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?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Please Tick</th>
<th>Age at first diagnosis</th>
<th>Any treatment required (please specify)</th>
<th>Drug Treatment</th>
<th>Other Treatment</th>
<th>Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Stroke</td>
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</tr>
<tr>
<td>c. High Blood Pressure</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Alzheimer’s disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Parkinson’s disease</td>
<td></td>
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<tr>
<td>g. Severe depression</td>
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<tr>
<td>h. Breast cancer</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>i. Bowel cancer</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>j. Lung cancer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>k. Prostate cancer</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>l. Hip fracture</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>m. Osteoarthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Rheumatoid Arthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Asthma</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

i) 

ii) 

---

Form Version 3.1, 27 Mar 08
2. Please tick the box if your father, mother or any brother, sister or grandparent has been affected by any of these conditions

<table>
<thead>
<tr>
<th></th>
<th>father</th>
<th>mother</th>
<th>brother</th>
<th>sister</th>
<th>grandparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heart Disease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Stroke</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>d. Diabetes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>e. Alzheimer’s disease</td>
<td>☐</td>
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<td>☐</td>
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<td>☐</td>
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<td>g. Severe depression</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
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<td>☐</td>
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<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. Lung cancer</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
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</tr>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>m. Osteoarthritis</td>
<td>☐</td>
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<td>n. Rheumatoid Arthritis</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>o. Asthma</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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
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?

<table>
<thead>
<tr>
<th></th>
<th>Yes, a lot</th>
<th>Yes, some</th>
<th>Yes, a little</th>
<th>No, none at all</th>
<th>Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. in your home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. in other places (e.g. social groups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   ┌───────────────────────────────────────────────────────────────────────────────────┐
   │                                                                                   │
   │                                                                                   │
   │                                                                                   │
   │                                                                                   │
   │                                                                                   │
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   │                                                                                   │
   │                                                                                   │
   │                                                                                   │
   └───────────────────────────────────────────────────────────────────────────────────┘

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Date (dd/mm/yy)</th>
<th>Time (hh:mm)</th>
<th>Blood Pressure (mmHg)</th>
<th>Heart Rate (BPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

☐ Yes ☐ No

2. Height (to the nearest 0.5 cm)

☐ Not obtained

3. Weight (measure to 1 decimal place)

☐ 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

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td></td>
</tr>
<tr>
<td>Bilirubin</td>
<td></td>
</tr>
<tr>
<td>Ketones</td>
<td></td>
</tr>
<tr>
<td>Specific gravity</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
</tr>
<tr>
<td>Urobilinogen</td>
<td></td>
</tr>
<tr>
<td>Nitrite</td>
<td></td>
</tr>
<tr>
<td>Leukocytes</td>
<td></td>
</tr>
</tbody>
</table>
(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

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________