating of stomach,Blood in stool,Constipation (fewer than 3 bowel movements in 7 days),Diarrhea,Difficulty swallowing,Feeling of not completely emptying bowels while on toilet,Food cravings,Gas,Hunger pains,Poor appetite,Nausea,Pain when swallowing,Pale, foul-smelling stool,Rumbling of stomach,Vomiting

Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	I currently experience the following gastrointestinal symptoms:	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	I currently experience the following gastrointestinal symptoms (continued):	Never,Daily,Weekly,Monthly, Once in a while,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following additional gastrointestinal conditions:	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following muscular skeletal conditions:	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following reproductive conditions:	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I experience the following dental and skin conditions:	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	The type of cancer that I have experienced is:	Diagnosed prior to gluten-related diagnosis,Currently experiencing,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	Please describe the other cancer(s):	
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	Other conditions and autoimmune disorders that I experienced are:	Diagnosed prior to gluten-related diagnosis,Diagnosed after gluten-related diagnosis,Don't know,Never experienced
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	Other conditions and autoimmune disorders that I experienced are (continued):	Diagnosed prior to gluten-related diagnosis,Diagnosed after gluten-related diagnosis,Don't know,Never experienced

Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	Over time my symptoms have:	Improved on the gluten-free diet, Remained the same since a gluten-free diet was adopted, Gotten worse since adopting the gluten-free diet, Not adopted the gluten-free diet to treat symptoms, Do not have symptoms, Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	My symptoms:	Come and go, Are ongoing, Do not have symptoms, Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	I develop symptoms within this exposure to gluten:	Under 2 hours, 2-24 hours, More than 24 hours, Do not develop symptoms when exposed to gluten, Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	Upon gluten exposure, I feel negative symptoms for:	1-2 days, 3-4 days, 5-6 days, 7-10 days, 10-14 days, More than 14 days, Do not develop symptoms when exposed to gluten, Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	The most troublesome symptoms I experience when exposed to gluten are (check as many as apply):	Abdominal pain, Bloating, Bone or joint pain, Canker sores inside the mouth, Constipation, Diarrhea, Depression or anxiety, Dermatitis Herpetiformis or skin rash, Difficulty thinking clearly (brain fog), Fatigue, Flatulence (gas), Headache, Nausea, Migraine, Vomiting, Other symptom(s), Symptoms are not troublesome, Do not experience symptoms

Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	Please describe the other most troublesome symptoms:	
			Abdominal pain,Acid reflux,Arthritis,Bloating,Bone or joint pain,Bone loss or osteoporosis,Canker sores inside the mouth,Chronic diarrhea,Constipation,Depression or anxiety,Dermatitis Herpetiformis or skin rash,Difficulty thinking clearly (brain fog),Fatigue,Flatulence (gas),Headache,Irritability,Lack of muscle coordination (ataxia),Nausea,Pale, foul-smelling stool,Seizures or migraines,Unexplained iron-deficiency anemia,Vomiting,Weight loss,Other,None,Don't know
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	The gluten-free diet lessens these symptoms and conditions for me (check as many as apply):	
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms	The other symptom(s) lessened or stopped by the gluten-free diet are:	
Gluten-Related Disorder History	Gluten-Related Disorder Symptoms and Conditions	The gluten-free diet treats my most significant symptoms:	Not at all,A little bit,Somewhat,Quite a bit,Very much,Do not have symptoms,Don't know
Gluten-Related Disorder History	We need just a bit more information...	This next section will ask questions specific to the gastrointestinal symptoms you reported earlier.	
Gluten-Related Disorder History	Gastrointestinal - Nausea and Vomiting	In the past 7 days, I had nausea:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Nausea and Vomiting	In past 7 days, I knew that I would have nausea before it happened:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Nausea and Vomiting	In the past 7 days, I had a poor appetite:	Never,Rarely,Sometimes,Often,Always

Gluten-Related Disorder History	Gastrointestinal - Nausea and Vomiting	In the past 7 days, I threw up or vomited:	Never,One day,2-6 days,Once a day,More than once a day
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, I passed very hard or lumpy stools:	Never,One day,2-6 days,Once a day,More than once a day
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, the hard or lumpy stools bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, I strained while trying to have bowel movements:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, I usually strain while trying to have a bowel movement:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, straining during bowel movements bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, I felt pain in my rectum or anus while trying to have bowel movements:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, at its worst, I would rate the pain in my rectum or anus during bowel movements as:	Not bad at all,A little bad,Somewhat bad,Quite bad,Very bad
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, a bowel movement made me feel unfinished; that is, that I had not passed all my stool:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Constipation	In the past 7 days, I used my finger or toilet paper to get out a stool:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastroesophageal Reflux	Reflux	
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, I had regurgitation:	Never,One day,2-6 days,Once a day,More than once a day
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, the most food or liquid I had come back up into my mouth at one time was enough to fill this much of my mouth:	None,A little bit of the mouth,Some of the mouth,Most of the mouth,The entire mouth
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, after eating a meal food or liquid came back into my throat or mouth without vomiting:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, I reswallowed food that came back into my throat:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, I felt like I was going to burp, but food or liquid came up instead:	Never,One day,2-6 days,Once a day,More than once a day
Gluten-Related Disorder History	Gastroesophageal Reflux	In the past 7 days, I felt like there was too much saliva in my mouth:	Never,Rarely,Sometimes,Often,Always

Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, I felt burning behind my breast bone:	Never, One day, 2-6 days, Once a day, More than once a day
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, I felt burning in my throat:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, I burped:	Never, One day, 2-6 days, Once a day, More than once a day
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, my burping bothered me:	Not at all, A little bit, Somewhat, Quite a bit, Very much
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, I had the hiccups:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, I felt like there was a lump in my throat:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Gastroesophageal Reflux Gastrointestinal	In the past 7 days, having a lump in my throat bothered me:	Not at all, A little bit, Somewhat, Quite a bit, Very much
Gluten-Related Disorder History	Gastrointestinal - Bowel Incontinence Gastrointestinal	In the past 7 days, I had bowel incontinence <input type="checkbox"/>	No days, 1 day, 2-3 days, 4-5 days, 6-7 days
Gluten-Related Disorder History	Gastrointestinal - Bowel Incontinence Gastrointestinal	In the past 7 days, I soiled or dirtied my underwear before getting to a bathroom:	No days, 1 day, 2-3 days, 4-5 days, 6-7 days
Gluten-Related Disorder History	Gastrointestinal - Bowel Incontinence Gastrointestinal	In the past 7 days, I leaked stool or soiled my underwear:	No days, 1 day, 2-3 days, 4-5 days, 6-7 days
Gluten-Related Disorder History	Gastrointestinal - Bowel Incontinence Gastrointestinal	In the past 7 days, I thought I was going to pass gas, but stool or liquid came out instead:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Gastrointestinal	Swallowing Difficulties:	
Gluten-Related Disorder History	Gastrointestinal - Disrupted Gastrointestinal	In the past 7 days, food got stuck in my chest when I was eating:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Gastrointestinal	In the past 7 days, food got stuck in my throat when I was eating:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Gastrointestinal	In the past 7 days, I felt pain in my chest when swallowing food:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Swallowing Gastrointestinal	In the past 7 days, I had difficulty swallowing solid foods like meat, chicken or raw vegetables, even after lots of chewing:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Swallowing Gastrointestinal	In the past 7 days, I had difficulty swallowing soft foods like ice cream, apple sauce, or mashed potatoes?	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Swallowing Gastrointestinal	In the past 7 days, I had difficulty swallowing liquids:	Never, Rarely, Sometimes, Often, Always
Gluten-Related Disorder History	Gastrointestinal - Disrupted Swallowing Gastrointestinal	In the past 7 days, I had difficulty swallowing pills:	Never, Rarely, Sometimes, Often, Always

Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, the number of days I had loose or watery stools:	No days,1 day,2 days,3-5 days,6-7 days
Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, having loose or watery stools interfered with my day-to-day activities:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, having loose or watery stools bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, I felt like I needed to empty my bowels right away or else I would have an accident:	Never,One time during the past 7 days,2-6 times during the past 7 days,Often once a day,More than once a day
Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, feeling like I needed to empty my bowels right away interfered with my day-to-day activities:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Diarrhea	In the past 7 days, feeling like I needed to empty my bowels right away bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, I had swelling in my belly.	Yes,No
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, the swelling in my belly got bad.	Not bad at all,A little bad,Somewhat bad,Quite bad,Very bad
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, the swelling in my belly interfered with my day-to-day activities.	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, the swelling in my belly bothered me.	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, I felt bloated:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, in general, my bloating was severe:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, at its worst, my bloating was severe:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, in general, my bloating felt severe:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, I knew that I would feel bloated before it happened:	Never,Rarely,Sometimes,Often,Always
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, feeling bloated interfered with my day-to-day activities:	Not at all,A little bit,Somewhat,Quite a bit,Very much

Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, feeling bloated bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, I passed gas:	Never,Only once or twice a day,About every 3-4 hours,About every 2 hours,About ever hour
Gluten-Related Disorder History	Gastrointestinal - Gas or Bloating	In the past 7 days, I had a gurgling or rumbling in my belly when I was not hungry:	Never,Rarely,Sometimes,Oft en,Always
Gluten-Related Disorder History	Gastrointestinal - Belly Pain	In the past 7 days, I had belly pain:	Never,One Day,2-6 Days,Once a Day,More than Once a Day
Gluten-Related Disorder History	Gastrointestinal - Belly Pain	In the past 7 days, at its worst, my belly pain was:	Not bad,A little bad,Somewhat bad,Quite bad,Very bad
Gluten-Related Disorder History	Gastrointestinal - Belly Pain	In the past 7 days, my belly pain interfered with my day-to-day activities	Never ,One Day ,2-6 Days,Once a Day,More than Once a Day
Gluten-Related Disorder History	Gastrointestinal - Belly Pain	In the past 7 days, my belly pain bothered me:	Not at all,A little bit,Somewhat,Quite a bit,Very much
Gluten-Related Disorder History	Gastrointestinal - Belly Pain	In the past 7 days, I had discomfort in my belly:	Never,Rarely,Sometimes,Oft en,Always
Reproductive Health	About this section: Female	Infertility is a topic of concern for people with celiac disease. This section asks questions about your reproductive history.	
Reproductive Health	Reproduction Female	Introduction	
Reproductive Health	Reproduction	I have started menstruation..	Yes,No,Don't know
Reproductive Health	Female Reproduction	I began menstruating at age..	Do not know,Younger than 7 years,7 years,8 years,9 years,10 years,11 years,12 years,13 years,14 years,15 years,16 years,17 years,18 years,Older than 18 years

Reproductive Health	Female Reproduction	I would describe my menstrual cycles as..	No concerns,Regular menstrual cycles,Irregular menstrual cycles,Taking medication to control menstrual cycles,Heavy bleeding during menstrual periods,Light, spotty bleeding during menstrual periods,Vaginal bleeding that is not part of menstrual cycles,Menstrual period typically lasts longer than 1 week
Reproductive Health	Female Reproduction	I have sought to conceive a pregnancy...	Yes,No,Don't know
Reproductive Health	Female Reproduction	I have had fertility issues...	Yes,No,Don't know
Reproductive Health	Female Reproduction	I have used in vitro-fertilization (IVF)... Including live births, stillbirths, miscarriages, abortions, and tubal and other ectopic pregnancies, I have been pregnant ____ times	Yes,No,Don't know 0,1,2,3,4,5,6,7,8,9,10,More than 10 times
Reproductive Health	Female Reproduction	My 1st pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 1st pregnancy was a...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 1st pregnancy ended on this date... During the 1st pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 1st pregnancy, I developed... The other pregnancy-related complications were...	Yes,No
Reproductive Health	Female Reproduction	The mode of birth was...	Vaginal delivery,Caesarean delivery (C-section),Other

Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy
Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 1st pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 2nd pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 2nd pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 2nd pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 2nd pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 2nd pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 2nd pregnancy, I developed...	Yes,No
Reproductive Health	Female Reproduction	The other pregnancy-related complications were...	
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 2nd pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 3rd pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 3rd pregnancy was a...	
Reproductive Health	Female Reproduction	My 3rd pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 3rd pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 3rd pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 3rd pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 3rd pregnancy, I developed... The other pregnancy-related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 3rd pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 4th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 4th pregnancy was a...	
Reproductive Health	Female Reproduction	My 4th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 4th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 4th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 4th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 4th pregnancy, I developed... The other pregnancy-related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 4th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 5th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 5th pregnancy was a...	
Reproductive Health	Female Reproduction	My 5th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 5th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 5th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 5th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 5th pregnancy, I developed... The other pregnancy-related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 5th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 6th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 6th pregnancy was a...	
Reproductive Health	Female Reproduction	My 6th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 6th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 6th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 6th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 6th pregnancy, I developed The other pregnancy related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a..	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 6th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 7th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 7th pregnancy was a...	
Reproductive Health	Female Reproduction	My 7th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 7th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 7th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 7th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 7th pregnancy, I developed... The other pregnancy related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 7th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 8th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Currently pregnant,Other
Reproductive Health	Female Reproduction	My 8th pregnancy was a...	
Reproductive Health	Female Reproduction	My 8th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	The 8th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 8th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 8th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 8th pregnancy, I developed The other pregnancy related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a..	Girl,Boy

Reproductive Health	Female Reproduction	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female Reproduction	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female Reproduction	During the 8th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female Reproduction	My 9th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Other
Reproductive Health	Female Reproduction	My 9th pregnancy was a...	
Reproductive Health	Female Reproduction	My 9th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	My 9th pregnancy ended on this date...	
Reproductive Health	Female Reproduction	During the 9th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female Reproduction	In these months of the 9th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female Reproduction	During the 9th pregnancy, I developed The other pregnancy related complications were...	Yes,No
Reproductive Health	Female Reproduction	The baby was a...	Girl,Boy

Reproductive Health	Female	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette,None (0 cigarettes)
Reproductive Health	Female	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week,None (0 drinks)
Reproductive Health	Female	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time,Never had 4 drinks or more in 1 sitting
Reproductive Health	Female	During the 9th pregnancy, I received help with an alcohol or drug problem...	Yes,No
Reproductive Health	Female	My 10th pregnancy was a...	Live birth,Stillbirth,Miscarriage,Abortion,Ectopic/Tubal,Other
Reproductive Health	Female	My 10th pregnancy was a...	
Reproductive Health	Female	My 10th pregnancy was over in the...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female	My 10th pregnancy ended on this date...	
Reproductive Health	Female	During the 10th pregnancy, I had frequent nausea or vomiting...	Yes, Nausea,Yes, Vomiting,Neither
Reproductive Health	Female	In these months of the 10th pregnancy I had frequent nausea or vomiting...	Months 1-3 (First Trimester),Months 4-6 (Second Trimester),Months 7-9 (Third Trimester)
Reproductive Health	Female	During the 10th pregnancy, I developed...	Yes,No
Reproductive Health	Female	The other pregnancy related complications were...	
Reproductive Health	Female	The baby was a...	Girl,Boy

Reproductive Health	Female	During the 3 months <u>before</u> I got pregnant, I smoked ___ cigarettes on an average day...	41 cigarettes or more,21 to 40 cigarettes,11 to 20 cigarettes,6 to 10 cigarettes,1 to 5 cigarettes,Less than 1 cigarette, None (0 cigarettes)
Reproductive Health	Female	During the 3 months before I got pregnant, I drank ___ alcoholic drinks in an average week...	14 drinks or more a week,7 to 13 drinks a week,4 to 6 drinks a week,1 to 3 drinks a week,Less than 1 drink a week, None (0 drinks)
Reproductive Health	Female	During the 3 months before I got pregnant, I drank 4 alcoholic drinks or more in one sitting this many times...	6 or more times,4 to 5 times,2 to 3 times,1 time, Never had 4 drinks or more in 1 sitting
Reproductive Health	Female	During the 10th pregnancy, I received help with an alcohol or drug problem...	Yes, No
Reproductive Health	Male	I have fathered a pregnancy (regardless of outcome)...	Yes, No, Don't know
Reproductive Health	Male	I have fathered ___ pregnancies (regardless of outcome)...	1,2,3,4,5,6,7,8,9,10, More than 10
Reproductive Health	Male	I was ___ years old when I fathered my 1st pregnancy...	Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old, Over the age of 30
Reproductive Health	Male	This was a planned pregnancy...	Yes, No
Reproductive Health	Male	I have had fertility issues... I have used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE)...	Yes, No, Don't know
Reproductive Health	Male	I have used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE)...	Yes, No, Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 2nd pregnancy...	
Reproductive Health	Male Reproduction	The 2nd pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 2nd pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 2nd pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 3rd pregnancy...	
Reproductive Health	Male Reproduction	The 3rd pregnancy was planned.....	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 3rd pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 3rd pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 4th pregnancy...	
Reproductive Health	Male Reproduction	The 4th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 4th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 4th pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 5th pregnancy...	
Reproductive Health	Male Reproduction	This 5th pregnancy was a planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 5th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 5th pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 6th pregnancy...	
Reproductive Health	Male Reproduction	The 6th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 6th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 6th pregnancy...	Yes,No,Don't know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 7th pregnancy...	
Reproductive Health	Male Reproduction	The 7th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 7th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 7th pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 8th pregnancy...	
Reproductive Health	Male Reproduction	The 8th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 8th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 8th pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction	I was ____ years old when I fathered my 9th pregnancy...	
Reproductive Health	Male Reproduction	The 9th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 9th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 9th pregnancy...	Yes,No,Don't Know

			Under the age of 12,12 years old,13 years old,14 years old,15 years old,16 years old,17 years old,18 years old,19 years old,20 years old,21 years old,22 years old,23 years old,24 years old,25 years old,26 years old,27 years old,28 years old,29 years old,30 years old,Over the age of 30
Reproductive Health	Male Reproduction Male	I was ____ years old when I fathered my 10th pregnancy...	
Reproductive Health	Male Reproduction	The 10th pregnancy was planned...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I had fertility issues during the 10th pregnancy...	Yes,No,Don't Know
Reproductive Health	Male Reproduction	I used in vitro-fertilization (IVF) and/or testicular sperm extraction (TESE) during the 10th pregnancy...	Yes,No,Don't know
Reproductive Health	Sexual History	About this section...	
Reproductive Health	Sexual History	I am in a relationship that could involve sexual activity.	Yes,No
Reproductive Health	Sexual History	Fatigue or lack of energy has affected my satisfaction with my sex life.	Not in the past 30 days,Not at all,A little bit,Somewhat,Quite a bit,Very Much
Reproductive Health	Sexual History	Pain has affected my satisfaction with my sex life.	Not in the past 30 days,Not at all,A little bit,Somewhat,Quite a bit,Very Much
Reproductive Health	Sexual History	Gastrointestinal symptoms have affected my satisfaction with my sex life.	Not in the past 30 days,Not at all,A little bit,Somewhat,Quite a bit,Very Much
Reproductive Health	Sexual History	Other symptoms have affected my satisfaction with my sex life.	Not in the past 30 days,Not at all,A little bit,Somewhat,Quite a bit,Very Much
Conclusion	Just a few more questions to		

Conclusion	Just a few more questions to wrap up...	celiac_0002	{"setting":"Take only once","reminderDetails":{"reminder_message":""}}
Conclusion	Survey Feedback	Reflecting on my experience of setting up an account and responding to the questionnaire...	Very easy,Fairly easy,Some parts easy, some parts difficult,Somewhat difficult,Very difficult
Conclusion	Survey Feedback	I felt the process of creating privacy directives pertaining to who could access and use my information and for what purposes was...	Professional,Not professional,Friendly and welcoming,Cold and off putting,Easy to understand and follow,Confusing,Helped by the use of guides,More difficult due to the use of guides,Conveys a sense of security,Suspicious,Helpful in building trust,About the same as other health websites
Conclusion	Survey Feedback	Now that I have registered for the Private Access service and expressed my wishes for how my personal health and contact information should be handled, I feel...	Complete trust wishes will be followed exactly as directed,A general sense of trust that wishes will be followed essentially as directed,Only some trust that wishes will be followed as directed,Uncertain whether wishes will be followed,A sense of concern that wishes will not be followed,Certain that wishes will not be followed
Conclusion	Survey Feedback	I felt that being permitted to declare who could access and use my information, and for what purposes is...	
Conclusion	Survey Feedback	I found the ability to see how others responded to the same questions I answered to be...	Helpful in keeping interest high,Tiresome or distracting

			It took about the right amount of time,It took less time than I thought it would,It took too long, but it was worth it,It took too long
Conclusion	Survey Feedback	From start to finish my impression of the length of time it took...	
Conclusion	Survey Feedback	I used a screen reader technology to complete the survey...	Yes,No

			Yes, the screen reader worked well and I could complete the survey,Screen reader worked for most of the questions,I was unable to complete the survey with my screen reader,Not applicable
Conclusion	Survey Feedback	The screen reader did or did not work for me...	

Thank you for completing this survey.
 We appreciate your contributions.
 <p>
 Please check your email for regular updates on how your participation is helping in the fight against celiac disease and gluten sensitivity.

Conclusion	Thank you!	To contact us about this survey, or any other matters, please email us at icureceliac@celiac.org
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