

D*action Participant Questionnaire - Review

This is a copy of what has been submitted to GrassrootsHealth. You may print this page for your records. You will also get a confirmation via email.

***** DON'T FORGET TO ORDER YOUR BLOOD SPOT TEST KIT! ***** [Click here to order now.](#) Your test results are required to participate in this project.

Participant ID: **57846045**
Today's Date: **June 11, 2009**

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Participant Information

First Name:	Test
Middle Initial:	A
Last Name:	Testing
Date of Birth:	12/01/1980
Address-1:	555 Main St
Address-2:	Apt. 12
City / Town:	San Diego
State / Province / Region:	CA
ZIP / Postal Code:	92101
Country:	US
E-mail address:	grhdemo@gmail.com
Contact Phone:	619-456-7891
Additional Contact Person:	Test Testing, Sr.
Additional Contact Phone:	555-555-4561
May we contact this person if we are unable to reach you?	Yes
Last 4 digits of Social Security #:	1234
Gender	Female
Ethnicity:	Caucasian

Health History

What is your current weight without clothing: 111 lbs

What is your current height without shoes: 5 ft 9 in

What is your average blood pressure (last 6 months)? 180 / 120

Currently pregnant? Yes

If yes, expected date of delivery: 11/09

Currently breastfeeding? Yes

If yes, age of child: 11

Health History	Date of diagnosis	Recurrence Date
Melanoma	05/06	01/08
Hypertension	04/01	

In the last 6 months have you:

Fallen? Yes

If yes, how many times? 2

Broken a bone? Yes

If yes, how many times? 1

If yes, specify which bone: tibia

If yes, specify reason: car accident

Had a cold lasting at least 3 days? Yes

Had the flu with fever? Yes

If yes, specify symptoms: headache
weakness
gastrointestinal

Had pain anywhere? Yes

If yes, specify below:

	Body part affected	Pain Rating	Reason if known
	lower back	4	urinary tract infection

Smoking

Have you ever smoked a total of 100 or more cigarettes in your whole lifetime?	Y
If yes, how many cigarettes did you usually smoke per day?	2 packs
What age were you when you started regularly smoking 5 or more cigarettes per day?	22
Do you currently smoke cigarettes?	Y
If yes, how many cigarettes do you currently smoke per day?	1 packs
Does anyone in your home or your immediate work environment currently smoke cigarettes in your presence for at least 30 minutes per day on average?	no

Alcohol

Have you had any drinks containing alcohol during the past 12 months?	Y
If yes, mark the AVERAGE number of drinks you had each day of each type of WINE.	1
If yes, mark the AVERAGE number of drinks you had each day of each type of BEER.	2
If yes, mark the AVERAGE number of drinks you had each day of each type of LIQUOR.	3
During the past 12 months, did you drink 2 or more times the above on WEEKEND days?	Y
Would you say that the above daily intake was typical of your alcohol intake during the past 7 days?	Yes

Diet

What is the the approximate number of servings you had during the last 7 days of each of the following foods:	
a. Fruit and vegetables:	5 (1/2 cup) servings
b. Hamburger, ground beef or pork:	1 (3 oz) servings
c. Other red meat:	0 (3 oz) servings

d. Salmon:	2 (3 oz) servings
e. Tuna:	3 (3 oz) servings
f. Other Fish: catfish	2 (3 oz) servings
g. Nonfat milk:	1 (8 oz) servings
h. Low-fat or reduced fat milk:	2 (8 oz) servings
i. Whole milk:	10 (8 oz) servings
j. Cheese:	2 (3 oz) servings
k. Low-fat or non-fat cottage cheese:	1 (3 oz) servings
l. Whole cottage cheese:	0 (3 oz) servings
m. Eggs:	0 (each) servings
n. Olive oil:	2 (1 Tablespoon) servings
o. Salad oil OTHER THAN Olive oil, such as corn, safflower, or soybean oil:	2 (1 Tablespoon) servings
p. Mayonnaise or similar salad dressing:	1 (1 Tablespoon) servings
q. Cream Cheese:	2 (1 Tablespoon) servings
r. Sour Cream:	3 (1 Tablespoon) servings
s. Butter:	4 (1 Tablespoon) servings

Vitamin D

During the past 6 months on average, how many ...

Glasses of vitamin D fortified milk do you drink per day?	2
International units of vitamin D as tablets or supplements did you take per day?	1000
Milligrams of calcium as tablets or supplements did you take per day?	400
On the average, during the past 12 months, approximately how many minutes have you spent outdoors in the sun between 10:00 AM and 2:00 PM:	Minutes in April-June: 20 Minutes in July-September: 30 Minutes in October-December: 50 Minutes in January-March: 90
Describe your usual clothing when outdoors in the sun near noon during each season during the past 12 months.	April-June: Shorts and no or very brief top with shoulders exposed July-September: Shorts and T-shirt or similar top October-December: Shorts and long sleeves January-March: Long pants and T-shirt or similar top
Describe your usual use of sunscreen when outdoors in the sun near noon during each season during the past 12 months.	April-June: I used it somewhat regularly (20-50% of the time) July-September: I almost never used sunscreen October-December: I used it almost all of the time

	(80-95% of the time) January-March: I used it all the time (95-100%)								
During the past 12 months, what SPF sunscreen did you usually use?	15								
During the past 6 months,	I have not used indoor tanning equipment								
Enter your occupation during the past 6 months below. If you are retired, check here <input checked="" type="checkbox"/> and specify the occupation you were in for most of your life.	teacher								
During the past 6 months, roughly what percentage of your usual occupation did you perform outdoors during daylight? (If you aren't sure, make your best guess.)	None								
During the past 6 months, have you been to a place other than where you live today, such as on a vacation or a work assignment?	Yes, vacation								
IF YES, enter the name of the nearest city, state or province, name of the country, and the number of days spent there	<table border="0"> <tr> <td>City</td> <td>State</td> <td>Country</td> <td># Days</td> </tr> <tr> <td>Portland</td> <td>OR</td> <td>USA</td> <td>3</td> </tr> </table>	City	State	Country	# Days	Portland	OR	USA	3
City	State	Country	# Days						
Portland	OR	USA	3						

Physical Activity

Describe your OUTDOOR physical activity between 10:00 AM and 2:00 PM during the past 12 months. I engaged at least 3 times a week OUTDOORS in:	<p>April-June: Mild physical activity for 1-10 minutes, such as cleaning</p> <p>July-September: Mild physical activity for 10-20 minutes, such as gardening</p> <p>October-December: Mild physical activity for 20-45 or more minutes, such as walking or biking about 1 mile</p> <p>January-March: Mild physical activity for 45-60 or more minutes, such as walking or biking about 2 miles</p>
During the past 12 months, did you usually engage in INDOOR strenuous physical activity for at least 20 minutes 3 or more times, such as riding fast (8 MPH or faster) on an indoor bicycle, treadmill or exercise machine?	N
During the past 12 months, did you usually engage in INDOOR moderate or mild physical activity for at least 20 minutes 3 or more times per week such as riding at a normal speed (less than 8 MPH) on an indoor bicycle, treadmill or exercise machine?	N

Authorization

Any hospital or urgent care for your medical care in last 6 months?	Yes
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If yes, indicated diagnosis:	Urinary Tract Infection
Name of hospital where emergency room is located:	Sharp
Name of urgent care clinic, if applicable:	Downtown Clinic
Address of urgent care clinic:	1234 Main St
City / State:	San Diego CA
Date(s) of care:	
Authorization	Yes

I authorize the above-named hospital or urgent care clinic to provide a copy of my discharge summary and all pathology reports to Dr. C. Garland, Department of Family and Preventive Medicine, University of California, San Diego, PO Box 800, La Jolla, CA 92093-0800. This authorization is equivalent to my signature.

Date: **June 11, 2009**

Authorization for Vitamin D Testing	Yes
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"Yes" indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. The review of my test requests by the study investigator does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results. This authorization is equivalent to my signature.

Date: **June 11, 2009**

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