RADIANT Questionnaire Section 4

You are more than halfway done! You have completed 3 sections so far and have only 2 sections to go.

This section asks questions about your birth and medical history. This information could provide clues about unusual forms of diabetes. Please answer the questions below and then continue to the next section.

Note: If you are completing this questionnaire on behalf of the study participant, "you" means "the study participant".

Birth History

Please estimate your birth size:
o Normal size
o Bigger than normal
o Smaller than normal
Don't Know
Prefer Not to Answer
Did you have any of the following features when you were born? Check all that
apply.
□ Low blood sugar (hypoglycemia) after birth
□ High blood sugar (hyperglycemia) after birth
□ Coarse skin
□ Umbilical hernia
□ Inguinal hernia
□ Large tongue (macroglossia)
□ Large liver
□ Muscular body
□ Other, Please specify feature:
□ None of the above
□ Don't Know
□ Prefer Not to Answer
Did your mom have any health problems during her pregnancy or delivery with
you, or have you had any problems related to your birth?
o Yes o No o Don't Know o Prefer Not to Answer
If Yes: What type of problem(s)? Check all that apply.
☐ My mom had health problems during her pregnancy with me
☐ Problems at birth
□ Problems as a baby
☐ None of the above
□ Don't Know

☐ Prefer Not to Answer

Medical History

Please consider all <u>current and previous</u> medical problems/conditions when answering the questions below.

Lipodystrophy

Do you have a diagnosis of lipodystrophy or does your doctor suspect that you have it?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes, complete the lipodystrophy questions below. Otherwise, skip to the monogenic diabetes (MODY or neonatal diabetes) section on the next page.

Have you had genetic testing done for lipodystrophy?

o Yes o No o Don't Know

If Yes:

Did the genetic testing reveal a cause for your lipodystrophy?

- o Yes the result showed a definitive cause of my lipodystrophy
- o No the results were completely negative
- o Maybe there were genetic variant(s) or mutation(s) that "might" explain the lipodystrophy but my doctor and/or the testing lab were unsure (usually called "variant of uncertain significance")
- o Don't Know
- o Prefer Not to Answer

Do you have a copy of your genetic testing results?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please attach a copy of your genetic testing report to this questionnaire.

If No:

Why has genetic testing not yet been done?

- o My insurance won't cover it or it is too expensive
- o My provider was unsure about whether I should have genetic testing
- o My provider was unsure about which genes to test
- o My provider was unsure where/how to have the genetic testing done
- o Other
- o Don't Know
- o Prefer Not to Answer

If Other, please specify why genetic testing has not been done:

Monogenic Diabetes (MODY or neonatal diabetes)

Do you have a diagnosis of monogenic diabetes (MODY or neonatal diabetes) or does your doctor suspect that you have it?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes, complete the monogenic diabetes questions below. Otherwise, skip to the mitochondrial/syndromic diabetes section on the next page.

Have you had genetic testing done for monogenic diabetes?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes:

Did the genetic testing reveal a cause for your diabetes?

- o Yes the result showed a definitive cause of my diabetes
- o No the results were completely negative
- o Maybe there were genetic variant(s) or mutation(s) that "might" explain the diabetes but my doctor and/or the testing lab were unsure (usually called "variant of uncertain significance")
- o Don't Know
- o Prefer Not to Answer

Do you have a copy of your genetic testing results?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please attach a copy of your genetic testing report to this questionnaire.

If No:

Why has genetic testing not yet been done?

- o My insurance won't cover it or it is too expensive
- o My provider was unsure about whether I should have genetic testing
- o My provider was unsure about which genes to test
- o My provider was unsure where/how to have the genetic testing done
- o Other
- o Don't Know
- o Prefer Not to Answer

If Other, ple	ease specif	y why ge	enetic test	ing has	not bee	r
done:			_			

Mitochondrial/Syndromic Diabetes

Do you have a diagnosis of mitochondrial or similar form of diabetes (sometimes called syndromic diabetes, e.g., Wolfram syndrome, MELAS, MIDD) or does your doctor suspect that you have it?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes, complete the mitochondrial/syndromic diabetes questions below. Otherwise, skip to the growth/puberty section on the next page.

Have you had genetic testing done for mitochondrial or syndromic diabetes?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes:

Did the genetic testing reveal a cause for your diabetes?

- o Yes the result showed a definitive cause of my diabetes
- o No the results were completely negative
- o Maybe there were genetic variant(s) or mutation(s) that "might" explain the diabetes but my doctor and/or the testing lab were unsure (usually called "variant of uncertain significance")
- o Don't Know
- o Prefer Not to Answer

Do you have a copy of your genetic testing results?

o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please attach a copy of your genetic testing report to this questionnaire.

If No:

Why has genetic testing not yet been done?

- o My insurance won't cover it or it is too expensive
- o My provider was unsure about whether I should have genetic testing
- o My provider was unsure about which genes to test
- o My provider was unsure where/how to have the genetic testing done
- o Other
- o Don't Know
- o Prefer Not to Answer

If Other	, please	specify	why	genetic	testing	has	not l	been
done:								

Have you had any problems related to your growth or puberty? o Don't Know o Prefer Not to Answer o Yes o No If Yes: What problem(s)? Check all that apply. ☐ Growth pattern problems Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ___ Years Ongoing or current problem? o Don't Know o Yes o No o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Puberty problems Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to ___ Years Answer) Ongoing or current problem? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Don't Know o Yes o No o Prefer Not to Answer ☐ Other growth or puberty problem Please specify other growth or puberty problem: Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current problem? o No o Don't Know o Yes o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Don't Know ☐ Prefer Not to Answer Have you had any Brain or Nervous System Conditions? o No o Don't Know o Prefer Not to Answer o Yes If Yes: What condition(s)? Check all that apply. ☐ Abnormal MRI or CT Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Don't Know o Yes o No o Prefer Not to Answer ☐ Abnormal pain threshold Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Years Ongoing or current condition?

	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	/ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Cer	rebral pals	зу		
	Age whe	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	\	⁄ears	
			rent condition?	
	o Yes			o Prefer Not to Answer
			ing treatment?	
			o Don't Know	o Prefer Not to Answer
☐ Chr	ronic fatig			
	•	_	•	ank if you Don't Know or Prefer Not to
	Answer)		ears	
			rent condition?	
			o Don't Know	o Prefer Not to Answer
		-	/ing treatment?	5 6 11 11 1
_ ^	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Cor			of consciousness	
	•	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
	•	•	rent condition?	D (N () A
			o Don't Know	o Prefer Not to Answer
		•	/ing treatment?	- Durfon Not (A
	o Yes	o No	o Don't Know	o Prefer Not to Answer
⊔ Der	mentia	مدالم مد		ant if you Dan't Know on Durfor N. C.
	Age who	_	•	ank if you Don't Know or Prefer Not to
	,		rent condition?	
	•	•	o Don't Know	o Prefer Not to Answer
			ving treatment?	5
	o Yes	•	o Don't Know	o Prefer Not to Answer
□ Dis	abilities	2.10	2 20111111011	2
		en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	_	<u>*</u>	. ,
	,		rent condition?	
	o Yes	•	o Don't Know	o Prefer Not to Answer
	Currentl		ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Epi	lepsy or s	eizure o	r abnormal EEG	
•				ank if you Don't Know or Prefer Not to
	Answer)	_		•
	Ongoing	or cur	rent condition?	
	o Yes	o No		o Prefer Not to Answer
	Currentl	y receiv	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer

☐ Insc	omnia					
	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to					
	Answer) Years					
	Ongoing	or curi	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	y receiv	ing treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
☐ Lou	Gehrig's	Disease	e (Amyotrophic La	teral Sclerosis or ALS)		
	Age whe	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to		
	Answer)	Y	′ears	•		
	Ongoing	g or curi	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	y receiv	ing treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
□ Mer	nory loss	or impa	irment			
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to		
	Answer)	Y	'ears			
	Ongoing	g or curi	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly receiv	ring treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
☐ Mig	raine hea	daches				
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to		
	Answer)	Y	'ears			
			rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly receiv	ring treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
☐ Mul	tiple scle	rosis				
				ank if you Don't Know or Prefer Not to		
	Answer)	Y	′ears			
	•		rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
		ly receiv	ring treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
☐ Mus	scular Dy	strophy ((MD)			
	Age who			ank if you Don't Know or Prefer Not to		
	Answer)					
			rent condition?			
	o Yes	o No		o Prefer Not to Answer		
		•	ving treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		

□ Nar	colepsy				
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	O
	Answer)	Y	'ears		
	Ongoing	g or curi	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
			ing treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
□ Net	uropathy	(includin	g diabetic neuropa	athy)	
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	Э
	Answer)	Y	′ears		
	Ongoing	g or curi	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
		•	ring treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
□ Par	kinson's				
	_	_	•	ank if you Don't Know or Prefer Not to	Э
	Answer)				
			rent condition?		
				o Prefer Not to Answer	
			ing treatment?		
				o Prefer Not to Answer	
□ Res	stless leg				
	_	_		ank if you Don't Know or Prefer Not to	Э
	Answer)				
	•	_	rent condition?		
				o Prefer Not to Answer	
		•	ring treatment?		
	o Yes			o Prefer Not to Answer	
⊔ Spii			mpairment		
				ank if you Don't Know or Prefer Not to	C
	Answer)				
		_	rent condition?	D (N) ((A	
				o Prefer Not to Answer	
		•	ring treatment?	D (N () A	
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
⊔ Ira	umatic br		, , ,		
	_	_		ank if you Don't Know or Prefer Not to	Э
	Answer)				
			rent condition?	- Duefen Nette Augusta	
	o Yes		o Don't Know	o Prefer Not to Answer	
		•	ving treatment?	- Duefen Net to Access	
	o Yes	o No	o Don't Know	o Prefer Not to Answer	

☐ Other brain or nervous system condition Please specify other brain or ne	
Answer)Years	ank if you Don't Know or Prefer Not to
Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment?	o Prefer Not to Answer
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Don't Know	
☐ Prefer Not to Answer	
Have you had any Mental Health Conditions, Developmetnal Conditions, or problems with O Yes O NO O Don't Know O Prefer Not	Neurological Development?
If Yes: What problem(s)? Check all tha	t apply.
☐ Anxiety reaction/panic disorder	
	ank if you Don't Know or Prefer Not to
Answer) Years Ongoing or current problem?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	of feler Not to Allswei
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Attention Deficit Hyperactivity Disorder	
· · · · · · · · · · · · · · · · · · ·	ank if you Don't Know or Prefer Not to
Ongoing or current problem?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Autism Spectrum Disorder or problems	s with social behaviors
	ank if you Don't Know or Prefer Not to
Answer) Years	
Ongoing or current problem?	5 6 11 11 1
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	a Drafar Nat to Anguer
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Bipolar disorder	ank if you Don't Know or Prefer Not to
Answer) Years	ank if you boilt know of Freier Not to
Ongoing or current problem?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer

□ Dep	oression			
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
			rent problem?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly receiv	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Eat	ing disord			
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
			rent problem?	
				o Prefer Not to Answer
		-	ing treatment?	
	o Yes		o Don't Know	o Prefer Not to Answer
□ Lea	-	•	rning impairment	
	_	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
			rent problem?	
			o Don't Know	o Prefer Not to Answer
		-	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Per	sonality o			
	_	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
			rent problem?	
			o Don't Know	o Prefer Not to Answer
	Current		ing treatment?	
	o Yes		o Don't Know	o Prefer Not to Answer
☐ Pos			disorder (PTSD)	
				ank if you Don't Know or Prefer Not to
	Answer)			
			rent problem?	
			o Don't Know	o Prefer Not to Answer
		-	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Pro			opmental mileston	
	_	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent problem?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
		•	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer

☐ Problems with motor skills and functions	8				
Age when diagnosed? (Leave bla	nk if you Don't Know or Prefer Not to				
Answer) Years					
Ongoing or current problem?					
o Yes o No o Don't Know	o Prefer Not to Answer				
Currently receiving treatment?					
o Yes o No o Don't Know	o Prefer Not to Answer				
☐ Problems with cognitive status					
Age when diagnosed? (Leave bla	nk if you Don't Know or Prefer Not to				
Answer) Years					
Ongoing or current problem?					
o Yes o No o Don't Know	o Prefer Not to Answer				
Currently receiving treatment?					
o Yes o No o Don't Know	o Prefer Not to Answer				
☐ Schizophrenia					
Age when diagnosed? (Leave bla	nk if you Don't Know or Prefer Not to				
Answer) Years					
Ongoing or current problem?					
o Yes o No o Don't Know	o Prefer Not to Answer				
Currently receiving treatment?					
o Yes o No o Don't Know	o Prefer Not to Answer				
☐ Social phobia					
Age when diagnosed? (Leave bla	nk if you Don't Know or Prefer Not to				
Answer) Years					
Ongoing or current problem?					
o Yes o No o Don't Know	o Prefer Not to Answer				
Currently receiving treatment?					
o Yes o No o Don't Know	o Prefer Not to Answer				
☐ Other mental health, behavioral, develo	pmental, or neurological development				
condition					
Please specify other mental healt	th, behavioral, developmental, or				
neurological development condition:					
Age when diagnosed? (Leave bla	nk if you Don't Know or Prefer Not to				
Answer) Years					
Ongoing or current problem?					
o Yes o No o Don't Know	o Prefer Not to Answer				
Currently receiving treatment?					
	o Prefer Not to Answer				
☐ Don't Know					
☐ Prefer Not to Answer					

Have you had any Substance Use Conditions? o Don't Know o Prefer Not to Answer o Yes o No If Yes: What condition(s)? Check all that apply. ☐ Alcohol use disorder Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ___ Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Drug use disorder Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to ___Years Answer) Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Other substance use condition Please specify other substance use condition: Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ___ Years Ongoing or current condition? o No o Don't Know o Prefer Not to Answer o Yes **Currently receiving treatment?** o No o Don't Know o Yes o Prefer Not to Answer ☐ Don't Know ☐ Prefer Not to Answer Have you had any Eye, Vision, Hearing, Speech, Head, or Neck Conditions? o Don't Know o Prefer Not to Answer o Yes o No If Yes: What condition(s)? Check all that apply. ☐ Astigmatism Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o No o Don't Know

o Prefer Not to Answer

o Yes

☐ Blin	ndness, al	l causes	3	
				ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	-
	Ongoing	or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Cat	aracts			
	Age whe	en diagi	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears .	•
	Ongoing	or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Col	orblindne	ss		
	Age whe	en diagi	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	'ears	
	Ongoing	or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Dia	betic retin	opathy		
	Age whe	en diagi	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	'ears	
	Ongoing	or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Dry	eyes			
	Age whe	en diagi	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)			
			rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Far	sighted			
	Age whe	en diagi	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	'ears	
	Ongoing	g or cur	rent condition?	
	o Yes	o No		o Prefer Not to Answer
	Currentl	y receiv	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer

□ Gla	ucoma			
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
	Ongoing	g or curi	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly receiv	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Mad	cular deg			
	_	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
	Ongoing	g or curi	rent condition?	
				o Prefer Not to Answer
		•	ving treatment?	
		o No	o Don't Know	o Prefer Not to Answer
□ Nea	arsighted			
	_	_	•	ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	
				o Prefer Not to Answer
		•	ving treatment?	
				o Prefer Not to Answer
□ Sev				s in one or both ears
	_	_	,	ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	
				o Prefer Not to Answer
		•	ving treatment?	
	o Yes		o Don't Know	o Prefer Not to Answer
□ Spe	ech prob			
				ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	-
				o Prefer Not to Answer
		•	ving treatment?	5 6 11 44 1
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Tini				
	_			ank if you Don't Know or Prefer Not to
	Answer)			
			rent condition?	5 6 11 11 1
	o Yes		o Don't Know	o Prefer Not to Answer
		•	ving treatment?	D (N ()
	o Yes	o No	o Don't Know	o Prefer Not to Answer

☐ Uncorrectable vision loss Age when diagnosed? (Leave blank Answer) Years Ongoing or current condition?	k if you Don't Know or Prefer Not to
	Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know o □ Unusual appearance	Prefer Not to Answer
Please explain unusual appearanc	ee:
Age when diagnosed? (Leave blank	
Answer) Years	
Ongoing or current condition? o Yes o No o Don't Know o	Drofor Not to Anguar
Currently receiving treatment?	Prefer Not to Answer
o Yes o No o Don't Know o	Prefer Not to Answer
☐ Other eye, vision, hearing, speech, head	or neck condition
Please specify other eye, vision, h	earing, speech, head or neck
condition:	k if you Dan't Know or Profer Not to
Answer) Years	k if you boilt know of Freier Not to
Ongoing or current condition?	
o Yes o No o Don't Know o	Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know o □ Don't Know	Prefer Not to Answer
☐ Prefer Not to Answer	
Have you had any Okin Myssels on Fet Canditio	
Have you had any Skin, Muscle, or Fat Condition of Yes of No of Don't Know of Prefer Not to A	
o res o two o boilt thiow of reich Not to /	Allawei
If Yes: What condition(s)? Check all that	apply.
☐ Muscle weakness in shoulders or hips	
Age when diagnosed? (Leave blank Answer) Years	k if you Don't Know or Prefer Not to
Ongoing or current condition?	
5 5	Prefer Not to Answer
Currently receiving treatment?	
	Prefer Not to Answer
☐ Muscle weakness in hands or feet Age when diagnosed? (Leave blank	k if you Don't Know or Prefer Not to
Answer) Years	KII YOU DON'T KNOW OF T TOTAL NOT TO
Ongoing or current condition?	
	Prefer Not to Answer
Currently receiving treatment?	Dueston Not to America
o Yes o No o Don't Know o	Prefer Not to Answer

□ Mu	scle weal	kness in	face	
	Age wh	en diag	nosed? (Leave bl	ank if you Don't Know or Prefer Not to
	Answer)	`	Years	
	Ongoin	g or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly recei	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ Ski	n darkeni	ng on bo	ody creases such	as the back of the neck or the armpits
(als			osis nigricans")	
				ank if you Don't Know or Prefer Not to
	Answer)			
			rent condition?	
			o Don't Know	o Prefer Not to Answer
		•	ving treatment?	
		o No	o Don't Know	o Prefer Not to Answer
	o little fat		10 //	
	_	_	· ·	ank if you Don't Know or Prefer Not to
	Answer)			
			rent condition?	
			o Don't Know	o Prefer Not to Answer
		•	ving treatment?	
- -			o Don't Know	o Prefer Not to Answer
□ 100	o much fa			ank if you Dan't Know an Ducton Not to
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	☐ Othe	er Skin c	onditions	3	
		Please s	specify o	other skin condi	tion:
		Age who	en diagr	nosed? (Leave bl	ank if you Don't Know or Prefer Not to
		Answer)	Y	ears (•
		Ongoing	g or curi	rent condition?	
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				oint Conditions: v o Prefer Not	? (This includes broken bones.)
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☐ Gout or unusually high uric acid								
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Answer)Years	,							
Ongoing or current condition?								
o Yes o No o Don't Know	o Prefer Not to Answer							
Currently receiving treatment?								
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☐ Osteoarthritis								
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Currently receiving treatment?								
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☐ Osteoporosis								
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☐ Rheumatoid arthritis								
Age when diagnosed? (Leave bla	ank if you Don't Know or Prefer Not to							
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Ongoing or current condition?								
o Yes o No o Don't Know	o Prefer Not to Answer							
Currently receiving treatment?								
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☐ Spine, muscle, or bone disorders (non-								
•	ank if you Don't Know or Prefer Not to							
Answer) Years								
Ongoing or current condition?								
o Yes o No o Don't Know	o Prefer Not to Answer							
Currently receiving treatment?								
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☐ Systemic lupus								
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□ Othe	er arthritis		
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l	Please specify (other bone, joint	or muscle condition:
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body a □ Head □ Limb □ Fing □ Spin □ Othe	re an abnormal d (big/small) os (short/long/mis ers/toes (too ma e (curved, spina er Please explain	shape? Check as smatched) any, too few, curve bifida)	
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□ Car	diomyopa	athy			
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□ Hyp	ertension	n (high b	lood pressure)	
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	Ongoing	g or cur	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
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□ OrtI	hostatic F	Hypotens	sion (low blood pre	essure on standing)
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If Yes: What □ Asthma	condition	n(s)? Check all th	nat apply.	
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☐ Prefer Not to Answer

Have you had any Digestive or Bowel Conditions? o Don't Know o Yes o No o Prefer Not to Answer If Yes: What condition(s)? Check all that apply. ☐ Acid reflux Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Bowel obstruction Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ___ Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Don't Know o Yes o No o Prefer Not to Answer ☐ Celiac disease Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to _ Years Answer) Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o Don't Know o No o Prefer Not to Answer ☐ Cirrhosis Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o Don't Know o No o Prefer Not to Answer ☐ Colon polyps Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?**

o Don't Know

o Prefer Not to Answer

o Yes

o No

□ Crc	hn's dise	ase		
	Age who	en diagn	osed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
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	o Yes	o No	o Don't Know	o Prefer Not to Answer
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	Answer)		ears	ank if you boilt know of Freier Not to
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□ He _l	patitis						
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Age when diagnosed? (Leave bl	ank if you Don't Know or Prefer Not to
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Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
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☐ Other digestive or bowel condition	
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Ongoing or current condition?	
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Have you had any Kidney or Urogenital Con-	ditions, or any Reproductive or
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Fertility Problems?	
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Fertility Problems? o Yes o No o Don't Know o Prefer Not o If Yes: What condition(s)? Check all the Abnormal genitalia Age when diagnosed? (Leave blea Answer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave blea Answer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave blea Answer) Years Age when diagnosed? (Leave blea Answer) Years	to Answer nat apply. ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer o Prefer Not to Answer
Fertility Problems? o Yes o No o Don't Know o Prefer Not o If Yes: What condition(s)? Check all the Abnormal genitalia Age when diagnosed? (Leave blea Answer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave blea Answer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave blea Answer) Years Ongoing or current condition?	to Answer nat apply. ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to
Fertility Problems? o Yes o No o Don't Know o Prefer Not o If Yes: What condition(s)? Check all the Abnormal genitalia Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know □ Abnormal uterus Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know	to Answer nat apply. ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer o Prefer Not to Answer
Fertility Problems? o Yes o No o Don't Know o Prefer Note If Yes: What condition(s)? Check all the □ Abnormal genitalia Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know □ Abnormal ureter/drainage system Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know □ Abnormal uterus Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment?	nat apply. ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer ank if you Don't Know or Prefer Not to
Fertility Problems? o Yes o No o Don't Know o Prefer Not o If Yes: What condition(s)? Check all the Abnormal genitalia Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Currently receiving treatment? o Yes o No o Don't Know Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know □ Abnormal uterus Age when diagnosed? (Leave bleanswer) Years Ongoing or current condition? o Yes o No o Don't Know	to Answer nat apply. ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to o Prefer Not to Answer o Prefer Not to Answer ank if you Don't Know or Prefer Not to

□ Ect	opic preg	nancies		
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
	Ongoing	g or curi	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly receiv	ring treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
☐ His	tory of mi	scarriage	e(s)	
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	Answer)			
	Ongoin	_	rent condition?	
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		_	rent condition?	
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⊔ Kid	ney cysts		10 (1	
	_	_		ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	B (N ()
				o Prefer Not to Answer
		•	ving treatment?	
- 12: 1	o Yes	o No	o Don't Know	o Prefer Not to Answer
⊔ Kla	ney stone			
				ank if you Don't Know or Prefer Not to
	Answer)		ears	
			rent condition?	o Drofor Not to Anguer
	o Yes		o Don't Know	o Prefer Not to Answer
		•	ving treatment?	a Duafan Nat ta Anairea
	o Yes	o No	o Don't Know	o Prefer Not to Answer

☐ Kidı	ney disea	ise not re	equiring dialysis		
	Age whe	en diagr	nosed? (Leave bl	ank if you Don't Know or	Prefer Not to
	Answer)	Y	ears		
	Ongoing	or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	y receiv	ing treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
☐ Kidı	ney disea	se with	dialysis		
	Age whe	en diagr	nosed? (Leave bl	ank if you Don't Know or	Prefer Not to
	Answer)	Y	ears		
	Ongoing	or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	y receiv	ing treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
☐ Oth	er Kidney	/ or Uroo	genital Condition		
	Please s	pecify of	other kidney or ι	rogenital condition:	
				ank if you Don't Know or	Prefer Not to
	Answer)	Y	ears		
			rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
			/ing treatment?		
			o Don't Know	o Prefer Not to Answer	
☐ Unu			e or number		
	Age whe	en diagr	nosed? (Leave bl	ank if you Don't Know or	Prefer Not to
	Answer)	Y	ears		
	Ongoing	g or cur	rent condition?		
	o Yes		o Don't Know	o Prefer Not to Answer	
	Currentl		/ing treatment?		
	o Yes		o Don't Know	o Prefer Not to Answer	
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	Age whe	∍n diagr	nosed? (Leave bl	ank if you Don't Know or	Prefer Not to
	Answer)	Y	ears		
		-	rent condition?		
	o Yes		o Don't Know	o Prefer Not to Answer	
		•	/ing treatment?		
	o Yes				
☐ Oth	•		or Fertility Probler		
	Please s	specify of	other reproductive	ve or fertility problem:	
	A go who			ank if you Dan't Know or	Drofor Not to
	_	_		ank if you Don't Know or	Prefer Not to
	Answer)				
	o Yes	-	rent condition? o Don't Know	o Prefer Not to Answer	
				O FICICI NOL IO AIISWEI	
		-	ving treatment? o Don't Know	o Prefer Not to Answer	
	0 169	UINU		O I ICICI INULIU AIISWEI	

☐ Don't Know ☐ Prefer Not to Answer Have you had any Hormone Conditions? o Yes o No o Don't Know o Prefer Not to Answer If Yes: What condition(s)? Check all that apply. ☐ Abnormal appetite or thirst Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Adrenal Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Don't Know o Yes o No o Prefer Not to Answer ☐ Autoimmune gland disease Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ___ Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer ☐ Bothersome, increased hair growth on my body (face, arms/legs, abdomen, back, buttocks) Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years Ongoing or current condition? o Yes o Prefer Not to Answer o No o Don't Know **Currently receiving treatment?** o Yes o Don't Know o No o Prefer Not to Answer ☐ Decreased levels of male hormone levels and/or required testosterone therapy Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) ____Years Ongoing or current condition? o Yes o No o Don't Know o Prefer Not to Answer **Currently receiving treatment?** o Yes o No o Don't Know o Prefer Not to Answer

□ Dia	betes Ins	ipidus (\	water diabetes)		
	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to				
	Answer) Years				
	Ongoing or current condition?				
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	essive ha	air loss f	rom my scalp		
	Age who	en diag	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer)	Y	'ears	•	
	Ongoing	g or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	cessive sv	veating	or flushing		
	Age who	en diag	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer)	Y	'ears	•	
	Ongoing	g or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
☐ Inc	reased lev	vels of n	nale hormone leve	els	
	Age whe	en diag	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer)	Y	'ears		
	Ongoing	g or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
☐ Par	athyroid/d	calcium			
	Age whe	en diag	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer)	Y	'ears		
	Ongoing	g or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
☐ Pitu	uitary fund	ction			
	Age whe	en diag	nosed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer)	Y	'ears		
	Ongoing	g or cur	rent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly recei [,]	ving treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	

☐ Pol	ycystic o\	/arian sy	ndrome (PCOS)	
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	
	Ongoing	g or curi	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly receiv	ring treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Puk	pertal acc		•	
				ank if you Don't Know or Prefer Not to
	Answer)			
	Ongoin	_	rent condition?	
	o Yes		o Don't Know	o Prefer Not to Answer
			ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Sex	ג steroid מ			
				ank if you Don't Know or Prefer Not to
	Answer)			
	•		rent condition?	
	o Yes			o Prefer Not to Answer
			ving treatment?	
				o Prefer Not to Answer
□ Ter	•	_		(ex. heat or cold sensitivity)
	•	_	,	ank if you Don't Know or Prefer Not to
	Answer)			
		-	rent condition?	
			o Don't Know	o Prefer Not to Answer
		•	ring treatment?	
		o No	o Don't Know	o Prefer Not to Answer
☐ Thy			10 (1	
				ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	B (N () A
				o Prefer Not to Answer
		•	ving treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
⊔ we	•		normalities	
				ank if you Don't Know or Prefer Not to
	Answer)		ears	
	•	_	rent condition?	- Duefen Nette Au
	o Yes		o Don't Know	o Prefer Not to Answer
		•	ring treatment?	- Duefen Nette Au
	o Yes	o No	o Don't Know	o Prefer Not to Answer

	☐ Other hormone condition	
	Please specify other hormone of	
	• • • • • • • • • • • • • • • • • • • •	lank if you Don't Know or Prefer Not to
	Answer) Years	
	Ongoing or current condition?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	Currently receiving treatment?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	☐ Don't Know	
	☐ Prefer Not to Answer	
	If bothersome, increased hair g	· ,
	bothersome, increased hair gro	wth? Check all that apply.
	□ Face	
	☐ Arms/legs	
	☐ Abdomen	
	□ Back	
	☐ Buttocks	
	you had any Metabolic Conditions?	
o Yes	o No o Don't Know o Prefer Not	to Answer
	If Yes: What condition(s)? Check all the	
	☐ Abnormal levels of fat in the blood (high	gh 'bad' cholesterol, low 'good'
	cholesterol, high triglycerides)	
	• • • • • • • • • • • • • • • • • • • •	lank if you Don't Know or Prefer Not to
	Answer) Years	
	Ongoing or current condition?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	Currently receiving treatment?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	☐ Insulin resistance	
	•	lank if you Don't Know or Prefer Not to
	Answer) Years	
	Ongoing or current condition?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	Currently receiving treatment?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	☐ Unusually high urea levels	
		lank if you Don't Know or Prefer Not to
	Answer) Years	
	Ongoing or current condition?	
	o Yes o No o Don't Know	o Prefer Not to Answer
	Currently receiving treatment?	
	o Yes o No o Don't Know	o Prefer Not to Answer

	☐ Other me	tabolic con	dition	
	Pleas	se specify	other metabolic	condition:
	Age	when diag	nosed? (Leave b	lank if you Don't Know or Prefer Not to
	Answ	ver)Y	'ears	•
	Ongo	oing or cur	rent condition?	
	o Ye	s o No	o Don't Know	o Prefer Not to Answer
		•	ving treatment?	
			o Don't Know	o Prefer Not to Answer
	☐ Don't Kno			
	☐ Prefer No	ot to Answe	r	
			System Condition	
o Yes	O NO O	י טטוו נ אווטי	w o Prefer Not	to Answer
	If Voc: Wha	nt condition	n(s)? Check all t	hat annly
			e (known or susp	
			'	lank if you Don't Know or Prefer Not to
	_	ver) Y		name in your Boile Patient of Profess Patients
			rent condition?	
			o Don't Know	o Prefer Not to Answer
			ving treatment?	
	o Yes	-	o Don't Know	o Prefer Not to Answer
	☐ Frequent	serious infe	ections	
	Age	when diag	nosed? (Leave b	lank if you Don't Know or Prefer Not to
		ver)Y		·
	Ongo	oing or cur	rent condition?	
	o Ye	s o No	o Don't Know	o Prefer Not to Answer
			ving treatment?	
			o Don't Know	o Prefer Not to Answer
	☐ Failure to			
	_	_	•	lank if you Don't Know or Prefer Not to
	Answ	, —		
			rent condition?	- Dustan Natta Australia
	o Ye		o Don't Know	o Prefer Not to Answer
	o Yes	•	ving treatment? o Don't Know	o Prefer Not to Answer
				o Pielei Not to Ariswei
	☐ Immune (•	•	lank if you Don't Know or Prefer Not to
	A ye Answ	_	•	Marik II you Don't Know of Freier Not to
		,	rent condition?	
	o Yes	•	o Don't Know	o Prefer Not to Answer
			ving treatment?	or role racto / triower
	o Yes	•		o Prefer Not to Answer
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☐ Other immune system condition Please specify other immune sy	stem condition:
Age when diagnosed? (Leave bl Answer) Years	ank if you Don't Know or Prefer Not to
Ongoing or current condition? o Yes o No o Don't Know Currently receiving treatment?	o Prefer Not to Answer
o Yes o No o Don't Know ☐ Don't Know	o Prefer Not to Answer
☐ Prefer Not to Answer	
Have you had any Blood/Hematology Condit	tions?
o Yes o No o Don't Know o Prefer Not	
If Yes: What condition(s)? Check all th	nat apply.
☐ Anemia	
Age when diagnosed? (Leave bl	ank if you Don't Know or Prefer Not to
Answer) Years	
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Bleeding disorder	
Age when diagnosed? (Leave bl	ank if you Don't Know or Prefer Not to
Answer)Years	
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Clotting problems	
0 1	ank if you Don't Know or Prefer Not to
Answer) Years	•
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Sickle cell disease	
Age when diagnosed? (Leave bl	lank if you Don't Know or Prefer Not to
Answer) Years	•
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer

☐ Swollen lymph nodes	
Age when diagnosed? (Leave b	lank if you Don't Know or Prefer Not to
Answer) Years	
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Unusual cells in the blood	
Age when diagnosed? (Leave be Answer) Years	lank if you Don't Know or Prefer Not to
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	o i foroi frot to / thew of
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Other blood/hematology condition	o i foroi frot to / thew of
Please specify other blood/hem	natology condition:
ricase speeding officer brooding	latology condition.
Age when diagnosed? (Leave be Answer) Years	lank if you Don't Know or Prefer Not to
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Don't Know	
☐ Prefer Not to Answer	
ave you had Cancer?	
Yes o No o Don't Know o Prefer Not	to Answer
If Yes: What type(s) of cancer? Check	all that apply.
☐ Bladder cancer	
Age when diagnosed? (Leave be Answer) Years	lank if you Don't Know or Prefer Not to
Ongoing or current condition?	
o Yes o No o Don't Know	o Prefer Not to Answer
Currently receiving treatment?	
o Yes o No o Don't Know	o Prefer Not to Answer
☐ Blood or soft tissue cancer	
	lank if you Don't Know or Prefer Not to
Answer) Years	
Ongoing or current condition?	
5 5	o Prefer Not to Answer
o Yes o No o Don't Know	o Prefer Not to Answer
5 5	o Prefer Not to Answer o Prefer Not to Answer

☐ Bor	ne cancer					
	Age who	en diagn	nosed? (Leave bla	ank if you Don't Know or Prefer Not to		
	Answer)Years					
	Ongoing or current condition?					
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		•	ving treatment?			
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□ Bra	in cancer					
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	Answer)					
			rent condition?			
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			rent condition?	5 6 11 11 1		
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			rent condition?	D (N () A		
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	Answer)					
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	Answer)	_	ears	ank if you boilt know of Freier Not to		
	,		rent condition?			
	o Yes	o No		o Prefer Not to Answer		
			ving treatment?	O FIGICI NOT TO WISWEI		
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	0 100	5 140	S DOITE KITOW	OT TOTAL NOT TO A THIS WALL		

□ End	lometrial	cancer		
	Age who	en diagr	nosed? (Leave bla	ank if you Don't Know or Prefer Not to
	Answer)	Y	ears	•
	Ongoing	g or curi	rent condition?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
	Current	ly receiv	ing treatment?	
	o Yes	o No	o Don't Know	o Prefer Not to Answer
□ Esc	phageal	cancer		
				ank if you Don't Know or Prefer Not to
	Answer)			
	•	_	rent condition?	
				o Prefer Not to Answer
			ving treatment?	
		o No	o Don't Know	o Prefer Not to Answer
□ Eye	cancer			
				ank if you Don't Know or Prefer Not to
	Answer)			
	•	9	rent condition?	5 6 11 4 4
			o Don't Know	o Prefer Not to Answer
			ving treatment?	5 6 11 4 4
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	Answer)			
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			rent condition? o Don't Know	o Prefer Not to Answer
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	er cancer		O DOITT KITOW	o Fleiei Not to Aliswei
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	o Yes	o No	o Don't Know	o Prefer Not to Answer
			ving treatment?	OT TOTAL NOT TO WILLIAM CI
	o Yes	o No	_	o Prefer Not to Answer
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☐ Lun	ig cancer				
	Age whe	en diagn	osed? (Leave bla	ank if you Don't Know or Prefer Not to	
	Answer) Years				
	Ongoing	g or curr	ent condition?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	Currentl	ly receiv	ring treatment?		
	o Yes	o No	o Don't Know	o Prefer Not to Answer	
	arian cand				
				ank if you Don't Know or Prefer Not to	
	Answer)				
			ent condition?		
			o Don't Know	o Prefer Not to Answer	
			ing treatment?		
			o Don't Know	o Prefer Not to Answer	
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	Answer)				
			rent condition?	D (N) ()	
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			rent condition?	a Duafau Nat ta Augusta	
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	o res n cancer	O INO	O DOIL KNOW	o Prefer Not to Answer	
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	,		ent condition?		
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				- : : : : : : : : : : : : : : : : : : :	

	☐ Thyroid cancer		
	Age when dia	gnosed? (Leave bl	ank if you Don't Know or Prefer Not to
	Answer)	Years	
	Ongoing or cu	urrent condition?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	Currently rece	eiving treatment?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	☐ Other cancer		
	Please specify	y other type of can	ncer:
	Age when dia	gnosed? (Leave bl	ank if you Don't Know or Prefer Not to
	Answer)	Years	
	Ongoing or cu	urrent condition?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	Currently rece	eiving treatment?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	☐ Don't Know		
	☐ Prefer Not to Answ	er	
			COVID, chickenpox, sinus infection,
urinar	/ tract/bladder infection		
o Yes	o No o Don't Kno	ow o Prefer Not	to Answer
	If Yes: What infectio	n(s)? Check all the	at apply.
	□ Chickenpox		
	-	gnosed? (Leave bl Years	ank if you Don't Know or Prefer Not to
	,	urrent condition?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	Currently rece	eiving treatment?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	☐ Chronic sinus infec	tions	
	Age when dia	gnosed? (Leave bl	ank if you Don't Know or Prefer Not to
	Answer)	Years	•
	Ongoing or cu	urrent condition?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	Currently rece	eiving treatment?	
	o Yes o No	o Don't Know	o Prefer Not to Answer
	□ COVID-19		
	Age when dia	gnosed? (Leave bl	ank if you Don't Know or Prefer Not to
		Years	•
	,	urrent condition?	
	o Yes o No		o Prefer Not to Answer
	Currently rece	eiving treatment?	
	o Yes o No	_	o Prefer Not to Answer

If you have had COVID-19:

Please list all the times you have ever had COVID-19:

	Date COVID- 19 illness began (approximate date is okay)	Did you have symptoms?	Were you hospitalized for this illness?	Provide additional information, such as medications, on COVID-19 illness, if desired:
COVID-19		o Yes	o Yes	
illness #1		o No	o No	
COVID-19		o Yes	o Yes	
illness #2		o No	o No	
COVID-19		o Yes	o Yes	
illness #3		o No	o No	
COVID-19		o Yes	o Yes	
illness #4		o No	o No	

If you have had COVID-19 more than 4 times, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Have you experienced any of the following "long COVID" symptoms? (Check all that apply)

Long COVID is defined as symptoms lasting three or more months after first contracting the virus, and that you did not have prior to your COVID-19 infection.

□ I have not experienced any "long COVID" symptoms
□ Tiredness or fatigue
□ Difficulty thinking, concentrating, forgetfulness, or memory problems
(sometimes referred to as "brain fog")
□ Difficulty breathing or shortness of breath
□ Joint or muscle pain
□ Fast-beating or pounding heart (also known as heart palpitations)
□ Chest pain
□ Dizziness on standing
□ Menstrual changes
□ Changes to taste/smell
□ Inability to exercise or change in exercise tolerance

Have you received a COVID-19 vaccination?

o Yes o No o Prefer Not to Answer

□ Der	ngue feve	r				
	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to					
	Answer) Years					
	Ongoing or current condition?					
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly receiv	ring treatment?			
		o No	o Don't Know	o Prefer Not to Answer		
☐ Hep	oatitis A					
				ank if you Don't Know or Prefer Not to		
	Answer) Years					
			ent condition?			
			o Don't Know	o Prefer Not to Answer		
		•	ing treatment?			
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☐ Hep	oatitis B					
				ank if you Don't Know or Prefer Not to		
	Answer)					
			rent condition?	5 6 11 11 1		
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	o Yes	o No	ving treatment? o Don't Know	o Prefer Not to Answer		
□ Lvn			O DOITE KHOW	o Fleiei Not to Aliswei		
Lyme disease						
	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to Answer) Years					
	Ongoing or current condition?					
	o Yes	o No		o Prefer Not to Answer		
	Currently receiving treatment?					
	o Yes	o No	=	o Prefer Not to Answer		
	0 103	0 140	o Don titilow	OT TOTAL NOT TO MISWE		

☐ Recurrent urinary tract infections (UTI)/bladder infections						
	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to					
	Answer) Years					
	Ongoing or current condition?					
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current		ving treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
□ Re	occurring	yeast in	nfection			
				ank if you Don't Know or Prefer Not to		
	Answer)	Y	ears/			
	Ongoin	g or cur	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly recei	ving treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
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				ank if you Don't Know or Prefer Not to		
	Answer)	Y	ears/			
	Ongoing	g or cur	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly recei	ving treatment?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
☐ Se	•		•	rhea, Syphilis, Chlamydia)		
				ank if you Don't Know or Prefer Not to		
	Answer)	Y	ears/			
	Ongoin	g or cur	rent condition?			
	o Yes	o No	o Don't Know	o Prefer Not to Answer		
	Current	ly recei	ving treatment?			
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	Current	ly recei	ving treatment?			
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☐ Tul	perculosis	;				
Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to						
	Answer) Years					
	Ongoing or current condition?					
	o Yes	o No		o Prefer Not to Answer		
Currently receiving treatment?						
	o Yes	o No	o Don't Know	o Prefer Not to Answer		

☐ West Nile vir	us							
Age who	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not to							
_	Answer) Years							
,	Ongoing or current condition?							
•		o Don't Know	o Prefer Not to	Answer				
	Currently receiving treatment?							
	•	o Don't Know	o Prefer Not to	Answer				
☐ Zika virus								
Age who	Age when diagnosed? (Leave blank if you Don't Know or Prefer Not							
	Answer) Years							
Ongoing	or curre	ent condition?						
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Current	lv receivi	ng treatment?						
o Yes	•	o Don't Know	o Prefer Not to	Answer				
□ Other infection	ous diseas	se						
Please s	specify ot	her infectious o	disease:					
				Know or Prefer Not to				
_	Ye	<u>*</u>						
,		ent condition?						
•		o Don't Know	o Prefer Not to	Answer				
		ng treatment?						
o Yes		o Don't Know	o Prefer Not to	Answer				
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☐ Prefer Not to	Answer							
	7 (113 (10)							
Have you been expo	sed to hid	nher than usual	levels of one o	r more of the				
following: Agent Ora								
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and which you	WOIG CAP	,000a.						
Have you had any Al	larnias?							
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ii Other, pieas	e specity	other allergies:	•					

Have you had any Surgical procedures? (ex: cholecystectomy, hysterectomy, etc.) o Yes o No o Don't Know o Prefer Not to Answer

Surgical Procedure	Approximate Date of Procedure (MM-DD-YYYY)	Your age when you had the procedure (in years)

If you have additional surgical procedures to list, please write the surgical procedure information (procedure name, approximate date of procedure, and your age in years when you had the procedure) on a separate sheet of paper and attach it to this questionnaire.

Have yo	ou had a	ny other medica	al problems?				
o Yes	o No	o Don't Know	o Prefer Not to Answer				
If Yes: please explain any other medical problems:							

Thank you for completing this section! Please continue to the next section.