

## EARLY LIFE HISTORY QUESTIONNAIRE

ID NUMBER:									
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FORM CODE: ELH  
VERSION: 1.0 06/08/2021

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's clinic visit. Please answer all of the questions.

### **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)<sub>1</sub>
- Full term (after 9 months or 37 weeks)<sub>2</sub>
- Don't know<sub>3</sub>

2) Was your birth weight (choose only one)

- Low (or small) birth weight<sub>1</sub>
- Normal birth weight<sub>2</sub>
- High (or large) birth weight<sub>3</sub>
- Don't know<sub>4</sub>

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?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

### **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?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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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?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

**END OF FORM**