



THE HOSPITAL FOR
SICK CHILDREN

CALIPER

Office Use Only

Participant ID # _____

Questionnaire – Birth to 18-years-old

Please note that we may contact you if your responses need to be clarified.

1. a) **Today's date** : _____
(Month) (Day) (Year)
- b) Parent/Guardian's name: _____ Ph #: _____ - _____ - _____
(First) (Last)
2. a) Child/Participant's name: _____
(First) (Last)
- b) Child/Participant's doctor's information:
Dr. _____ Ph #: _____ - _____ - _____
(Initial) (Last)
Doctor's mailing address *or* major intersection and city/town:

c) Your mailing address (so we can send a copy of your signed consent form to you):

3. Child/Participant's **date of birth**: _____
(Month) (Day) (Year)
4. Child/Participant is: • female • male

5. a) Was Child/Participant born in Canada?

yes - In which province? _____

no - In which country was Child/Participant born? _____

6. What are considered to be healthy & normal blood test results for one ethnic group may be different for other ethnic groups. For this reason, it is important for us to know Child/Participant's ethnic origin. Please check mark the ethnic origin(s) of Child/Participant's biological mother and biological father. You can select more than one answer.

<u>biological mother</u>		<u>biological father</u>	
Aboriginal	Korean	Aboriginal	Korean
Arab/west Asian	Latin American	Arab/west Asian	Latin American
Black	South Asian	Black	South Asian
Chinese	South east Asian	Chinese	South east Asian
Filipino	Caucasian	Filipino	Caucasian
Japanese	Other: _____	Japanese	Other: _____

7. Is Child/Participant's biological mother considered to be healthy?

yes

no - please explain: _____

unsure

8. Is Child/Participant's biological father considered to be healthy?

yes

no - please explain: _____

unsure

9. Does Child/Participant have a long-term illness or health condition that has been confirmed by a doctor?

yes - please explain: _____

no

10. a) Does Child/Participant regularly take any prescribed medications?

yes - please explain: _____

no

11. **These questions are for parents/guardians and/or participants between 8 and 19 years old.** To best understand a participant's blood test results, it is important for us to know their level of physical maturity (Tanner score).

a) Do we have your permission for your child/you to complete a self-report Tanner sheet by check marking the appropriate box that represents their/your level of physical maturity?

yes

no (if no, please answer *question b* below)

b) Do we have your permission for your child's doctor/your doctor to share this information with us?

yes

no

You are now finished. Thank you for your participation.

Questions A-O on the next page are to be completed the day of Child/Participant's appointment.

You will be asked to complete Questions A-O below at Child/Participant's appointment.

A) Has Child/Participant been ill within the past **7 days**?

- yes - please explain: _____
- no

B) Please specify Child/Participant's diet in a **typical week**. Please check all that apply.

- red meat (beef, veal, pork, lamb, etc.)
- poultry (chicken, turkey, duck, etc.)
- fish (salmon, halibut, haddock, cod, tuna, etc.)
- shellfish (lobster, crab, shrimp, etc.)
- eggs
- milk ▪ skim ▪ 1% ▪ 2% ▪ homo
- cheese
- yogurt
- margarine
- honey
- vegetarian: do not eat any red meat, poultry, fish or shellfish
- vegan: do not eat any red meat, poultry, fish, shellfish, eggs, dairy or honey
- ~~multi-~~vitamins
- vitamin D
- other vitamins/minerals – please explain: _____

Breastmilk

Infant Formula

C) Has Child/Participant taken any medication **prescribed by a doctor** in the past 2 weeks?

- yes - please explain: _____
- no

D) Please check all non-prescribed medications or substances that Child/Participant has taken in the past 2 weeks.

- cold/flu medication
- aspirin/tylenol/ibuprofen
- allergy medication
- other (i.e. cigarettes, alcohol, etc.)- please explain: _____

E) Has Child/Participant exercised heavily in the past 24 hours (e.g. running, cycling, swimming, etc.)?

- yes - please explain: _____
- no

This section is for females only.

F) Does Child/Participant take birth control pills?

- yes
- no

G) Has Child/Participant had her first period/menstruation?

- yes (if yes, please answer *questions H and I* below)
- no

H) How many days does Child/Participant's period/menstruation usually last? _____ days

I) Is Child/Participant menstruating today?

- yes – this is Child/Participant's _____ day of menstruating (e.g. 1st, 2nd, 3rd, 4th, etc.)
- no – Child/Participant's last period/menstruation start date was _____ (Month) _____ (day) _____ (year)

J) Would you like us to notify you of future CALIPER follow-up studies?

- yes – e-mail address: _____
- no

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These measurements will be taken by a CALIPER team member at the appointment.

K) fasting: _____ hrs

L) weight: _____ kg

M) height: _____ cm

N) waist: _____ cm

O) location: _____