



DIETARY INTERVENTION STUDY IN CHILDREN
PARTICIPANT HISTORY FORM

ID	__-__-__-__-__-__
NC	__-__-__-__-__-__
VN	__-__-__-__-__-__

The questions on this form are to be administered to the participant privately.

1. Date of visit: __-__-__-__-__-__
Month Day Year

2. Gender of participant: Male Female
1 2

3. Are you taking any pills or medicines now? Yes No
1 2

If YES, 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
1 2

If YES:

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
1 2

If YES, how many cigarettes did you smoke last week? __-__-__-__

6. Have you used moist snuff or chewing tobacco more than five times in the past year?
Yes No
1 2

If YES, how many dips or chew have you taken in the last week? _____

7. Not counting religious services, like church and temple, in the past month, have you had any alcoholic beverages such as wine, beer or whiskey?
Yes No
1 2

If YES, how many times in the past month have you had an alcoholic beverage? _____

8. A. During the past 30 days did you try to lose weight or keep from gaining weight?
Yes No
1 2

If NO, skip to the next instruction box.

- B. Did you do any of the following things to lose weight or keep from gaining weight? (Check all that apply.)
- 1. Diet 1
 - 2. Eat very little for one or more days 1
 - 3. Exercise 1
 - 4. Make yourself throw-up 1
 - 5. Take diet pills 1
 - 6. Use laxatives, Ipecac, or diuretics 1
 - 7. Use diet drinks like Slim Fast 1
 - 8. Use some other method 1
- (Specify) _____

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

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 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 taken any of these medications in the last month? **BCNLMOCH**

Yes No
1 2

10. A. Some girls your age become pregnant. Are you pregnant now?
Yes No
1 2

If NO, skip to Item 11.

B. If YES, what is your due date? Month - Day - Year

Skip to Item 13.

11. A. Have you been pregnant in the last 4 months?
Yes No
1 2

If NO, skip to Item 12.

B. When did the pregnancy end? Month - Day - Year

12. If you have been pregnant in the recent past, are you currently breast feeding?
Yes No N/A
1 2 3

13. Form checked for completeness and accuracy:

A. Signature: _____

B. 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