The University of Iowa
**S**eniors **T**ogether in **A**ging **R**esearch (STAR) Volunteer Research Registry

The information below will be used to match you with research studies in 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Months of the year at secondary address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred phone**: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate phone**: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of birth:**  Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex**: [ ]  Male [ ]  Female [ ]  Intersex [ ]  Prefer not to answer [ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity**: [ ]  American Indian/Alaska Native [ ]  Asian or Pacific Islander [ ]  Black or African American
[ ]  Hispanic [ ]  White, not Hispanic [ ]  Mixed Race [ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[ ]  Prefer not to answer

**Marital status**: [ ]  Married/Partnered [ ]  Widowed [ ]  Divorced/Separated [ ] Never Married

**Highest level of education:** [ ]  Less than high school [ ]  High school diploma/GED
[ ]  Some college [ ]  2 year college degree (i.e. AA, AS) [ ]  4 year college degree (i.e. BA, BS)
[ ]  Military [ ]  Master’s Degree [ ]  Prof/Doctorate (i.e. MD, PhD)

**Total annual income:** [ ]  $0 – 24,999 [ ]  $25,000 – 49,999
[ ]  $50,000 – 99,999 [ ]  $100,000 - $150,000 [ ]  $150,000 +
[ ]  Prefer not to answer

**Are you a military veteran?** [ ]  Yes [ ]  No

**Present living situation**: [ ]  Private residence [ ]  Assisted living
[ ]  Nursing home [ ]  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a valid driver’s license?** [ ]  Yes [ ]  No

**If we scheduled a convenient time for you, would you be able to come to the University of Iowa in Iowa City to participate in a study?**[ ]  I could drive myself or arrange for someone to drive me.
[ ]  I would be willing to come only if transportation were arranged for me.
[ ]  I would not be able to come to Iowa City.

Do you use (check all that apply): [ ]  Computer [ ]  Tablet [ ]  Smartphone

Do you have access to the internet at home or another convenient place? [ ]  Yes [ ]  No

Are you employed? [ ]  Yes [ ]  No If yes, hours per week \_\_\_\_\_\_\_\_\_\_

Do you volunteer? [ ]  Yes [ ]  No If yes, hours per week \_\_\_\_\_\_\_\_\_\_

Since last year, did you **provide** care to a family member or friend? Caregiving activities can include: helping with eating, bathing, dressing, walking or personal hygiene, household chores, medication management, financial management, errands, transportation, etc.? [ ]  Yes [ ]  No

 If yes, what type(s) of care did you provide? (check all that apply)

 [ ]  Instrumental Activities of Daily Living (IADL) include: household chores, medication management, financial

 management, errands, transportation, etc.

 [ ]  Activities of Daily Living (ADL) include: helping with eating, bathing, dressing, walking or personal hygiene.

 For whom do you provide care? [ ]  Spouse/partner [ ]  Parent [ ]  Child [ ]  Grandchild [ ]  Friend

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason this person needs care: [ ] Cancer [ ] Dementia/AD [ ] Physical Disability [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since last year, have you **received** care or other kinds of help from a family member or friend? [ ]  Yes [ ]  No

**Health-Related Information:**

Are you a twin? [ ]  Yes [ ]  No Height (inches): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (pounds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a patient at UIHC? [ ]  Yes [ ]  No [ ]  Prefer not to answer

Do you have access to MyChart? [ ]  Yes [ ]  No [ ]  Prefer not to answer

How would you characterize your present state of health? [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor

How would you characterize your present **dental** health? [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor

How often do you participate in physical activity?

[ ]  Never [ ]  Less than 1 hour/week [ ]  1-2 hours/week [ ]  2-3 hours/week [ ]  Over 3 hours/week

Do you have any physical limitations? [ ]  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 [ ]  <1 per week [ ]  1 per week [ ]  2-5 per week [ ]  1 per day [ ]  >1 per day

Are you an active tobacco user? [ ]  Yes [ ]  No

 If yes, which type: [ ]  Cigarettes [ ]  E-cigarettes [ ]  Cigar [ ]  Vape [ ]  Smokeless Tobacco [ ]  Pipe
 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes to cigarettes, how many packs per day? [ ]  1 or fewer [ ]  >1 and <3 [ ]  3 or more

Have you smoked in the past? [ ]  Yes [ ]  No
 If yes, how many years did you smoke? [ ]  1-10 [ ]  11-20 [ ]  21-30 [ ]  31+
 If yes, how many packs per day? [ ]  1 or fewer [ ]  >1 and <3 [ ]  3 or more [ ]  N/A
 If yes, how many years ago did you quit? [ ]  1-10 [ ]  11-20 [ ]  21-30 [ ] 31+

**Please select conditions or diseases a healthcare provider has told you that you have. This information is optional, but providing it may help researchers match you with studies that fit you personally:**

|  |  |
| --- | --- |
| Abdomen | [ ]  Diverticulitis/osis [ ]  Inflammatory Bowel Disease[ ]  Kidney disease [ ]  Liver disease[ ]  Ulcer [ ]  Other: |
| Allergies | [ ]  Food allergies [ ]  Seasonal allergies[ ]  Other: |
| Behavior/Psychiatric/Mental | [ ]  Alcoholism [ ]  Drug addiction/substance use disorder [ ]  Eating disorder        (prescription or illegal substances)[ ]  Feeling overly occupied with [ ]  Gambling problems (too much or having         shopping/spending trouble quitting)[ ]  Language/Learning Disorder [ ]  Mood Disorder (anxiety, depression, (e.g., dyslexia, ADHD) bipolar)[ ]  Obsessive Compulsive Disorder OCD [ ]  Post-Traumatic Stress Disorder (PTSD)[ ]  Schizophrenia [ ]  Social Isolation [ ]  Other:  |
| Bones | [ ]  Arthritis [ ]  Fracture (e.g., hip, spine)[ ]  Joint Replacement [ ]  Osteoporosis[ ]  Other: |
| Cancer | [ ]  Bladder [ ]  Breast[ ]  Colon/Rectum [ ]  Lung/Bronchus[ ]  Melanomas of the skin [ ]  Prostate[ ]  Other: |
| Endocrine/Metabolism | [ ]  Diabetes [ ]  Hyper/Hypothyroid[ ]  Weight problems [ ]  Other: |
| Head/Eyes/Ears/Nose/Throat | [ ]  Cataracts[ ]  Dental conditions (e.g., caries, periodontal disease, tooth loss, dry mouth)[ ]  Diabetic retinopathy[ ]  Glaucoma[ ]  Hearing problems. Hearing aid? One ear [ ]  Both ears [ ]  N/A[ ] [ ]  Macular degeneration[ ]  Vision correction: [ ]  glasses/contacts [ ]  Lasik surgery[ ]  Other: |
| Heart and Blood Vessels | [ ]  Anemia [ ]  Heart disease[ ]  High blood pressure [ ]  High cholesterol[ ]  Other: |
| Lungs | [ ]  Asthma [ ]  Lung disease (chronic bronchitis, COPD, [ ]  Other: emphysema) |
| Neurological | [ ]  Alzheimer’s/Dementia [ ]  Difficulty thinking[ ]  Epilepsy/seizures [ ]  Head injury[ ]  Memory problems [ ]  Migraine/Severe Headache[ ]  Multiple sclerosis [ ]  Parkinson’s disease[ ]  Stroke [ ]  Other: |
| Reproductive Health | [ ]  History of infertility (male or female) [ ]  Toxemia or pre-eclampsia[ ]  Gestational Diabetes [ ]  Preterm birth (<37 weeks gestation) [ ]  Intrauterine growth restriction [ ]  Intrauterine fetal demise (baby died in (baby grown pathologically too small) utero after 20 wks of gestation)[ ]  Hormone Replacement Therapy [ ]  Other: |
| Skin | [ ]  Bed sores [ ]  Eczema[ ]  Psoriasis [ ]  Seborrheic dermatitis[ ]  Other: |
| Urological | [ ]  Bladder or urinary tract infections [ ]  Freq. &/or urgent urination AM or PM [ ]  Straining to empty bladder [ ]  Urinary incontinence [ ]  Weak/intermittent urine flow [ ]  Other: |

Do you experience chronic pain? [ ]  Yes [ ]  No

Are there any other important medical conditions for which you are now being treated? [ ]  Yes [ ]  No
Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you agree to share your longitudinal information (see accompanying letter)?** *You do not have to consent to sharing your longitudinal information to participate in the STAR Registry.* [ ]  Yes [ ]  No

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

[ ] Mail Questionnaires [ ] Telephone Interviews [ ] Face-to-Face Interviews

[ ] 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 participating! Please mail this completed form in the enclosed self-addressed stamped envelope to: UI ICTS, STAR Volunteer Research Registry, C44 GH, Iowa City, IA 52242. Return of this form indicates your agreement to place your information in the registry. If you would like more information, contact the STAR Registry Coordinator at 319-335-7569 or by email coa-star@uiowa.edu, or visit our website: <http://icts.uiowa.edu/star>.

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**How does it work?**

You complete a 4-page form about health, demographics, and behavior. STAR matches you with research studies for which you may be eligible. You decide if you are interested, and you contact the research team.

**What kinds of research?**

YOU CHOOSE which studies you’re interested in. Many kinds of research studies are looking for eligible participants.

* Some studies look for healthy volunteers.
* Some are health-related; some are not.
* Participation can range from phone calls to medical tests or drug trials, among others.

*Breakdown of researchers who have used STAR Registry to help recruit research participants.*

**What happens to my information?**

* STAR keeps all your data secure and confidential, according to guidelines established by the

University of Iowa Institutional Review Board.

* STAR uses your personal information to match you with research studies.
* Researchers do not get your personal information unless you contact them.
* STAR asks you to update any new information once a year.

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**Why STAR?**

Researchers often have difficulty recruiting older adults. If you’re over 50, join over 1700 other community members who are willing to participate in research studies! By registering, you can help UI increase diversity in research studies by including more adults over age 50 AND help make research results more helpful to the scientific community and inform the general public.