

Name

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Office use only

Please fill out the following questionnaires on Birth Weight, Medication Use and General Health and Wellbeing (SF36) and bring them with you to the testing site. Each of the following 3 pages has questions on both sides of the paper.

Birth Weight

The following questions are about your weight at birth. We are trying to find out if there is any relationship between birth weight and chronic diseases, such as diabetes (high blood sugar), high blood pressure, and kidney disease.

In order for us to achieve our goal we would like you to record your birth weight, or an estimate that is as accurate as possible, in the space provided below. You may need to ask a family member, or trace the information through your hospital or medical records.

1) What was your birth weight?

..... lb/ oz **OR** Kg/grams **OR** Don't Know

2) How accurate do you think this estimate is?

() Very accurate () Fairly accurate () A guess

3) Please indicate how you obtained this birth weight?

- () Family member
- () Medical records
- () Local Doctor
- () Other - please specify

4) Do you know if you were born:

- () Full Term (9 months)?
- () Two or more weeks before the due date?
- () Don't know?
- () Other - please specify

5) Any there any comments you wish to make?.....