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| ***The Leicester NIHR BioResource Questionnaire***  (31-Aug-2012, v.1.0) | NIHR.jpg |

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| **1. ABOUT YOU** | | | | | |
| **A.** Study ID | | |  | | |
| **B.** Name | | |  | | |
| **C.** Date of Birth (dd/mm/yyyy) | | | ......... / ......... / ............ | | |
| **D.** Gender | | | 🞏 male | | 🞏 female |
| **E.** Are you left or right handed? | | | 🞏 right | | 🞏 left |
| **F.** Your height  (only one measurement type is needed) | | | Feet/inch | | |
| cm | | |
| **G.** Your weight  (only one measurement type is needed) | | | Stone/Pounds | | |
| kg | | |
| **H.** What is your occupation If retired what was your main occupation. | | |  | | |
| **I.** Do you have a specific diet? | | | | | |
| 🞏 No | 🞏 Vegetarian | 🞏 Vegan | | 🞏 Pescetarian | |

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| **2. GENERAL HEALTH QUESTIONS** | | | | |
| Have you been diagnosed with any of the following? | | | Year diagnosed (if known) | |
| Allergy | 🞏 Yes | 🞏 No |  | |
| Asthma | 🞏 Yes | 🞏 No |  | |
| Atrial fibrillation | 🞏 Yes | 🞏 No |  | |
| Cancer | 🞏 Yes | 🞏 No |  | |
| *If yes please indicate which type(s)* |  | | | |
| Crohn’s disease | 🞏 Yes | 🞏 No |  | |
| Coeliac disease (wheat intolerance) | 🞏 Yes | 🞏 No |  | |
| Coronary Artery Disease (angina) | 🞏 Yes | 🞏 No |  | |
| Eczema | 🞏 Yes | 🞏 No |  | |
| Epilepsy | 🞏 Yes | 🞏 No |  | |
| Heart attack (myocardial infarction) | 🞏 Yes | 🞏 No |  | |
| Heart Failure | 🞏 Yes | 🞏 No |  | |
| High blood pressure | 🞏 Yes | 🞏 No |  | |
| High cholesterol | 🞏 Yes | 🞏 No |  | |
| Multiple sclerosis | 🞏 Yes | 🞏 No |  | |
| Neurological disorder or operation | 🞏 Yes | 🞏 No |  | |
| *If yes please specify* |  | | | |
| Rheumatoid arthritis | 🞏 Yes | 🞏 No |  | |
| Stomach/Duodenal/Peptic ulcer | 🞏 Yes | 🞏 No |  | |
| Stroke | 🞏 Yes | 🞏 No |  | |
| Thyroid disease | 🞏 Yes | 🞏 No |  | |
| **2. GENERAL HEALTH QUESTIONS** cont… | | | | |
| If yes, please indicate which type | 🞏 Over active | | | 🞏 Under active |
| Type 1 diabetes (insulin dependent) | 🞏 Yes | 🞏 No |  | |
| Type 2 diabetes | 🞏 Yes | 🞏 No |  | |
| Ulcerative colitis | 🞏 Yes | 🞏 No |  | |
| Vitiligo (skin depigmentation) | 🞏 Yes | 🞏 No |  | |

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| **3. MEDICATION** | | |
| Please tell us about any **long-term** medication that you are taking | | |
| Name of medication | Dose and how many times a day | Reason for taking medication |
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| **4. ALCOHOL** | | | | | | | |
| **A.** Do you consume alcohol? | | | | 🞏 Yes | | 🞏 No | |
| **B.** If yes, please give an approximate number of units you consume per week *One pint of beer is 2 units, one small glass of wine is 1 unit & a small shot of spirits is 1 unit* | | | | | | | |
| 🞏 0 - 5 | 🞏 6 - 10 | 🞏 11 - 15 | 🞏 16 - 20 | 🞏 21 - 25 | 🞏 26 - 30 | | 🞏 31+ |

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| **5. SMOKING** | | | | | | | | | |
| Do you smoke? | | | 🞏 Yes - Continue with **A** | | | | 🞏 No - Continue with **B** | | |
| **A.** If Yes, how many cigarettes per day | | | | | | | | | |
| 🞏 0 - 5 | 🞏 6 - 10 | 🞏 11 - 20 | | 🞏 21 - 30 | | 🞏 31 - 40 | | | 🞏 40+ |
| If Yes, for how many years have you smoked for? | | | | | | | | |  |
| **B.** If No, have you ever smoked in the past? | | | | |  | | |  | |
| If yes, how many cigarettes per day | | | | | | | | | |
| 🞏 0 - 5 | 🞏 6 - 10 | 🞏 11 - 20 | | 🞏 21 - 30 | | 🞏 31 - 40 | | | 🞏 40+ |
| If Yes, how many years did you smoke for? | | | | | | | | |  |
| If Yes, when did you give up? (Year) | | | | | | | | |  |

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| **6. PHYSICAL ACTIVITY** | | | | | | | | | | |
| How many times a week do you exercise or undertake recreational physical activity (at least 15min at a time with your heart rate raised above normal)? | | | | | | | | | | |
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| **7. FAMILY** | | | | | | | | | |
| How many siblings do you have? (Please include all siblings, both living and deceased) | | | | Brothers: | | | Sisters: | | |
| **8. FAMILY HISTORY OF CORONARY ARTERY HEART DISEASE OR STROKE** | | | | | | | | | |
| **A.** Have any of your first degree blood relatives (parents, siblings, children) ever been diagnosed with: | | | | | | | | | |
| Coronary Artery Disease including heart attack, angina, balloon angioplasty or coronary bypass surgery | | 🞏 Yes | | | 🞏 No | | | 🞏 Don’t know | |
| Stroke | | 🞏 Yes | | | 🞏 No | | | 🞏 Don’t Know | |
| **B.** If Yes, please indicate the age (if known) at which the first event occurred (please include all those affected): | | | | | | | | | |
| Mother | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Father | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Brother 1 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Brother 2 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Brother 3 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Brother 4 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Sister 1 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Sister 2 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Sister 3 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Sister 4 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Child 1 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Child 2 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Child 3 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |
| Child 4 | 🞏 Coronary artery disease | | At age | | | 🞏 Stroke | | | At age: |

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| **9. FAMILY HISTORY OF DIABETES (TYPES 1 AND 2)** | | | | | | | |
| **A.** Have any of your first degree blood relatives (parents, siblings, children) ever been diagnosed with: | | | | | | | |
| Diabetes (Types 1 and 2) | | | 🞏 Yes | | 🞏 No | | 🞏 Don’t know |
| **B.** If Yes, please indicate the age at which the diagnosis was first made (please include all those affected): | | | | | | | |
| Mother | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Father | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Brother 1 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Brother 2 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Brother 3 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Brother 4 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Sister 1 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Sister 2 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Sister 3 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Sister 4 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Child 1 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Child 2 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Child 3 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| Child 4 | At age: | 🞏 Type 1 | | 🞏 Type 2 | | 🞏 Don’t know | |
| **10. FAMILY HISTORY OF CANCER** | | | | | | | |
| **A.** Have any of your first degree blood relatives (parents, siblings, children) ever been diagnosed with: | | | | | | | |
| Cancer | | | 🞏 Yes | | 🞏 No | | 🞏 Don’t know |
| **B.** If Yes, please indicate the age at which the first diagnosis was made (please include all those affected): | | | | | | | |
| Mother | At age: | Type: | | | | | |
| Father | At age: | Type: | | | | | |
| Brother 1 | At age: | Type: | | | | | |
| Brother 2 | At age: | Type: | | | | | |
| Brother 3 | At age: | Type: | | | | | |
| Brother 4 | At age: | Type: | | | | | |
| Sister 1 | At age: | Type: | | | | | |
| Sister 2 | At age: | Type: | | | | | |
| Sister 3 | At age: | Type: | | | | | |
| Sister 4 | At age: | Type: | | | | | |
| Child 1 | At age: | Type: | | | | | |
| Child 2 | At age: | Type: | | | | | |
| Child 3 | At age: | Type: | | | | | |
| Child 4 | At age: | Type: | | | | | |

***Thank you very much for taking the time to complete this questionnaire***

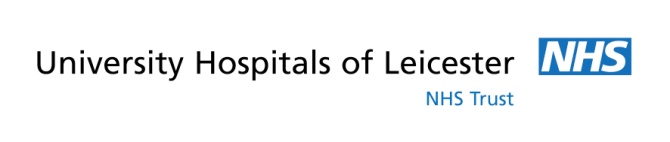
**If you are happy for us to contact you by telephone or email please provide your details below**

**Telephone:**

**Email:**

If you have any questions concerning this questionnaire please feel free to contact the Leicester NIHR BioResource team on:

**Telephone:** 0116 258 3385

**Email:** bioresource@le.ac.uk