

Naviaux Lab Metabolomics Basic Data Form

NAME _____ (Please print)

DATE OF BIRTH _____ **SAMPLE COLLECTION DATE** _____

COLLECTION TIME: _____ **TIME OF LAST MEAL OR SNACK** _____

SEX Male: _____ Female: _____ Number of Brothers: _____ Sisters: _____

ZIP CODE OF YOUR CURRENT ADDRESS _____

HEIGHT (feet and inches) _____ WEIGHT (pounds) _____

WEIGHT 1 YEAR AGO: _____ ETHNICITY _____

ACADEMIC DEGREES, OR HIGHEST YEAR OF SCHOOL COMPLETED _____

DO YOU SMOKE OR USE TOBACCO? No: _____. Yes: _____ PACKS/DAY _____ YEARS _____

ANY DISABILITIES THAT PREVENT FULL-TIME WORK OR STUDY? No: _____. Yes: _____

If yes, what is your average percentage disability in a month (0%= No disability; 100%= Can't work)? _____

HAVE YOU EVER HAD A CONCUSSION? No: _____. HOW MANY TIMES?: _____

How did they occur? _____

CURRENT MEDICATIONS OR PRESCRIPTIONS. None: _____. Or list below:

VITAMINS OR SUPPLEMENTS. None: _____. Or list below:

MEDICAL DIAGNOSES OR CHRONIC SYMPTOMS/PROBLEMS. None: _____. Or list below:

<u>Diagnosis/Symptoms/Problems</u>	<u>Date/Year First Noted</u>
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AVERAGE HOURS OF SLEEP EACH NIGHT _____

HOW MANY TIMES DO YOU GET UP EACH NIGHT? _____