

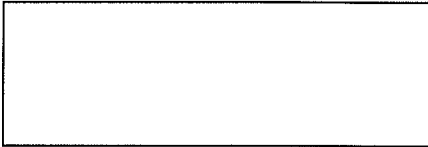
Marshfield Clinic Personalized Medicine Research Project Information sheet

Please fill in this form as completely as possible. We understand you may not know all of the answers. Leave blank any items about which you are not certain.

Many diseases are thought to come from both your surroundings and genetic factors. We would like you to give us information on your surroundings and family background. We will also ask you about diseases that may run in your family. This may help in developing preventive programs. Researchers study health and disease in families to understand the genetic influences better.

This questionnaire will be confidential. The information concerning you and your family will have your name and other identifiers removed. The information will be entered into a secure, coded research database at Marshfield Clinic Research Foundation. Access to this database will be limited to approved researchers. Your responses are voluntary. You are not required to answer questions that make you feel uncomfortable. All answered questions will help out in our research.

© 2008 Marshfield Clinic Research Foundation
1000 North Oak Avenue, Marshfield, WI 54449
Attention: Personalized Medicine Research Project
715-389-7733 or 888-334-2232
<http://marshfieldclinic.org/pmrp>



Name: _____

Please check the box next to your answer.

**1. What is your race? Categories were taken from the US Census.
(Mark one or more to indicate what you consider yourself to be.)**

- ☐ White, Caucasian
- ☐ Black, African American, or Negro
- ☐ American Indian or Alaska Native
- ☐ Asian/Hmong
- ☐ Hispanic/Latino/Spanish
- ☐ Other _____

Please Print

2. How would you describe your ancestry or ethnic origin? (You may list more than one, if applicable.)

- ☐ Czech
- ☐ Dutch
- ☐ English
- ☐ French/French Canadian
- ☐ German
- ☐ Irish
- ☐ Norwegian
- ☐ Polish
- ☐ Swedish
- ☐ Other _____

Please Print

3. Where do you currently live most of the year? (please check only one)

- ☐ On a working farm or ranch
- ☐ In a rural/country home or hobby farm, not a working farm or ranch
- ☐ In a suburb, city or village

4. Have you ever lived on a working farm?

- ☐ Yes
- ☐ No

5. What is the highest grade or level of schooling you completed?

- ☐ Less than 8 years
- ☐ 8 thru 11 years
- ☐ 12 years or completed high school
- ☐ Training past high school (such as vocational or technical training)
- ☐ Some college
- ☐ College graduate
- ☐ Post graduate

6. The following questions concern cigarette smoking:**a. Smoking status:**

- ☐ Never smoked = less than 100 cigarettes in your life (go to question 7)
- ☐ Current smoker
- ☐ Former smoker → What age did you quit smoking? _____

b. At what age did you begin to smoke? _____ years old**c. During the years that you smoked, how many cigarettes did you usually smoke per day?
_____ cigarettes per day****d. In the years you smoked, was there ever a period of one or more years in which you did not smoke cigarettes?**

- ☐ Yes → If yes, how many years in total did you not smoke cigarettes? _____ years
- ☐ No

7. The following questions concern alcohol use (1 drink = a 12-ounce beer, a 5-ounce glass of wine, or a 1.5-ounce shot of liquor, either alone or in mixed drinks):**a. Drinking status:**

- ☐ Never drank = less than 6 drinks in your life (go to question 10)
- ☐ Current drinker
- ☐ Former drinker → What age did you quit drinking? _____

b. About how old were you when you first had a drink containing alcohol once a month for 6 months in a row? _____ years

8. The following questions concern current alcohol use (1 drink = a 12-ounce beer, a 5-ounce glass of wine, or a 1.5-ounce shot of liquor, either alone or in mixed drinks):

a. How often do you have a drink containing alcohol such as beer, wine, wine coolers, or liquor?

- | | |
|---|---|
| <input type="checkbox"/> Never (go to question 9) | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 1 or 2 times a year | <input type="checkbox"/> 2 times a week |
| <input type="checkbox"/> 3-6 times a year | <input type="checkbox"/> 3-4 times a week |
| <input type="checkbox"/> 7-11 times a year | <input type="checkbox"/> Nearly every day |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Every day |
| <input type="checkbox"/> 2-3 times per month | |

b. How many drinks containing alcohol do you USUALLY have on a typical day when you are drinking?

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5-7 |
| <input type="checkbox"/> 2-3 | <input type="checkbox"/> 8 or more |
| <input type="checkbox"/> 4 | |

9. The following questions concern past alcohol use (1 drink = a 12-ounce beer, a 5-ounce glass of wine, or a 1.5-ounce shot of liquor, either alone or in mixed drinks)

a. Has there ever been a period of at least 1 year when you drank more heavily than in the past 12 months?

- ☐ Yes
☐ No (go to question 10)

b. About how many years did that period last? _____ years

c. How often did you have a drink containing alcohol such as beer, wine, wine coolers, or liquor during that period?

- | | |
|--|---|
| <input type="checkbox"/> 1 or 2 times a year | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 3-6 times a year | <input type="checkbox"/> 2 times a week |
| <input type="checkbox"/> 7-11 times a year | <input type="checkbox"/> 3-4 times a week |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Nearly every day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> Every day |

d. During that period how many drinks containing alcohol did you USUALLY have on a typical day when you were drinking?

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5-7 |
| <input type="checkbox"/> 2-3 | <input type="checkbox"/> 8 or more |
| <input type="checkbox"/> 4 | |

10. We would like to know if some diseases run in your family. Please check the box next to the disease when 2 or more immediate blood relatives have been diagnosed with any of the following diseases. Your immediate blood relatives include yourself, your parents, siblings, and children. They do NOT include relatives by marriage, stepsiblings and stepchildren. This also does NOT include parents by adoption, adopted children, grandparents, aunts, uncles, or cousins.

Condition - Diagnosed in 2 or more immediate blood relatives (which may include you)?

a. Alzheimer's disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
b. Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
c. Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
d. Breast cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
e. Clinical depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
f. Colon cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
g. Congestive heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
h. COPD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
i. Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
j. Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
k. Endometriosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
l. Glaucoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
m. Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
n. High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
o. Lung cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
p. Melanoma of the skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
q. Multiple sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
r. Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
s. Prostate cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
t. Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
u. Thyroid disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

11. What is your current work status? (Please check all that apply)

- ☐ Full-time
- ☐ Part-time
- ☐ Homemaker
- ☐ Student
- ☐ Disabled
- ☐ Retired
- ☐ Unemployed

12. If you have ever been employed for 5 or more years, complete parts a and b (next page)

a. What did you do the majority of your working years? Please select the one category that best describes the business or industry you worked in.

- ☐ Agriculture, Forestry, Fishing, Hunting
- ☐ Mining
- ☐ Utilities
- ☐ Construction
- ☐ Manufacturing
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Transportation and Warehousing
- ☐ Information and Communications
- ☐ Finance, Insurance, Real Estate, and Rental and Leasing
- ☐ Services: Professional, Scientific, Management, and Administrative
- ☐ Services: Waste Management
- ☐ Services: Educational Health, and Social
- ☐ Services: Arts, Entertainment, Recreation, Accommodations, and Food
- ☐ Services: Other (except Public Administration)
- ☐ Public Administration
- ☐ Active Duty Military

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b. What was your occupation during the majority of your working years? (What kind of work have you done for your employer(s)?) Please select the one category that best describes your job.

<input type="checkbox"/> Management	Executive, Sales Manager, Educational Administrator
<input type="checkbox"/> Business Operations Specialists	Buyer, Claims Adjuster, Human Resources Specialist
<input type="checkbox"/> Financial Specialists	Accountant, Insurance Underwriter, Real Estate Appraiser
<input type="checkbox"/> Computer and Mathematical Occupations	Computer Support, Systems Analyst, Actuary
<input type="checkbox"/> Architecture and Engineering	Architect, Drafter, Chemical Engineer, Surveyor
<input type="checkbox"/> Life, Physical, and Social Science Occupations	Medical Scientist, Chemical Technician, Urban Planner, Psychologist
<input type="checkbox"/> Community and Social Service	Counselor, Religious Worker, Social Worker
<input type="checkbox"/> Legal Occupations	Lawyer, Magistrate, Legal Assistant or Support
<input type="checkbox"/> Education, Training, and Library Occupations	Teacher, Teacher Assistant, Archivist, Librarian
<input type="checkbox"/> Arts, Design, Entertainment, Sports, and Media Occupations	Choreographer, Umpire, Editor, Camera Operator
<input type="checkbox"/> Healthcare Practitioners and Technical Occupations	Physician Assistant, Clinical Laboratory Technologist, Paramedic
<input type="checkbox"/> Healthcare Support	Medical Assistant, Home Health Aide, Massage Therapist
<input type="checkbox"/> Protective Services	Police Officer, Crossing Guard, Fire Inspector
<input type="checkbox"/> Food Preparation and Serving	Cook, Waiter, Dishwasher, Restaurant Hostess
<input type="checkbox"/> Building and Grounds Cleaning and Maintenance	Janitor, Landscape worker, Pest Control
<input type="checkbox"/> Personal Care and Service	Fitness Worker, Child Care Worker, Tour Guide, Funeral Service Worker
<input type="checkbox"/> Sales	Cashier, Travel Agent, Model, Real Estate Broker, News Vendor
<input type="checkbox"/> Office and Administrative Support	Receptionist, Billing Clerk, Bank Teller, Customer Service Representative
<input type="checkbox"/> Farming, Fishing, and Forestry	Agricultural inspector, Logging Worker, Fisher, Farmer/Farm Worker
<input type="checkbox"/> Construction Trades	Carpenter, Painter, Pipefitter, Roofer, Highway Maintenance
<input type="checkbox"/> Extraction Workers	Earth Driller, Explosives Worker, Miner
<input type="checkbox"/> Installation, Maintenance, and Repair	PC Repair, Mechanic, Heating/Air Cond. Repair, Telecomm Line Installer
<input type="checkbox"/> Production Occupations	Assembler, Baker, Machine Operator, Cabinet Maker
<input type="checkbox"/> Transportation and Material Moving	Taxi Driver, Service Station Attendant, Industrial Truck/Tractor Operator
<input type="checkbox"/> Military Specific Occupations	

13. Please complete the following table for any of your immediate blood relatives. They must be at least 18 years old. They also must receive their medical care at a Marshfield Clinic Center. Immediate blood relatives include your parents, siblings, and children. They do NOT include relatives by marriage, stepsiblings and stepchildren. This also does NOT include parents by adoption, adopted children, grandparents, aunts, uncles, or cousins. Write down the current name, date of birth, zip code or city name, and the relationship to you for each relative. Researchers will not contact your relatives based on the information you provide below.

Last Name	First Name	MI	DOB (mm/dd/yyyy)	Zip Code or City	Relationship to you
			___/___/___		
			___/___/___		
			___/___/___		
			___/___/___		
			___/___/___		
			___/___/___		
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			___/___/___		
			___/___/___		
			___/___/___		

Thank you for participating in the Personalized Medicine Research Project!

STAFF COMPLETE

(Round measurements of .5 and greater up to next whole number.)

Blood Pressures: ☐ right arm (**preferred**) ☐ left arm **Arm Circumference:** _____ cm

Size BP cuff: ☐ Adult regular ☐ Adult large ☐ Peds ☐ Thigh **Peak Inflation Level:** _____

1st BP (sitting): _____/_____/_____ mmHg **2nd BP (sitting):** _____/_____/_____ mmHg

Height: _____ in. **Weight:** _____ lbs. **How long since you've last eaten:** _____ hrs.

☐ shoes on

☐ shoes off

☐ Patient does not remember

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