

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

Questionnaire (after first visit)

Participant Identification Number: Study visit date: Study visit number: / 12

We would be grateful if you would provide us with some information about any health and lifestyle changes since your last **LEGACY** study visit.

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.**

Since your most recent **LEGACY** study visit...

1. have you suffered from any new illnesses or infections (including minor coughs and colds)?
(please give details if possible including approx. dates/ duration and whether the illness or infection is resolved or ongoing. We are interested in any illness or infections, including minor coughs and colds)

no yes prefer not to answer

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2. have you started any new medications, stopped any medications or had any vaccinations?
(please give details if possible, e.g. name of medication, dose, reason you took the medication, whether it was a short-course of treatment (how long?) or whether the medication is ongoing)

no yes prefer not to answer

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3. have you had any significant lifestyle changes (e.g. stopped smoking, started exercising, significant change in diet etc.)?

no yes prefer not to answer

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Thank you for taking the time to answer this questionnaire