



## PVDOMICS STUDY

### EXPOSURE HISTORY - FORM #105

**Instructions:** Review the participant's medical information. Interviewing the participant may also yield additional information regarding current and past 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

### Exposures

4. a. Exposed to industrial solvents .....  
0=No, 1=Yes, past, 2=Yes, current, 3=Both current and past, 4=9/11 Responder, 9=Unknown
- b. Number of years exposed to solvent.....
5. a. Exposed to asbestos?.....  
0=No, 1=Yes, past, 2=Yes, current, 3=Both current and past, 4=9/11 Responder, 9=Unknown
- b. Number of years exposed to asbestos .....
6. a. Exposed to mineral dust? .....  
0=No, 1=Yes, past, 2=Yes, current, 3=Both current and past, 4=9/11 Responder, 9=Unknown
- b. Number of years exposed to mineral dust.....
7. a. High altitude exposure? (  $\geq 5,000$  ft) .....  
0=No, 1=Yes, past, 2=Yes, current, 3=Both current and past
- b. Number of years of high altitude exposure.....
8. a. Exposure to animals and birds? (0=No, 1=Yes) .....  
0=No, 1=Yes, primarily inside home, 2= Yes, primarily outside
- b. Dog(s) .....
- c. Cat(s).....
- d. Bird(s) .....
- e. Horse(s).....
9. Exposure to molds? (0=No, 1=Yes, 4=9/11 Responder, 9=Unknown) .....

### Drug Use

10. a. Use of diet drugs? .....  
(0=No history, 1=Yes, in the past 3 years, 2=Yes, but more than 3 years ago, 9=Unknown or refused)
- b. Was diet drug(s) prescribed by physician? (0=No, 1=Yes) .....
- c. Was diet drug(s) purchased over-the-counter? (0=No, 1=Yes) .....
- Specify name(s) of diet drug(s): \_\_\_\_\_

11. Recreational drug use? .....  
0=No history, 1=Yes, in the past 3 years, 2=Yes, but more than 3 years ago, 9=Unknown or refused

For items 11a-f answer 0=No, 1=Yes, 9=Unknown or refused

- a. Marijuana .....
- b. Cocaine .....

For items 11a-f answer 0=No, 1=Yes, 9=Unknown or refused, continued:

- c. Amphetamine derivative ..... \_\_\_\_\_  
 d. Narcotics ..... \_\_\_\_\_  
 e. Opiates ..... \_\_\_\_\_  
 f. Other recreational drugs..... \_\_\_\_\_

### Smoking

12. a. Do you or did you smoke cigarettes?..... \_\_\_\_\_  
 (0=No, never smoked-skip to Item 13, 1=Yes, former smoker, 2=Yes, current smoker,  
 9=Unknown or refused)  
 b. How old were you when you began to smoke cigarettes regularly?..... \_\_\_\_\_  
 c. In an average day, how many cigarettes do/did you usually smoke? ..... \_\_\_\_\_  
 (20 if one pack, 40 if two packs, etc.)  
 d. At approximately what age did you quit smoking cigarettes?  
 (leave this blank if still smoking cigarettes)..... \_\_\_\_\_
13. a. Do you or did you smoke e-cigarettes?..... \_\_\_\_\_  
 (0=No, never smoked-skip to Item 14, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)  
 b. How old were you when you began to smoke e-cigarettes regularly? ..... \_\_\_\_\_  
 c. At approximately what age did you quit smoking e-cigarettes? (leave this blank  
 if you are still smoking) ..... \_\_\_\_\_
14. a. Do you or did you ever smoke cigars?..... \_\_\_\_\_  
 (0=No, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)  
 b. Do you or did you ever smoke a tobacco pipe? ..... \_\_\_\_\_  
 (0=No, 1=Yes, former smoker, 2=Yes, current smoker, 9=Unknown or refused)  
 c. Have you or did you ever use smokeless tobacco?..... \_\_\_\_\_  
 (0=No, 1=Yes, former user of smokeless tobacco, 2=Yes, current user of smokeless tobacco,  
 9=Unknown or refused)

### Alcohol:

15. a. Do you or did you drink alcohol? ..... \_\_\_\_\_  
 (0=No, never drank alcohol, skip to Item 200, 1=Yes, in the past, 2=Yes, current drinker, 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 \_\_\_\_\_