



HEALTH EFFECTS MONITORING PROGRAM

ADULT QUESTIONNAIRE (YKDFN)

INTERVIEWER, PLEASE KEEP THIS FORM ATTACHED TO THE QUESTIONNAIRE AND USE IT TO CHECK THE RECORD FOR COMPLETENESS. THE PROJECT COORDINATOR WILL CHECK AGAIN.

	CHECK WHEN COMPLETED
I. Consent Form	_____
II. Lifestyle Questionnaire (Screening Questions, Personal Information, Exposure History)	_____
III. Food Frequency Questionnaire	_____
IV. Medical History Questionnaire	_____

Participant ID (NOID) _____

YKDFN QUESTIONNAIRE

Date of Interview (mm/dd/yyyy) _____/_____/_____

Completed by (name of nurse) _____

SCREENING QUESTIONS

A. YKDFN member Yes

B. Consent: Please confirm that participant gave consent Yes No

Participant information:

First Name _____

Last Name _____

Address _____

Postal Code _____

Any Additional comments (i.e. twin?): _____

District in which participants home is located:

- Range Lake
- Frame Lake South
- Frame Lake North
- Kam Lake
- Grace Lake
- Con Mine
- Downtown
- School Draw
- Old Town
- Niven
- Ndilo
- Dettah

PERSONAL INFORMATION

1. a) What is your date of birth? (DD/MM/YYYY) _____/_____/_____

b) How old are you? _____ *Ask only if the person can't remember year of birth.
Answer to the closest year.*

2. How many years have you lived in Yellowknife? _____

Answer in years to the nearest whole number.

3. Gender: Male Female Other, specify: _____

For Female and Other participants

b. Are you pregnant? Yes No

c. Are you breastfeeding? Yes No

EXPOSURE HISTORY

4. Do you currently smoke cigarettes or other tobacco products? Yes No

IF Yes:

b) How many cigarettes do you smoke per day? _____

c) How many pipes, cigars or chewing tobacco cans do you smoke per day? _____

d) For how many years have you been smoking? _____

IF No:

e) Did you previously smoke cigarettes or other tobacco products? Yes No

IF Yes to e)

f) How many cigarettes did you smoke per day? _____

g) How many pipes, cigars or chewing tobacco cans did you smoke per day? _____

h) For how many years did you smoke? _____

i) When did you last smoke? _____ (*i.e. last week, month etc*)

5. What is your main water source for drinking and cooking?

Public water supply (municipal/truck water)

Private well or spring

Bottled Water

Surface water (river, lake, etc.)

6. How many cups of water do you drink per day on average? _____

(Including water used to make coffee/tea, homemade juice, soups, etc., do not include water in prepared food).

7. Do you filter your water, for example with a Brita, or have a filtration system in your home? Yes No

8. Do you drink water directly from lakes or rivers (water or ice)? Yes No

b) Which lakes and rivers do you drink from? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Yellowknife Bay (Great Slave Lake) | <input type="checkbox"/> South of Yellowknife Bay (Great Slave Lake) |
| <input type="checkbox"/> Yellowknife River | <input type="checkbox"/> Walsh Lake |
| <input type="checkbox"/> Hidden Lake | <input type="checkbox"/> Prelude Lake |
| <input type="checkbox"/> Pontoon Lake | <input type="checkbox"/> Prosperous Lake |
| <input type="checkbox"/> Tibbitt Lake | <input type="checkbox"/> Reid Lake |
| <input type="checkbox"/> Other, please specify _____ | |

9. Do you use the nearby waters for other activities such as swimming, playing, bathing, etc.? Yes No

b) How often do you use the nearby waters for other activities (during swimming season)?

- More than once a week (12 times or more per year)
- Weekly (4 to 11 times per year)
- Monthly (2 to 3 times per year)
- Once a year

c) Which waters do you use for other activities?

- | | |
|---|--|
| <input type="checkbox"/> Back Bay (Great Slave) | <input type="checkbox"/> Yellowknife Bay (Great Slave) |
| <input type="checkbox"/> South of Yellowknife Bay (Great slave) | <input type="checkbox"/> Yellowknife River |
| <input type="checkbox"/> Long Lake | <input type="checkbox"/> Walsh Lake |
| <input type="checkbox"/> Prelude Lake | <input type="checkbox"/> Prosperous Lake |
| <input type="checkbox"/> Reid Lake | <input type="checkbox"/> Pontoon Lake |
| <input type="checkbox"/> Cameron river | <input type="checkbox"/> Tibbitt Lake |
| <input type="checkbox"/> Frame Lake | <input type="checkbox"/> Vee Lake |
| <input type="checkbox"/> Other: _____ | |

10. Do you hunt? Yes No

If yes, what do you hunt?

- Big Game (e.g. Moose, caribou, bear, etc.)
- Small Game (e.g. Rabbit, beaver, muskrat, etc.)
- Birds (e.g. spruce hens, ducks, mallards, geese, etc.)
- Other, please specify _____

11. Do you eat locally harvested meat? Yes No

If yes, what kind of meat?

- Big Game (e.g. Moose, caribou, bear, etc.)
 Small Game (e.g. Rabbit, beaver, muskrat, etc.)
 Birds (e.g. spruce hens, ducks, mallards, geese, etc.)
 Other, please specify _____

12. Do you fish? Yes No

Where do you fish?

- | | |
|---|--|
| <input type="checkbox"/> Yellowknife Bay (Great Slave Lake) | <input type="checkbox"/> South of Yellowknife Bay (Great Slave Lake) |
| <input type="checkbox"/> Back Bay (Great Slave Lake) | <input type="checkbox"/> East Arm (Great Slave Lake) |
| <input type="checkbox"/> Vee Lake | <input type="checkbox"/> Walsh Lake |
| <input type="checkbox"/> Prelude Lake | <input type="checkbox"/> Prosperous Lake |
| <input type="checkbox"/> Pontoon Lake | <input type="checkbox"/> Hidden Lake |
| <input type="checkbox"/> Reid Lake | <input type="checkbox"/> Tibbitt Lake |
| <input type="checkbox"/> Yellowknife River | <input type="checkbox"/> Long Lake |
| <input type="checkbox"/> Other: _____ | |

13. Do you eat locally harvested fish? Yes No

When was your last locally harvested fish meal?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Past 3 days | <input type="checkbox"/> Past week |
| <input type="checkbox"/> Past month | <input type="checkbox"/> Past 6 months |
| <input type="checkbox"/> Past year | <input type="checkbox"/> More than a year ago |

14. Do you consume locally grown vegetables and herbs (e.g. from a local community or home garden)? Yes No

IF yes, where does your soil come from in which the vegetables are grown?

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Local | <input type="checkbox"/> Imported |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Both |

15. Do you eat locally collected berries? Yes No

16. Do you eat locally collected mushrooms or wild fungus? Yes No

17. In the last year have you eaten any other wild harvest plants? Yes No
 (example: fireweed, spruce tips, birch syrup, etc.)

Specify: _____

18. How often do you consume the following foods?

Type of product	At least once per day	At least once per week	At least once per month	Less than once per month	None
a. Fish from store (not local)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Shellfish from store (ex: shrimp, lobster, scallops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Seaweed (including sushi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rice and rice products from store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. a) Do you currently work on the Giant Mine site? Yes No

b) Do you work as part of the remediation operations? Yes No

c) Do you work in the office? Yes No

d) How long have you been working on the Giant Mine site? _____
(enter in whole years)

20. a) If no to 24a), have you previously worked at the Giant Mine? Yes No

b) Did you work as part of the mining operations? Yes No

c) Did you work in the office? Yes No

d) How many years did you work at Giant Mine? _____ (enter in whole years)

21. a) Did you previously work for Con Mine? Yes No

b) Did you work as part of the mining operations? Yes No

c) Did you work in the office? Yes No

d) How long did you work at Con Mine? _____ (enter in whole years)

22. Do you or have you worked in the any of the following industries or occupations? *(Check all that apply)*

Industry Type	Never	Currently	Formerly
a. Mining/Smelting (e.g. copper, lead, cobalt, gold, zinc, silver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Coal Mine/Refinery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Saw Mill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Diamond Mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mine remediation other than Giant Mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Glass Manufacturing Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Cotton fields/orchards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Electronics Manufacturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Carpentry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Firefighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Heavy Construction (e.g. earthmoving, demolition, paving, sewer & water work.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Auto Mechanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Do you or have you worked with the following (occupationally and recreationally)?

	Yes	No	Unknown/Can't Recall
a. Wood preservatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chemical fertilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lab/Chemical reagents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Paints/Thinners, Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rat poison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. a) Were you tested for arsenic in the past in Yellowknife? Yes No

b) *If yes*, do you still have your result? Yes No

IF Yes to 27 b) Ask: May I take a picture of your previous result to share with Dr. Laurie Chan?

IF No to 27 b) Say: We would like your consent to search the Northwest Territories archives for these results. We are not sure if we will be able to find the results, but your consent will give us permission to look for them, and if we find them, we will share them with you. Can you sign the NWT Archive Consent Form so that we can search the archives for your results?

END of Lifestyle Questionnaire, proceed to Food Frequency Questionnaire.

Food Frequency Questionnaire

I would now like to ask you about how much fish, game, birds, and plants you have consumed in the past year.

WILD FISH CONSUMPTION

1. a) In the past 12 months, have you eaten any **Dry Fish**? Yes No

- b) In the Winter (Nov-Mar), how many days did you eat Dry Fish? _____
 In the Fall (Sept-Oct), how many days did you eat Dry Fish? _____
 In the Summer (June-Aug), how many days did you eat Dry Fish? _____
 In the Spring (Apr-May), how many days did you eat Dry Fish? _____

- c) On the days when you ate Dry fish, how much did you usually eat?
- | | | |
|--|--|-------------------------------------|
| <input type="radio"/> Less than one quarter fish | <input type="radio"/> One-quarter fish | <input type="radio"/> One-half fish |
| <input type="radio"/> 1 Fish | <input type="radio"/> 2 Fish | <input type="radio"/> 3 Fish |
| <input type="radio"/> More than 3 fish | <input type="radio"/> Don't know | |

2. a) In the past 12 months, have you eaten any **Whitefish**? Yes No

- b) In the Winter (Nov-Mar), how many days did you eat Whitefish? _____
 In the Fall (Sept-Oct), how many days did you eat Whitefish? _____
 In the Summer (June-Aug), how many days did you eat Whitefish? _____
 In the Spring (Apr-May), how many days did you eat Whitefish? _____

c) On the days when you ate Whitefish, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

3. a) In the past 12 months, have you eaten any **Lake Trout**? Yes No

- b) In the Winter (Nov-Mar), how many days did you eat Lake Trout? _____
 In the Fall (Sept-Oct), how many days did you eat Lake Trout? _____
 In the Summer (June-Aug), how many days did you eat Lake Trout? _____
 In the Spring (Apr-May), how many days did you eat Lake Trout? _____

c) On the days when you ate Lake Trout, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

4. a) In the past 12 months, have you eaten any Northern Pike (Jackfish)? **Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Northern Pike? _____
 In the Fall (Sept-Oct), how many days did you eat Northern Pike? _____
 In the Summer (June-Aug), how many days did you eat Northern Pike? _____
 In the Spring (Apr-May), how many days did you eat Northern Pike? _____

c) On the days when you ate Northern Pike, how much did you usually eat? (See visual guide)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**5. a) In the past 12 months, have you eaten any Burbot (Louche or Lingcod) liver?** **Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Burbot liver? _____
 In the Fall (Sept-Oct), how many days did you eat Burbot liver? _____
 In the Summer (June-Aug), how many days did you eat Burbot liver? _____
 In the Spring (Apr-May), how many days did you eat Burbot liver? _____

c) On the days when you ate Burbot liver, how much did you usually eat? (Refer to visual guide)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**6. a) In the past 12 months, have you eaten any Burbot (Louche or Lingcod) other than liver? Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Burbot? _____
 In the Fall (Sept-Oct), how many days did you eat Burbot? _____
 In the Summer (June-Aug), how many days did you eat Burbot? _____
 In the Spring (Apr-May), how many days did you eat Burbot? _____

c) On the days when you ate Burbot, how much did you usually eat? (Refer to visual guide)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

7. a) In the past 12 months, have you eaten any **Inconnu (Connie)? Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Connie? _____
 In the Fall (Sept-Oct), how many days did you eat Connie? _____
 In the Summer (June-Aug), how many days did you eat Connie? _____
 In the Spring (Apr-May), how many days did you eat Connie? _____

c) On the days when you ate Connie, how much did you usually eat? (*Refer to visual guide*)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**8. a) In the past 12 months, have you eaten any **Pickereel (Walleye)**? Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Pickereel? _____
 In the Fall (Sept-Oct), how many days did you eat Pickereel? _____
 In the Summer (June-Aug), how many days did you eat Pickereel? _____
 In the Spring (Apr-May), how many days did you eat Pickereel? _____

c) On the days when you ate Pickereel, how much did you usually eat? (*Refer to visual guide*)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**9. a) In the past 12 months, have you eaten any **Grayling (Bluefish)**? Yes No**

- b) In the Winter (Nov-Mar), how many days did you eat Grayling? _____
 In the Fall (Sept-Oct), how many days did you eat Grayling? _____
 In the Summer (June-Aug), how many days did you eat Grayling? _____
 In the Spring (Apr-May), how many days did you eat Grayling? _____

c) On the days when you ate Grayling, how much did you usually eat? (*Refer to visual guide*)(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

10. a) In the past 12 months, have you eaten any Longnose Sucker? O Yes O No

- b) In the Winter (Nov-Mar), how many days did you eat Longnose? _____
 In the Fall (Sept-Oct), how many days did you eat Longnose? _____
 In the Summer (June-Aug), how many days did you eat Longnose? _____
 In the Spring (Apr-May), how many days did you eat Longnose? _____

c) On the days when you ate Longnose, how much did you usually eat? (*Refer to visual guide*)

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

11. In the past 12 months, have you eaten any other fresh water food?

(*e.g. clams, other fish, etc*)

Specify: _____

LAND ANIMAL CONSUMPTION

12. In the past 12 months, have you eaten any Woodland Caribou? O Yes O No

13.a) In the past 12 months, have you eaten any Woodland Caribou MEAT?
O Yes O No

- b. In the Winter (Nov-Mar), how many days did you eat Woodland Caribou meat? _____
 In the Fall (Sept-Oct), how many days did you eat Woodland Caribou meat? _____
 In the Summer (June-Aug), how many days did you eat Woodland Caribou meat? _____
 In the Spring (Apr-May), how many days did you eat Woodland Caribou meat? _____

c. On the days when you ate Woodland Caribou meat, how much did you usually eat?
 (*Refer to visual guide*)

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

14.a) In the past 12 months, have you eaten any Woodland Caribou LIVER?

Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Woodland Caribou liver? _____
 In the Fall (Sept-Oct), how many days did you eat Woodland Caribou liver? _____
 In the Summer (June-Aug), how many days did you eat Woodland Caribou liver? _____
 In the Spring (Apr-May), how many days did you eat Woodland Caribou liver? _____

c. On the days when you ate Woodland Caribou liver, how much did you usually eat?

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

15.a) In the past 12 months, have you eaten any Woodland Caribou KIDNEY?

Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Woodland Caribou kidney? _____
 In the Fall (Sept-Oct), how many days did you eat Woodland Caribou kidney? _____
 In the Summer (June-Aug), how many days did you eat Woodland Caribou kidney? _____
 In the Spring (Apr-May), how many days did you eat Woodland Caribou kidney? _____

c. On the days when you ate Woodland Caribou kidney, how much did you usually eat?

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

16. In the past 12 months, have you eaten any Barrenland Caribou?

Yes No

17. a) In the past 12 months, have you eaten any Barrenland Caribou MEAT?

Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Barrenland Caribou meat? _____
 In the Fall (Sept-Oct), how many days did you eat Barrenland Caribou meat? _____
 In the Summer (June-Aug), how many days did you eat Barrenland Caribou meat? _____
 In the Spring (Apr-May), how many days did you eat Barrenland Caribou meat? _____

c. On the days when you ate Barrenland Caribou meat, how much did you usually eat?

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

18. a) In the past 12 months, have you eaten any Barrenland Caribou LIVER? **Yes No**

- b. In the Winter (Nov-Mar), how many days did you eat Barrenland Caribou liver? _____
 In the Fall (Sept-Oct), how many days did you eat Barrenland Caribou liver? _____
 In the Summer (June-Aug), how many days did you eat Barrenland Caribou liver? _____
 In the Spring (Apr-May), how many days did you eat Barrenland Caribou liver? _____

c. On the days when you ate Woodland Caribou liver, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**19. a) In the past 12 months, have you eaten any Barrenland Caribou KIDNEY?** **Yes No**

- b. In the Winter (Nov-Mar), how many days did you eat Woodland Caribou kidney? _____
 In the Fall (Sept-Oct), how many days did you eat Woodland Caribou kidney? _____
 In the Summer (June-Aug), how many days did you eat Woodland Caribou kidney? _____
 In the Spring (Apr-May), how many days did you eat Woodland Caribou kidney? _____

c. On the days when you ate Woodland Caribou kidney, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16**20. In the past 12 months have you eaten any Moose? Yes No****21. a) In the past 12 months, have you eaten any Moose MEAT? Yes No**

- b. In the Winter (Nov-Mar), how many days did you eat Moose meat? _____
 In the Fall (Sept-Oct), how many days did you eat Moose meat? _____
 In the Summer (June-Aug), how many days did you eat Moose meat? _____
 In the Spring (Apr-May), how many days did you eat Moose meat? _____

c. On the days when you ate Moose meat, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

22. a) In the past 12 months, have you eaten any Moose LIVER? Yes No

b. In the Winter (Nov-Mar), how many days did you eat Moose liver? _____

In the Fall (Sept-Oct), how many days did you eat Moose liver? _____

In the Summer (June-Aug), how many days did you eat Moose liver? _____

In the Spring (Apr-May), how many days did you eat Moose liver? _____

c. On the days when you ate Moose liver, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

23. a) In the past 12 months, have you eaten any Moose KIDNEY? Yes No

b. In the Winter (Nov-Mar), how many days did you eat Moose kidney? _____

In the Fall (Sept-Oct), how many days did you eat Moose kidney? _____

In the Summer (June-Aug), how many days did you eat Moose kidney? _____

In the Spring (Apr-May), how many days did you eat Moose kidney? _____

c. On the days when you ate Moose kidney, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

24. a) In the past 12 months, have you eaten any NWT Rabbit meat? Yes No

b. In the Winter (Nov-Mar), how many days did you eat NWT rabbit meat? _____

In the Fall (Sept-Oct), how many days did you eat NWT rabbit meat? _____

In the Summer (June-Aug), how many days did you eat NWT rabbit meat? _____

In the Spring (Apr-May), how many days did you eat NWT rabbit meat? _____

c. On the days when you ate NWT rabbit meat, how much did you usually eat?

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

25.a) In the past 12 months, have you eaten any Beaver meat? Yes No

b. In the Winter (Nov-Mar), how many days did you eat beaver meat? _____

In the Fall (Sept-Oct), how many days did you eat beaver meat? _____

In the Summer (June-Aug), how many days did you eat beaver meat? _____

In the Spring (Apr-May), how many days did you eat beaver meat? _____

- c. On the days when you ate beaver meat, how much did you usually eat?
 - (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 - (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

26. a) In the past 12 months, have you eaten any Muskrat meat? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat muskrat meat? _____
 In the Fall (Sept-Oct), how many days did you eat muskrat meat? _____
 In the Summer (June-Aug), how many days did you eat muskrat meat? _____
 In the Spring (Apr-May), how many days did you eat muskrat meat? _____

- c. On the days when you ate muskrat meat, how much did you usually eat?
 - (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 - (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

27.a) In the past 12 months, have you eaten any Porcupine meat? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat porcupine meat? _____
 In the Fall (Sept-Oct), how many days did you eat porcupine meat? _____
 In the Summer (June-Aug), how many days did you eat porcupine meat? _____
 In the Spring (Apr-May), how many days did you eat porcupine meat? _____

- c. On the days when you ate porcupine meat, how much did you usually eat?
 - (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 - (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

28. a) In the past 12 months, have you eaten any Bear meat? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat bear meat? _____
 In the Fall (Sept-Oct), how many days did you eat bear meat? _____
 In the Summer (June-Aug), how many days did you eat bear meat? _____
 In the Spring (Apr-May), how many days did you eat bear meat? _____

- c. On the days when you ate bear meat, how much did you usually eat?
 - (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 - (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

29. In the past 12 months, what other land animal have you eaten?

Specify: _____

BIRD CONSUMPTION

- 30. a) In the past 12 months, have you eaten any **Spruce Hen/Grouse**?** Yes No
- b. In the Winter (Nov-Mar), how many days did you eat hen/grouse? _____
 In the Fall (Sept-Oct), how many days did you eat hen/grouse? _____
 In the Summer (June-Aug), how many days did you eat hen/grouse? _____
 In the Spring (Apr-May), how many days did you eat hen/grouse? _____
- c. On the days when you ate hen/grouse, how much did you usually eat?
 (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16
- 31.a) In the past 12 months, have you eaten any **Ptarmigan**?** Yes No
- b. In the Winter (Nov-Mar), how many days did you eat ptarmigan? _____
 In the Fall (Sept-Oct), how many days did you eat ptarmigan? _____
 In the Summer (June-Aug), how many days did you eat ptarmigan? _____
 In the Spring (Apr-May), how many days did you eat ptarmigan? _____
- c. On the days when you ate ptarmigan, how much did you usually eat?
 (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16
- 32. a) In the past 12 months, have you eaten any **Ducks**?** Yes No
- b. In the Winter (Nov-Mar), how many days did you eat ducks? _____
 In the Fall (Sept-Oct), how many days did you eat ducks? _____
 In the Summer (June-Aug), how many days did you eat ducks? _____
 In the Spring (Apr-May), how many days did you eat ducks? _____
- c. On the days when you ate ducks, how much did you usually eat?
 (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
 (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16
- 33. a) In the past 12 months, have you eaten any **Common Loon**?** Yes No
- b. In the Winter (Nov-Mar), how many days did you eat common loon? _____
 In the Fall (Sept-Oct), how many days did you eat common loon? _____
 In the Summer (June-Aug), how many days did you eat common loon? _____
 In the Spring (Apr-May), how many days did you eat common loon? _____

- c. On the days when you ate common loon, how much did you usually eat?
- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

34.a) In the past 12 months, have you eaten any **Canada Goose**? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Canada goose? _____
 In the Fall (Sept-Oct), how many days did you eat Canada goose? _____
 In the Summer (June-Aug), how many days did you eat Canada goose? _____
 In the Spring (Apr-May), how many days did you eat Canada goose? _____
- c. On the days when you ate Canada goose, how much did you usually eat?
- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

35.a) In the past 12 months, have you eaten any **Snow Goose**? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Snow goose? _____
 In the Fall (Sept-Oct), how many days did you eat Snow goose? _____
 In the Summer (June-Aug), how many days did you eat Snow goose? _____
 In the Spring (Apr-May), how many days did you eat Snow goose? _____
- c. On the days when you ate Snow goose, how much did you usually eat?
- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10
T11 T12 T13 T14 T15 T16

36. In the past 12 months, **what other wild birds** have you eaten?

Specify: _____

PLANTS

37. a) In the past 12 months, have you drunk any **Labrador Tea**? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat Labrador Tea? _____
 In the Fall (Sept-Oct), how many days did you eat Labrador Tea? _____
 In the Summer (June-Aug), how many days did you eat Labrador Tea? _____
 In the Spring (Apr-May), how many days did you eat Labrador Tea? _____
- c. On the days when you drank Labrador Tea, how much did you usually drink?
- ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

38. a) In the past 12 months, have you eaten any Low bush (Grey) Blueberries?

O Yes O No

b. In the Winter (Nov-Mar), how many days did you eat grey blueberries? _____

In the Fall (Sept-Oct), how many days did you eat grey blueberries? _____

In the Summer (June-Aug), how many days did you eat grey blueberries? _____

In the Spring (Apr-May), how many days did you eat grey blueberries? _____

c. On the days when you ate grey blueberries, how much did you usually eat?

 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs**39. a) In the past 12 months, have you eaten any High bush (Black) Blueberries?**

O Yes O No

b. In the Winter (Nov-Mar), how many days did you eat black blueberries? _____

In the Fall (Sept-Oct), how many days did you eat black blueberries? _____

In the Summer (June-Aug), how many days did you eat black blueberries? _____

In the Spring (Apr-May), how many days did you eat black blueberries? _____

c. On the days when you ate black blueberries, how much did you usually eat?

 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs**40. a) In the past 12 months, have you eaten any Cranberries? O Yes O No**

b. In the Winter (Nov-Mar), how many days did you eat cranberries? _____

In the Fall (Sept-Oct), how many days did you eat cranberries? _____

In the Summer (June-Aug), how many days did you eat cranberries? _____

In the Spring (Apr-May), how many days did you eat cranberries? _____

c. On the days when you ate cranberries, how much did you usually eat?

 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs**41. a) In the past 12 months, have you eaten any Gooseberries (Green)?**

O Yes O No

b. In the Winter (Nov-Mar), how many days did you eat green gooseberries? _____

In the Fall (Sept-Oct), how many days did you eat green gooseberries? _____

In the Summer (June-Aug), how many days did you eat green gooseberries? _____

In the Spring (Apr-May), how many days did you eat green gooseberries? _____

c. On the days when you ate Green Gooseberries, how much did you usually eat?

 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

42.a) In the past 12 months, have you eaten any Gooseberries (Purple)?

Yes No

- b. In the Winter (Nov-Mar), how many days did you eat purple gooseberries? _____
 In the Fall (Sept-Oct), how many days did you eat purple gooseberries? _____
 In the Summer (June-Aug), how many days did you eat purple gooseberries? _____
 In the Spring (Apr-May), how many days did you eat purple gooseberries? _____

c. On the days when you ate Purple Gooseberries, how much did you usually eat?

- ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

43. a) In the past 12 months, have you eaten any Blackberries? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat blackberries? _____
 In the Fall (Sept-Oct), how many days did you eat blackberries? _____
 In the Summer (June-Aug), how many days did you eat blackberries? _____
 In the Spring (Apr-May), how many days did you eat blackberries? _____

c. On the days when you ate blackberries, how much did you usually eat?

- ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

44.a) In the past 12 months, have you eaten any Wild Raspberries? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat raspberries? _____
 In the Fall (Sept-Oct), how many days did you eat raspberries? _____
 In the Summer (June-Aug), how many days did you eat raspberries? _____
 In the Spring (Apr-May), how many days did you eat raspberries? _____

c. On the days when you ate raspberries, how much did you usually eat?

- ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

45. a) In the past 12 months, have you eaten any Wild Strawberries? Yes No

- b. In the Winter (Nov-Mar), how many days did you eat stawberries? _____
 In the Fall (Sept-Oct), how many days did you eat stawberries? _____
 In the Summer (June-Aug), how many days did you eat stawberries? _____
 In the Spring (Apr-May), how many days did you eat stawberries? _____

c. On the days when you ate stawberries, how much did you usually eat?

- ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

46.a) In the past 12 months, have you eaten any Cloud Berries (Knuckleberries)?

Yes No

b. In the Winter (Nov-Mar), how many days did you eat cloud berries? _____

In the Fall (Sept-Oct), how many days did you eat cloud berries? _____

In the Summer (June-Aug), how many days did you eat cloud berries? _____

In the Spring (Apr-May), how many days did you eat cloud berries? _____

c. On the days when you ate cloud berries, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

47. a) In the past 12 months, have you eaten any Red Currants? Yes No

b. In the Winter (Nov-Mar), how many days did you eat red currants? _____

In the Fall (Sept-Oct), how many days did you eat red currants? _____

In the Summer (June-Aug), how many days did you eat red currants? _____

In the Spring (Apr-May), how many days did you eat red currants? _____

c. On the days when you ate red currants, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

48. a) In the past 12 months, have you eaten any Black Currants? Yes No

b. In the Winter (Nov-Mar), how many days did you eat black currants? _____

In the Fall (Sept-Oct), how many days did you eat black currants? _____

In the Summer (June-Aug), how many days did you eat black currants? _____

In the Spring (Apr-May), how many days did you eat black currants? _____

c. On the days when you ate black currants, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

49. a) In the past 12 months, have you eaten any Saskatoon Berries? Yes No

In the Winter (Nov-Mar), how many days did you eat saskatoon berries? _____

In the Fall (Sept-Oct), how many days did you eat saskatoon berries? _____

In the Summer (June-Aug), how many days did you eat saskatoon berries? _____

In the Spring (Apr-May), how many days did you eat saskatoon berries? _____

b. On the days when you ate saskatoon berries, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

- 50.** a) In the past 12 months, have you had any **Rosehip tea** or other preparation of Rosehips? Yes No
- b. In the Summer (June-Aug), how many days did you eat or drink Rosehips? _____
 In the Spring (Apr-May), how many days did you eat or drink Rosehips? _____
 In the Winter (Nov-Mar), how many days did you eat or drink Rosehips? _____
 In the Fall (Sept-Oct), how many days did you eat or drink Rosehips? _____
- c. On the days when you ate Rosehips, how much did you usually eat or drink?
 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs
- 51.** a) In the past 12 months, have you had any **Wild Peppermint tea** or any other preparation with Wild Peppermint? Yes No
- b. In the Summer (June-Aug), how many days did you eat or drink Peppermint? _____
 In the Spring (Apr-May), how many days did you eat or drink Peppermint? _____
 In the Winter (Nov-Mar), how many days did you eat or drink Peppermint? _____
 In the Fall (Sept-Oct), how many days did you eat or drink Peppermint? _____
- c. On the days when you ate Peppermint, how much did you usually eat or drink?
 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs
- 52.** a) In the past 12 months, have you eaten any **Wild mushrooms**? Yes No
- b. In the Summer (June-Aug), how many days did you eat wild mushrooms? _____
 In the Spring (Apr-May), how many days did you eat wild mushrooms? _____
 In the Winter (Nov-Mar), how many days did you eat wild mushrooms? _____
 In the Fall (Sept-Oct), how many days did you eat wild mushrooms? _____
- c. On the days when you ate wild mushrooms, how much did you usually eat?
 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs
- 53.** a) In the past 12 months, have you eaten any **Wild Greens**? Yes No
- b. In the Summer (June-Aug), how many days did you eat wild greens? _____
 In the Spring (Apr-May), how many days did you eat wild greens? _____
 In the Winter (Nov-Mar), how many days did you eat wild greens? _____
 In the Fall (Sept-Oct), how many days did you eat wild greens? _____
- c. On the days when you ate wild greens, how much did you usually eat?
 ¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

54. a) In the past 12 months, have you eaten any **Wild Onions? Yes No**

b. In the Summer (June-Aug), how many days did you eat wild onions? _____

In the Spring (Apr-May), how many days did you eat wild onions? _____

In the Winter (Nov-Mar), how many days did you eat wild onions? _____

In the Fall (Sept-Oct), how many days did you eat wild onions? _____

c. On the days when you ate wild onions, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

55. a) In the past 12 months, have you eaten any **Wild Rhubarb? Yes No**

b. In the Summer (June-Aug), how many days did you eat wild rhubarb? _____

In the Spring (Apr-May), how many days did you eat wild rhubarb? _____

In the Winter (Nov-Mar), how many days did you eat wild rhubarb? _____

In the Fall (Sept-Oct), how many days did you eat wild rhubarb? _____

c. On the days when you ate wild rhubarb, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

56. a) In the past 12 months, have you had any **Spruce Gum? Yes No**

b. In the Summer (June-Aug), how many days did you eat spruce gum? _____

In the Spring (Apr-May), how many days did you eat spruce gum? _____

In the Winter (Nov-Mar), how many days did you eat spruce gum? _____

In the Fall (Sept-Oct), how many days did you eat spruce gum? _____

c. On the days when you ate spruce gum, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

57. a) In the past 12 months, have you eaten any **Birch Sap? Yes No**

b. In the Summer (June-Aug), how many days did you eat birch sap? _____

In the Spring (Apr-May), how many days did you eat birch sap? _____

In the Winter (Nov-Mar), how many days did you eat birch sap? _____

In the Fall (Sept-Oct), how many days did you eat birch sap? _____

c. On the days when you ate birch sap, how much did you usually eat?

¼ Mug ½ Mug ¾ Mug 1 Mug 1 ½ Mugs 1 ¾ Mugs 2 Mugs

58. In the past 12 months, **what other wild plants have you eaten?**

Specify: _____

END of Food Frequency Questionnaire. Proceed to Medical History

Now we have a series of questions to ask you about your health.

MEDICAL HISTORY

1. a) Are you currently taking medication? Yes No

b) If yes, please list and state reason. *Ask them to show you any medication brought to the interview.*

Medication	Yes	No	Reason (If yes)
Drugs for peptic ulcer and gastro-oesophageal reflux disease (GERD) <i>Peptic ulcers and GERD; such as proton pump inhibitors (PPIs)</i>	0	0	
Beta-blocking agents <i>High blood pressure, heart failure, angina (chest pain)</i>	0	0	
Ace inhibitors, plain <i>Heart failure, high blood pressure</i>	0	0	
Liquid-modifying agents, plain <i>High cholesterol; such as statins</i>	0	0	
Systemic use hormonal contraceptives <i>Pregnancy prevention; such as oral and patch contraceptives</i>	0	0	
Estrogens <i>Manage menopausal symptoms/type of hormone replacement therapy (HRT)</i>	0	0	
Thyroid <i>Low thyroid function (Hypothyroidism)</i>	0	0	
Other analgesics and anti-pyretics <i>Pain; prevention of stroke/heart attack</i>	0	0	
Anti-depressants <i>Mood disorders and depression; such as anti-depressants including serotonin reuptake inhibitors</i>	0	0	
ADHD psycho-stimulants and nootropics <i>Symptoms related to attention deficit and hyperactivity disorder (ADHD)</i>	0	0	
Adrenergics, inhalants <i>Treatment of asthma, chronic bronchitis, emphysema, etc.; brocodilators</i>	0	0	
Any natural health products	0	0	

c) Enter any other relevant details

2. Dermatological

Have you been diagnosed or suffer from dermatological (skin) conditions? Yes No

If yes, I am now going to read through a series of dermatological (skin) conditions and I would like you to tell me if you have experienced any of them. (*Refer to the guide*)

a. Hyperkeratosis (“Thickening of the skin”) Yes No

When did it start? (*Enter year*) _____

Where on your body did it occur?

Head and neck Arms or hands Trunk

Groin Legs or feet

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

b) Hyperkeratotic lesions (“wart-like” lesions, corns”) Yes No

When did it start? (*Enter year*) _____

Where on your body did it occur?

Head and neck Arms or hands Trunk

Groin Legs or feet

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

c) Hyperpigmentation/Melanosis (Dark skin patches) Yes No

When did it start? (*Enter year*) _____

Where on your body did it occur?

Head and neck Arms or hands Trunk

Groin Legs or feet

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note:

d) Hypopigmentation (Light skin patches) Yes No

When did it start? (*Enter year*) _____

Where on your body did it occur?

Head and neck Arms or hands Trunk

Groin Legs or feet

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

e) Leucomelanosis (Spotted pigmentation) Yes No

When did it start? (Enter year) _____

Where on your body did it occur?

Head and neck

Arms or hands

Trunk

Groin

Legs or feet

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

f) Mees' Lines (White lines across nails) Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

3. Respiratory

Have you been diagnosed or suffer from respiratory (breathing) conditions? Yes No

If yes, I am now going to read through a series of respiratory (breathing) conditions and I would like you to tell me if you have experienced any of them.

a) Chronic cough Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

b) Chronic bronchitis Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

c) Difficult or laboured breathing Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

d) Cough hemoptysis (coughing up blood) Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

e) Chest sounds in lungs (noisy breathing, weezing) Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

f) Conjunctival congestion Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

g) Pulmonary edema Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

4. Cardiovascular

Have you been diagnosed or suffer from cardiovascular (heart) conditions? Yes No

If yes, I am now going to read through a series of cardiovascular (heart) conditions and I would like you to tell me if you have experienced any of them.

a) Atherosclerosis Yes No

When was it diagnosed? (Enter year) _____

Is it ongoing? Yes No

Any other details of note

b) Hypertension Yes No
 When was it diagnosed? (Enter year) _____
 Is it ongoing? Yes No
 Any other details of note

c) Ischemic Heart Disease Yes No
 When was it diagnosed? (Enter year) _____
 Is it ongoing? Yes No
 Any other details of note

d) Angina Yes No
 When was it diagnosed? (Enter year) _____
 Is it ongoing? Yes No
 Any other details of note

e) Myocardial infraction (heart attack) Yes No
 When did it happen? (Enter year) _____
 Any other details of note

f) Arrythmia Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

g) Blackfoot Disease (Foot gangrene) Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

h) Peripheral Arterial/Vascular Disease Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

i) Raynaud's disease (some areas of your body, such as your fingers and toes, feel numb and cold in response to cold temperatures or stress) Yes No

When did it start? (*Enter year*) _____

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

5. Hematological

Have you been diagnosed or suffer from hematological (blood) conditions? Yes No

If yes, I am now going to read through a series of hematological (blood) conditions and I would like you to tell me if you have experienced any of them

a) Iron deficiency Anemia (Pernicious Anemia) Yes No

When was it diagnosed? (*Enter year*) _____

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

b) Aplastic Anemia Yes No

When was it diagnosed? (*Enter year*) _____

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

c) Abnormal bone marrow Yes No

When was it diagnosed? (*Enter year*) _____

Is it ongoing? Yes No

When did it end? (*Enter year*) _____

Any other details of note

6. Hepatic, Renal

Have you been diagnosed or suffer from hepatic (liver or kidney) conditions? Yes No

If yes, I am now going to read through a series of liver or kidney conditions and I would like you to tell me if you have experienced any of them:

a) Hepatic jaundice Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

b) Cirrhosis Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

c) Hepatomegaly Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

d) Ascites (extra fluid around your belly) Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

e) Difficulty with urination or dysuria (painful urination) Yes No

When did it start? (Enter year) _____

Is it ongoing? Yes No

When did it end? (Enter year) _____

Any other details of note

f) Blood in urine Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

7. Neurological

Have you been diagnosed or suffer from brain or sensory conditions? Yes No
 If yes, I am now going to read through a series of brain or sensory conditions and I would like you to tell me if you have experienced any of them:

a) Migraines Yes No
 In the past year, approximately how many migraines have you had? _____
 How bad was the worst migraine?
 No pain Mild pain
 Moderate pain Severe pain
 Very severe pain Worst pain imaginable
 Any other details to note

b) Paresthesia ("Pins and needles") Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

c) Peripheral sensory neuropathy (loss of sensation in hands or feet) Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

d) Peripheral motor neuropathy (Weakness or loss of movement in hands or feet) Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

e) Muscle spasms Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

f) Loss in taste of smell Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

g) Muscle weakness or tenderness Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____
 Any other details of note

8. Cancer

Have you been diagnosed with cancer? Yes No

If yes, I am now going to read a series of types of cancer and I would like you to tell me if you have been diagnosed with any of them:

- Bladder cancer Liver cancer
- Skin cancer Colon cancer
- Leukemia

When were you first diagnosed? (Enter year) _____

Are you currently in remission? Yes No

Any other details of note

9. Other

I am now going to read through a series of various conditions and I would like you to tell me if you have experienced any of symptoms:

a) Gastroenteritis Yes No
 When did it start? (Enter year) _____
 Is it ongoing? Yes No
 When did it end? (Enter year) _____

Any other details of note

b) Diabetes Mellitus

What type of diabetes do you have? Type 1 Type 2 Gestational Don't know

When were you diagnosed? (*Enter year*) _____

Any other details of note

c) Thyroid Disease

When were you diagnosed? (*Enter year*) _____

Any other details of note

d) Congenital Anomalies (any birth defects)

When were you diagnosed? (*Enter year*) _____

Any other details of note

MEASUREMENTS (*We would like to measure your height, and take your weight and blood pressure*).

10. Height: _____ cm *Round to the nearest cm*

11. Weight: _____ kg *Round to the nearest kg*

12. Systolic blood pressure: _____

Diastolic blood pressure: _____

I thank you for taking the time to answer all these questions. That is all the questions I have. Before I leave, do you have any questions you would like to ask me? We can give you the phone number of the leader of this survey, in case you have any questions at a later time.