

EARLY LIFE HISTORY

ID NUMBER:										
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FORM CODE: ELH
VERSION: 1.0 09/04/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

BIRTH-RELATED QUESTIONS

The following questions ask about your health and exposures at or before birth.

1) Were you born (*choose only one*)

- Premature (before 9 months or 37 weeks)₁
- Full term (after 9 months or 37 weeks)₂
- Don't know₃

2) Was your birth weight (*choose only one*)

- Low (or small) birth weight₁
- Normal birth weight₂
- High (or large) birth weight₃
- Don't know₄

3) Did you have any of the following complications at the time of birth? (*check all that apply*)

- 3a) Low oxygen
- 3b) Needed a ventilator or breathing machine
- 3c) Stayed in the Intensive Care Unit
- 3d) Pulmonary hypertension
- 3e) Bronchopulmonary dysplasia (BPD)
- 3f) Other
- 3g) Don't know
- 3h) None of the above

3f1) If Other, please specify: _____

4) Did your mother smoke while she was pregnant with you?

- No₀
- Yes₁
- Don't know₂

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5) Did anyone else in the house smoke while your mother was pregnant with you?

- No₀
- Yes₁
- Don't know₂

CHILDHOOD-RELATED QUESTIONS

For the next questions, think back to your childhood (before the age of 18).

6) Were you frequently hospitalized or taken to the ER for respiratory illness (e.g., asthma, pneumonia, croup) during childhood?

- No₀
- Yes₁
- Don't know₂

7) Did you have multiple infections (e.g., strep throat, ear infections) during childhood?

- No₀
- Yes₁
- Don't know₂

8) Did you have a respiratory infection called Respiratory Syncytial Virus (RSV) during childhood?

- No₀
- Yes₁
- Don't know₂

9) As a child, do you recall having any limitations playing or keeping up with your peers physically (e.g., being out of breath)?

- No₀
- Yes₁
- Don't know₂

10) As a child, do you recall being overweight?

- No₀
- Yes₁
- Don't know₂

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11) In any of your childhood homes, were any of the following present? (*check all that apply*)

- 11a) A gas cooking stove, gas range, or gas oven
- 11b) A fireplace or wood-burning stove used on a regular basis during the cold season
- 11c) Cats, dogs, or other small furry animals (e.g., rabbit, guinea pig, or hamster) or birds live or spend time inside your home
- 11d) Someone who routinely smoked cigarettes, e-cigarettes, cigars, pipes, or other tobacco products
- 11e) Don't know
- 11f) None of the above

12) Were you breast fed?

- No₀
- Yes₁
- Don't know₂

END OF FORM