COLORADO MESA UNIVERSITY

FORENSIC INVESTIGATION RESEARCH STATION

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# Biological Questionnaire

Please complete the following information by filling in the blank and/or circling an option.
If you need more space, additional sheets may be attached.
All of the information will be considered confidential.

**Name** _____ /_____/ _____ **Sex**: male_____ female_____
Last First Middle

**Social Security #**_____ —_____—_____ **Race**: White / Black / Hispanic/ Asian/ Other_____
(circle one)

**Date of Birth**____/____/_____ **Age** ____ **Place of Birth** (city/state): _____

**Home Address** _____

**City** _____ **County**_____ **State** _____ **Zip** _____

**Phone Number**_____

**Mother's Name** (include maiden) _____ **Place of Birth**_____

**Father's Name** _____ **Place of Birth**_____

**Driver's License Height** _____ **Weight** _____ **Recent Weight Loss**: yes ____ no_____

**Handedness**: Right ___ Left___ **Shoe size** _____ **Blood Type** _____ **Hair Color**_____
(natural)

**Marital Status**: (circle one): Never Married Married Widowed Divorced Unknown Other

**Spouse**: _____ /_____/ _____ Living____ Deceased___ Unknown_____
Last (include maiden) First Middle

**Number of Children**: _____

**Highest Education Level** (indicate number of years): _____ **Military Service**: yes ___ no___
Elem/Second (0-12): _____ College (1-4; 5+): _____

**Childhood Socio-Economic Status**: (circle one): Lower Lower Middle Middle Upper Middle Upper

**Usual (life-long) Occupation** _____ **Business/Industry** _____

**PLEASE CONTINUE ON NEXT PAGE**

**Name** _____ /_____/ _____
Last First Middle

**Residence History** (list additional locations as necessary)
Childhood Hometown (0-15 years of age):
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

Location as an Adult (any place you have lived for more than 1 year)
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

**Dental History** – Check all that apply

☐ Extensive Dental work
☐Lower Dentures: When_____
☐Upper Dentures: When_____
☐Upper and Lower Dentures: When_____
☐Partial Plate
☐Braces
☐Most/all teeth
☐Bridge
☐Gum Disease
☐Dental Disease
☐Other _____
_____
Teeth Missing
☐ Few
☐Many
☐All

**Medical History (please indicate the approximate year for each)**. Please do not provide just a Doctor's name.

☐Surgery (general): _____
_____
_____
_____

☐Fractures _____
_____
_____

☐Auto Accident (with traumatic injury)
YR:_____
☐ Spinal Injuries YR:_____
☐ Open Heart Surgery YR:_____
☐Prosthetics (e.g. Hip or knee replacement)
Type/Yr:_____
Type/Yr:_____
Type/Yr:_____

☐ Plastic Surgery (indicate type and location)
_____
_____
_____

☐Cancer (type):_____
Treatment: _____
Length of Illness: _____

☐ Smoker If yes, how long?_____

☐Alcoholism YRS: _____
☐Diabetes Type:_____
☐Other (Including childhood disorders):
_____
_____
_____

**PLEASE CONTINUE ON NEXT PAGE**

**Name** _____ /_____/ _____
**Last** **First** **Middle**

**Medical History** (continued) – Please describe the above and any other information you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, or a family history of an illness, etc. Please attach additional pages as necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____

**Habitual Activities** (i.e., jogging, repetitive motions, life-long occupation activities, etc.) -

_____
_____
_____
_____
_____
_____

**Eye Color** ☐Blue ☐Green ☐Gray ☐Brown ☐Hazel ☐Other _____

**Tattoo(s)** ☐ Yes ☐ No If yes, Description:_____ Body Location:_____

**Body Piercings(s)** ☐ Yes ☐ No If yes, Description:_____ Body Location:_____

**Next of Kin Information**

Name _____ Relationship _____

Address _____ Phone number _____

City _____ State _____ Zip code _____ email: _____

**PLEASE CONTINUE ON NEXT PAGE**

**Name** _____ /_____/ _____
Last First Middle

**Informant Information (if other than Donor or Next of Kin)**

Name _____ Relationship _____

Address _____ Phone number _____

City _____ State _____ Zip code _____ email: _____

**DO NOT CONTINUE IF YOU ARE A LIVING DONOR**

Location of death (if applicable): _____ Date of Death _____

Institution/Hospital _____

Address _____

City _____ County _____ State _____ Zip code _____

Thank you for taking the time to fill out this questionnaire.
If we can be of further assistance, please feel free to contact us.

**Return completed forms to:**

Dr. Melissa Connor
Forensic Investigation Research Center
Colorado Mesa University
1100 North Avenue
Grand Junction, CO 81501

Phone: 970-248-1219