generation SCOTLAND

A. Personal Details

1. What is your age? |_|_|

2. What is your sex? (Please tick one answer only)

☐ Male

☐ Female

☐ Intersex

☐ Not specified / Intermediate

3. Where were your parents living at the time of your birth?

Mother

Country

If Scotland, what council area and town (if known)?

Council Area

Town

Father

Country

If Scotland, what council area and town (if known)?

Council Area

Town

4a. Where were you born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

4b. If you were born outside the UK, what year did you come to live here? |_|_|_|_|

5. What is your cultural background? (Please tick one answer only)

☐ White – Scottish

☐ White - Other British

☐ White – Irish

☐ White - any other white background (please specify below)

☐ Mixed - any mixed background (please specify below)

☐ Asian – Indian

☐ Asian – Pakistani

☐ Asian – Bangladeshi

☐ Asian – Chinese

☐ Asian – Any other Asian background (please specify below)

☐ Black – Caribbean

☐ Black – African

☐ Black - any other Black background (please specify below)

☐ Any other ethnic background (please specify below)

☐ Not Known

☐ Not Disclosed

Please Specify: _____

_____

B. Family Health

1. Have you ever been diagnosed with any of the following medical conditions?

Condition	Please Tick	Age at first diagnosis	Any treatment required (please specify) None	Drug Treatment	Other Treatment	Operation
a. Heart Disease	☐	⌊__⌋	☐	☐	☐	☐
b. Stroke	☐	⌊__⌋	☐	☐	☐	☐
c. High Blood Pressure	☐	⌊__⌋	☐	☐	☐	☐
d. Diabetes	☐	⌊__⌋	☐	☐	☐	☐
e. Alzheimer's disease	☐	⌊__⌋	☐	☐	☐	☐
f. Parkinson's disease	☐	⌊__⌋	☐	☐	☐	☐
g. Severe depression	☐	⌊__⌋	☐	☐	☐	☐
h. Breast cancer	☐	⌊__⌋	☐	☐	☐	☐
i. Bowel cancer	☐	⌊__⌋	☐	☐	☐	☐
j. Lung cancer	☐	⌊__⌋	☐	☐	☐	☐
k. Prostate cancer	☐	⌊__⌋	☐	☐	☐	☐
l. Hip fracture	☐	⌊__⌋	☐	☐	☐	☐
m. Osteoarthritis	☐	⌊__⌋	☐	☐	☐	☐
n. Rheumatoid Arthritis	☐	⌊__⌋	☐	☐	☐	☐
o. Asthma	☐	⌊__⌋	☐	☐	☐	☐

1p. Have you ever been diagnosed with any other serious illness?

i) ⌊_____⌋

ii) ⌊_____⌋

2. Please tick the box if your father, mother or any brother, sister or grandparent has been affected by any of these conditions

	father	mother	brother	sister	grandparent
a. Heart Disease	☐	☐	☐	☐	☐
b. Stroke	☐	☐	☐	☐	☐
c. High Blood Pressure	☐	☐	☐	☐	☐
d. Diabetes	☐	☐	☐	☐	☐
e. Alzheimer's disease	☐	☐	☐	☐	☐
f. Parkinson's disease	☐	☐	☐	☐	☐
g. Severe depression	☐	☐	☐	☐	☐
h. Breast cancer	☐	☐	☐	☐	☐
i. Bowel cancer	☐	☐	☐	☐	☐
j. Lung cancer	☐	☐	☐	☐	☐
k. Prostate cancer	☐	☐	☐	☐	☐
l. Hip fracture	☐	☐	☐	☐	☐
m. Osteoarthritis	☐	☐	☐	☐	☐
n. Rheumatoid Arthritis	☐	☐	☐	☐	☐
o. Asthma	☐	☐	☐	☐	☐

2p. Any other serious illness that runs in your family?

i) ⌊_____⌋

ii) ⌊_____⌋

C. Family History

It is known that some health problems run in families. We have a family history section to help us to find out more about this. If you are adopted or if your parents remarried it would be better to know about your biological family (i.e. blood relations) for both your parents and your brothers and sisters.

1. When was your father's date of birth? ☐ Only Year Known ☐ Full Date Known ☐ Not Known

2. Where was your father born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

3. Is your father still alive? ☐ Yes ☐ No ☐ Don't Know

3a. If he has died, what was the date of his death? ☐ Only Year Known ☐ Full Date Known ☐ Not Known

3b. If he has died, what was the cause of his death?

4. Where was your father's father born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

5. Where was your father's mother born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

6. When was your mother's year or date of birth? ☐ Only Year Known

☐ Full Date Known

☐ Not Known

7. Where was your mother born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

8. Is your mother still alive? ☐ Yes ☐ No ☐ Don't Know

8a. If she has died, what was the date of her death? ☐ Only Year Known

☐ Full Date Known

☐ Not Known

8b. If she has died, what was the cause of her death?

9. Where was your mother's father born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

10. Where was your mother's mother born?

Country

If Scotland, what council area and town (if known)?

Council Area

Town

D. Smoking History

1. Have you ever smoked tobacco?

☐ Yes, currently smoke **(GO TO QUESTIONS 2-3)**

☐ Yes but stopped within past 12 months **(GO TO QUESTIONS 2-5)**

☐ Yes but stopped more than 12 months ago **(GO TO QUESTIONS 2-5)**

☐ No, never smoked **(GO TO SECTION E)**

2. What age were you when you started smoking? |__|__| years old

3. What is the maximum number you have smoked per day for as long as a year?

|__|__|__| cigarettes per week

|__|__|__| packets of tobacco per week

|__|__|__| cigars per week

IF YOU HAVE STOPPED SMOKING, GO TO Q4, IF YOU CURRENTLY SMOKE, GO TO SECTION E

4. How long since you gave up smoking?

|__|__| years |__|__| months |__|__| days

5. Why did you give up smoking? (please tick one answer only)

☐ On doctor's advice

☐ Family Influence

☐ Financial reason

☐ Due to illness

☐ Health reasons

☐ Prior to or during pregnancy

☐ Personal Decision

☐ Other reason (Please specify) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

E. Exposure to Tobacco Smoke

1. Are you regularly exposed to other peoples tobacco smoke?

	Yes, a lot	Yes, some	Yes, a little	No, none at all	Not Applicable
a. at work	☐	☐	☐	☐	☐
b. in your home	☐	☐	☐	☐	☐
c. in other places (e.g. social groups)	☐	☐	☐	☐	☐

2. On average, for how many hours per week are you exposed to other people's tobacco smoke?

└─┴─┘ hours per week

3. Do you live with anyone who smokes? ☐ Yes ☐ No ☐ Don't Know

F. Educational and Occupational History and Clinical Notes

1. What is the highest educational qualification you have obtained?

☐ None

☐ School Leaving Certificate

☐ Standard Grade or 'O' Level

☐ Higher Grade

☐ University Degree

☐ Other professional or technical qualification or diploma after leaving school

2. Additional Clinical Questionnaire Notes

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

The contents of this questionnaire will be considered as medically confidential and will be covered by the Data Protection Act 1998.

(i). Standard Phenotype Measurements

1. Blood Pressure & Heart Rate

Ask the subject to sit quietly for 5 minutes before recording BP/P.
Take recordings 2 minutes apart.

☐ tick here if Blood Pressure and Heart Rate not obtained

Measure	Date (dd/mm/yy)	Time (hh:mm) In 24 h format	Blood Pressure (mmHg) SBP / DBP	Heart Rate (BPM)
1	__/__/__	__ : __	___ / ___	___
2	__/__/__	__ : __	___ / ___	___

Are you are on any medication for Blood Pressure? (***Please tick***)

☐ Amlodipine
☐ Atenolol
☐ Bendrofluazide
☐ Bendroflumethiazide
☐ Losartan
☐ Enalapril
☐ Felodipine
☐ Lisinopril
☐ Ramapril
☐ Other, please specify below:

2. Height (to the nearest 0.5 cm) ___ . _ cm OR ☐ Not obtained

3. Weight (measure to 1 decimal place) ___ . _ kg OR ☐ Not obtained

(ii). Laboratory Blood & Urine Tests

1. Were the following samples taken?

1 x 9 ml Potassium EDTA blood tube	☐ Yes	☐ No
1 x 9 ml ACD-B blood tube	☐ Yes	☐ No

1-2. What date and time were the samples taken?

└┴┘└┴┘└┴┴┘ (dd/mm/yy) └┴┘ : └┴┘ (hh/mm in 24 h format)

1a. Were the following samples taken?

Blood spots on a Whatman FTA card ☐ Yes ☐ No

Buccal Cell Mouthwash ☐ Yes ☐ No

1a-2. What date and time were the samples taken?

└┴┘└┴┘└┴┴┘ (dd/mm/yy) └┴┘ : └┴┘ (hh/mm in 24 h format)

1b. Will blood be collected at a later date? ☐ Yes ☐ No

2a. Was the following sample obtained?

1 x 50 ml (approx.) Midstream Urine ☐ Yes ☐ No

2a-2. What date and time were the samples taken?

└┴┘└┴┘└┴┴┘ (dd/mm/yy) └┴┘ : └┴┘ (hh/mm in 24 h format)

The type of Urine sample ideally required for this study is second void, fasting (nothing to eat or drink except water for at least 4 hours), midstream urine. Should this not be possible, a random midstream urine sample is acceptable

(i) How long is it since you last ate or drank anything apart from water? └┴┘ hours.

(ii) How many times have you previously emptied your bladder today? └┴┘ times.

2b. Reagent Strip Results

Test	Result
Glucose	
Bilirubin	
Ketones	
Specific gravity	
Blood	
pH	
Protein	
Urobilinogen	
Nitrite	
Leukocytes	

(iii) Cognitive Function Testing

1. Eysenck Personality Questionnaire	**N** Total ⌊__⌋/12	OR	☐ Not obtained
	E Total ⌊__⌋/12	OR	☐ Not obtained
2. Logical Memory Test Immediate	Total correct ⌊__⌋/25	OR	☐ Not obtained
3. Digit Symbol Coding	Total correct ⌊__⌋/133	OR	☐ Not obtained
4. Verbal Fluency	**C** Score ⌊__⌋	OR	☐ Not obtained
	F Score ⌊__⌋	OR	☐ Not obtained
	L Score ⌊__⌋	OR	☐ Not obtained
5. Mill Hill Vocabulary	Total correct ⌊__⌋/44	OR	☐ Not obtained
6. Logical Memory Delay	Total correct ⌊__⌋/25	OR	☐ Not obtained

(iv) Additional Phenotype Questionnaire Notes

⌊_____⌋

⌊_____⌋

⌊_____⌋

⌊_____⌋

⌊_____⌋

⌊_____⌋

⌊_____⌋