

Questionnaire – 1 to 18 years old

Parents/guardians of children between 1-15 years old will complete this questionnaire.
Participants between 16-18 years old can complete this questionnaire themselves.
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 name: Dr. _____ Ph #: _____ - _____ - _____
(Initial) (Last)
- 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? _____
- How many years has Child/Participant lived in Canada? _____
- b) Where has Child/Participant lived for the last 2 years? _____
- c) In which country was Child/Participant's biological mother born? _____
- d) In which country was Child/Participant's biological father 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.

biological mother

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arab/west Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Black | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South east Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: _____ |

biological father

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arab/west Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Black | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South east Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> 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. Has Child/Participant been ill within the past month?

- ☐ yes - please explain: _____
☐ no

11. Does Child/Participant take any vitamins or supplements regularly?

- ☐ no
☐ multivitamin _____ times per _____ (day, week, month, year)
☐ multivitamin with iron _____ times per _____ (day, week, month, year)
☐ iron _____ times per _____ (day, week, month, year)
☐ vitamin D _____ times per _____ (day, week, month, year)
☐ calcium _____ times per _____ (day, week, month, year)
☐ other – please explain: _____

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

- ☐ yes - please explain: _____
☐ no

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

- ☐ yes - please explain: _____
☐ no

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

- ☐ cold/flu medication
☐ cigarettes
☐ alcohol
☐ other - please explain: _____
☐ none

Questions 13-18 are not included as they only apply to participants who are between birth to 12 months old.

19. 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: does not eat any red meat, poultry, fish or shellfish
- ☐ vegan: does not eat any red meat, poultry, fish, shellfish, eggs, dairy or honey

20. **This question is for parents/guardians of children between 9 and 15 years old.** To best understand children's blood test results, it is important for us to know their level of physical maturity (Tanner score). Do we have your permission for your child's doctor to share this information with us?

- ☐ yes
- ☐ no

You are now finished. Thank you for your participation.

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

You will be asked to complete Questions A-N 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 for the past 3 days. 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
- 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
☐ cigarettes
☐ alcohol
☐ other - please explain: _____
☐ none
- E) Has Child/Participant exercised heavily in the past 24 hours (e.g. running, cycling, swimming, etc.)?
☐ yes - please explain: _____
☐ no
- F) **This question is for females.** Has Child/Participant had her first period/menstruation?
☐ yes
☐ no
- G) **This question is for females.** Does Child/Participant take birth control pills?
☐ yes
☐ no

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

- H) fasting: _____ hrs
- I) weight: _____ lbs
- J) height: _____ cm
- K) waist: _____ cm
- L) location: _____

M) We will share Child/Participant's blood test results that could be of concern with Child/Participant's doctor. Would you like us to also share normal blood test results with Child/Participant's doctor (e.g. Vitamins A, E, D, Iron)?

- ☐ yes
☐ no

N) Would you like us to notify you of future CALIPER events?

- ☐ yes - I can be reached by phone: _____ - _____ - _____
email: _____
☐ no