Participant Questionnaire

Instructions for Participants:

It is important that we collect some voluntary information to help researchers best utilize your blood donation. Please complete the following questions and contact us if you need any help (403.521.3249). All questions are voluntary; if you do not wish to answer a question, please write **N/A** next to the question. All information provided to the study team will be coded and de-identified; no identifiable information about your identity will be shared.

Thank you for your help!

Participant ID (for office use only)

Sample ID (for office use only)

Date of Blood Donation (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

1. Age (years) ☐☐☐ **2. Weight** (lbs) ☐☐☐☐☐ **3. Height** ('/") ☐☐☐☐

4. Ethnicity - Please check the box which best describes your ethnicity

- ☐ Caucasian
- ☐ Indigenous or Native American
- ☐ African
- ☐ Unsure
- ☐ Other: _____
- ☐ Asian
- ☐ South Asian
- ☐ East Asian
- ☐ Middle Asian

5. Smoking status

- ☐ Current smoker — If yes, for how long (years) ☐☐
- ☐ Former smoker — If yes, for how long (years) ☐☐
- ☐ Never smoker

6. Menstrual status

Are you pre-menopausal? ☐ Post-menopausal? ☐

Approximately when was your last menstrual period?

- ○ less than 6 months ago
  - ↳ Please specify first day of last menstrual period: **(dd / mm / yyyy)** ☐☐ / ☐☐ / ☐☐☐☐
- ○ between 6 and 12 months ago
- ○ more than 12 months ago
- ○ don't know

Have you ever had an operation to remove both of your ovaries (this may have been at the same time as a hysterectomy)?

- ○ Yes → if yes, approximate date of surgery **(mm / yy)** ☐☐ / ☐☐
- ○ No
- ○ Don't know
- ○ Only one ovary removed

7. Hormone Replacement Therapy (HRT):

Have you ever used Hormone Replacement Therapy? Yes ☐ No ☐

If yes, for how long? Please select one of the following:

- ☐ < 1 year
- ☐ 1-3 years
- ☐ 4-6 years
- ☐ 7-10 years
- ☐ Longer than10 years

Do you still use HRT? Yes ☐ No ☐

If yes, please document name and dosage of medication:

_____

8. Hormone-based Birth Control:

Have you ever used hormone-based birth control (in the form of a pill, patch or an injection)? Yes ☐ No ☐

If yes, for how long? Please select one of the following:

- ☐ < 1 year
- ☐ 1-3 years
- ☐ 4-6 years
- ☐ 7-10 years
- ☐ Longer than10 years

Do you still use this method of birth control? Yes ☐ No ☐

9. Breast-feeding status and/or history:

Number of children: ☐☐ Age at first childbirth: ☐☐ Number of children breastfed: ☐☐

Approximate **<u>total</u>** length of breast-feeding for all children:

- ☐ < 3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 1-2 years
- ☐ > 2 years

10 Have any of your relatives, specifically your parents, siblings or children, ever been diagnosed with cancer? ○ yes → if yes, please fill out the following table
○ no
○ don't know

	Type of Relative	Type of Cancer	Approximate Age at Diagnosis
1.	○ Parent ○ Sibling ○ Child		○ age 50 or younger ○ older than age 50 ○ don't know
2.	○ Parent ○ Sibling ○ Child		○ age 50 or younger ○ older than age 50 ○ don't know
3.	○ Parent ○ Sibling ○ Child		○ age 50 or younger ○ older than age 50 ○ don't know
4.	○ Parent ○ Sibling ○ Child		○ age 50 or younger ○ older than age 50 ○ don't know
5.	○ Parent ○ Sibling ○ Child		○ age 50 or younger ○ older than age 50 ○ don't know

11 If you have taken any medications, vitamins or herbal supplements in the past 72 hours (prior to having your blood drawn), please fill out the following table (continue on a separate sheet if required). **Do not stop taking medications or vitamins unless otherwise instructed**.

Name of Medication,Vitamin or Herbal Supplement	**Dose** (. / allowed)	**Date of Last Dose (dd/mm/yyyy)**	**Time of Last Dose (24 Hour)**
	○ ug ○ mg ○ IU ○ other → _____	□□ / □□ / □□□□	□□ : □□
	○ ug ○ mg ○ IU ○ other → _____	□□ / □□ / □□□□	□□ : □□
	○ ug ○ mg ○ IU ○ other → _____	□□ / □□ / □□□□	□□ : □□
	○ ug ○ mg ○ IU ○ other → _____	□□ / □□ / □□□□	□□ : □□
	○ ug ○ mg ○ IU ○ other → _____	□□ / □□ / □□□□	□□ : □□

Please indicate if an additional sheet was used to record medications by placing a checkmark in the box. ☐

Thank you for your participation!