

D*action Participant Questionnaire - Page 1

English ▾

All information in this questionnaire is confidential and only reviewed by members of the research team. The information is stored in a password protected database.

Participant ID:

Today's Date:

Participant Information

1. First Name::
2. Middle Initial:
3. Last Name:
4. Date of Birth:  (mm/dd/yyyy)

Parental Consent

If under 18, parental consent must be provided. Parents providing consent for minors to participate must fill in their name and select the button indicating agreement to the following consent statement.'

4a. I give consent for the minor named in the preceding answers (1-3) to participate in this study.

4b. Name of Parent or Legal Guardian:

5. Address-1:
6. Address-2:
7. City / Town:
8. State / Province / Region:
(2-letter abbreviation for US state)
9. ZIP / Postal Code:
10. Country:
11. E-mail Address:
12. Contact Phone: (include area code)
13. Additional Contact Person:
- 13b. Additional Contact Phone: (include area code)
14. Last 4 digits of Social Security #: (optional)
15. Gender Male Female

16. Ethnicity:

Caucasian

African

Hispanic

Asian

Other

D*action Participant Questionnaire - Page 2

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Participant ID:

Today's Date:

1. What is your current weight without clothing:

pounds kilograms

2. What is your current height without shoes:

ft

in

OR

cm

3. What is your average blood pressure (past 6 months)?

/

systolic/diastolic (mmHg)

Don't Know

4. Currently pregnant?

Yes No

If yes, expected date of delivery: (mm/yyyy)

If yes, have you had any of the following conditions of pregnancy:

Date of diagnosis (mm/yyyy)

Gestational diabetes

Pregnancy-induced hypertension

Pre-eclampsia

Eclampsia

HELLP Syndrome

Pre-term labor

5. Have you had a pregnancy end for any reason within the last 6 months?

Yes No

If yes, end date: (mm/yyyy)

Was it a full-term birth? Yes No

What was the method of delivery:

Vaginal delivery

Vaginal delivery with forceps

Vaginal delivery with vacuum suction

Cesarean section for failure to progress

Cesarean section for fetal distress

Cesarean section for large baby

Cesarean section, other (give reason)

Miscarriage

During this pregnancy, did you experience any of the following conditions of pregnancy:

	Date of diagnosis (mm/yyyy)
<input type="checkbox"/> Gestational diabetes	<input type="text"/>
<input type="checkbox"/> Pregnancy-induced hypertension	<input type="text"/>
<input type="checkbox"/> Pre-eclampsia	<input type="text"/>
<input type="checkbox"/> Eclampsia	<input type="text"/>
<input type="checkbox"/> HELLP Syndrome	<input type="text"/>
<input type="checkbox"/> Pre-term labor	<input type="text"/>
<input type="checkbox"/> Pre-term birth	<input type="text"/>

6. Currently breastfeeding?

Yes No

If yes, age of child: (months)

Health History (enter all that apply)

	Date of diagnosis (mm/yyyy)	Recurrence Date
<input type="checkbox"/> Breast Cancer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Colon Cancer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Prostate Cancer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ovarian Cancer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Melanoma	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Cancer <input type="text"/>	<input type="text"/>	<input type="text"/>

Other Diseases

<input type="checkbox"/> Type 1 Diabetes	<input type="text"/>
<input type="checkbox"/> Type 2 Diabetes	<input type="text"/>
<input type="checkbox"/> Multiple Sclerosis	<input type="text"/>
<input type="checkbox"/> Hypertension	<input type="text"/>
<input type="checkbox"/> Pneumonia	<input type="text"/>
<input type="checkbox"/> Heart Attack	<input type="text"/>
<input type="checkbox"/> Stroke	<input type="text"/>
<input type="checkbox"/> Alzheimers (and other dementias)	<input type="text"/>
<input type="checkbox"/> Angina Pectoris	<input type="text"/>
<input type="checkbox"/> Celiac Disease	<input type="text"/>
<input type="checkbox"/> Chronic fatigue	<input type="text"/>
<input type="checkbox"/> Eczema or serious rash	<input type="text"/>
<input type="checkbox"/> Fibromyalgia	<input type="text"/>

- Gluten Intolerance
- Kidney Failure
- Kidney Stones
- Lactose Intolerance
- Myasthenia Gravis
- Parkinsons
- Other

In the last 6 months have you:

7. Fallen? If yes, how many times?

Yes No

8. Broken a bone?

Yes No

If yes, how many times?

If yes, specify which bone:

If yes, specify reason:

9. Had a cold lasting at least 3 days?

Yes No

If yes, how many?

10. Had the flu with fever?

Yes No

If yes, specify symptoms:

- muscle pains
- headache
- weakness
- upper respiratory
- gastrointestinal

11. Had pain anywhere?

Yes No

If yes, specify below:

	(minor » PAIN RATING » major)										
Body part affected	1	2	3	4	5	6	7	8	9	10	Reason if known
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

D*action Participant Questionnaire - Page 3

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Participant ID:

Today's Date:

Vitamin D

During the past 6 months on average, how many ...

1. 8 ounce glasses of milk do you drink per day (only include milk that contains at least 100 IU per serving)?

(whole glasses)

2. International units (IU) of vitamin D in supplements did you take per day?

2a. Vitamin D supplement brand name:

2b. Type of Vitamin D supplement: Liquid Gel-cap Pill Powder

3. International units (IU) of vitamin A (as retinol or retinyl palmitate) in supplements do you take per day?

4. Milligrams of calcium in supplements did you take per day?

5. On the average, during the past 12 months, approximately how many minutes per day have you spent outdoors in the sun between 10:00 AM and 2:00 PM: (Enter 0 for none)

April-June:	<input type="text"/>	minutes	<input type="checkbox"/> Don't Know
July-September:	<input type="text"/>	minutes	<input type="checkbox"/> Don't Know
October-December:	<input type="text"/>	minutes	<input type="checkbox"/> Don't Know
January-March:	<input type="text"/>	minutes	<input type="checkbox"/> Don't Know

6. Describe your usual clothing when outdoors in the sun between 10:00 AM and 2:00 PM during each season during the past 12 months.

OUTDOOR	April-June	July-September	October-December	January-March
Shorts and no or very brief top with shoulders exposed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shorts and T-shirt or similar top	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shorts and long sleeves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long pants and T-shirt or similar top	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long pants and long sleeves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Excluding your face and neck, describe your usual use of **sunscreen** when outdoors in the sun **between 10:00 AM and 2:00 PM** during each season during the past 12 months.

	April-June	July-September	October-December	January-March
I almost never used sunscreen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used it occasionally (5-20% of the time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used it somewhat regularly (20-50% of the time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used it most of the time (50-80% of the time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used it almost all of the time (80-95% of the time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used it all the time (95-100%)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Excluding your face and neck, what SPF sunscreen did you usually use during the past 12 months?

SPF sunscreen level 4 8 10 15 20 30 40 50 60+ None Don't Know

9. During the past 6 months,

- I have not used indoor tanning equipment
- I have received UV exposure from indoor tanning just a few times (1-5 times in six months)
- I have received UV exposure from indoor tanning regularly (1-3 tanning visits a week on average)

10. Enter your occupation during the past 6 months below. If you are retired, check here and specify the occupation you were in for most of your life.

11. During the past 6 months, roughly what percentage of your usual occupation did you perform outdoors during daylight? (If you aren't sure, make your best guess.)

- None
- Less than 10%
- 10-25%
- 25-50%
- 50-75%
- More than 75%

12. During the past 2 months, have you been to a place other than where you live today, such as on a vacation or a work assignment, for 7 days or longer?

- Yes, vacation
- Yes, work assignment
- Yes, both
- Yes, other reason
- No

IF YES, enter the name of the nearest city, state or province, name of the country, and the number of days spent there

City / Town	State / Province / Region	Country	# of days
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

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English ▾

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Physical Activity

1. Describe your typical **OUTDOOR** physical activity between 10:00 AM and 2:00 PM during the past 12 months.

I engaged at least 3 times a week **OUTDOORS** in:

	April - June	July - September	October - December	January - March
Mild physical activity, such as gardening, walking or biking, for at least 20 minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate physical activity, to the point where I usually break a sweat, for at least 20 minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strenuous physical activity, to the point where I always break a sweat, for at least 20 minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than or none of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. During the past 12 months, did you usually engage in **strenuous** physical activity either **INDOORS**, or **OUTDOORS** during times **other than 10:00 AM to 2:00 PM**, for at least 20 minutes, 3 or more times per week?

Yes No Don't Know

3. During the past 12 months, did you usually engage in **moderate** or **mild** physical activity either **INDOORS**, or **OUTDOORS** during times **other than 10:00 AM to 2:00 PM**, for at least 20 minutes, 3 or more times per week?

Yes No Don't Know

For the WEEKEND, please mark the average number of drinks you had for the **entire** typical weekend (Saturday - Sunday) of each type of drink. Check only one space on each line.

	Less than 1	1-5	6-10	11-15	16-20	21 or more	Don't Know
Wine (5-ounce glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (12-ounce bottle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor (1.5 ounces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that the above intake was typical of the last 7 days?

- Yes
- No, it was substantially more than the above
- No, it was substantially less than the above
- Don't Know

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English ▾

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Participant ID:

Today's Date:

Authorizations

Authorization for study participation

"Yes" indicates I have read the statement below and choose to enroll in this project. This authorization is equivalent to my signature.

Check to view study participation details and use of data authorization **see last page for details**

Yes No Today's Date:

Hospital information

Any hospital or urgent care for your medical care in last 6 months (or since your last questionnaire)?

Yes No

If yes, indicate diagnosis:

Name of hospital where emergency room is located:

Name of urgent care clinic, if applicable:

Address of urgent care clinic:

City / State:

Date(s) of care: (mm/dd/yyyy):



Authorization for release of hospital records

I authorize the above-named hospital or urgent care clinic to provide a copy of my discharge summary and all pathology reports to Dr. C. Garland, Department of Family and Preventive Medicine, University of California, San Diego, PO Box 800, La Jolla, CA 92093-0800. This authorization is equivalent to my signature.

Yes No Today's Date: .

Authorization for Vitamin D Testing

"Yes" indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. The review of my test requests by the study investigator does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results. This authorization is equivalent to my signature.

Yes No Today's Date: .

Research Subject Information Sheet

Sponsor: GrassrootsHealth

Protocol Title: 25-hydroxyvitamin D [25(OH)D serum levels and associated health outcomes in the population resulting from a program of education and testing

Investigator: Dr. Cedric Garland

The purpose of this population study is to offer testing, feedback about results and education to make necessary lifestyle changes to effect serum level concentrations. In this study, you will create an account with GrassrootsHealth (GRH), fill out a confidential health questionnaire and receive a vitamin D test kit. For the test, you will provide two drops of blood on the blood spot card and return it to GRH. The results of the test will be made available to you through the account created on the GRH website along with information about target levels. The health questionnaire will be filled out and testing will occur every six months for a period of five years. It is an international study which is expected to involve over 100,000 participants. You may not receive a direct benefit if you agree to participate. However, people in the future may benefit from the information obtained from this research.

There is minimal risk to obtaining blood drops for testing 25(OH)D. The test generally will be done in your home, using a sterile self-loaded lancet to puncture the fingertip. This will be done after a thorough washing of hands with soap and warm water and the use of an alcohol swab where the blood drops will be obtained. We are aware of no reports of harm other than short term pain with using the test. You are advised that if any complications develop you should consult your healthcare provider. You will be advised if there is any new information that would influence your decision about participation. You may not receive a direct benefit if you agree to participate. However, people in the future may benefit from the information obtained from this research.

Your alternative to participating in this study includes requesting your own physician to order the 25(OH)D test. You can use the free educational pieces on the website without participating in the study. Contact Mia Ferreira at (760) 978-9567 for questions about the research or if you think you have been harmed as a result of joining this research. Contact the Western Institutional Review Board (WIRB) if you have questions about your rights as a research subject: 1-800-562-4789. WIRB is a group of people who perform independent review of research.

Your individual health data will be kept confidential except for where required by law. The accumulated data will be stored in a secure, encrypted database operating behind a firewall, and password protected. The only person that will have access to the identified data will be our primary data biostatistician. This will be for purposes of accessing hospital records as indicated and released by participants. This information is shared so the research can be conducted and properly monitored. The Principal Investigator and other researchers will access the data in a de-identified form. For all analyses only an arbitrary number will identify the participant.

If you are under 18 years of age, parental consent must be provided to participate in this study. This permission will not end unless you cancel it. You may cancel it by sending written notice to the study leader at: *GrassrootsHealth, PO Box 234208 Encinitas, CA 92024.*

Your decision to be in this study is voluntary. You will not be penalized or lose benefits if you decide not to participate or if you decide to stop participating. There may be a sponsorship fee associated with participation in this study. Sponsorship supports the efforts of documenting serum levels and health outcomes, feedback of the information, as well as the tests and laboratory fees.

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