

# **Attachment 5: In-home Survey**

OMB No.: 0925-0610 Expiration Date: April 30, 2016



# **Generation Health Study Survey**

Next Plus Participant In-Home Questionnaire

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0610). Do not return the completed form to this address.

| PRA (0925-0610). Do not return the completed form to this address. |  |  |  |  |  |
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|  |  |  |  |  |  |
| INSTRUC  | INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE    |  |  |  |  |
| □ Read €   | ☐ Read each question carefully.                  |  |  |  |  |
| ☐ Please   | ☐ Please write or mark your answer clearly.      |  |  |  |  |
| ☐ Mark tl  | ☐ Mark the answer that best fits your situation. |  |  |  |  |
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## **Next Plus**

### **Chronic Illness and Medication Use**

#### **Medical History**

| Has a doctor, nurse of other health provider told you that you have any of the following conditions |     |    |  |  |
|---|-----|----|--|--|
| Condition   | Yes | No |  |  |
| a. Cancer or lymphoma or leukemia. Don't include skin cancer, except melanoma                       |     |    |  |  |
| b. High blood cholesterol or triglycerides or lipids  |     |    |  |  |
| c. High blood pressure or hypertension (when not pregnant)  |     |    |  |  |
| d. High blood pressure or hypertension (when not pregnant)  |     |    |  |  |
| e. High blood sugar or diabetes (when not pregnant)   |     |    |  |  |
| f. High blood sugar or diabetes (when pregnant only)  |     |    |  |  |
| g. Heart disease  |     |    |  |  |
| h. Asthma, chronic bronchitis or emphysema  |     |    |  |  |
| i. Migraine headaches   |     |    |  |  |
| j. Depression   |     |    |  |  |
| k. Post-traumatic stress disorder or PTSD   |     |    |  |  |
| I. Anxiety or panic disorder  |     |    |  |  |
| m. Epilepsy or another seizure disorder   |     |    |  |  |
| n. Attention problem or SDD or ADHD   |     |    |  |  |
| o. HIV/AIDS   |     |    |  |  |
| p. Hepatitis C  |     |    |  |  |
| q. Allergies  |     |    |  |  |
| r. Celiac disease   |     |    |  |  |
| s. Other (specify)  |     |    |  |  |
|   |     |    |  |  |
|   |     |    |  |  |

### **Medication Use**

Please think about the medicines you are using now.

| In the past 24 hours, have you taken:  |  |    |  |  |
|--|--|----|--|--|
| Medication   |  | No |  |  |
| a. Aspirin containing mediations including cold and allergy medication or headache powders. Some examples of those include Anacin, Excedrin, Bayer, Goody's Pain Relief. |  |    |  |  |
| b. Other non-aspirin anti-inflammatory medications? Some examples include Advil, Ibuprofen, Motrin, 166, Aleve, Naproxen, Nuprin.  |  |    |  |  |
| c. Any prescription medication whether or not they were prescribed for you?  |  |    |  |  |
| d. How many different prescription medication have you used in the past 24 hours?  |  |    |  |  |

Please list all medications you have taken in the last 24 hours.

|                        | Time you took this medication  |    |    |
|------------------------|--------------------------------|----|----|
| Name of the Medication | Hour: Minute<br>(example 7:30) | AM | PM |
|                        |                                |    |    |
|                        |                                |    |    |
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