

## Participant Information Questionnaire

**Date:** \_\_\_\_\_

**\*Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** : \_\_\_\_\_

**Health conditions:** \_\_\_\_\_

**List of medications being taken:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Length of time since diagnosis:** \_\_\_\_\_

**What is your employment status?**

- |   |   |
|---|---|
| <input type="checkbox"/> In paid employment   | <input type="checkbox"/> Unpaid work experience   |
| <input type="checkbox"/> Full-time student  | <input type="checkbox"/> Retired                  |
| <input type="checkbox"/> Unemployed (not on leave)  | <input type="checkbox"/> On parental leave        |
| <input type="checkbox"/> Doing domestic work (homemaking,<br>looking after the children etc.) | <input type="checkbox"/> Other (specify)<br>_____ |

**Would you like to be contacted to receive feedback on the study?**

Yes  No

**Would you like to be contacted for future research?**

Yes  No

**\*Please note, all of the information in this questionnaire, including contact information, will only be used for research purposes and will not be passed on to third parties.**