

BC Generations Project Contraindications Questionnaire

Section 1: Questions Common to Many Stages

Please observe the following:

1. Is the participant able to stand unassisted?

- Yes
- No

Contraindication: If **No**, standing height, waist & hip circumference, grip strength, bioimpedance, and weight measurements will be skipped.

Please ask the participant the following questions:

2. Have you ever had an allergic reaction when alcohol (isopropyl alcohol) was applied on the skin?

- Yes
- No
- Don't know

Contraindication: If **Yes** or **Don't know**, bone density measurement and blood collection will be skipped.

3. Are you pregnant?

Instructions: Ask if Female.

- Yes
- No → skip to Section 2
- Don't know → skip to Section 2

Contraindication: If **Yes** or **Don't know**, bioimpedance and spirometry measurements will be skipped.

4. In what week are you?

 Weeks

- Don't know

Contraindication: If at least 12 weeks pregnant, waist & hip circumference measurements will be skipped.

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Section 2: Blood Pressure and Heart Rate

Please observe the following:

1. Have you observed any condition that makes the blood pressure and heart rate measurements impossible?

*Instructions: If there are exclusion criteria, select **No condition**.*

- No condition
- Rashes, oedema, open sores, wounds, burned or scarred tissue on both arms
- Cast, gauze dressing or tubes on both arms
- Double arm paralysis, amputation or both arms withered
- Other condition: _____ (specify)

Contraindication: If anything other than **No condition, blood pressure and heart rate measurements will be skipped.**

Please ask the participant the following questions:

2. On your left side, have you ever had any surgery on arm, chest or breast (including cancer surgery), or have you ever been told by a doctor that you have an arteriovenous shunt? An arteriovenous shunt is a passageway between an artery and vein, often surgically created for the purpose of haemodialysis.

- Yes
- No
- Don't know

Contraindication: If **Yes or **Don't know**, blood pressure and heart rate measurements will be taken on the right arm.**

3. On your right side, have you ever had any surgery on arm, chest or breast (including cancer surgery), or have you ever been told by a doctor that you have an arteriovenous shunt?

- Yes
- No
- Don't know

Contraindication: If **Yes or **Don't know**, blood pressure and heart rate measurements will be taken on the left arm.**

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Please determine the following:

4. In summary, are the blood pressure and heart rate measurements safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the blood pressure and heart rate measurements will be skipped.

5. Indicate which arm will be used for blood pressure and heart rate measurements.

Instructions: According to the protocol, chose the left or right arm for blood pressure and heart rate measurements.

- Right
- Left

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Section 3: Bone Density

Please observe the following:

1. Have you observed any condition that makes the bone density measurement impossible?

- No condition
- Open wounds, blisters, breaks and sores around both heels
- Other condition: _____ (specify)

Contraindication: If anything except **No condition**, the bone density measurement will be skipped.

Please ask the participant the following questions:

2. In your left leg, foot or heel, have you ever had any fracture, implant or injury resulting in decreased use of that leg for 1 month or more?

- Yes
- No → skip to 4
- Don't know → skip to 4

3. When did it last happen?

(MM/YYYY) OR (Age)

- Don't know

4. In your right leg, foot or heel, have you ever had any fracture, implant or injury resulting in decreased use of that leg for 1 month or more?

- Yes
- No → skip to 6
- Don't know → skip to 6

5. When did it last happen?

(MM/YYYY) OR (Age)

- Don't know

6. Do you regard yourself as being left or right-handed, or ambidextrous?

- Left
- Right
- Ambidextrous

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Please determine the following:

7. In summary, is the bone density measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the bone density measurement will be skipped.

8. Indicate which heel will be used for bone density measurement.

Instructions: According to the protocol, chose the left or right heel for bone density measurement.

- Right
- Left

Contraindication: Unless a contra-indication exists for that side, the measure is taken on the non-dominant heel. If ambidextrous, by default, it is the left foot that is supposed to be measured.

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Section 4: Grip Strength

1. Have you observed any condition that makes the grip strength measurement impossible?

- No condition
- Double arm paralysis, amputation or both arms withered
- Other condition _____ (specify)

Contraindication: If anything except **No condition**, the grip strength measurement will be skipped.

Please ask the participant the following questions:

2. Have you had any surgery on both your hands or both your wrists during the last 13 weeks?

- Yes
- No
- Don't know

Contraindication: If **Yes** or **Don't know**, the grip strength measurement will be skipped.

3. Do you have significant pain in both hands or wrists caused by conditions such as arthritis, tendinitis crisis or carpal tunnel syndrome?

- Yes
- No
- Don't know

Contraindication: If **Yes** or **Don't know**, the grip strength measurement will be skipped.

Please determine the following:

4. In summary, is the grip strength measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the grip strength measurement will be skipped.

5. Indicate which hand will be used for grip strength measurement.

Instructions: According to the protocol, choose both hands, or only the left or right hand for grip strength measurement.

- Both
- Right
- Left

Contraindication: Unless a contra-indication exists for that side, the measure is taken on both hands.

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Section 5: Standing Height

1. Have you observed any condition that makes the standing height measurement impossible?

- No condition
- Severe kyphosis, scoliosis or ankylosing spondylitis
- Other condition: _____ (specify)

Contraindication: If anything except **No condition**, standing height measurement will be skipped.

2. Is the participant's back straight?

- Yes
- No

Contraindication: If **No**, standing height measurement will be skipped.

Please determine the following:

3. In summary, is the standing height measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the standing height measurement will be skipped.

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Section 6: Sitting Height

Please observe the following:

1. Have you observed any condition that makes the sitting height measurement impossible?

- No condition
- Yes: _____ (*specify*)

Contraindication: If anything except **No condition**, sitting height measurement will be skipped.

Please determine the following:

2. In summary, is the sitting height measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the sitting height measurement will be skipped.

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Section 7: Waist and Hip Circumference

Please observe the following:

1. Have you observed any condition that makes the waist and hip circumference measurements impossible?

No condition

Yes: _____ (specify)

Contraindication: If **Yes, waist & hip circumference measurements will be skipped.**

Please determine the following:

2. In summary, are the waist and hip circumference measurements safe?

Yes

No

Don't know

Contraindication: If **No or **Don't know**, the waist & hip circumference measurement will be skipped.**

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Section 8: Weight & Bioimpedence

1. Have you observed any condition that makes the bioimpedance measurement impossible?

- No condition
- Cast
- Amputation of a limb
- Other condition: _____ (specify)

Contraindication: If anything other than **No condition**, the bioimpedance measurement will be skipped.

2. Have you observed any condition that makes the weight measurement impossible?

- No condition
- Yes: _____ (specify)

Contraindication: If **Yes**, the weight measurement will be skipped.

Please ask the participant the following questions:

3. Do you have any medical device implanted inside you such as a defibrillator, stent, or a cochlear implant?

- Yes
- No
- Don't know

Contraindication: If **Yes** or **Don't know**, the bioimpedence measurement will be skipped.

Please determine the following:

4. In summary, is the bioimpedence measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the bioimpedence measurement will be skipped.

5. In summary, is the weight measurement safe?

- Yes
- No
- Don't know

Contraindication: If **No** or **Don't know**, the weight measurement will be skipped.

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Section 9: Blood Sample

Please observe the following:

1. Have you observed any condition that makes the samples collection impossible?

- No condition
- Rashes, oedema, open sores, wounds, burned or scarred tissue on both arms
- Cast, gauze dressing or tubes on both arms
- Double arm paralysis, amputation or both arms withered
- Occluded veins on both arms
- Other condition: _____ (specify)

Contraindication: If anything other than **No condition**, the blood collection will be skipped.

Please ask the participant the following questions:

2. Do you have any blood clotting disease such as hemophilia?

- Yes
- No
- Don't know

Contraindication: If **Yes** or **Don't know**, the blood collection will be skipped.

Please determine the following:

3. In summary, is the blood collection safe?

- Yes
- No

Contraindication: If **No**, the blood collection will be skipped.

4. Indicate which arm will be used for the blood sample collection.

Instructions: According to the protocol, choose the left or right arm to collect blood.

- Right
- Left

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Summary Contraindications Checklist

Measurement	Contraindicated? (Yes or No)	Side of Body? (Left, Right or Both)
Blood Pressure and Heart Rate		
Bone Density		
Grip Strength		
Standing Height		
Sitting Height		
Waist and Hip Circumference		
Weight and Bioimpedence		
Blood and Urine Sample		