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THE RAINE STUDY

**Teenager Medical History
Questionnaire**

16 year Follow-up



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Not for completion



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Medical History Questionnaire

The purpose of this teenager medical history questionnaire is to obtain information about any diagnosed conditions and health problems you may have now or experienced in the past, as well as your health service utilisation and use of any prescription or over the counter medications.

Terms of Reference

For the purpose of this questionnaire the following terms apply:

Health professional diagnosed	A medical doctor, specialist, physiotherapist, chiropractor, optometrist or any other health professional told you that you had a health problem.
Prescription medications	Medication for which a medical doctor wrote a prescription for you to take to a pharmacy
Non-prescription medications	Medications that you don't need a doctors written prescription to buy

Please take your time

If you are uncomfortable about a question or unsure of an answer, please leave it blank and discuss it with one of the Raine Study staff while you are here, or if you are unable to attend an appointment then phone us on 9489 7937 or 9489 7796.

Remember ALL answers are confidential

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire to us.

Please return your completed questionnaire to us by:

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Western Australian Pregnancy Cohort (RAINE) Study
Telethon Institute for Child Health Research
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Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
---	---	---	---	---	---	---	---	---	---	---	---	---

N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



Please **do not** use crosses



Please **do not** use ticks





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CONFIDENTIAL

Q1. Have you **ever** attended the School Dental Service in Western Australia (this includes dental vans visiting schools)?

- ☐ No
☐ Yes
☐ Don't know

Q2. In the **last 12 months**, have you attended any of the following?

☐ No **Go to Q3**

☐ Yes



(Please mark all responses applicable to the study teenager)		No	Yes Now completed	Yes Still attending regularly or occasionally
G217 AT8	GP or family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT19	Accident and emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT13	Hospital outpatient (department or clinic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT20	Private medical specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT11	Dentist/Dental therapist/Orthodontist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT16	School nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT15	Optician/Optommetrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT12	Dietician/Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT2	Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT3	Occupational therapist (OT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT4	Speech therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT5	Psychologist/Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT17	Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT6	Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217 AT7	Alternative therapist (eg iridologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Office use only

G217 MD?? MD

1	20	1 ----		21	2 ----		22	3 ----		23	4 ----	
5	24	5 ----		25	6 ----		26	7 ----		27	8 ----	
9	28	9 ----		29	10 ----		30	14 ----		31	15 ----	
13	32	16 ----		33	17 ----		34	18 ----		35	19 ----	



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Q3. Do you have now, or have you had in the past, **any** of the following **health professional diagnosed** medical conditions or health problems?

(Please mark one response for each item)		No	Yes, in the past	Yes, now	Yes, now and in the past
G217	CH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217	CH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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(eg. long sighted - wear glasses for reading; diagnosed with attention deficit disorder; asthma

[illegible]

Go to Q6

Name		Reason for taking it	Are you still taking it?
eg.	Antibiotics	For acne	Yes
	Ventolin	For asthma	Yes
	Cortisone cream	For eczema	No
	The Pill or Depo-Provera	For acne, menstrual disorders or contraception	Yes

The diagram illustrates the PMD and CMD registers for G217. The top section shows PMD registers (PMD1 to PMD20) with red arrows indicating data flow from PMD1 to PMD20. The bottom section shows CMD registers (CMD1 to CMD20) with red arrows indicating data flow from CMD1 to CMD20. A blue box labeled 'no longer used' is positioned below the CMD registers.



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G217_CMED Q6. In the **last 6 months**, have you taken/used any 'over the counter' medication(s) (including vitamins, minerals and health food products)?

☐ No

Go to Q7

☐ Yes



Which medication(s)?		
Name	Reason for taking it	Are you still taking it?
eg. Neurofen Antihistamine Fish oil capsules	For period pain For hayfever For ADD	Yes No Yes

G217_INJ Q7. **Since the last follow-up** at 14 years of age, have you had any accidents or injuries which required you to go to a doctor (GP), hospital or clinic?

☐ No

Go to Q8

☐ Yes



Please describe the accident, the injury and any treatment (eg. fell off bike, cut arm, 3 stitches), and list every accident/injury separately, giving as much detail as possible.			
Injury	How did it happen?	When did it happen?	Treatment
eg. Sprained wrist	Fell down stairs	3 months ago	Physiotherapy/bandage

Office use only

G217_INF? **G217_INC?**

Q8

G217_HOD?

G217_HOH?

G217_HOC?

11	1	1	H1	1	/	/		1		1
12	2	2	H2	2	/	/		2		2
13	3	3	H3	3	/	/		3		3
14	4	4	H4	4	/	/		4		4
15	5	5	H5	5	/	/		5		5



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G217_HO Q8. Since the last follow-up at 14 years of age, have you been admitted to a hospital ?

☐ No

Go to Q9

☐ Yes



Please list each admission separately, giving as much detail as possible.

Date	Which hospital?	Reason for admission
eg. October 2005	McCourt St Day Surgery	Removal of impacted wisdom teeth
G217_HOD1	G217_HOH1	G217_HOC1
G217_HOD0	G217_HOH0	G217_HOC0

Q9. This question asks about your **biological family's history** of coeliac disease and hemochromatosis (iron overload disease) **and** whether or not it was diagnosed by a doctor. (Please include half-brothers and half-sisters but not step-brothers or step-sisters)

(Please mark all applicable responses)		No	Yes	Don't Know	Diagnosed by a doctor	
					No	Yes
Does your mother have...						
G217_H1W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H1X
G217_H1Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H1Z
Does your father have...						
G217_H2W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H2X
G217_H2Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H2Z
Do any of your biological brothers or sisters (siblings) have...						
Sibling 1						
G217_H4W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H4X
G217_H4Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H4Z
Sibling 2						
G217_H5W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H5X
G217_H5Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H5Z
Sibling 3						
G217_H6W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H6X
G217_H6Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H6Z
Sibling 4						
G217_H7W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H7X
G217_H7Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H7Z
Sibling 5						
G217_H8W	Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H8X
G217_H8Y	Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_H8Z

Same pattern through to sibling 7



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[illegible]

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**WE APPRECIATE THE TIME THAT YOU HAVE SPENT
COMPLETING THIS QUESTIONNAIRE**

DAT	QCOM	WI



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Not for completion