For office use only
Participant ID: _____
Reviewer Staff Initials: __ __ __
Site ID where reviewed:_____
Date Reviewed: ___/___/___
mm dd yyyy

MURDOCK Study Registry Participant Form

Please use only black ink

General Demographics **Date form filled out:** _____

1. First name: _____ Middle initial: ___ Last name: _____

2. Mailing address:_____

3. City: _____ State: NC Zip code:_____ County:_____

4. Physical address (if different):_____

5. City: _____ State:____ Zip code:_____County:_____

6. Home phone: (____) ____-_____ Cell/Mobile Phone: (____) ____-_____

Work phone: (____) ____-_____

7. Email: _____

8. Date of birth:_____ /____/ _____
month day year

9. Place of birth:_____ ____ _____
City *State* *Country (**if other than the United States**)*

10. Sex

- ❑ Male
- ❑ Female

11. Ethnicity: Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- ❑ Yes—Hispanic or Latino
- ❑ No—Not Hispanic or Latino
- ❑ Don't know/Not sure/Prefer not to answer

ALTERNATE CONTACT

***Note**: An alternate contact is someone we have your permission to communicate with if your contact information changes and we are not able to get in touch with you. We will contact your alternate contact in order to obtain updated contact information for you.*

12. Alternate Contact First name:_____ Last name: _____

13. Alternate Contact mailing address Street:_____

14. City: _____ State:_____ Zip Code:_____

15. Alternate Contact phone (____) ____-_____

16. Alternate Contact Email:_____

17. Race *(Check all that apply)*

- ❑ **White/Caucasian** (Origins in any of the original peoples of Europe, the Middle East or North Africa)
- ❑ **Black or African American** (Origins in any of the black racial groups of Africa)
- ❑ **American Indian and Alaska Native** (Origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliations or community attachment)
- ❑ **Asian** (Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)
- ❑ **Native Hawaiian and Other Pacific Islander** (Origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- ❑ **Other Race**
- ❑ **Don't know/Not sure/Prefer not to answer**

18. Height (*Example: 5 feet, 7 inches -- please **use only whole numbers with no ranges.**)* _____feet _____ inches

19. Weight *(in pounds)***:** _____ pounds *(for example: 145 pounds)*

20. How many hours of **sleep** do you usually get per night? *(Example: 8 hours—Please **use only whole numbers with no ranges**)* _____ hours

21. Who is your **primary care or main doctor**? _____

- ❑ Don't have a primary care doctor or provider
- ❑ Don't know

22. What is the **name of the primary care practice** where you are usually seen? _____

- ❑ Don't have a primary care practice
- ❑ Don't know

23. Current **Marital Status** *(please **check one**)*:

- ❑ Married
- ❑ Divorced
- ❑ Widowed
- ❑ Separated
- ❑ Never married
- ❑ Domestic partner

24. What is the **highest level of education** you have achieved?

- ❑ Less than high school graduate
- ❑ High school graduate (includes equivalent such as GED)
- ❑ Some college or associate's degree
- ❑ Bachelor's degree
- ❑ Master's or higher professional degree

25. What was the **highest level of education your mother** achieved? (or the person you lived with who was like a mother to you)

- ❑ Less than high school graduate
- ❑ High school graduate (includes equivalent such as GED)
- ❑ Some college or associate's degree
- ❑ Bachelor's degree
- ❑ Master's or higher professional degree
- ❑ Don't know

26. What was the **highest level of education your father** achieved? (or the person you lived with who was like a father to you)

- ❑ Less than high school graduate
- ❑ High school graduate (includes equivalent such as GED)
- ❑ Some college or associate's degree
- ❑ Bachelor's degree
- ❑ Master's or higher professional degree
- ❑ Don't know

27. Employment: During the past twelve months, did you do **any work for pay**?

- ❑ Yes
- ❑ No

28. What is your **current employment status** *(please **check one**)*?

- ❑ Working now full-time
- ❑ Working now part-time
- ❑ Unemployed/looking for work
- ❑ Stay at home full-time for parenting, care giving, or other responsibilities
- ❑ Retired
- ❑ Temporarily laid off or sick/maternity leave
- ❑ Permanently disabled
- ❑ Student
- ❑ Other: _____

29. If you have done work for pay in the past 12 months, how many times have you been **laid off from work**?

___ times or

- ❑ Not applicable—I have not worked for pay during the past 12 months (*Only check this box if you checked "no" to question 27*.)

30. During your childhood, what was your **mother's occupation or main job**?

_____

31. During your childhood, what was your **father's occupation or main job**?

_____

32. Where do you live? *(please check the appropriate answer)*

- ❑ A single family home that is detached from other homes
- ❑ A single family home that is attached to other homes (like a townhouse or duplex)
- ❑ An apartment
- ❑ Other: _____

33. How do you **pay for your housing**?

- ❑ I make a mortgage payment
- ❑ I pay rent
- ❑ I don't have to pay for housing because I own my house outright
- ❑ I don't have to pay for housing because I live with family or friends
- ❑ Other: _____

34. How many people currently live in your household (**including yourself**)?

Children under age 18: _____ ***If none, please enter a zero***.
Adults aged 18–65: _____ ***If none, please enter a zero***.
Adults over age 65: _____ ***If none, please enter a zero***.

35. What was your **total household income LAST YEAR**? Please include all sources of income before taxes.

- ❑ Under $10,000
- ❑ $10,000–29,999
- ❑ $30,000–49,999
- ❑ $50,000–69,999
- ❑ $70,000–89,999
- ❑ $90,000 or more
- ❑ Don't know

36. How well off would you say your family was when you were growing up to age 12?
Would you say they were:

- ❑ Poor
- ❑ Below average
- ❑ About average
- ❑ Above average
- ❑ Quite well off

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Participant ID: _____

Views About Your Health

Please indicate how you feel about each of the following questions.

37. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
❑	❑	❑	❑	❑

38. Does your health now limit you in climbing one flight of stairs?

Not at all	Very little	Somewhat	Quite a lot	Cannot do
❑	❑	❑	❑	❑

39. Does your health now limit you in walking more than a mile?

Not at all	Very little	Somewhat	Quite a lot	Cannot do
❑	❑	❑	❑	❑

40. Does your health now limit you in lifting or carrying groceries?

Not at all	Very little	Somewhat	Quite a lot	Cannot do
❑	❑	❑	❑	❑

41. Does your health now limit you in bending, kneeling, or stooping?

Not at all	Very little	Somewhat	Quite a lot	Cannot do
❑	❑	❑	❑	❑

42. Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

Not at all	Very little	Somewhat	Quite a lot	Cannot do
❑	❑	❑	❑	❑

43. Are you able to do chores such as vacuuming or yard work?

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
❑	❑	❑	❑	❑

44. Are you able to dress yourself, including tying shoelaces and doing buttons?

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
❑	❑	❑	❑	❑

45. Are you able to wash and dry your body?

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
❑	❑	❑	❑	❑

46. Are you able to get on and off the toilet?

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
❑	❑	❑	❑	❑

47. Are you able to run five miles?

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
❑	❑	❑	❑	❑

In the past 7 days…

48. I felt fearful.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

49. I found it hard to focus on anything other than my anxiety.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

50. My worries overwhelmed me.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

51. I felt uneasy.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

In the past 7 days…

52. I felt worthless.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

53. I felt unhappy.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

54. I felt depressed.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

55. I felt hopeless.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

In the past 7 days…

56. How fatigued were you on average?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

57. How run-down did you feel on average?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

58. How tired did you feel on average?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

In the past 7 days…

59. How would you rate your pain on average?

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

No pain — **Worst imaginable pain**

60. How much did pain interfere with your day to day activities?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

61. How much did pain interfere with your ability to participate in social activities?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

62. How much did pain interfere with your enjoyment of life?

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

In the past 7 days…

63. I was satisfied with my sleep.

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

64. I felt angry.

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

65. I am satisfied with my ability to perform my daily routines.

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

66. I am satisfied with my ability to do leisure activities.

Not at all	A little bit	Somewhat	Quite a bit	Very much
❑	❑	❑	❑	❑

Health Problems

67. Do you **have, or have you ever had,** any of the following?

Heart			
Coronary artery disease	❑ Yes	❑ No	❑ Don't know
Atrial fibrillation	❑ Yes	❑ No	❑ Don't know
Heart attack or angina	❑ Yes	❑ No	❑ Don't know
Congestive heart failure	❑ Yes	❑ No	❑ Don't know
Implantable cardiac defibrillator (ICD) or pacemaker placement	❑ Yes	❑ No	❑ Don't know
Cancer			
Breast cancer	❑ Yes	❑ No	❑ Don't know
Colon cancer	❑ Yes	❑ No	❑ Don't know
Lung cancer	❑ Yes	❑ No	❑ Don't know
Prostate cancer	❑ Yes	❑ No	❑ Don't know
Cervical cancer	❑ Yes	❑ No	❑ Don't know
Melanoma *(a specific type of skin cancer)*	❑ Yes	❑ No	❑ Don't know
Skin cancer, not melanoma	❑ Yes	❑ No	❑ Don't know
Oral cancer	❑ Yes	❑ No	❑ Don't know
Other type of cancer	❑ Yes	❑ No	❑ Don't know
Metabolic			
Diabetes	❑ Yes	❑ No	❑ Don't know
High cholesterol	❑ Yes	❑ No	❑ Don't know
Thyroid disease	❑ Yes	❑ No	❑ Don't know
High blood pressure	❑ Yes	❑ No	❑ Don't know
Obesity	❑ Yes	❑ No	❑ Don't know
Lung/Respiratory			
Asthma	❑ Yes	❑ No	❑ Don't know
Emphysema or "COPD"	❑ Yes	❑ No	❑ Don't know
Bone/Joint			
Osteoarthritis	❑ Yes	❑ No	❑ Don't know
Rheumatoid arthritis	❑ Yes	❑ No	❑ Don't know
Other autoimmune disease (Other than Multiple Sclerosis)	❑ Yes	❑ No	❑ Don't know

Health Problems *(continued)*

Osteoporosis/Osteopenia	❑ Yes	❑ No	❑ Don't know
Gout	❑ Yes	❑ No	❑ Don't know

Neurological

Alzheimer's disease	❑ Yes	❑ No	❑ Don't know
Depression	❑ Yes	❑ No	❑ Don't know
Other mental illness	❑ Yes	❑ No	❑ Don't know
Stroke	❑ Yes	❑ No	❑ Don't know
Multiple sclerosis	❑ Yes	❑ No	❑ Don't know

Gastrointestinal/Renal

Crohn's disease/ulcerative colitis	❑ Yes	❑ No	❑ Don't know
Liver disease	❑ Yes	❑ No	❑ Don't know
Kidney disease	❑ Yes	❑ No	❑ Don't know

Family Medical History

68. Have your **biological parents or siblings** (brothers or sisters) ever had the following conditions?

Heart disease *(coronary artery disease, heart attack, bypass surgery, or angioplasty/stent)*	❑ Yes	❑ No	❑ Don't know
Cancer	❑ Yes	❑ No	❑ Don't know
Mental illness *(depression, bipolar disorder, anxiety, schizophrenia, etc.)*	❑ Yes	❑ No	❑ Don't know
Dementia	❑ Yes	❑ No	❑ Don't know
Diabetes	❑ Yes	❑ No	❑ Don't know

Lifestyle Habits

69. In your lifetime, have you **smoked at least 100 cigarettes** (5 packs)?

- ❑ Yes
- ❑ No → **skip to question 73**
- ❑ Don't Know

70. Do you **currently smoke cigarettes**?

- ❑ Yes, only some days
- ❑ Yes, everyday
- ❑ No

Lifestyle Habits *(continued)*

71. On days that you smoke (or did smoke), about **how many cigarettes a day** do you smoke/did you smoke, on the average?
____ Cigarettes/day

❑ I have never smoked at least 100 cigarettes → **skip to question 73**

72. If you currently smoke or have smoked cigarettes regularly in the past, **how many years** have you smoked/did you smoke regularly?

❑ Less than 1 year
❑ 1–5 Years
❑ 6–10 Years
❑ 11–15 Years
❑ 16–20 Years
❑ 21–25 Years
❑ More than 25 Years
❑ I have never smoked at least 100 cigarettes

73. Have you **ever used or tried any smokeless tobacco products** such as chewing tobacco or snuff?

❑ Yes
❑ No

74. Do you **currently use chewing tobacco or snuff** every day, some days, or not at all?

❑ Every day
❑ Some days
❑ Not at all

75. Do you **currently use cigars, pipes, bidis, kreteks, or other tobacco products**? Do not include cigarettes, snuff, or chewing tobacco.
Note: Bidis are small, brown, hand-rolled cigarettes from India and other Southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

❑ Yes
❑ No

76. What is your **exposure to tobacco smoke in your indoor workplace** while you are there?

❑ I am currently exposed to tobacco smoke at work
❑ I have previously been exposed to tobacco smoke at work
❑ I have never been exposed to tobacco smoke at work

77. What is your **exposure to tobacco smoke in your home** while you are there?

❑ I am currently exposed to tobacco smoke at home
❑ I have previously been exposed to tobacco smoke at home
❑ I have never been exposed to tobacco smoke at home

Lifestyle Habits *(continued)*

78. During the past month, have you had at least **one drink of any alcoholic beverage**, such as beer, wine, wine coolers, or liquor?

- ❑ Yes
- ❑ No → **skip to question 80**
- ❑ Don't Know

79. During the past month, on **how many days per week did you drink any alcoholic beverages**, on the average?

- ❑ Less than 1 day per week/**don't drink alcoholic beverages**
- ❑ 1–2 days per week
- ❑ 3–4 days per week
- ❑ 5–7 days per week

80. On an average day that you drink an alcoholic beverage (a can or bottle of beer, a 4-ounce glass of wine, or one cocktail containing one ounce of liquor), **how many drinks** do you have?
Please specify a number: _____ Drinks

- ❑ Don't drink alcoholic beverages

81. If you currently drink, or have drunk alcohol regularly in the past (even if it was only one or two drinks/week), **how many years have you drunk/did you drink alcohol regularly**?

- ❑ Less than 1 year
- ❑ 1–5 Years
- ❑ 6–10 Years
- ❑ 11–15 Years
- ❑ 16–20 Years
- ❑ 21–25 Years
- ❑ More than 25 Years
- ❑ I have never drunk alcohol regularly

82. In your entire life, did you EVER have **job, school, personal, or legal troubles because of your drinking or being sick from drinking**—like missing too much work?

- ❑ Yes
- ❑ No
- ❑ Don't Know

83. On-The-Job Activity During Past Year

Please check the box next to the **one** statement that **best** describes the kinds of physical activity you usually performed while on the job this last year. If you are not gainfully employed outside the home but perform work around the home **regularly**, indicate that activity in this section.

❑ If you have no job or regular work, check this box and go on to question 84.

❑ I spent most of the day sitting or standing. When I was at work I did such things as writing, typing, talking on the telephone, assembling small parts or operating a machine that takes very little exertion or strength. If I drove a car or truck while at work, I did not lift or carry anything for more that a few minutes each day.

❑ I spent most of the day walking or using my hands and arms in work that required moderate exertion. When I was at work I did such things as delivering mail, patrolling on guard duty, mechanical work on automobiles or other large machines, house painting or operating a machine that requires some moderate activity work of me. If I drove a truck or lift, my job required me to lift and carry things frequently.

❑ I spent most of the day lifting or carrying heavy objects or moving most of my body in some other way. When I was at work, I did such things as stacking cargo or inventory, handling parts or materials, or I did work like that of a carpenter who builds structures or a gardener who does most of the work without machines.

❑ I spent most of the day doing hard physical labor. When I was at work I did such things as digging or chopping with heavy tools, or carrying heavy loads (bricks, for example) to the place where they are to be used. If I drove a truck or operated equipment, my job also required me to do hard physical work most of the day with only short breaks.

84. Leisure-Time Activity During Past Year

Please check the box next to the **one** statement which **best** describes the way you spent your leisure time during most of the last year.

- ❑ Most of my leisure time was spent without very much physical activity. I mostly did things like watching television, reading, or playing cards. If I did anything else, it was likely to be light chores around the house or yard, or some easy-going game like bowling or catch. Only occasionally, no more than once or twice a month, did I do anything more vigorous, like jogging, playing tennis, or active gardening.

- ❑ Weekdays, when I got home from work, I did few active things. But most weekends I was able to get outdoors for some light exercise—going for walks, playing a round of golf (without motorized carts), or doing some active chores around the house.

- ❑ Three times per week, on the average, I engaged in some moderate activity—such as brisk walking or slow jogging, swimming or riding a bike for 15–20 minutes or more. Or I spent 45 minutes to an hour or more doing moderately difficult chores—such as raking or washing windows, mowing the lawn or vacuuming, or playing games such a doubles tennis or basketball.

- ❑ During my leisure time over the past year, I engaged in a regular program of physical fitness involving some kind of heavy physical activity at least three times per week. Examples of heavy physical activity are: jogging, running or riding fast on a bicycle for 30 minutes or more; heavy gardening or other chores for an hour or more; active games or sports such as handball or tennis for an hour or more; or a regular program involving calisthenics and jogging or the equivalent for 30 minute or more.

- ❑ Over the past year I engaged in a regular program of physical fitness along the lines described in the last paragraph, but I did it almost **daily**—five or more times per week.

85. On average, how many **times per week do you eat meals that were prepared in a restaurant**? Please include eat-in restaurants, carry-out restaurants, and restaurants that deliver food to your house.

- ❑ Less than 1/week
- ❑ 1–2/week
- ❑ 3–6/week
- ❑ 7–10/week
- ❑ 11–13/week
- ❑ 14 or more/week
- ❑ Don't know/not sure

86. When shopping for food products, how often do you **read the nutrition label**?

- ❑ Always
- ❑ Very Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never
- ❑ I do not shop for food products

87. How many servings of each of the following do you have **per day**, on average (1 serving = 1 cup solids, 12 ounces liquid. **Please use only whole numbers, no ranges**).

Fruits and vegetables—fresh, canned, or frozen *(not including juices, potatoes, or lettuce)*	_____ or Servings	❑ Don't know/not sure
Milk or dairy foods that are made from milk, such as cheese, cottage cheese, ice cream, milk shakes, or yogurt	_____ or Servings	❑ Don't know/not sure
Protein foods, such as meat, fish, seafood, chicken, turkey, or eggs. Also include protein foods such as peanut butter, or foods that are made from dried beans, such as bean soup, baked beans, or refried beans, meat substitutes, and soy protein foods such as tofu	_____ or Servings	❑ Don't know/not sure
Sweets *(cookies, candies, cakes, ice cream, etc.)*	_____ or Servings	❑ Don't know/not sure
Caffeinated drinks	_____ or Servings	❑ Don't know/not sure
Sugar sweetened beverages *(non-diet soda, sweetened tea, punch, etc.)*	_____ or Servings	❑ Don't know/not sure

For Women Only:

88. Are you having:

- ❑ Regular periods during the last year
- ❑ Irregular periods during the last year
- ❑ No periods during the last year

89. Do you take hormone replacement therapy as a treatment for menopause?

- ❑ Yes
- ❑ No
- ❑ Don't know