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## DIETARY INTERVENTION STUDY IN CHILDREN PARTICIPANT HISTORY FORM

	NC		
ſ	The questions on this form are to be administered to the participan	t priva	tely.
1.	Date of visit: — — — — — — — — — — — — — — — —	- <u> </u>	ar
2.	Gender of participant:	Male	Femal
3.	Are you taking any pills or medicines <u>now</u> ?	Yes	No 2
	If <u>YES</u> , what are the names of these pills or medicines?		
4.	Are you taking medicine now to lower the cholesterol in your blood? (Questran, Colestid, or nicotinic acid)	Yes	No 2
	If <u>YES</u> :  A. What is the name of this medicine?		
	B. How long have you been taking it?		months
5.	Have you smoked more than five cigarettes in the past year?	Yes	No 2

If YES, how many cigarettes did you smoke <u>last week</u>? .....\_\_\_\_\_\_\_

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6.	Have five	you u time:	used moist snuff or chewing tobacco more than s in the <u>past year</u> ?	No 2
			ow many dips or chew have you taken in the	
7.	in th	ne nas	ing religious services, like church and temple, st month, have you had any alcoholic beverages ine, beer or whiskey?	No 2
	If <u>YI</u> had a	ES, ho an alo	ow many times in the <u>past month</u> have you coholic beverage?	
8.	Α.	Durii or ke	ng the <u>past 30 days</u> did you try to lose weight eep from gaining weight?	No 2
	If	<u>NO</u> , :	skip to the next instruction box.	
	В.	Did y	you do any of the following things to lose weight eep from gaining weight? (Check all that apply.)	
		1.	Diet	
		2.	Eat very little for one or more days	
		3.	Exercise	
		4.	Make yourself throw-up	
		5.	Take diet pills	
		6.	Use laxatives, Ipecac, or diuretics	
		7.	Use diet drinks like Slim Fast	
		8.	Use some other method	1
			(Specify)	

If the DISC participant is MALE, skip to Item 13, Page 4.

Yes

No

going to ask you about some other things that can cause changes in a girl's blood cholesterol. They may not all apply to you. 9. Are you practicing birth control or contraception with pills, Norplant, or injections now or have you **BCNLMOCH** taken any of these medications in the last month? ..... Yes No 1 2 A. Some girls your age become pregnant. Are you pregnant now? ..... Yes No If NO, skip to Item 11. If YES, what is your due date? ..... Month Day Year Skip to Item 13. Have you been pregnant in the last 4 months? ..... 11. Yes No If NO, skip to Item 12. When did the pregnancy end? ..... В. Month Day

If you have been pregnant in the recent past, are

you currently breast feeding? .....

12.

We ask all girls in the DISC study about their periods because menstruation causes changes in the amount of cholesterol in a girl's blood. Now we are

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13.	Form	checked for completeness and accuracy:
	Α.	Signature:
	В.	DISC certification number:

Retain a copy of this form for your files. Mail the original to the DISC Coordinating Center.

DISC Coordinating Center Maryland Medical Research Institute 600 Wyndhurst Avenue Baltimore, Maryland 21210