

The University of Iowa Center on Aging
Seniors Together in Aging Research (STAR)
Volunteer Research Registry

Registry Information Form

The information below will be used to match you with research studies at the University of Iowa. Only STAR Registry staff has access to this information, and it will not be shared. If we notify you of a study, you are free to participate or to refuse. Please print clearly and mark all that apply.

Today's date: Month: _____ Day: _____ Year: _____

Please select one: Mr. Ms. Mrs. Dr. Other _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Area Code: (_____) _____

Email: _____

Date of birth: Month: _____ Day: _____ Year: _____

Gender: Male Female

Race/Ethnicity: American Indian/Alaska Native Asian or Pacific Islander

Black or African American Hispanic White, not Hispanic Mixed Race

Other (specify): _____

Marital Status: Married/Partnered Widowed

Divorced/Separated Never Married/Never Partnered

Your Height: _____ **Weight:** _____

Do you live: Independently (without assistance)

With a caregiver (including professional or family support)

In a Retirement Community

In an Assisted Living or Residential Care Facility

In a Nursing Home

Other: _____

Do you have OR have you EVER had any of the following:

High Blood Pressure Yes No

High Cholesterol Yes No

Hyper/Hypothyroid Yes No

Inflammatory Bowel Disease Yes No

Kidney disease Yes No

Liver disease Yes No

Lung disease Yes No

Migraine/Severe Headache Yes No

Osteoporosis Yes No

Parkinson's disease Yes No

Skin Condition Yes No

Stroke Yes No

Ulcer/Stomach problems Yes No

Joint Replacement Yes No

Hearing problems Yes No

If yes, do you use a hearing aid? One Ear Both Ears

Memory problems Yes No

Mood problems Yes No

Anxiety/Nervous condition Yes No

Difficulty thinking Yes No

Problems with weight Yes No

Problems with alcohol or other drugs? Yes No

Problems gambling too much or having trouble quitting? Yes No

Feeling overly preoccupied with shopping and spending? Yes No

Psychiatric evaluation or treatment Yes No

Problems with urination Yes No

If yes: Incontinence Frequent and/or urgent urination during day or night

Weak/intermittent urine flow Straining to empty the bladder

Vision problems Yes No

If yes: Glasses/Contacts Cataracts Glaucoma Macular Degeneration

Other: _____

Are there any other important medical conditions for which you are now being treated?

Yes No Please list: _____

Do you have any physical disabilities? Yes No

If yes, do you use: Cane Walker Brace(s) Wheelchair Motorized Scooter Other: _____

Have you ever consumed wine, beer or other alcoholic beverages? Yes No

If yes, what best describes your current alcohol consumption?
(1 serving = 1 glass wine, 1 beer, or 1 shot of liquor)

None Less than 1 serving per week 1 serving per week
 2-5 servings per week 1 serving per day More than 1 serving per day

Are you an active smoker? Yes No

If yes, how many packs per day? 1 or fewer more than 1, fewer than 3 3 or more
 Pipe

Have you smoked in the past? Yes No

If yes, how many years did you smoke? 1-10 11-20 21-30 31+

How many packs per day? 1 or fewer more than 1, fewer than 3 3 or more

How many years ago did you quit? 1-10 11-20 21-30 31+

Please indicate your willingness to receive information about the following types of studies (check for yes):

- Opinion Studies Behavior Studies Studies of Memory
 Studies requiring physical exam Studies requiring blood or other body products
 Studies requiring use of medications

Where did you hear about the STAR Volunteer Research Registry? Please be specific (e.g. a particular newspaper, a friend, a doctor's office, etc.):

Thank you for your participation. Please mail this completed form in the enclosed self-addressed stamped envelope to:

University of Iowa Center on Aging
STAR Volunteer Research Registry
2159 Westlawn
Iowa City, IA 52242

Return of the form indicates your agreement to place your information in the registry.

If you would like more information, please contact the Registry Coordinators by phone at 319-335-7569, toll-free 1-866-393-4603 or email coa-star@uiowa.edu , or visit our website at: www.centeronaging.uiowa.edu/star.