

## CAGI 2011 survey

Answers here should be considered public – however, we request you keep your answers temporarily private until after September 30 2011. After this date, we plan to display the responses publicly on your PGP profile.

All questions are OPTIONAL. Please skip answering anything you do not wish to make public.

\* Required

### Randomly generated unique identifier \*

Please do not edit this field. We will use this pre-populated string to link your survey responses back to your PGP account in a secure fashion. Thanks!

Your answer

### Birth

Answer as best you can, or leave blank.

Date of Birth (mm/dd/yyyy)

Your answer

Birth weight (in g)

Your answer

### Blood measurements

These measurements must have been taken on the same day. If you do not have this data, then skip this section.

Date of blood measurement (as MM/DD/YYYY)

Your answer

HDL level (in mg/dL)

Your answer

LDL level (in mg/dL)

Your answer

Triglyceride level (in mg/dL)

Your answer

Fasting blood glucose level (in mg/dL)

Your answer

### Drug dosage

You may skip this question if you are not taking warfarin.

Warfarin dose (in mg)

Your answer

Date of dose (mm/dd/yyyy)

Your answer

#### Menarche

You may skip this question if it is not applicable, or if you do not want the data publicly linked to your profile.

#### Age at Menarche

What was your age, in years, when you experienced your first menstrual cycle?

- ☐ < 9
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ > 16
- ☐ Not applicable

#### Cigarette Smoking History

You should skip this question if you do not want the data publicly linked to your profile.

#### Smoking pack years

How many pack years do you estimate you have smoked? An online calculator to assist estimation is at this site: <http://smokingpackyears.com/>

- ☐ Less than 1
- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 25-30
- ☐ 31-40
- ☐ More than 40
- ☐ No response

#### Binary traits

You can skip any lines if you do not want to publicly share information for a given trait.

Do you have any of the following?

	Yes	No	Unsure
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type II Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary artery disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long QT Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertrophic cardiomyopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color blindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celiac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactose intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyslexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Varicose veins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Apnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tongue rolling (tube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenylthiocarbamide tasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood type - Has A antigen? (Type A or AB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood type - Has B antigen? (Type B or AB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood type - Is Rh(D) positive? (A+, O+, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absolute pitch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Results will become public after Sept 30 2011**

Remember that everything you submit will become public. Please review your responses and skip any questions you do not want to make public.

Thank you for taking the time to fill out these surveys!

Submit

Never submit passwords through Google Forms.

This content is neither created nor endorsed by Google. [Report Abuse](#) - [Terms of Service](#) - [Privacy Policy](#)

Google Forms

