For Research Laboratory Use Only

Subject ID: _____ PD_____ RBD_____ Control_____

Interactions of Gut Microbiome, Genetic Susceptibility, and Environmental Factors in Parkinson's Disease

A Research Study Funded by The United States Department of Defense

ENVIRONMENTAL & FAMILY HISTORY QUESTIONNAIRE

Thank you for participating in this research study. Please complete this form and send it back with the stool sample and the completed Gut Microbiome Questionnaire in the enclosed pre-stamped envelope. If you have any questions, please call 205-934-0371.

Today's Date: _____

Name: _____

Sex: ❒ M ❒ F

Birthdate: Month _____ Day_____ Year _____

Phone: (_____)_____ Email: _____

Address: _____ City_____ State_____ Zip Code _____

MEDICAL CONDITIONS

Do you have **Parkinson's disease**? ❒ No ❒ Yes
How old were you when you first noticed a sign of Parkinson's disease (age at onset)? _____years old
At what age did you receive the diagnosis of Parkinson's disease (age at diagnosis)? _____years old

Do you have **Rapid eye movement sleep Behavior Disorder (RBD)**? ❒ No ❒ Yes
At what age did you receive the diagnosis of RBD? _____years old

Have you had a stroke, ataxia, multiple sclerosis, Alzheimer's disease, dementia, dystonia, autism, bipolar disorder, amyotrophic lateral sclerosis (ALS), or epilepsy? ❒No ❒Yes

- If Yes, circle the disorder.

HEAD INJURY

Have you had a head injury that caused loss of consciousness or required medical care? ❒No ❒Yes
If yes, how old were you when it first happened? _____ years old

Did you have repeated blows to the head such as in sports or military? ❒No ❒Yes

TOXINS

Were you ever exposed to Agent Orange or other chemical warfare? ❒No ❒Yes ❒Don't know

Were you ever exposed to heavy uses of pesticides or herbicides, for example, did you live on or near farms that did crop dusting? ❒No ❒Yes
If yes, how old were you (give the range, for example, from birth until age 16) _____

TOBACCO

Have you smoked at least 100 cigarettes (about 5 packs) in your entire lifetime? ❒Yes ❒No
If you never smoked at least 100 cigarettes, go to "CAFFEINE" section.

During the time that you smoked, how much did you smoke on average, and for how many years? Check all that apply.

❒Less than ½ pack per day, for _____ years *(specify number of years)*
❒Equal to or more than ½ pack but less than 1 pack per day, for _____ years
❒Equal to or more than 1 pack but less than 2 packs per day, for _____ years
❒Equal to or more than 2 packs per day, for _____ years

At what age did you begin smoking? _____

Are you still smoking? ❒Yes ❒No If not, at what age did you stop? _____

How many cigarettes do you currently smoke?

❒None
❒Less than ½ pack per day
❒Equal to or more than ½ pack but less than 1 pack per day
❒Equal to or more than 1 pack but less than 2 packs per day
❒Equal to or more than 2 packs per day

CAFFEINE

How much caffeinated **COFFEE** do you (or did you) drink, and for how many years?
*A **cup** is the size of a china cup. A **mug** is 2 cups.* Check all that apply.

❒None
❒Less than 2 cups a week, for _____ years *(specify number of years)*
❒Equal to or more than 2 but not more than 6 cups a week, for _____ years
❒1-2 cups a day, for _____ years
❒3-5 cups a day, for _____ years
❒6 or more cups a day, for _____ years

At what age did you start drinking caffeinated coffee? _____ years old

Are you still drinking caffeinated coffee? ❒Yes ❒No If not, at what age did you stop? _____

How much caffeinated coffee do you currently drink?

❒None
❒Less than 2 cups a week
❒Equal to or more than 2 but not more than 6 cups a week
❒1-2 cups a day
❒3-5 cups a day
❒6 or more cups a day

How much caffeinated **TEA** do you (or did you) drink and for how many years? *(A **cup** is the size of a china cup. A **mug** is 2 cups).* Check all that apply.

❒None
❒Less than 2 cups a week, for _____ years *(specify number of years)*
❒Equal to or more than 2 but not more than 6 cups a week, for _____ years
❒1-2 cups a day, for _____ years
❒3-5 cups a day, for _____ years
❒6 or more cups a day, for _____ years

At what age did you start drinking caffeinated tea? _____

Are you still drinking caffeinated tea? ❒Yes ❒No If not, at what age did you stop? _____

How much caffeinated tea do you currently drink?

❒None
❒Less than 2 cups a week
❒Equal to or more than 2 but not more than 6 cups a week
❒1-2 cups a day
❒3-5 cups a day
❒6 or more cups a day

How much caffeinated **SODA** do you (or did you) drink and for how many years? Check all that apply.

❒None
❒Less than 2 cans a week, for _____ years *(specify number of years)*
❒Equal to or more than 2 but not more than 6 cans a week, for _____ years
❒1-2 cans a day, for _____ years
❒3-5 cans day, for _____ years
❒6 or more cans a day, for _____ years

At what age did you start drinking caffeinated soda? _____

Are you still drinking caffeinated soda? ❒Yes ❒No If not, at what age did you stop? _____

How much caffeinated soda do you currently drink?

❒None
❒Less than 2 cans a week
❒Equal to or more than 2 but not more than 6 cans a week
❒1-2 cans a day
❒3-5 cans a day
❒6 or more cans a day

ALCOHOL

How much alcohol do you (or did you) drink, and for how many years? 1 drink is a beer, or a glass of wine, or a shot of liquor. Check all that apply.

❒Never
❒Less than 2 drinks a week, for _____ years *(specify number of years)*
❒2-6 drinks a week, for _____ years *(specify number of years)*
❒1 drink a day, for _____ years *(specify number of years)*
❒2 drinks a day, for _____ years *(specify number of years)*
❒3 or more drinks a day, for _____ years *(specify number of years)*

At what age did you start drinking alcohol? _____

Are you still drinking? ❒Yes ❒No If not, at what age did you stop? _____

How much alcohol do you currently drink?

❒Not at all
❒Less than 2 drinks a week
❒2-6 drinks a week
❒1 drink a day
❒2 drinks a day
❒3 or more drinks a day

NSAIDs

NSAIDs are non-steroidal anti-inflammatory drugs, like Ibuprofen, Motrin IB, Advil and Aleve, which are commonly used for pain. Aspirin and acetaminophens like Tylenol are not NSAIDs.

How often do you (or did you) take over the counter NSAIDs (like Ibuprofen, Motrin IB, Advil and Aleve), and for how many years? Check all that apply

- ❒Never
- ❒Less than once a week, for _____ years *(specify number of years)*
- ❒About one to four times a week, for _____ years
- ❒About 5 to 10 times a week, for _____ years
- ❒More than 10 times a week, for _____ years

How old were you when you started taking over the counter NSAIDs?_____

How often do (or did) you take prescription NSAIDs, and for how many years? Check all that apply.

- ❒Never
- ❒Less than once a week, for _____ years *(specify number of years)*
- ❒About one to four times a week, for _____ years
- ❒About 5 to 10 times a week, for _____ years
- ❒More than 10 times a week, for _____ years

How old were you when you started taking prescription NSAIDs? _____

OCCUPATION

Please indicate the types of work you have done over your lifetime, Check all that apply and give the year you started and stopped each occupation. If you don't remember the exact years, give us your best estimate.

	Year started	Year ended
❒Agriculture	_____	_____
❒Gas	_____	_____
❒Electricity	_____	_____
❒Water and sewer	_____	_____
❒Transportation	_____	_____
❒Mining	_____	_____
❒Construction	_____	_____
❒Manufacturing	_____	_____
❒Physician or nurse	_____	_____
❒Office job	_____	_____

❒Other

❒Did not work outside the house

RESIDENCE

Please tell us about all the places you have lived from birth to your current home address.

Give the years you were at each place (If you don't remember the exact years, give your best estimate.)

Year moved in	Year moved out	Town	State	Country
Birth year	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY HISTORY

From what country did your **father's ancestors** immigrate to the US? _____

From what country did your **mother's ancestors** immigrate to the US? _____

Are you Hispanic or Latino? ❒ No ❒Yes

What race do you most identify yourself with?
❒White ❒Black or African American ❒American Indian/Alaskan Native
❒Asian ❒Native Hawaiian or other Pacific Islander ❒More than one race

Are you of Jewish ancestry? ❒No ❒Yes
If you are from a particular ethnic or religious lineage please specify. This is a question of heritage and genetic lineage, not personal preference: _____

Do you have any blood relatives who have **Parkinson's disease** (including your parents, grand-parents, siblings, aunts and uncles)? ❒No ❒Yes

If yes, for each relative who has or had PD, list their relationship to you.
(1) _____ (2) _____
(3) _____ (4) _____

Do you have any blood relatives who have **rapid eye movement sleep behavior disorder (RBD)** (including your parents, grand-parents, siblings, aunts and uncles)? ❒No ❒Yes

If yes, for each relative who has or had RBD, list their relationship to you.
(1) _____ (2) _____
(3) _____ (4) _____

Thank you for completing the questionnaire.
Please mail it back with the stool sample and the Gut Microbiome Questionnaire using the pre-stamped envelope. You may drop the envelope at any US postal service box.