# Know Your Number® Multiple Disease Risk Questionnaire

| Your Name: | Today's Date: |
|---|---|
| Name of Your Physician: | Participant ID #: |

## PERSONAL INFORMATION

| Date of Birth: / / (MM/DD/YYYY) | | | Gender: | Male ☐ | Female ☐ |
|---|---|---|---|---|---|
| Ethnic Group: White ☐ | African-American ☐ | Asian ☐ | Hispanic ☐ | Native American ☐ | Other ☐ |

## PERSONAL HEALTH

| *Have you ever been told by a doctor that you have any of the following:* | | Yes | No |
|---|---|---|---|
| Diabetes (gestational diabetes not included) | | ☐ | ☐ |
| Coronary Heart Disease (angina, heart attack, angioplasty or by-pass surgery) | | ☐ | ☐ |
| Stroke/TIA (mini strokes) | | ☐ | ☐ |
| Congestive Heart Failure: | | ☐ | ☐ |
| Valve Disease or Heart Murmurs | | ☐ | ☐ |
| Other Cardiovascular Disease (atherosclerosis, peripheral arterial disease or aortic aneurysm) | | ☐ | ☐ |
| Left Ventricular Hypertrophy (enlargement of the left ventricle of the heart) | **Not Evaluated** ☐ | ☐ | ☐ |
| Atrial Fibrillation | **Not Evaluated** ☐ | ☐ | ☐ |

## FAMILY HISTORY

*Have any of these blood relatives, living or deceased, ever been told by their doctor that they have the following:*

| | | Yes | No |
|---|---|---|---|
| Diabetes | Mother, Father, Sister or Brother | ☐ | ☐ |
| Coronary Heart Disease | Father or Brother (Before age 55)<br>Mother or Sister (Before age 65) | ☐ | ☐ |
| Stroke/TIA | Mother, Father, Sister or Brother | ☐ | ☐ |

## LIFESTYLE

| | | | Yes | No |
|---|---|---|---|---|
| Do you currently smoke cigarettes | | | ☐ | ☐ |
| Have you ever regularly smoked cigarettes | | | ☐ | ☐ |
| Average times per week you exercise for at least 20 minutes | 1 or less ☐ | 2 – 4 ☐ | 5 or more ☐ | |
| While exercising, how hard are you breathing | Normal ☐ | Moderate ☐ | Hard ☐ | |

## MEDICATIONS

| *Do you currently take any of the following:* | Yes | No |
|---|---|---|
| Medication to lower your blood pressure | ☐ | ☐ |
| Medication to lower your cholesterol | ☐ | ☐ |
| At least one quarter of an adult aspirin (81 mg) daily | ☐ | ☐ |

## FOR WOMEN ONLY

| | Yes | No |
|---|---|---|
| Are you currently pregnant | ☐ | ☐ |
| How many live births have you had | ______ | |
| Were you ever told by your doctor that you had gestational diabetes while pregnant | ☐ | ☐ |
| If yes, how many years since you were last diagnosed | ______ | |
| Have you passed through menopause (either naturally or have had your ovaries removed) | ☐ | ☐ |
| Are you currently using any form of hormone replacement therapy (after menopause only) | ☐ | ☐ |

## FOR INDIVIDUALS WHO CURRENTLY SMOKE CIGARETTES

| | Yes | No |
|---|---|---|
| Has your birth mother or father, living or deceased, ever been told by their doctor that they have lung cancer | ☐ | ☐ |
| ***Have you ever been told by a doctor that you have any of the following:*** | | |
| Lung cancer or COPD | ☐ | ☐ |
| Emphysema | ☐ | ☐ |
| Asthma | ☐ | ☐ |
| Do you currently have asthma | ☐ | ☐ |
| What is the combined number of years you have smoked | ______ | |
| On average, how many cigarettes do you smoke daily | ______ | |

## (office use only) CLINICAL INFORMATION / REQUIRED LAB VALUES / OPTIONAL LAB VALUES

| CLINICAL INFORMATION | | | REQUIRED LAB VALUES | | OPTIONAL LAB VALUES | |
|---|---|---|---|---|---|---|
| Height | FEET | INCHES | Fasting Status | Fasting ☐ Non-Fasting ☐ Unknown ☐ | C-Reactive Protein | mg/L |
| Weight | | LBS | Glucose | mg/dL | Homocysteine | µmol/L |
| Waist Measurement | | INCHES | Total Cholesterol | mg/dL | Lipoprotein(a) | mg/dL |
| Pulse Rate | | BPM | Triglycerides | mg/dL | | |
| Blood Pressure | / | (SYSTOLIC/DIASTOLIC) | HDL Cholesterol | mg/dL | | |

# Know Your Number® Cancer Risk Questionnaire

**Colon Cancer, Prostate Cancer (men only), Breast Cancer (women only)**

| Your Name: | Today's Date: |
|---|---|
| Name of Your Physician: | Participant ID #: |

**PERSONAL INFORMATION**

| Date of Birth: / / (MM/DD/YYYY) | | | Gender: Male ☐ | Female ☐ | |
|---|---|---|---|---|---|
| Ethnic Group: White ☐ | African-American ☐ | Asian ☐ | Hispanic ☐ | Native American ☐ | Other ☐ |

**PERSONAL HEALTH**

| ***Have you ever been told by a doctor that you have any of the following:*** | Yes | No |
|---|---|---|
| Colon Cancer | ☐ | ☐ |
| Prostate Cancer | ☐ | ☐ |
| Breast Cancer | ☐ | ☐ |

**LIFESTYLE**

| | Yes | No |
|---|---|---|
| Do you currently eat red meat (beef, pork, lamb): | ☐ | ☐ |
| If yes, on average, how many servings per week | ______ | |
| Do you currently drink alcohol: | ☐ | ☐ |
| If yes, on average, how many servings of each per week<br>12oz beer______ 5oz wine_______ 1oz liquor______ | | |

**FAMILY HISTORY**

| ***Have any of these blood relatives, living or deceased, ever been told by their doctor that they have the following:*** | | Yes | No |
|---|---|---|---|
| Colon Cancer | Mother, Father, Sister or Brother (Any age) | ☐ | ☐ |
| Prostate Cancer (men only) | Father or Brother (Any age) | ☐ | ☐ |
| Breast Cancer (women only) | Mother or Sister (Any age) | ☐ | ☐ |

**FOR WOMEN ONLY**

| | | |
|---|---|---|
| Your age at first menstrual period: | ______ | |
| List your age at each live birth: | ______ | |
| Your age at menopause: | ______ | |
| Have you ever used any form of hormone replacement therapy (after menopause only): | Yes ☐ | No ☐ |

# Know Your Number® Diabetes Complications Risk Questionnaire

| Your Name: | Today's Date: |
|---|---|
| Name of Your Physician: | Participant ID #: |

| PERSONAL INFORMATION | | | | | | |
|---|---|---|---|---|---|---|
| Date of Birth: / / (MM/DD/YYYY) | | | Gender: | Male ☐ | Female ☐ | |
| Ethnic Group: | White ☐ | African-American ☐ | Asian ☐ | Hispanic ☐ | Native American ☐ | Other ☐ |

| FOR INDIVIDUALS PREVIOUSLY DIAGNOSED WITH DIABETES | | |
|---|---|---|
| What type of diabetes do you have | Type 1 ☐ | Type 2 ☐ |
| Number of years since you were diagnosed | __________ | |
| Do you use insulin | Yes ☐ | No ☐ |
| Do you use glucose control other than insulin | ☐ | ☐ |
| Current HbA1c level | __________ % | |
| Have you had an eye exam performed by an ophthalmologist in the last 12 months | Yes ☐ | No ☐ |

| | | | | | | |
|---|---|---|---|---|---|---|
| Nephropathy stage | None ☐ | Microalbuminuria ☐ | Gross proteinuria ☐ | End-stage renal disease ☐ | | |
| Retinopathy stage | None ☐ | Nonproliferative (1) ☐ | Nonproliferative (2) ☐ | Nonproliferative (3) ☐ | Proliferative ☐ | Blindness ☐ |
| Macular edema stage | None ☐ | Macular edema ☐ | Blindness ☐ | | | |
| Neuropathy stage | Subclinical ☐ | Severe ☐ | Lower extremity amputation ☐ | | | |

## Definitions

**Nephropathy stage**

Microalbuminuria: Urinary albumin excretion rate of 20-200 mg/min (30-300 mg/24 h) or random urine sample of 30-300 mg/L

Gross proteinuria: Two consecutive random urine samples with at least grade I (400 mg/L) protein.

End stage renal failure: The levels of creatinine and urea, with an associated clinical course, that would be considered by most clinicians to diagnose the patients with severe, progressive and irreversible renal failure. For example, two consecutive creatinine values greater than or equal to 4.0 mg/dL (353.6 μmol/L); two consecutive urea values greater than or equal to 150 mg/dL (25.0 mmol/L) (in the absence of creatinine values less than 4.0 mg/dL or when creatinine values were unavailable); persistent dialysis of any type; and renal transplant.

**Neuropathy stage**

Severe neuropathy: Abnormal neurological examination that was consistent with the presence of peripheral sensorimotor neuropathy plus either abnormal nerve conduction in at least two peripheral nerves or unequivocally abnormal autonomic-nerve testing.

Lower extremity amputation: LEA; self explanatory

**Retinopathy stage**

Fundus photographs graded using an abbreviation of the Modified Airlie House classification (from level 1 no retinopathy to level 6 new vessels and/or fibrous proliferation). The two numbers indicate the level of two eyes.

Nonproliferative 1: Mild non-proliferative diabetic retinopathy (NPDR1); microaneuysms only (2/<2 to 2/2)

Nonproliferative 2: Moderate NPDR (3/<3 to 4/<4)

Nonproliferative 3: Severe NPDR (4/4 to 5/5)

Proliferative: Proliferative diabetic retinopathy (PDR); 6/<6 or worse

Macular edema: Clinically significant macular edema; presence of any one of the following: thickening of the retina located 500 μm or less from the center of the macular; hard exudates with thickening of the adjacent retina 500 μm or less from the center of the macular; or a zone of retinal thickening one disc area or larger in size located one disc diameter or less from the center of the macula.

Blindness: Visual acuity <20/100 in better eye