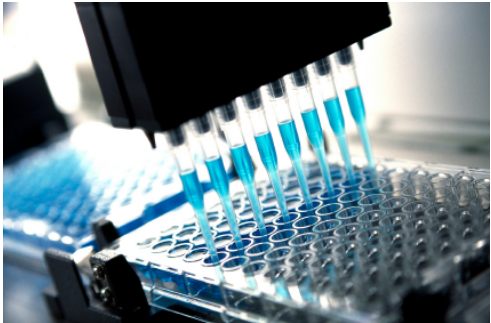


For illustrative purposes only.

Questionnaire must be completed online.



ANONYMOUS QUESTIONNAIRE

IDENTIFICATION CODE

DD	MM	YYYY

NOTICE: You are about to fill out Life Length's anonymous questionnaire that provides critical information about the specific areas related to aging: genetic and family history, environmental factors and life style habits. It is vital that you answer these anonymous questions with honesty and care. This will allow Life Length to provide increasingly detailed and valuable reports to you and your physician through sophisticated statistical analyses that we conduct on the collective data provided by all participants and the relationships to telomere loss and aging (i.e. the impact of diet, smoking, exercise, stress, etc.) Your contribution and that of all the other individuals that similarly provide this information will allow us benefit from each other by creating an important database on aging and its relationship to these essential factors; thereby enhancing the longitudinal reports that we will provide you each time you retest.

This questionnaire is estimated to take under an hour to complete and must be completed thoroughly. Do NOT write any comments beyond the question asked on the questionnaire as they cannot be processed. Read each question carefully. If you do not have certain required information, such as that requested on family members, please attempt to obtain it and ask your physician if you are uncertain or have doubts about how to answer any question before submitting the questionnaire. You may wish to keep a copy for your records.

Please note that we are UNABLE to process test results and reports for individuals submitting incomplete questionnaires.

1. GENERAL DATA

1. If you have taken this test before, please provide the code of the previous report:

CODE

2. Birthdate:

DD	MM	YYYY

3. Are you in a stable relationship?: ☐ Yes ☐ No

4. Gender: ☐ Male ☐ Female

5. Weight:pounds or kgs

6. Height: feetinches orcms

7. Family/ Ethnic origin (you may tick more than one):

- ☐ American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America)
- ☐ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, China, India, Japan, Korea, Malaysia, Thailand, Pakistan, the Philippine Islands, Vietnam, and Cambodia)
- ☐ Black or African American (a person having origins in any of the Black racial groups of Africa, including Caribbean Islanders and other of African origin)
- ☐ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

8. Country of birth:

9. Highest level of education achieved: ☐ Primary ☐ Secondary ☐ University
☐ Postgraduate

If you are female, please answer questions 10 to 14:

10. Are you pregnant?: ☐ Yes ☐ No

11. If you are pregnant, please state how many weeks:

12. How many children have you had? (not counting your current pregnancy, if applicable):

13. How many times have you been pregnant? Please include any miscarriages and do not count your current pregnancy, if applicable):

14. Please indicate your current status: ☐ Pre-menopause (menstruation)
☐ Menopause (erratic menstruation) ☐ Post-menopause (no menstruation)

A. STATE OF HEALTH

General questions

15. High blood pressure: ☐ Yes ☐ No ☐ Don't know

16. High cholesterol: ☐ Yes ☐ No ☐ Don't know

17. High glucose: ☐ Yes ☐ No ☐ Don't know

18. Anemia: ☐ Yes ☐ No ☐ Don't know

Medication and dietary products/ supplements

Please indicate any products or nutritional supplements you are currently taking below:

19. Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
20. Vitamin supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
21. TA 65	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
22. Estrogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
23. Birth control pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
24. Thyroid hormones	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started
25. Hormone replacement therapies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year started

Please indicate any illnesses you have below:

Cardiovascular diseases

26. Angina pectoris/ heart attack: ☐ Yes ☐ No Year diagnosed

27. Arthrosclerosis: ☐ Yes ☐ No Year diagnosed

28. Arrhythmias: ☐ Yes ☐ No Year diagnosed

29. Varicose veins: ☐ Yes ☐ No Year diagnosed

30. Others disorders (e.g., prolapse): ☐ Yes ☐ No Year diagnosed

Neurodegenerative illnesses

31. Alzheimer's: ☐ Yes ☐ No Year diagnosed

32. Parkinson's: ☐ Yes ☐ No Year diagnosed

33. Multiple sclerosis: ☐ Yes ☐ No Year diagnosed

34. ALS: ☐ Yes ☐ No Year diagnosed

35. Others: ☐ Yes ☐ No Year diagnosed

Infectious diseases

36. Syphilis: ☐ Yes ☐ No Year diagnosed

37. Hepatitis B: ☐ Yes ☐ No Year diagnosed

38. Hepatitis C: ☐ Yes ☐ No Year diagnosed

39. HIV/AIDS: ☐ Yes ☐ No Year diagnosed

40. Glandular fever: ☐ Yes ☐ No Year diagnosed

41. Toxoplasmosis: ☐ Yes ☐ No Year diagnosed

42. Cytomegalovirus (CMV): ☐ Yes ☐ No Year diagnosed

43. Others: ☐ Yes ☐ No Year diagnosed

Autoimmune diseases

44. Psoriasis: ☐ Yes ☐ No Year diagnosed

45. Rheumatoid Arthritis: ☐ Yes ☐ No Year diagnosed

46. Lupus erythematosus: ☐ Yes ☐ No Year diagnosed

47. Others: ☐ Yes ☐ No Year diagnosed

Mental illnesses

48. Schizophrenia: ☐ Yes ☐ No Year diagnosed

49. Bipolar disorder: ☐ Yes ☐ No Year diagnosed

50. Depression: ☐ Yes ☐ No Year diagnosed

51. Anxiety: ☐ Yes ☐ No Year diagnosed

52. Insomnia: ☐ Yes ☐ No Year diagnosed

53. Others: ☐ Yes ☐ No Year diagnosed

Other illnesses

54. Type I diabetes: ☐ Yes ☐ No Year diagnosed

55. Arthrosis: ☐ Yes ☐ No Year diagnosed

56. Osteoporosis: ☐ Yes ☐ No Year diagnosed

57. COPD: ☐ Yes ☐ No Year diagnosed

58. Pulmonary fibrosis: ☐ Yes ☐ No Year diagnosed

59. Dyskeratosis congenita: ☐ Yes ☐ No Year diagnosed

60. Aplastic anaemia: ☐ Yes ☐ No Year diagnosed

61. Progeria: ☐ Yes ☐ No Year diagnosed

62. Do you suffer from a chronic illness? (e.g., chronic pharyngitis, chronic otitis...):

☐ Yes ☐ No

63. Do you suffer or have you suffered frequent traumatological lesions (e.g., frequent broken bones, frequent joint dislocations...):

☐ Yes ☐ No

64. Are you asthmatic?:

☐ Yes ☐ No

65. Do you suffer from any severe allergies (e.g., with a risk of suffering anaphylactic shock)?:

☐ Yes ☐ No

66. Are you receiving medical treatment for any allergy?:

- ☐ No
- ☐ Yes, occasionally (e.g.: in spring)
- ☐ Yes, continuously/ for most of the year

Oncological diseases

67. Have you ever had cancer (not currently)?: ☐ Yes ☐ No

If the answer to the previous question is "yes", please answer questions 68 to 72:

68. Type of cancer (e.g., liver, lung...):

69. Year diagnosed:

70. Year you were considered medically "cured":

71. Stage of cancer at the time of diagnosis:

- ☐ In situ: the abnormal cells were only found present in the cell layer they originated from
- ☐ Localised: the cancer was confined to the organ in which it started, with no evidence of metastasis
- ☐ Regional: The cancer had spread beyond its primary origin to nearby lymph nodes or to nearby organs and tissue
- ☐ Distant: The cancer had spread from its primary origin to distant organs or to distant lymph nodes
- ☐ Unknown: There was not enough information available to determine the stage or status
- ☐ I don't know

72. Treatment received:

- ☐ Surgery → Year of initial surgical intervention:
- ☐ Hormones → Years of hormone treatment:
- ☐ Radiotherapy → Radiotherapy sessions:
- ☐ Chemotherapy → Chemotherapy sessions:
- ☐ Other
- ☐ None of the above/ no treatment received

73. Have you been diagnosed as currently suffering from cancer?: ☐ Yes ☐ No

If the answer to the previous question is "yes", please answer questions 74 a 77:

74. Type of cancer (e.g.: liver, lung...):

75. Year diagnosed:

76. Current stage:

- ☐ In situ: Abnormal cells were only found present in the cell layer they originated from
- ☐ Localised: the cancer was confined to the organ in which it started, with no evidence of metastasis
- ☐ Regional: The cancer had spread beyond its primary origin to nearby lymph nodes or to nearby organs and tissues
- ☐ Distant: The cancer had spread from its primary origin to distant organs or to distant lymph nodes
- ☐ Unknown: There was not enough information available to determine the stage or status
- ☐ I don't know

77. Treatment received:

- ☐ Surgery → Year of the main surgical intervention:
- ☐ Hormones → Years of hormone treatment:
- ☐ Radiotherapy → Radiotherapy sessions:
- ☐ Chemotherapy → Chemotherapy sessions:
- ☐ Other
- ☐ None of the above/ no treatment received

FAMILY HISTORY

Illnesses

78. Please indicate which illnesses you or any of the biological relatives listed below have suffered or are suffering from by marking the relevant box with an X (e.g., if your father, mother or both had Alzheimer's, please put an X in the "Parents/Alzheimer's" box):

Illnesses		Parents (either)	Grandparents (either)	Siblings (any)
Cardiovascular	Angina pectoris/ heart attack			
	Arthrosclerosis			
	Arrhythmias			
	Varicose veins			
	Others disorders (e.g., prolapse)			
Neurodegenerative	Alzheimer's			
	Parkinson's			
	Multiple sclerosis			
	ALS			
	Others			
Infectious	Syphilis			
	Hepatitis B			
	Hepatitis C			
	HIV/AIDS			
	Glandular fever			
	Toxoplasmosis			
	Cytomegalovirus (CMV)			
Autoimmune	Psoriasis			
	Rheumatoid arthritis			
	Lupus erythematosus			
	Others			
Mental	Schizophrenia			
	Bipolar disorder			
	Depression			
	Anxiety			
	Insomnia			
	Others			
Other	Type I diabetes			
	Type II diabetes			
	Arthritis			
	Osteoporosis			
	COPD			
	Pulmonary fibrosis			
	Dyskeratosis congenita			
	Aplastic anemia			
	Progeria			
	Chronic illness			
	Frequent traumatological lesions			
	Asthma			
	Allergy			
	Others			
Oncological	Cancer			

Longevity

79. Is your biological father alive?: ☐ Yes ☐ No ☐ Don't know

80. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

81. How old is your biological father or how old was he when he died?:

82. Is your biological mother alive?: ☐ Yes ☐ No ☐ Don't know

83. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

84. How old is your biological mother or how old was she when she died?:

85. Is your biological paternal grandfather alive?: ☐ Yes ☐ No ☐ Don't know

86. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

87. How old is your biological paternal grandfather or how old was he when he died?:.....

88. Is your biological paternal grandmother alive?: ☐ Yes ☐ No ☐ Don't know

89. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

90. How old is your biological paternal grandmother or how old was she when she died?:.....

91. Is your biological maternal grandfather alive?: ☐ Yes ☐ No ☐ Don't know

92. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

93. How old is your maternal grandfather or how old was he when he died?:

94. Is your biological maternal grandmother alive?: ☐ Yes ☐ No ☐ Don't know

95. If you answered "no", please specify the cause of death:

☐ "Natural causes" ☐ Accident ☐ Don't know

96. How old is your biological maternal grandmother or how old was she when she died?:.....

D. HABITS AND LIFESTYLE

Self-assessment

97. Do you consider yourself an optimist?: ☐ Yes ☐ No

98. Do you consider yourself satisfied with your social life (friends, personal relationships...)?

☐ Yes ☐ No

Events

99. Have you experienced any health-related accidents (e.g.: car accident), serious illness, miscarriage or other in the last three months?:

☐ Yes ☐ No

100. Have you experienced a health-related accident (e.g.: car accident), serious illness, miscarriage or other in the last year?:

☐ Yes ☐ No

101. Have you experienced a health-related accident (e.g.: car accident), serious illness, miscarriage or other in the last five years?:

☐ Yes ☐ No

102. Have you experienced any events such as the loss of a loved one, the serious illness of a child, divorce, termination of employment, own or partner's inability to become pregnant, etc. in the last three months?:

☐ Yes ☐ No

103. Have you experienced any events such as the loss of a loved one, the serious illness of a child, divorce, termination of employment, own or partner's inability to become pregnant, etc. in the last year?:

☐ Yes ☐ No

- 104.** Have you experienced any events such as the loss of a loved one, the serious illness of a child, divorce, termination of employment, own or partner's inability to become pregnant, etc. in the last five years?:
- ☐ Yes ☐ No

Environment

- 105.** Independently from the previous question, do you consider your everyday life to be stressful or tense (e.g.: due to your occupation, family situation, personal issues, longstanding financial difficulties?):
- ☐ Yes ☐ No

- 106.** Do you work or live in an environment in which you are exposed or potentially exposed to radioactivity, chemical products/gases, waste, hazardous substances, mining work ...?:
- ☐ Yes ☐ No

Sex life

- 107.** How often do you currently have sexual intercourse?:
- ☐ Never ☐ Sporadically ☐ Weekly ☐ I'd rather not say

- 108.** If you are no longer having sexual intercourse due to old age, how often did you use to have sexual intercourse in the past?:
- ☐ Never ☐ Sporadically ☐ Weekly ☐ I'd rather not say

Tobacco

- 109.** Do you smoke?: ☐ Yes ☐ No

If the answer to the previous question is "yes", please answer questions 110 to 112:

- 110.** Type of tobacco and level of consumption:
- ☐ Cigarettes daily on average
- ☐ Cigars daily on average
- ☐ Pipes daily on average

- 111.** Years as a smoker:.....

112. Type of tobacco: ☐ Unfiltered ☐ Filtered, Full Flavor ☐ Filtered, Light
☐ Filtered, Ultra-Light

113. Are you an ex-smoker?: ☐ Yes ☐ No

If the answer to the previous question is "yes", please answer questions 114 to 115:

114. Years as a smoker:

115. Years since you stopped smoking:

Alcohol

116. Do you drink alcohol?: ☐ Yes ☐ No

If the answer to the previous question is "yes", please answer questions 117 to 118:

117. Type of alcohol and average number of drinks per week:

- ☐ Wine glasses per week on average
- ☐ Beer cans/glasses per week on average
- ☐ Spirits (e.g.: whiskey, rum ...) glasses per week on average

118. Years drinking alcohol:.....

Other substances

119. Do you use any drugs or illicit substances on a regular basis? (e.g.: cannabis or other):

☐ Yes ☐ No ☐ I'd rather not say

120. Have you at any point in the past used drugs or an illegal substance on a regular basis? :

☐ Yes ☐ No ☐ I'd rather not say

Exercise

121. How much do you usually walk per day?:

- ☐ Less than 15 minutes ☐ Between 15 and 30 minutes ☐ More than 30 minutes

122. Do you exercise or perform equivalent physical labor of at least half an hour a day or 3 hours per week?:

- ☐ No ☐ Yes, but I am not serious amateur/ professional athlete ☐ Yes, I am a serious amateur/ professional athlete

123. If your answer to the previous question was “yes”, please indicate what kind of sport you usually practise (you may tick more than one):

- ☐ Yoga/ Pilates or similar “gentle” activities
☐ Aerobic exercise (e.g. running, swimming, cycling, football, tennis...)
☐ Resistance training/weights

Nutrition

124. How many meals do you have every day?:

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

125. How often do you consume high-fat dairy products? (whole milk, butter, cheese ...)?:

- ☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

126. How often do you consume low-fat dairy products (semi-skimmed or skimmed milk, yoghurts ...)?:

- ☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

127. How often do you eat vegetables?:

- ☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

128. How often do you eat fruit?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

129. How often do you eat legumes?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

130. How often do you eat red meat?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

131. How often do you eat fish?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

132. How often do you eat cured meats?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

133. How often do you eat bread and cereal?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

134. How often do you eat bakery wares?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

135. How often do you eat snacks?:

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

136. How often do you eat chocolate and chocolate products?

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

137. How often do you eat sweets and candy?

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

138. How often do you eat fast food?:

- ☐ Never ☐ Occasionally ☐ Weekly ☐ Daily

139. How much water do you drink every day?:

- ☐ Less than 1 litre (less than 4 glasses)
☐ Between 1 and 2 litres (4 - 8 glasses)
☐ More than 2 litres (more than 8 glasses)

140. How much fruit juice do you drink every day?:

- ☐ None
☐ Between 1 and 2 servings
☐ More than 2 servings

141. How much coffee do you drink every day?:

- ☐ None
☐ Between 1 and 2 cups
☐ More than 2 cups

142. How many caffeinated soft drinks (e.g.: cola based soft drinks) do you have every day?:

- ☐ None
☐ Between 1 and 2
☐ More than 2

Sleep

143. How many hours do you sleep every day on average?:

- ☐ Less than 6
☐ 6
☐ 7
☐ 8
☐ More than 8