

# Data Collection Questionnaire

1. LAST NAME:

(Cols. 1-13)

2. FIRST NAME:

(Cols. 14-21)

3. MIDDLE INITIAL:

(Col. 22)

4. MAIDEN NAME:

(Cols. 23-35)

5. TELEPHONE: \_\_\_\_\_

6. ADDRESS: \_\_\_\_\_

7. ZIP CODE:

(Cols. 36-40)

RACE: W \_\_\_\_\_ B \_\_\_\_\_ O \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_ BIRTHDATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

MARITAL STATUS: Never married \_\_\_\_\_ Married now \_\_\_\_\_ Other \_\_\_\_\_

How tall are you? \_\_\_\_\_ ft. \_\_\_\_\_ in. How much do you weigh now? \_\_\_\_\_ At age 21? \_\_\_\_\_

Have you ever smoked cigarettes? . . . . . Yes/No \_\_\_\_\_

Do you now smoke cigarettes? . . . . . Yes/No \_\_\_\_\_

How many cigarettes do or did you smoke a day? . . . . . Cigarettes \_\_\_\_\_

Have you ever smoked cigars or a pipe? . . . . . Yes/No \_\_\_\_\_

Do you now smoke cigars or a pipe? . . . . . Yes/No \_\_\_\_\_

How many grades of school, including college, have you completed? . . . . . Grades \_\_\_\_\_

Are you under treatment for high blood pressure? . . . . . Yes/No \_\_\_\_\_

Are you under treatment for high cholesterol? . . . . . Yes/No \_\_\_\_\_

How many hours has it been since your last meal? . . . . . Hours \_\_\_\_\_

*THANK YOU. PLEASE HAND THIS FORM TO THE NURSE.*

Have you ever had cancer? \_\_\_\_\_ Yes/No \_\_\_\_\_

Which organ? \_\_\_\_\_

Where diagnosed? \_\_\_\_\_ In 19 \_\_\_\_\_

L.M.P. . . . . . days \_\_\_\_\_

O.C. \_\_\_\_\_ years \_\_\_\_\_

O.H. \_\_\_\_\_ years \_\_\_\_\_

O.M. 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

CLUE II NUMBER HERE

BP \_\_\_\_\_ / \_\_\_\_\_

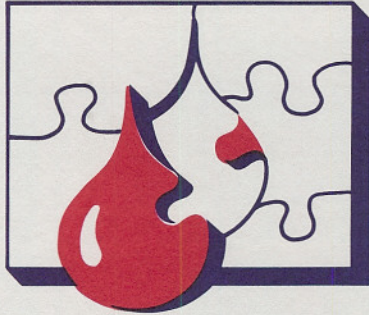
Code

Hour \_\_\_\_\_ AP

Code

Date \_\_\_\_\_

# OPERATION CLUE II



**Give Us A Clue**

## *Campaign Against Cancer And Heart Disease*

**Sponsors:** American Cancer Society, Washington County Unit; Johns Hopkins University; Maryland Department of Health & Mental Hygiene; Washington County Commissioners; Washington County Health Department; Washington County Medical Society; Western Maryland Center.

"To find out if certain substances in blood appear before the onset of cancer and other important diseases, it is necessary to obtain less than an ounce of blood from as many persons as possible in Washington County, MD. The blood components will be separated and stored in a freezer, to be withdrawn at a later date as needed for appropriate tests. Blood drawing is sometimes associated with bruising or pain at the site from which blood is drawn, as well as occasional lightheadedness, and rarely, fainting.

"The information from these tests will be used only for medical research. No results or other information will be released that identify any individual person.

"I hereby consent to having less than an ounce taken from my arm and used for the above purposes."

Signed \_\_\_\_\_

Date \_\_\_\_\_

"I hereby give my consent to having less than an ounce of blood taken from the arm of \_\_\_\_\_."

Signed \_\_\_\_\_

Parent

Legal Guardian

Date \_\_\_\_\_