#3

PARENT/GUARDIAN STUDY ID _____

DAUGHTER STUDY ID _____

TODAY'S DATE _____ / _____ / _____
MONTH DAY YEAR

The LEGACY Girls Study

Follow-up #1 (at 6 months)

Parent/Guardian Questionnaire

For daughters age 6 years and older

Medical History

Self-administered

A. Chronic conditions

SECTION A. CHRONIC CONDITIONS

The following questions ask about chronic conditions your daughter may have had in the past or currently.

A1. Has a doctor ever told you that your daughter had any of the following conditions:

A1a. Has your daughter ever had this condition? **(please check 1 box)**	**IF YES:** A1b. How old was your daughter when she first had the condition? A1c. Has your daughter taken any medication for this condition? **(please check 1 box)**
Hypothyroidism (low thyroid levels) ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Hyperthyroidism (high or overactive thyroid) ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Growth hormone deficiency ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Hypopituitarism ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Cushing syndrome ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW

A1a. Has your daughter ever had this condition? **(please check 1 box)**	**IF YES:** A1b. How old was your daughter when she first had the condition? A1c. Has your daughter taken any medication for this condition? **(please check 1 box)**
Precocious puberty ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Delayed puberty ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Diabetes ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Cystic fibrosis ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Asthma ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Autism ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW

A1a. Has your daughter ever had this condition? **(please check 1 box)**	**IF YES:** A1b. How old was your daughter when she first had the condition? A1c. Has your daughter taken any medication for this condition? **(please check 1 box)**
Cerebral palsy ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Seizures or epilepsy ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Muscular dystrophy ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Congenital heart disease ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Heart failure ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Liver disease ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW

A1a. Has your daughter ever had this condition? **(please check 1 box)**	**IF YES:** A1b. How old was your daughter when she first had the condition? A1c. Has your daughter taken any medication for this condition? **(please check 1 box)**
Kidney disease ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
HIV or AIDS ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Immunodeficiency ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Sickle cell disease or thalassemia ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Anemia ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Juvenile rheumatoid arthritis ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW

A1a. Has your daughter ever had this condition? **(please check 1 box)**	**IF YES:** A1b. How old was your daughter when she first had the condition? A1c. Has your daughter taken any medication for this condition? **(please check 1 box)**
Inflammatory bowel disease or Crohn's disease ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
History of organ transplantation ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
History of stem cell, bone marrow, or cord blood transplant ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Known genetic syndrome (chromosome disorder or other syndrome) ☐ YES → ☐ NO ☐ NO ANSWER ☐ DON'T KNOW	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Other chronic medical problem ☐ YES → **please specify:**	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW
Other chronic medical problem ☐ YES → **please specify:**	**b.** Age: ____ Years ☐ Don't know **c.** Medication used: ☐ YES ☐ NO ☐ NO ANSWER ☐ DON'T KNOW

Thank you for your time and participation