



POLLUTION/RESIDENTIAL HISTORY FORM

ID NUMBER:

FORM CODE: PRH
VERSION: 1.0 10/26/10

Visit Number

SEQ #

0a) Form Date /

0b) Initials

Instructions: This form should be completed during the participant's visit. Carefully review participant's residential history and record as detailed information as possible. Please answer all questions.

In order to better understand how environment relates to the development of COPD, we would like to ask you some information about where you live now and where you have lived in the past. All data are kept strictly confidential, and you do not have to answer if you do not feel comfortable doing so.

1) List your current **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

2) Have you lived at the address listed above during the past 10 years?

Yes Y → **Go to Item 9**

No N

If 'No' to #2:

Please list all the full address and dates of residence for each place you have lived in the past 10 years below, starting with the most recent:

3) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: / through /

4) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: / through /

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5) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: // through //

6) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: // through //

7) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: // through //

8) List **full** address and zip code:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) Dates of residence: // through //

9) How many hours per day do you spend outdoors?

In spring hrs

In summer hrs

In fall hrs

In winter..... hrs

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10) On average, how many hours per day do you spend in your home?

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 hrs

a) Do you have air conditioner?

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Yes Y → **Go to Item 10**

No N

b) How many months out of the year do you use it?

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11) How much time per each day do you spend commuting in traffic to work in
total (i.e. both ways)?

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None 1

1-30 minutes 2

30-60 minutes 3

More than 60 minutes (1 hour) 4

More than 120 minutes (2 hours) 5

a) How many days per week do you commute to work?

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