



L-PVDOMICS STUDY EXPOSURE HISTORY - FORM #505

Instructions: Complete this form for **Level 1 and 2 participants**. Review participant's medical information. Interviewing the participant may also yield additional information regarding current exposures.

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1. Identification Number

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2. Alphacode

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3. Date of review: mm/dd/yyyy

4. Is exposure information available?
(0=No, skip to Q200, 1=Yes)

Current Exposures:

5. Exposure to animals and birds?
(0=No, 1=Yes, 9=Unknown)

For Q5b-5e use the following:

0=No, 1=Yes, primarily inside home, 2=Yes, primarily outside, 9=Unknown

- a. Dog(s)
- b. Cat(s).....
- c. Bird(s)
- d. Horse(s).....

6. Exposure to molds? (0=No, 1=Yes, 9=Unknown)

Current Drug Use:

7. Use of diet drugs? (0=No, 1=Yes, 9=Unknown or refused)

- a. Was diet drug(s) prescribed by physician? (0=No, 1=Yes, 9=Unknown).....
- b. Was diet drug(s) purchased over-the-counter? (0=No, 1=Yes, 9=Unknown).....

Specify name(s) of diet drug(s): _____

8. Use of recreational drug(s)?.....
0=No, 1=Yes, 9=Unknown or refused

For items 8a-f answer 0=No, 1=Yes, 9=Unknown or refused

- a. Marijuana
- b. Cocaine
- c. Amphetamine derivative
- d. Narcotics
- e. Opiates
- f. Other recreational drugs.....

Smoking:

9. a. Do you smoke cigarettes?
(0=No, never smoked, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)
- b. If former smoker, at approximately what age did you quit smoking cigarettes?
(leave blank if currently smoking)
- c. Since the last parent study visit, did you go through a period where you regularly smoked for at least 3 months? (0=No, 1=Yes, 9=Unknown or refused).....
- d. If yes, approximately how many cigarettes per day did/do you smoke?
(20 if one pack, 40 if two packs, etc.)
10. a. Do you smoke e-cigarettes?
(0=No, never smoked, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)
- b. At approximately what age did you quit smoking e-cigarettes? (leave this blank if you are still smoking)
11. a. Do you smoke cigars?
(0=No, never smoked, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)
- b. Do you smoke a tobacco pipe?
0=No, never smoked tobacco pipe 3=Yes, current tobacco pipe smoker
1=Yes, former tobacco pipe smoker 9=Unknown or refused
- c. Do you use smokeless tobacco?
0=No, never used smokeless tobacco 3=Yes, current user of smokeless tobacco
1=Yes, former smokeless tobacco user 9=Unknown or refused

Alcohol:

12. a. Do you drink alcohol?
0=No, never drank alcohol, skip to Item 200 2=Yes, current drinker
1=Yes, former 9=Unknown or refused
- b. Usual number of drinks of wine, beer or liquor during an average week?
(a drink is 4 oz. of wine, a can of beer, or 1-1/2 oz. of hard liquor, including non-bonded liquor/moonshine)

200. Date form completed (mm/dd/yyyy)..... ____/____/____

201. Username of person completing/reviewing completeness of this form _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____