

For Researchers' Use Only  
 Questionnaire Code \_\_\_\_\_  
 Study Code \_\_\_\_\_

**Demographic Information**

Current age: \_\_\_\_\_  
 Current weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Birthweight: \_\_\_\_\_ If exact birthweight not known, were you ever told that you were a  big  very big  small  very small baby?  
 Ethnic Background: (Please circle all that apply. Also specify country/tribe/group in space provided or in comments.)  
 Mother: Caucasian/European Chinese/S.E. Asian South Asian Middle Eastern First Nations Latin-American Other \_\_\_\_\_  
 Father: Caucasian/European Chinese/S.E. Asian South Asian Middle Eastern First Nations Latin-American Other \_\_\_\_\_  
 Comments \_\_\_\_\_

**Personal Health**

**Medical History:**

**Do you have or ever had any of the following:** (Please circle your answer. If answer is yes, give details in space provided or in comments.)

Diabetes?..... No Yes Not sure \_\_\_\_\_  
 High blood pressure?..... No Yes Not sure \_\_\_\_\_  
 Thyroid disease?..... No Yes Not sure \_\_\_\_\_  
 Lupus?..... No Yes Not sure \_\_\_\_\_  
 Anti-phospholipid antibody syndrome?..... No Yes Not sure \_\_\_\_\_  
 Other autoimmune conditions? ..... No Yes Not sure \_\_\_\_\_  
 Blood clotting disorder?..... No Yes Not sure \_\_\_\_\_  
 Smoking?..... No Yes Not sure \_\_\_\_\_  
 History of drug or alcohol abuse?..... No Yes Not sure \_\_\_\_\_  
 Cancer? type \_\_\_\_\_ No Yes Not sure \_\_\_\_\_  
 Any history of infertility?..... No Yes Not sure \_\_\_\_\_  
 Taken any medicines/have any procedures to help you become pregnant?..... No Yes Not sure \_\_\_\_\_  
 Endometriosis?..... No Yes Not sure \_\_\_\_\_  
 Sexually transmitted disease? ..... No Yes Not sure \_\_\_\_\_  
 Polycystic ovary syndrome?..... No Yes Not sure \_\_\_\_\_  
 Pre-eclampsia?..... No Yes Not sure \_\_\_\_\_  
 Chromosome rearrangements eg translocations?..... No Yes Not sure \_\_\_\_\_  
 Comments \_\_\_\_\_

**Menstrual History:**

Age at first period? \_\_\_\_\_ Regular cycles? No Yes \_\_\_\_\_  
 Length of cycle? \_\_\_\_\_ Length of period? \_\_\_\_\_  
 Age at menopause? \_\_\_\_\_  
 Comments \_\_\_\_\_

**Pregnancy History:** (Include all pregnancies, including tubal or molar pregnancies.) Please give details in space provided or in comments.

| Pregnancy | Months of trying to get pregnant? (if unplanned, state 0) | Mother's age at end of pregnancy? | Livebirth? (specify sex birthdate & weight) | Miscarriage or Stillbirth? (weeks of pregnancy completed and sex if known?) | Termination for Social Reasons? (Y/N) | Complications during Pregnancy/Delivery? (Y/N) (If yes, comment below) | Any serious health problems? (Y/N) (If yes, comment below) |
|-----------|---|-----------------------------------|---|---|---------------------------------------|--|--|
| 1         |   |                                   |   |   |                                       |  |  |
| 2         |   |                                   |   |   |                                       |  |  |
| 3         |   |                                   |   |   |                                       |  |  |
| 4         |   |                                   |   |   |                                       |  |  |
| 5         |   |                                   |   |   |                                       |  |  |
| 6         |   |                                   |   |   |                                       |  |  |
| 7         |   |                                   |   |   |                                       |  |  |

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History and Health:**

How many older brothers do you have/had? Full \_\_\_\_\_ Half \_\_\_\_\_ Younger brothers? Full \_\_\_\_\_ Half \_\_\_\_\_  
 How many older sisters do you have/had? Full \_\_\_\_\_ Half \_\_\_\_\_ Younger sisters? Full \_\_\_\_\_ Half \_\_\_\_\_  
 If any siblings are deceased, please provide age at death and cause, if known \_\_\_\_\_

Are your parents still living? (If no, provide age at death and cause, if known. If yes, provide current age.)  
 Father? No Yes \_\_\_\_\_ Mother? No Yes \_\_\_\_\_  
 Are your grandparents still living? (If no, provide age at death and cause, if known. If yes, provide current age.)  
 Paternal grandfather? No Yes \_\_\_\_\_ Paternal grandmother? No Yes \_\_\_\_\_  
 Maternal grandfather? No Yes \_\_\_\_\_ Maternal grandmother? No Yes \_\_\_\_\_

**Do any of your family members have or ever had any of the following:** (please specify relative and provide details):

Fragile X syndrome?..... No Yes Not sure \_\_\_\_\_  
 Any other X-linked condition?..... No Yes Not sure \_\_\_\_\_  
 Children with a mental handicap or birth defect?..... No Yes Not sure \_\_\_\_\_  
 Children with chromosome problems eg translocations, Down syndrome?..... No Yes Not sure \_\_\_\_\_  
 Any unusual health problems?..... No Yes Not sure \_\_\_\_\_

**Do your mother or any sisters have or ever had any of the following:** (please specify relative and provide details):

Cancer - breast, ovarian, endometrial, cervical or leukemia?..... No Yes Not sure \_\_\_\_\_  
 Experienced any miscarriages? (If yes, how many?)..... No Yes Not sure \_\_\_\_\_  
 Had a stillbirth?..... No Yes Not sure \_\_\_\_\_  
 Menopause before age 40?..... No Yes Not sure \_\_\_\_\_  
 Please provide the approximate age of menopause of your: mother \_\_\_\_\_ sister #1 \_\_\_\_\_ sister #2 \_\_\_\_\_ sister #3 \_\_\_\_\_ sister #4 \_\_\_\_\_ sister #5 \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_