SickKids CALIPER 'ARM' us with the knowledge to help others | McMaster Children's Hospital

**Office Use Only**
Participant ID #: ________________

# PARTICIPANT HEALTH QUESTIONNAIRE

Birth to 18 Years Old

READ ONLY

## Demographic Information

| **Participant's Date of Birth** (Month-Day-Year) | **Participant's Biological Sex** |
|---|---|
| | *(Please Note: This question is asking your biological sex, not gender identity)* |
| | ☐ Female ☐ Male ☐ Intersex ☐ Prefer not to answer |

**In Which Country Was The Participant Born?**

- ☐ Canada
  - → Please Indicate Province: ______________________________
- ☐ Other Country
  - → Please Specify: ______________________________
  - → How long has the participant lived in Canada? ______________________________

Healthy blood test results may differ depending on the participant's ethnicity. For this reason, it is important for CALIPER to know the participant's ethnic origin(s). Please indicate the ethnic origin(s) of the participant's biological mother and biological father. You may select multiple options, if applicable.

**Biological Mother's Ethnicity**

- ☐ Aboriginal
- ☐ Arab/West Asian
- ☐ Black
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Caucasian
- ☐ Korean
- ☐ Latin American
- ☐ South Asian (e.g. West Indian, Guyanese, India, Pakistan, Bangladesh, Afghanistan, etc.)
- ☐ South East Asian (e.g. Burma, Cambodia, Thailand, Vietnam, Singapore, etc.)
- ☐ Other: ________________

**Biological Father's Ethnicity**

- ☐ Aboriginal
- ☐ Arab/West Asian
- ☐ Black
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Caucasian
- ☐ Korean
- ☐ Latin American
- ☐ South Asian (e.g. West Indian, Guyanese, India, Pakistan, Bangladesh, Afghanistan, etc.)
- ☐ South East Asian (e.g. Burma, Cambodia, Thailand, Vietnam, Singapore, etc.)
- ☐ Other: ________________

## Medical History of the Participant's Biological Parents

**Does the participant's biological mother have a diagnosed health condition or long-term illness?**

- ☐ No
- ☐ Yes – Please Indicate Health Condition/Illness: ______________________________
- ☐ Unsure

**Does the participant's biological father have a diagnosed health condition or a long-term illness?**

- ☐ No
- ☐ Yes – Please Indicate Health Condition/Illness: ______________________________
- ☐ Unsure

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## Medical History of the Participant

**Does the participant have a diagnosed health condition or a long-term illness?**

- ☐ No
- ☐ Yes – Please Explain: ______________________________

**Does the participant regularly take any prescribed medication(s)?**

- ☐ No
- ☐ Yes – Please Indicate Medication(s): ______________________________

**Has the participant been ill within the <u>past 7 days</u>?**

- ☐ No
- ☐ Yes – Please Explain: ______________________________

**Please indicate ALL prescribed medications that the participant has taken in the <u>past 2 weeks.</u>**

- ☐ No Prescribed Medications Have Been Taken In The Past 2 Weeks
- ☐ Anxiety/Depression Medication
- ☐ ADHD/ADD Medication
- ☐ Birth Control
- ☐ Asthma Medication
- ☐ **Other** – Please Explain: ______________________________

**Please indicate ALL non-prescribed medications or substances that the participant has taken in the <u>past 2 weeks</u>.**

- ☐ No Non-Prescribed Medications or Substances Have Been Taken In The Past 2 Weeks
- ☐ **Cold or Flu Medications** (e.g. Tylenol Cold, Cough and Flu, Decongestants, Cough Syrup, etc.)
- ☐ **Ibuprofen** (Advil) / **Acetaminophen** (Tylenol) / **Acetylsalicylic Acid** (Aspirin)
- ☐ **Allergy Medication** (Antihistamines – e.g. Benadryl, Reactine, etc.)
- ☐ **Other** (e.g. Cigarettes, Alcohol, Recreational Drugs, etc.) – Please Explain: ______________________________

**Has the participant undergone or is currently undergoing any hormone therapy?** (e.g. male transitioning to female, female transitioning to male, human growth hormone therapy, etc.)

- ☐ No
- ☐ Yes – Please Explain: ______________________________

## Diet and Lifestyle of the Participant

**Please indicate which of the following items the participant consumes in a typical week. Please check all that apply.**

- ☐ Red Meat (Beef, Veal, Pork, Lamb, etc.)
- ☐ Poultry (Chicken, Turkey, Duck, etc.)
- ☐ Fish (Salmon, Halibut, Haddock, Cod, Tuna, etc.)
- ☐ Shellfish (Lobster, Crab, Shrimp, etc.)
- ☐ Eggs
- ☐ Milk (Animal Source – e.g. cow's milk)
- ☐ Milk (Alternative Source – e.g. almond milk)
- ☐ Cheese
- ☐ Yogurt
- ☐ Margarine
- ☐ Honey
- ☐ **Pescetarian:** does not eat red meat or poultry
- ☐ **Vegetarian**: does not eat red meat, poultry, fish or shellfish
- ☐ **Lacto-Vegetarian**: does not eat eggs, red meat, poultry, fish or shellfish
- ☐ **Vegan**: does not eat eggs, dairy, red meat, poultry, fish or shellfish

- ☐ Multivitamins
- ☐ Vitamin D Supplements
- ☐ Other Vitamins/Minerals/Supplements (Please Specify Below):

______________________________

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**As an infant, did the participant consume breast milk and/or infant formula? Please check all that apply.**

- ☐ Infant Formula
- ☐ Breast Milk

**Has the participant exercised heavily in the past 24 hours?** (i.e. running, cycling, swimming, etc.)

- ☐ No
- ☐ Yes – Please Explain: ________________________________________________

**This Section is for Females ONLY.**

**Has the participant had her first period/menstruation?**

- ☐ No
- ☐ Yes – Please proceed to answer questions (b) and (c) below.

**What is the date of the current or most recent period/menstruation?** (Month-Day-Year) ______________________

**How many days does the participant's period/menstruation usually last?** ______________________ Days

**Tanner Stages – This Section is OPTIONAL.**

In addition to the health questionnaire, the participant has the option to complete an additional questionnaire that measures their pubertal maturation on the Tanner Scale. The Tanner Scale has important implications, as it will allow us to accurately determine reference intervals for hormone markers (e.g. testosterone and estradiol). The Tanner Stage Questionnaire is optional and is not mandatory to complete as part of this current study. Please indicate your choice below:

- ☐ Yes, the participant would like to complete the Tanner Stage Questionnaire.
- ☐ No, the participant would not like to complete the Tanner Stage Questionnaire.

If yes, please find the Tanner Stage Questionnaire attached, and once it has been completed, seal it in the envelope provided. It will remain sealed and will only be opened by researchers at The Hospital for Sick Children.

## FOR OFFICE USE ONLY

**Please Note:** a CALIPER team member will take these measurements/ask the following questions at the appointment.

**All Participants**

**Fasting**
______________________ hours

**Weight**
______________________ kg

**Height**
______________________ cm

**Waist**
______________________ cm

**Females ONLY**

**Is there a chance the participant is pregnant?**

- ☐ No
- ☐ Yes

**Does the participant take birth control pills?**

- ☐ No
- ☐ Yes

**Laboratory Information**

**Box Number:**

→ **Serum:** ________________

→ **Plasma:** ________________

**Number of Aliquots:**

→ **Serum:** ________________

→ **Plasma:** ________________

**Plasma Type:**

**Treatment:**