

Longitudinal Evaluation of the Growth and Acquisition of Clones over Years in the **blood**

## Questionnaire (first visit)

Participant Identification Number: .....

Study visit date: .....

We would be grateful if you provide us with some information about your health. If you prefer not to answer a question please tick 'prefer not to answer'. **You are not required to provide an explanation if you choose not to answer a question.**

1. Do you have any **personal history** of any of the following conditions?:

- Cancer
- Cardiovascular disease (e.g. high blood pressure, heart attack, angina, stroke)
- Blood disorders (e.g. anaemia, leukaemia, lymphoma, platelet disorders, bleeding disorders)
- Autoimmune or inflammatory disorders (e.g. type 1 diabetes, lupus, rheumatoid arthritis, inflammatory bowel disease)?

*(please give details if possible, including approximate dates, whether the condition is resolved or ongoing and details of any treatments received for these conditions)*

no       yes       prefer not to answer

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2. Do you have any **family history** (i.e. affecting parent, grandparent or sibling) of any of the following conditions?:

- Cancer
- Cardiovascular disease (e.g. high blood pressure, heart attack, angina, stroke)
- Blood disorders (e.g. anaemia, leukaemia, lymphoma, platelet disorders, bleeding disorders)
- Autoimmune or inflammatory disorders (e.g. type 1 diabetes, lupus, rheumatoid arthritis, inflammatory bowel disease)?

*(please give details if possible, including details of any treatments received for these conditions)*

no       yes       prefer not to answer

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3. Are you currently taking any medications? *(please give details if possible, e.g. name of the medication, the dose, the reason you take it and how long you have been taking it for)*

no       yes       prefer not to answer

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Participant Identification Number: .....

3. Do you smoke or have you ever smoked? If yes, how much and for how many years?

- no       yes       prefer not to answer
- .....

4. Do you follow a particular diet?

- no       vegetarian       vegan       prefer not to answer

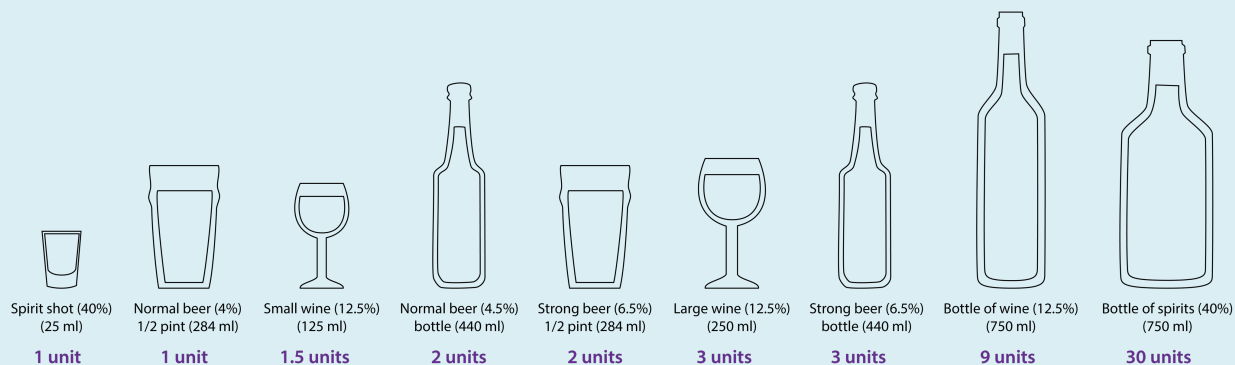
other (please describe):

.....

5. Approximately how many units of alcohol do you drink per week?

.....

prefer not to answer



Thank you for taking the time to answer this questionnaire