DONATION CODE _____
(to fill in by the clinician)

NATIONAL DNA BANK

QUESTIONNAIRE

The donor accepts to be contacted in the future in case new data is required.

- ☐ Yes
- ☐ No

Donation province: _____

1. Gender: Male ☐ Female ☐

2. Date of birth: _____ Year

3. CLINICAL-PHYSIOLOGICAL DATA:

Height:

Weight:

Clinical Data:

Heart rate:
Blood pressure:
Hematocrit:
Hemoglobin:

PHYSICAL ACTIVITY

4. What kind of exercise is involved in your **work or normal activity**?

- ☐ 1. Seated most of the time
- ☐ 2. Standing most of the time but without moving or making much effort
- ☐ 3. Walking, carrying some weight, moving frequently.
- ☐ 4. Heavy work, tasks which require great physical effort.

5. What type of physical exercise do you do in your **spare time**?

- ☐ 1. I don't do exercise. My spare time is mostly passive (reading, watching television going to the cinema …).
- ☐ 2. I do exercise occasionally (walking or cycling, gardening, light gym, workouts, recreational activities without too much physical effort).
- ☐ 3. Regular physical activity, several times a month (tennis, running, swimming, cycling, team sports,…)
- ☐ 4. Physical training several times a month.

MEANS OF TRANSPORT

6. What is your usual **means of transport**?

- ☐ 1. Private car as driver
- ☐ 2. Private car as passenger
- ☐ 3. Public transport
- ☐ 4. Walking
- ☐ 5. Bicycle
- ☐ 6. Motorbike

WORK

7. What is your **present occupation**?

- ☐ 1. Unemployed
- ☐ 2. Student
- ☐ 3. Preparing for a post in the public sector
- ☐ 4. Housewife
- ☐ 5. Self-employed
- ☐ 6. Employer (up to 10 employees)
- ☐ 7. Employer (of 10-50 employees)
- ☐ 8. Employer (of 50-100 employees)
- ☐ 9. Employer (more than 100 employees)
- ☐ 10. Employee in a private firm
- ☐ 11. Employee in the public sector

8. Please **describe your job** as comprehensively as possible:

NUTRITION HABBITS

9. How often did you **eat the following foodstuffs last week**?

	0 days	1-2 days	3-5 days	6-7 days
1. Fresh fruit				
2. Meat				
3. Fish				
4. Rice, pasta, potatoes				
5. Bread, cereal				
6. Vegetables				
7. Pulses				
8. Sausage				
9. Milk and derivates				
10. Eggs				
11. Sweet things, cakes, jam				

10. How many **cups of coffee or tea** do you usually drink a day? _____

SMOKING

11. At the present time, do you **smoke** daily, occasionally or not at all?

	Cigarettes	Cigars	Pipes
1. Daily	☐	☐	☐
2. Occasionally	☐	☐	☐
3. Not at all	☐	☐	☐

12. How much do you **smoke each day**?

☐ Cigarettes ___
☐ Cigars ___
☐ Pipes ___

13. If you don't smoke now, **have you ever smoked**?

	Cigarettes	Cigars	Pipes
☐ SI	☐	☐	☐
☐ NO	☐	☐	☐

14. At what **age** did you **begin to smoke daily**?

	Cigarettes	Cigars	Pipes
Age in years	☐	☐	☐

15. At what **age** did you **stop smoking daily**?

	Cigarettes	Cigars	Pipes
Age in years	☐	☐	☐

ALCOHOL

16. How much **alcohol** do you habitually consume?

Wine:
Do you drink wine **with your meals**?
☐ Yes, how many glasses (10cl)?
☐ No
Do you drink wine **outside mealtimes**?
☐ Yes, how many glasses (10cl)?
☐ No

Beer:
Do you drink beer **every day**?
☐ Yes, how many beers (33cl)?
☐ No
Do you drink beer at the **weekends**?
☐ Yes, how many beers (33cl)?
☐ No

Spirits:
Do you drink spirits **every day**?
☐ Yes, how many glasses (4cl)?
☐ No
Do you drink spirits at the **weekends**?
☐ Yes, how many glasses (4cl)?
☐ No

DEMOGRAPHIC QUESTIONNAIRE

17. Where have you **lived, in periods higher than one year, since your birth**? (Specify your principal residence as well as the duration of time you resided at this location) List chronologically, from initial to most recent.

Place of Principal Residence (province and country)	**Period** (nº years)	**Size of city***
1.		
2.		
3.		
4.		
5.		

*Size of city: indicate the corresponding code in the box:

1. Less than 1.000 inhabitants.
2. From 1.000 to 10.000 inhabitants.
3. From 10.000 to 50.000 inhabitants.
4. From 50.000 to 500.000 inhabitants.
5. More than 500.000 inhabitants

18. Do you have **children**? (Not including adopted children)?
☐ Yes, how many? _____
☐ No

19. Do you have any **brothers or sisters** (with which you share al least one biological parent?

☐ Yes
How many brothers? ____
How many sisters? ____
☐ No
☐ Don't know

20. Do you have any relative with a **mental disability**?

☐ Yes. Indicate the relationship: _____
Type of disability _____
Grade (>33%, <60%, >65%) _____
☐ No

LANGUAGE

40. Which of these languages would you describe as your **mother tongue** (the language which you first learned at home and which you can still understand)?

- ☐ 1. Spanish
- ☐ 2. Catalan
- ☐ 3. Basque
- ☐ 4. Galician
- ☐ 5. German
- ☐ 6. English
- ☐ 7. French
- ☐ 8. Other (specify) _____

41. What other **language** do you speak or understand?

- ☐ 1. English
- ☐ 2. French
- ☐ 3. German
- ☐ 4. Portuguese
- ☐ 5. Italian
- ☐ 6. Other (specify) _____

STUDIES

23. What educational level have you attained?

- ☐ 1. Primary School level
- ☐ 2. 1st grade "Professional Training"
- ☐ 3. 2nd grade "Professional Training"
- ☐ 4. Secondary Education (BUP, bachillerato, LOGSE, COU, PREU)
- ☐ 5. 3 years degree, architecture and technical engineering
- ☐ 6. Degree, architecture and engineer
- ☐ 7. Doctorate
- ☐ 8. None

GENEALOGICAL QUESTIONNAIRE:

		BIRTH			DEATH
		Place of birth registration (province and country)	**Size of city***	**Age** (Current)	**Age** (at death)
	Donor				
Parents	Father				
Parents	Mother				
Grandparents	Mother's father				
Grandparents	Mother's mother				
Grandparents	Father's father				
Grandparents	Father's mother				

*Size of city: indicate the corresponding code in the box:

1. Less than 1.000 inhabitants.
2. From 1.000 to 10.000 inhabitants.
3. From 10.000 to 50.000 inhabitants.
4. From 50.000 to 500.000 inhabitants.

5. More than 500.000 inhabitants.

DISEASES

24. Do you suffer or have you ever suffer any relevant disease?

☐ Yes
☐ No

25. …and your parents and grandparents?

☐ Yes
☐ No

26. If so (questions 24 y/o 25), please indicate which diseases you suffer from or have suffered from and whether your parents or grandparents suffered from the same diseases.

	You	Father	Mother	Father's father	Father's mother	Mother's father	Mother's mother
Infectious diseases	☐	☐	☐	☐	☐	☐	☐
Tumors or cancer	☐	☐	☐	☐	☐	☐	☐
Blood diseases	☐	☐	☐	☐	☐	☐	☐
Diseases of endocrinal organs	☐	☐	☐	☐	☐	☐	☐
Mental and behavioral disorders	☐	☐	☐	☐	☐	☐	☐
Nervous diseases	☐	☐	☐	☐	☐	☐	☐
Eye diseases	☐	☐	☐	☐	☐	☐	☐
Ear diseases	☐	☐	☐	☐	☐	☐	☐
Diseases of blood circulation organs and heart	☐	☐	☐	☐	☐	☐	☐
Arterial and vein diseases	☐	☐	☐	☐	☐	☐	☐
Respiratory and lung diseases	☐	☐	☐	☐	☐	☐	☐
Diseases of the bone	☐	☐	☐	☐	☐	☐	☐
Congenital diseases and health disorders	☐	☐	☐	☐	☐	☐	☐
Autoimmune diseases	☐	☐	☐	☐	☐	☐	☐
Skin diseases	☐	☐	☐	☐	☐	☐	☐
Digestive diseases	☐	☐	☐	☐	☐	☐	☐

Please, specify which (to answer this question you can be helped by the list of diseases stated at the end of this questionnaire)

1. You: _____
2. Father: _____
3. Mother: _____
4. Father's father: _____
5. Father's mother: _____
6. Mother's father: _____
7. Mother's mother: _____

LIST OF DISEASES:

Infectious diseases:
- Malta fever
- Tuberculosis
- Spongiform encephalopathy
- Hepatitis
- AIDS
- Other

Tumors (cancer):
- Melanoma
- Lungs
- Breast
- Ovarian
- Prostate
- Mouth and throat
- Colorectal
- Stomach
- Liver
- Pancreas
- Kidney
- Brain
- Spinal cord or brain
- Leukemia
- Multiple myeloma
- Other

Blood diseases:
- Haemophilia
- Other

Diseases of endocrinal organs:
- Goiter
- Diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Addison disease
- Hashimoto disease
- Other

Mental and behavioral disorders:
- Schizophrenia
- Alzheimer
- Parkinson's
- Senile dementia
- Autism
- Dyslexia
- Depression
- Other

Nervous diseases:
- Multiple sclerosis
- Lateral amyotrophic sclerosis
- Epilepsy
- Migraine
- Other

Eye diseases:
- Glaucoma
- Myopia
- Astigmatism
- Long-sightedness
- Strabismus
- Cataract
- Macular degeneration
- Other

Ear disorders:
- Congenital (from birth)
- Through disease
- Through accident

Circulation and heart diseases:
- Hypertension
- Heart attack
- Angina
- Aneurism
- Atherosclerosis
- Brain haemorrhage
- Other

Arterial and vein diseases:
- Varicose vain
- Other

Respiratory and lung diseases:
- Asthma
- Chronic bronchitis
- Pneumonia
- Cystic fibrosis
- Other

Bone diseases:
- Osteoporosis
- Arthritis
- Arthrosis
- Other

Congenital diseases:
- Down's syndrome
- Other

Autoimmune diseases:
- Rheumatoid arthritis
- Lupus erythematosus
- Thyroid disorder
- Other

Skin diseases:
- Psoriasis
- Pemphigus
- Other

Digestives diseases:
- Intestinal polypus
- Gastric/duodenal ulcer
- Ulcerous colitis
- Crhon's disease
- Other