



INSTRUCTIONS FOR MEDICAL HISTORY FORM FOR FOLLOW-UP MHF, VERSION 3.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Medical History Form for Follow-up is completed during the participant's Clinic Visit 5.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **Flu Shot.** Select only one option among the two possible choices.

- Select No if the subject did not get an influenza vaccination (flu shot) in the last 12 months.
- Select Yes if the subject did get an influenza vaccination (flu shot) in the last 12 months.

Item 2a. **Pneumonia Vaccination.** Select only one option among the three possible choices.

- Select No if the subject did not get a pneumonia vaccination in the last 5 years.
- Select Yes if the subject did get a pneumonia vaccination in the last 5 years.
- Select Don't know if the subject did not know whether s/he got a pneumonia vaccination in the last 5 years.

Item 2b. **Which Vaccination.** Select only one option among the four possible choices.

- Select Pneumovax (PSV-23) if the subject got a Pneumovax (PSV-23) vaccination in the last 5 years.
- Select Provnar (PSV-13) if the subject got a Provnar (PSV-13) pneumonia vaccination in the last 5 years.
- Select both if the subject got both the Pneumovax (PSV-23) and Provnar (PSV-13) pneumonia vaccination in the last 5 years.
- Select Don't know if the subject did not know which vaccination s/he got in the last 5 years.

Item 3. **Alpha-1 anti-trypsin deficiency.** Select only one option among the three possible choices.

- Select No if the subject has not been diagnosed with alpha-1 anti-trypsin deficiency.
- Select Yes if the subject has been diagnosed with alpha-1 anti-trypsin deficiency.
- Select Don't know if the subject did not know whether s/he has been diagnosed with alpha-1 anti-trypsin deficiency.

Items 4a-f. **Eye, ear, nose, throat medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the eye, ear, nose, throat medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the eye, ear, nose, throat medical problems listed.

If Yes, explain the eye, ear, nose, throat medical problem in Items 4a-f1.

Items 5a-o. **Cardiovascular medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the cardiovascular medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the cardiovascular medical problems listed.

If Yes, explain the cardiovascular medical problem in Items 5a-o1.

Items 6a-i. **Gastrointestinal medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the gastrointestinal medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the gastrointestinal medical problems listed.

If Yes, explain the gastrointestinal medical problem in Items 6a-i1.

Items 7a-i. **Pulmonary/vascular medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the pulmonary/vascular medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the pulmonary/vascular medical problems listed.

If Yes, explain the pulmonary/vascular medical problem in Items 7a-i1.

Items 8a-c. **Oncology/hematology medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the oncology/hematology medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the oncology/hematology medical problems listed.

If Yes, explain the oncology/hematology medical problem in Items 8a-c1.

Items 9a-d. **Genitourinary and reproductive medical problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the genitourinary and reproductive medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the genitourinary and reproductive medical problems listed.

If Yes, explain the genitourinary and reproductive medical problem in Items 9a-d1.

Items 10a-c. **Endocrine.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the endocrine medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the endocrine medical problems listed.

If Yes, explain the endocrine medical problem in Items 10a-c1.

Items 11a-d. **Neurology.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the neurology medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the neurology medical problems listed.

If Yes, explain the neurology medical problem in Items 11a-d1.

Items 12a-g. **Muscular/skeletal.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the muscular/skeletal medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the muscular/skeletal medical problems listed.

If Yes, explain the muscular/skeletal medical problem in Items 12a-g1.

Items 13a-d. **Dermatology.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the dermatology medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the dermatology medical problems listed.

If Yes, explain the dermatology medical problem in Items 13a-d1.

Items 14a-c. **Infectious disease.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the infectious disease medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the infectious disease medical problems listed.

If Yes, explain the infectious disease medical problem in Items 14a-c1.

Items 15a-c. **Psychiatric.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for each of the psychiatric medical problems listed.
- Select Yes if subject has been seen by a physician or medical provider for each of the psychiatric medical problems listed.

If Yes, explain the psychiatric medical problem in Items 15a-c1.

Item 16. **Other significant problems.** Select only one option among the two possible choices.

- Select No if subject has not been seen by a physician or medical provider for any other significant problems not reported in questions items 4 -15.
- Select Yes if subject has been seen by a physician or medical provider for any other significant problems not reported in questions items 4 -15.

If Yes, explain the other significant problem medical problem(s) in Items 16a-e1.

Note: Items 17-23 have been removed.

Item 24a. **Alcohol consumption.** Select only one option among the five possible choices.

- Select Never if subject reports never having consumed alcohol in the past year. [Go to Q32a]
- Select Monthly or less if subject reports having consumed alcohol monthly or less in the past year.
- Select 2 to 4 times per month if subject reports having consumed alcohol 2 to 4 times per month in the past year.
- Select 2 to 3 times per week if subject reports having consumed alcohol 2 to 3 times per week in the past year.
- Select 4 or more times per week if subject reports having consumed alcohol 4 or more times per week in the past year.

Item 25a. **Number of drinks.** Select only one option among the five possible choices.

- Select 1 or 2 if subject reports never having consumed 1 or 2 alcohol drinks on a typical day when s/he was drinking.
- Select 3 or 4 if subject reports never having consumed 3 or 4 alcohol drinks on a typical day when s/he was drinking.
- Select 5 or 6 if subject reports never having consumed 5 or 6 alcohol drinks on a typical day when s/he was drinking.
- Select 7, 8, or 9 if subject reports never having consumed 7, 8, or 9 alcohol drinks on a typical day when s/he was drinking.
- Select 10 or more if subject reports never having consumed 10 or more alcohol drinks on a typical day when s/he was drinking.

Item 26a. **Frequency of six drinks or more.** Select only one option among the five possible choices.

- Select Never if subject reports never having consumed six or more alcoholic drinks on one occasion.
- Select Less than monthly if subject reports having consumed six or more alcoholic drinks on one occasion less than monthly.
- Select Monthly if subject reports having consumed six or more alcoholic drinks on one occasion monthly.
- Select Weekly if subject reports having consumed six or more alcoholic drinks on one occasion weekly.
- Select Daily if subject reports having consumed six or more alcoholic drinks on one occasion daily.

Note: If the Total Score for 25a and 26a = 0, Go to 32a

Item 27a. **Ability to stop drinking.** Select only one option among the five possible choices.

- Select Never if subject reports that in the last year s/he found that s/he was never able to stop drinking once s/he had started.
- Select Less than monthly if subject reports that in the last year s/he found that s/he was able to stop drinking less than monthly once s/he had started.
- Select Monthly if subject reports that in the last year s/he found that s/he was able to stop drinking monthly once s/he had started.
- Select Weekly if subject reports that in the last year s/he found that s/he was able to stop drinking weekly once s/he had started.
- Select Daily or almost daily if subject reports that in the last year s/he found that s/he was able to stop drinking daily or almost daily once s/he had started.

Item 28a. **Failed to do what is expected.** Select only one option among the five possible choices.

- Select Never if subject reports that in the last year s/he never failed to do what was normally expected from her/him because of drinking.
- Select Less than monthly if subject reports that in the last year s/he failed less than monthly to do what was normally expected from her/him because of drinking.
- Select Monthly if subject reports that in the last year s/he failed monthly to do what was normally expected from her/him because of drinking.
- Select Weekly if subject reports that in the last year s/he failed weekly to do what was normally expected from her/him because of drinking.
- Select Daily or almost daily if subject reports that in the last year s/he failed daily or almost daily to do what was normally expected from her/him because of drinking.

Item 29a. **Needed a first drink in the morning.** Select only one option among the five possible choices.

- Select Never if subject reports that in the last year s/he never needed a first drink in the morning to get yourself going after a heavy drinking session.
- Select Less than monthly if subject reports that in the last year s/he less than monthly needed a first drink in the morning to get yourself going after a heavy drinking session.
- Select Monthly if subject reports that in the last year s/he monthly needed a first drink in the morning to get yourself going after a heavy drinking session.
- Select Weekly if subject reports that in the last year s/he weekly needed a first drink in the morning to get yourself going after a heavy drinking session.
- Select Daily or almost daily if subject reports that in the last year s/he daily or almost daily needed a first drink in the morning to get yourself going after a heavy drinking session.

Item 30a. **Feeling guilt or remorse after drinking.** Select only one option among the five possible choices.

- Select Never if subject reports that in the last year s/he never having a feeling of guilt or remorse after drinking.
- Select Less than monthly if subject reports that in the last year s/he less than monthly having had a feeling of guilt or remorse after drinking.
- Select Monthly if subject reports that in the last year s/he monthly having had a feeling of guilt or remorse after drinking.
- Select Weekly if subject reports that in the last year s/he weekly having had a feeling of guilt or remorse after drinking.
- Select Daily or almost daily if subject reports that in the last year s/he daily or almost daily having had a feeling of guilt or remorse after drinking.

Item 31a. **Unable to remember what happened the night before.** Select only one option among the five possible choices.

- Select Never if subject reports that in the last year s/he never was unable to remember what happened the night before because s/he had been drinking.
- Select Less than monthly if subject reports that in the last year s/he less than monthly was unable to remember what happened the night before because s/he had been drinking.
- Select Monthly if subject reports that in the last year s/he monthly was unable to remember what happened the night before because s/he had been drinking.
- Select Weekly if subject reports that in the last year s/he weekly was unable to remember what happened the night before because s/he had been drinking.
- Select Daily or almost daily if subject reports that in the last year s/he daily or almost daily was unable to remember what happened the night before because s/he had been drinking.

Item 32. **Injured as a result of drinking.** Select only one option among the three possible choices.

- Select No if subject reports not having been injured as a result of drinking.
- Select Yes but not in the last year if subject reports having been injured as a result of drinking, but not in the last year.
- Select Yes, during the last year if subject reports having been injured as a result of drinking during the last year.

Item 33. **Concerned friend or relative.** Select only one option among the three possible choices.

- Select No if subject reports not having a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down.
- Select Yes, but not in the last year if subject reports having a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down, but not in the last year.
- Select Yes during the last year if subject reports having a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down during the last year.

Note: IF participant is MALE [Go to End]. IF participant is FEMALE, Continue with Q34.

Item 34. **Reached menopause.** Select only one option among the three possible choices.

- Select No if subject reports not having reached menopause.
- Select Yes if subject reports having reached menopause.
- Select Don't know if subject reports not know whether she has reached menopause.

Note: Q35 has been removed.

Item 35. **Reached menopause.** Select only one option among the three possible choices.

- Select No if subject reports not having reached menopause.
- Select Yes if subject reports having reached menopause.
- Select Don't know if subject reports not know whether she has reached menopause.

Item 36. **Oral contraceptive medications.** Select only one option among the two possible choices.

- Select No if subject reports not taking oral contraceptive medications. [Go to Q38]
- Select Yes if subject reports taking oral contraceptive medications.

Item 37. **Number of years taking oral contraceptive.** Record the number of years that the subject reports having taken oral contraceptives in the box provided.

Item 38. **Hormone replacement therapy.** Select only one option among the two possible choices.

- Select No if subject reports not taking hormone replacement therapy. [Go to Q43]
- Select Yes if subject reports taking hormone replacement therapy.

Item 39. **Number of years taking hormone replacement therapy.** Record the number of years that the subject reports having taken hormone replacement therapy in the box provided.

Note: Q35 40-42 have been removed.

Item 43. **Ovary removed.** Select only one option among the two possible choices.

- Select No if subject reports not having had an ovary removed. [Go to End]
- Select Yes if subject reports having had an ovary removed.

Item 44. **One or both ovary.** Select only one option among the two possible choices.

- Select One if subject reports having had one ovary removed.
- Select Both if subject reports having had both ovaries removed.

Item 45. **Age when ovaries removed.** Record the subject's age when she had one or both ovaries removed.

Save and close the form.