Clinical Research Intake Questionnaire

How to fill in this form

Please complete every section of this questionnaire using a blue or black pen. Fill each checkbox completely and write clearly inside the boxes. If a question does not apply to you, leave it blank and let the study coordinator know.

Consent to participate

Study information

You are being invited to take part in a research study. Your participation is voluntary, and you may withdraw at any time without penalty. The information you provide will be kept confidential, stored securely, and used only for research purposes. Please read this page carefully and ask the study coordinator if anything is unclear before you sign.

Participant ID (assigned by study staff)

Having read the study information above, do you agree to take part in this research study? *(Please cross one)*

- ◯ Yes, I agree to participate
- ◯ No, I do not agree to participate

Today's date

☐☐ / ☐☐ / ☐☐☐☐

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Participant signature

To respond ☒ *or* ●

About you

Date of birth

D D / M M / Y Y Y Y

What is your gender? *(Please cross one)*

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Prefer not to say

What is the highest level of education you have completed? *(Please cross one)*

- ◯ High school or less
- ◯ Some college
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Graduate or professional degree

What is your current employment status? *(Please cross one)*

- ◯ Employed full time
- ◯ Employed part time
- ◯ Self-employed
- ◯ Unemployed
- ◯ Retired
- ◯ Student
- ◯ Unable to work

Height in inches

Weight in pounds

Health screening

Have you ever been diagnosed with, or are you currently being treated for, any of the following conditions?

	Please cross one in each line *Yes*	*No*
High blood pressure	◯	◯
Heart disease	◯	◯
Diabetes	◯	◯
Asthma or other lung disease	◯	◯
Kidney disease	◯	◯
Liver disease	◯	◯
Cancer	◯	◯
Stroke or other neurological condition	◯	◯
Depression or anxiety	◯	◯
Autoimmune disorder	◯	◯

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Please list all medications and supplements you currently take, including the dose if you know it.

Study schedule preferences

The study team is deciding between two visit schedules. Imagine the options below were the only ways to take part. Cross the one you would choose. There are no right or wrong answers.

If these were your only options, which schedule would you choose?

	Option A ◯	**Option B** ◯	**No preference** ◯
Visit frequency	Weekly visits	Monthly visits	-
Visit length	30 minutes per visit	90 minutes per visit	-
Compensation	$25 per visit	$75 per visit	-

Which days are you generally available for study visits? Check all that apply. *(Please cross all that apply)*

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

To respond ⊗ or ●

Baseline measures

In the past four weeks, how often have you experienced the following?

Please cross one in each line	*Never*	*Rarely*	*Sometimes*	*Often*	*Always*
Fatigue or low energy	◯	◯	◯	◯	◯
Difficulty sleeping	◯	◯	◯	◯	◯
Pain or physical discomfort	◯	◯	◯	◯	◯
Trouble concentrating	◯	◯	◯	◯	◯
Feeling anxious or worried	◯	◯	◯	◯	◯
Feeling down or depressed	◯	◯	◯	◯	◯

Overall, how would you rate your quality of life over the past month?

Very poor ◯ ◯ ◯ ◯ ◯ Excellent

On average, how many hours do you sleep per night?

To respond ⊗ or ●

Contact and follow-up

Phone number

Email address

How would you prefer the study team to contact you? *(Please cross one)*

- ◯ Phone call
- ◯ Text message
- ◯ Email
- ◯ Postal mail

What is the best time of day to reach you? Check all that apply. *(Please cross all that apply)*

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

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Is there anything else the study team should know before your first visit?

Thank you for completing this intake questionnaire. Please return the form to the study coordinator. A member of the research team will contact you to schedule your first visit.