

Do you have high cholesterol? Yes No

Have you been diagnosed with cancer within the last 5 years? Yes No Explain:

Have you been diagnosed or treated for depression in the last 6 months? Yes No

Do you have a history of tobacco use? Never Former Current

How often do you drink wine, beer, or liquor? Never Once a week
 Daily Less than twice a month

List all prescription medications, OTC meds, herbs and supplements:

1.	4.	7.
2.	5.	8.
3.	6.	9.

Females Only

Can you still have children? Yes No If no, why?

Complete hysterectomy Postmenopausal
 Partial hysterectomy Other, explain:
 Tubal ligation

How did you learn about the study?

- Flyer
- Presentation
- Radio
- Newspaper
- Other

Are you a U.S. citizen? Yes No If not, visa: _____

May we save your contact and health information so that we can contact you about future studies?

- Yes
- No

If yes, in which of the following types of studies would you be interested?

- Weight loss/weight maintenance
- Cholesterol lowering?
- Mental performance/mental health?
- Blood glucose control/diabetes?
- Other? _____

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