

**ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY  
INITIAL VISIT FORM - PART A**

**Form Completion Instructions:**

This form should be completed at the patient's initial visit by non-physician personnel. A physician, however, should review the medical history and medications sections of the form.

<u>QUESTION #</u>	<u>ITEM</u>	<u>INSTRUCTIONS</u>
9-22	Symptom History	These questions should be asked of the patient. Be careful to skip questions as indicated. If the patient is in doubt, check the "No" response.

The following are specific details on completing these questions. Use the exact wording of each question. If the respondent expresses doubt as to the meaning of the question, repeat it exactly. Emphasizing individual words or phrases often makes the meaning clear. Further explanation may be needed, but do not cross-examine the respondent. When after brief explanation doubt remains as to whether the answer should be "Yes" or "No", the answer should be recorded as "No".

**9 COUGH**

If respondent answers "No" to 9a, skip 9b, but 9c and 9d must be asked of all respondents. Do not ask questions 9e and 9f, unless there is a positive response to one of the previous questions. For question 9f, record actual number of years. (Use 9 or 99 where appropriate if answer to question is unknown.)

**10 PHLEGM**

If respondent answers "No" to 10a, skip 10b, but ask 10c, and 10d of all respondents. Emphasis should be placed upon phlegm as coming up from the chest and post-nasal discharge is discounted. This may be determined by "Do you raise it up from your lungs, or do you merely clear it from your throat?" Some subjects admit to bringing up phlegm without admitting to cough. This claim should be accepted without changing the replies to "cough". Phlegm coughed up from the chest but swallowed counts as positive. Include, if volunteered, phlegm with first smoke or "on first going out-of-doors".

Do not ask questions 10e and 10f unless there is a positive response to one of the previous questions. For question 10f, record actual number of years.

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**DEFINITIONS**

Three (3) months ("e" under cough and phlegm) means 3 consecutive months. "On getting up" ("c" under cough and phlegm) may be at night for night workers.

**11 EPISODES OF COUGH AND PHLEGM**

This question is to identify persons with exacerbations of their symptoms. They may or may not have lost time from work or been confined to their homes. For question 11b, record actual number of years.

**12 WHEEZING**

This question is intended to identify subjects who have occasional and/or frequent wheezing. Those questions pertaining to asthma are asked in question 13, but these questions may check that diagnosis. Subjects may confuse wheezing with snoring or bubbling sounds in the chest; a demonstration "wheeze" will help if further clarification is requested. Can ask, "Does your husband (or wife) regularly complain of your wheezing (not snoring) at night?" Ask 2 parts of question a of everyone; do not ask 12a3 or 12b if answers to 12a1 and 12a2 are "No".

**14-15 BREATHLESSNESS**

This question refers only to shortness of breath, not to any other debilitating conditions. If a subject volunteers that he is disabled from walking by any condition other than heart or lung disease, or obviously is confined to a wheelchair or uses crutches continuously, then the sequence of questions (15a-e) is not to be asked. If asked, the questions refer to that average condition during the preceding winters. No attempt is to be made to separate out cardiac breathlessness. If question 15a is "No", skip remaining questions b-e. Ask through e if any a-d are positive.

**16 CHEST COLDS**

This refers only to colds in the head being followed by or occurring simultaneously with (increased) cough and sputum. Disregard "occasionally" and regard "usually as more than half of the colds". This question may be modified on inquiry by the respondent: "That is, do colds usually settle in your chest before they leave you?" Force the respondent to decide whether more than half go to his chest. If he is in doubt, the answer should be coded "No".

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**17 CHEST ILLNESSES**

A chest illness is defined as one with cough or phlegm (or increased cough or phlegm in the case of those respondents who regularly have cough or phlegm). Do not ask b or c if answer to a is "No". The 3-year time period (in question c) refers to any illness within 3 years prior to the day of interview. Record 7 for 7 or more illnesses, 8 for not applicable, and 9 for answer unknown.

**19. TOBACCO SMOKING**

19a. A cigarette smoker is defined as a person who has smoked at least 20 packs of cigarettes or at least 1 cigarette per day for at least 1 year (or cigarettes rolled from 12 oz of tobacco) in a lifetime. For subject who has not smoked that many cigarettes, skip to question 20a.

19b. A current cigarette smoker is a person who was a regular cigarette smoker up to a month ago.

19d. Is asked only if the respondent answered "no" to 19b, "Do you now smoke cigarettes?"

19e. Some persons may respond that they buy cigarettes by the carton. Must know the number of packages per carton (usually 10 packages) and the number of cigarettes per package (usually 20 cigarettes per package in the United States). The interviewer can then convert the answer to this question and question 19f to cigarettes per day.

**Note: Questions 9-19 are taken from the ATS-DLD questionnaire. Ferris BG. Epidemiological Standardization Project. Am Rev Respir Dis, 118(Suppl 1-120), 1978.**

**ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY  
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**Form Completion Instructions:**

<b><u>QUESTION #</u></b>	<b><u>ITEM</u></b>	<b><u>INSTRUCTIONS</u></b>
23-33	Medical History	<p>For each general system, the questions in bold print should be asked first. If the answer is "No", the list of specific diseases should be skipped.</p> <p>If, however, the answer to the general question is "Yes", ask the patient to tell you what problems they have had. Each of the individual diseases listed need not be asked except to help the patient, to prod their memory. Put a check in the space next to each of the diagnoses mentioned. If they indicate ever having the problem, then ask whether they have been hospitalized for it in the last year.</p> <p>If a hospital chart is available and can be reviewed prior to asking these questions, it should help you in interviewing the patient.</p>
34	Medications	<p>It may help to remind the patient to bring in their pills in order to complete this section of the form most accurately. This section refers to Prescription drugs only. Yes or No should be checked for each item.</p>
34q	Supplemental Oxygen	<p>These questions have been added and are mandatory.</p>
35	Augmentation Therapy	<p>If patient has never been on augmentation therapy, indicate "No" and skip to the very end of the form.</p> <p>If the patient has EVER been on therapy indicate "Yes" and continue. Is the patient currently on augmentation therapy regimen.</p>

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**Form Completion Instructions:**

<b><u>QUESTION #</u></b>	<b><u>ITEM</u></b>	<b><u>INSTRUCTIONS</u></b>
36	Discontinued	Answer "Yes" only if therapy has been permanently discontinued with no intention presently of receiving therapy in the future.
37a	Date Current Therapy	This is the date of the initial therapy regimen given. enter only <b>the actual date</b> of therapy. Do not enter the anticipated start date of therapy.
37b	Most Recent	This is the date of the most recent session.

**REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN**

**MEDICATIONS LIST**

**BY**

**REGISTRY CATEGORY / TRADE NAME / GENERIC NAME**

**REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN**

**MEDICATION LIST**

<u>REGISTRY CATEGORY</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>
<b>INHALED BRONCHODILATORS (BDS)/SYMPATHOMIMETICS:</b>	ALBUTEROL	SALBUTAMOL ALBUTEROL
	ALUPENT	METAPROTERENOL
	BRETHAIRE	TERBUTALINE
	BRONKAID	EPINEPHRINE
	BRONKOMETER	ISOETHARINE
	BRONKOSOL	ISOETHARINE
	ISUPREL	ISOPROTERENOL
	MAXAIR	PIRBUTEROL
	MEDIHALER-EPI	EPINEPHRINE
	MEDIHALER-ISO	ISOPROTERENOL
	METAPREL	METAPROTERENOL
	NORISODRINE	ISOPROTERENOL
	PRIMATENE	EPINEPHRINE
	PROVENTIL	SALBUTAMOL ALBUTEROL
	ROTACAPS	ALBUTEROL
	TORNALATE	BITOLTEROL
	VENTOLIN	SALBUTAMOL ALBUTEROL
<b>INHALED BRONCHODILATORS (BDS)/ANTICHOLNERGICS:</b>		ATROPINE SULFATE
		ATROPINE METHONITRATE
	ATROVENT	IPRATROPIUM BROMIDE
	ROBINUL	GLYCOPYRRPOLATE
<b>ORAL BRONCHODILATORS:</b>		SYMPATHOMIMETICS
	ALUPENT	METAPROTERENOL
	BRETHINE	TERBUTALINE
	BRICANYL	TERBUTALINE
	METAPREL	METAPROTERENOL
	PRIMATENE	EPINEPHRINE
	PROVENTIL	SALBUTAMOL ALBUTEROL
VENTOLINE	SALBUTAMOL ALBUTEROL	
<b>THEOPHYLLINE /XANTHINE DRUGS:</b>		AMINOPHYLLINE
	AEROLATE	THEOPHYLLINE
	ASBRON	THEOPHYLLINE
	CHOLEDYL	OXTRIPHYLLINE

**REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN**

**MEDICATION LIST**

**REGISTRY CATEGORY**

**TRADE NAME**

**GENERIC NAME**

**THEOPHYLLINE  
/XANTHINE DRUGS:**

CONSTANT-T	THEOPHYLLINE
DILOR	DYPHYLLINE
ELIXOPHYLLIN	THEOPHYLLINE
LUFYLLIN	DYPHYLLINE
MARAX	THEOPHYLLINE
QUADRINAL	THEOPHYLLINE
QUIBRON	THEOPHYLLINE
RESPBID	THEOPHYLLINE
SLO-BID	THEOPHYLLINE
SLO-PHYLLINE	THEOPHYLLINE
SOMOPHYLLINE	THEOPHYLLINE
TEDRAL	THEOPHYLLINE
THEO-24	THEOPHYLLINE
THEO-DUR	THEOPHYLLINE
THEOBID	THEOPHYLLINE
THEOCHRON	THEOPHYLLINE
THEOLAIR	THEOPHYLLINE
THEOVENT	THEOPHYLLINE
UNIPHYL	THEOPHYLLINE

**CROMOLYN:**

INTAL	CROMOLYN SODIUM
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**SYSTEMIC CORTICOSTEROIDS:**

ARISTOCORT	PREDNISONE
CELESTONE	TRIAMCINOLONE
CORTONE	BETHAMETHASONE
DECADRON	CORTISONE
HYDROCORTONE	DEXAMETHASON
MEDROL	HYDROCORTISONE
PEDIAPRED	METHYLPREDNISOLONE
	PREDNISOLONE

**INHALED CORTICOSTEROIDS:**

AEROBID	FLUNISOLIDE
AZMACORT	TRIAMCINOLONE
BECLOVENT	BETAMETHASONE
DECADRON RESPIHALER	DECADRON
DECASPRAY	DECADRON
VANCERIL	BETHAMETHASONE

**REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN**

**MEDICATION LIST**

<u>REGISTRY CATEGORY</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>
<b>OTHER BRONCHODILATORS:</b>		
<b>BETA-BLOCKERS:</b>	BLOCADREN	TIMOLOL MALEATE
	CORGARD	NADOLOL
	INDERAL	PROPRANOLOL HYDROCHLORIDE
	LOPRESSOR	METOPROLOL TARTRATE
	NORMODYNE	LABETALOL HYDROCHLORIDE
	TENORMIN	ATENOLOL
	VISKEN	PINDOLOL
<b>INSULIN:</b>	HUMULIN	HUMAN INSULIN
	Iletin	PROTAMINE ZINC INSULIN
	LENTE INSULIN	ZINC INSULIN CRYSTALS
	MIXTARD	ISOPHANE PURIFIED PORK INSULIN
	NOVOLIN	HUMAN INSULIN
	NPH INSULIN	INSULIN
	SEMILENTE	PROTAMINE ZINCE INSULIN
	VELOSULIN	PURIFIED PORK INSULIN
<b>NITROGLYCERINE &amp; OTHER NITRATES:</b>	CARDILATE	ERYTHRITL TETRANITRATE
	DUOTRATE	PENTAERYTHRITOL TETRANITRATE
	ISORDIL	ISOSORBIDE DINTRATE
	NITRO-BID	TRINITROGYLCERINE
	NITRO-DUR	TRINITROGYLCERINE
	NITROCINE	TRINITROGYLCERINE
	NITRODISC	TRINITROGYLCERINE
	NITROGARD	TRINITROGLYCERINE
	NITROGLYCERINE	TRINITROGYLCERINE
	NITROL	TRINITROGYLCERINE
	NITROSTAT	TRINITROGYLCERINE
	TRANSDERM-NITRO	TRINITROGYLCERINE
<b>DIGITALIS:</b>		DIGITALIS
	CRYSTODIGIN	DIGITOXIN
	LANOXICAPS	DIGOXIN
	LANOXIN	DIGOXIN

**REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN****MEDICATION LIST**

<u>REGISTRY CATEGORY</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>
<b>ANTICOAGULANTS:</b>	COUMADIN PANWARFIN PERSANTINE	DICUMAROL WARFARIN WARFARIN SODIUM DIPYRIDAMOLE
<b>ANTI-ARRHYTHMICS:</b>	CARDIOQUIN CORDARONE ENKAID NORPACE PROCAN PROCAN SR PRONESTYL QUINAGLUTE TONOCARD	QUINIDINE GLUCONATE AMIODARONE ENCAINIDE HYDROCHLORIDE DISOPYRAMIDE PHOSPHATE PROCAINAMIDE HYDROCHLORIDE PROCAINAMIDE HYDROCHLORIDE PROCAINAMIDE HYDROCHLORIDE QUINIDINE GLUCONATE TOCAINIDE HYDROCHLORIDE
<b>ORAL CONTRACEPTIVES:</b>	BREVICON DEMULEN LEVLEN LO/OVRAL LOESTRIN MICRONOR MODICON NOR-QD NORDETTE NORINYL NORLESTRIN NORLUTIN ORTHO-NOVUM OVRAL OVRETTE TRI-LEVLIN TRI-NORINYL TRIPHASIL	NORETHINDRONE LEVONORGESTREL NORGESTREL NORETHINDRONE ACETATE NORETHINDRONE NORETHINDRONE NORETHINDRONE LEVONORGESTREL NORETHINDRONE NORETHINDRONE ACETATE NORETHINDRONE NORETHINDRONE NORGESTREL NORGESTREL LEVONORGESTREL NORETHINDRONE LEVONORGESTREL
<b>TRANQUILIZERS:</b>	ATIVAN BUSPAR CENTRAX	LORAZEPAM BUSPIRONE PRAZEPAM

REGISTRY OF PATIENTS WITH DEFICIENCY OF ALPHA 1-ANTITRYPSIN

MEDICATION LIST

REGISTRY CATEGORY

TRADE NAME

GENERIC NAME

**TRANQUILIZERS:**

DEPROL  
MEPROSPAN  
MILTOWN  
PAXIPAM  
RESTORIL  
TRANXENE  
XANAX

MEPROBAMATE  
MEPROBAMATE  
MEPROBAMATE  
HALAZEPAM  
TEMAZEPAM  
CHLORAZEPATE DIPOTASSIUM  
ALPRAZOLAM

**TRANQUILIZERS  
/BENZODIAZEPINES:**

DALMANE  
LIBRIUM  
SERAX  
VALIUM

FLURAZEPAM  
CHLORDIAZEPOXIDE  
OXAZEPAM  
DIAZEPAM

**TRANQUILIZERS  
/PHENOTHIAZINES:**

COMPAZINE  
MELLARIL  
PROLIXIN  
STELAZINE  
THORAZINE  
TRILAFON

PROCHLORPERAZINE  
THIORIDAZINE  
FLUPHENAZINE HYDROCHLORIDE  
TRIFLUOROPERAZINE  
CHLORPROMAZINE  
PERPHENAZINE

ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY  
Initial Visit Form - Part A

This form should be completed at the patient's first Registry visit. The physician should review this form with the patient, particularly the medical history and medication sections.

1. Date form completed: F2A001-fzd (fuzzed) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year
2. Patient Registry ID: Newid (scrambled) \_\_\_\_\_
3. Patient name code: namecode (censored) \_\_\_\_\_
4. Clinical Center code number: clinic (censored) \_\_\_\_\_
5. Date of visit: F2A005-fzd (fuzzed) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

visit number vsno  
DEMOGRAPHIC INFORMATION

6. What is your marital status: F2A006 \_\_\_\_\_ (1)Never Married \_\_\_\_\_ (4)Separated  
\_\_\_\_\_ (2)Widowed \_\_\_\_\_ (5)Divorced  
\_\_\_\_\_ (3)Married \_\_\_\_\_ (9)Unknown
7. How many years of education have you completed? (highest grade completed) F2A007
- \_\_\_\_ (1)College graduate with advanced training  
\_\_\_\_ (2)College graduate  
\_\_\_\_ (3)At least one year of college  
\_\_\_\_ (4)High school graduate  
\_\_\_\_ (5)Completed 10-11 years of school  
\_\_\_\_ (6)Completed 7-9 years of school  
\_\_\_\_ (7)Completed < 7 years of school  
\_\_\_\_ (9)Unknown

OCCUPATIONAL HISTORY

8. a. What is your current employment status? F2A008A
- \_\_\_\_ (1)Unemployed (Medical Reasons) \_\_\_\_\_ (5)Retired (Medical)  
\_\_\_\_ (2)Unemployed (Other Reasons) \_\_\_\_\_ (6)Retired (Age)  
\_\_\_\_ (3)Employed Part-Time \_\_\_\_\_ (7)Full-Time Homemaker  
\_\_\_\_ (4)Employed Full-Time \_\_\_\_\_ (8)Other (specify): never entered  
\_\_\_\_ (9)Unknown

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

PWO 1862

Patient Registry ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**Occupational History, continued:**

8. b. Have you ever worked for three or more months in a job where you were regularly exposed to dust or fumes? ..... F2AQ08B ..... (1)Yes (2)No  
 \_\_\_\_\_ (9)Unknown

c. If YES,

Specify Job	Number of Years Worked at Job	Last Year Employed at This Job
<u>F2AQ08C1</u>	<u>F2AQ08C2</u>	<u>F2AQ08C3</u>
<u>F2AQ08D1</u>	<u>F2AQ08D2</u>	<u>F2AQ08D3</u>
<u>F2AQ08E1</u>	<u>F2AQ08E2</u>	<u>F2AQ08E2</u>

**SYMPTOM HISTORY**

These questions pertain mainly to your chest symptoms. Please answer YES or NO, if possible. If you are in doubt about an answer, check NO.

**COUGH**

9. a. Do you usually have a cough?..... F2AQ09A ..... (1)Yes (2)No

(Count a cough with first smoke or on first going out of doors. Exclude clearing throat.) (If NO, skip to 9c.)

- b. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week? ..... F2AQ09B ..... (1)Yes (2)No

- c. Do you usually cough at all on getting up, or first thing in the morning? ..... F2AQ09C ..... (1)Yes (2)No

- d. Do you usually cough at all during the rest of the day or night?..... F2AQ09D ..... (1)Yes (2)No

If YES to any of the above (9a - d), answer Questions 9e - f.  
 If NO to all, skip to Question 10a.

- e. Do you usually cough like this on most days for 3 consecutive months or more during the year?..... F2AQ09E ..... (1)Yes (2)No

- f. For how many years have you had this cough?..... F2AQ09F .....

**PHLEGM**

10. a. Do you usually bring up phlegm from your chest?... F2AQ10A (1)Yes (2)No

(Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If NO, skip to 10c.)

- b. Do you usually bring up phlegm like this as much as twice  
*White/Yellow: Clinical Coordinating Center, Pink: Clinical Center*

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                  month      day      year

a day, 4 or more days out of the week? ...F2AQ10B.....(1)Yes \_\_\_(2)No

c. Do you usually bring up phlegm at all on getting up, or first thing in the morning? .....F2AQ10C.....(1)Yes \_\_\_(2)No

d. Do you usually bring up phlegm at all during the rest of the day or night? .....F2AQ10D.....(1)Yes \_\_\_(2)No

If YES to any of the above (10a - d), answer Questions 10e-f.  
If NO to all, skip to Question 11a.

e. Do you usually bring up phlegm like this on most days for 3 consecutive months or more during the year? F2AQ10E..(1)Yes \_\_\_(2)No

f. For how many years have you had trouble with phlegm? F2AQ10F.....

EPISODES OF COUGH AND PHLEGM

11. a. Have you had periods or episodes of (increased\*) cough and phlegm lasting for 3 weeks or more each year? F2AQ11A..(1)Yes \_\_\_(2)No

\*(For persons who usually have cough and/or phlegm)

If NO, skip to Question 12a.

If YES,

b. For how long have you had at least 1 such episode/year (years)? ..F2AQ11B.....

WHEEZING

12. a. Does your chest ever sound wheezy or whistling:  
1. When you have a cold:.....F2AQ12A1..(1)Yes \_\_\_(2)No

2. Occasionally apart from colds:.....F2AQ12A2..(1)Yes \_\_\_(2)No

3. Most days or night:.....F2AQ12A3..(1)Yes \_\_\_(2)No

If NO to all of the above, skip to Question 13a.  
If YES to any of above in 12a,

b. How many years has this been present?.....F2AQ12B.....

13. a. Have you ever had an attack of wheezing that has made you feel short of breath?.....F2AQ13A.....(1)Yes \_\_\_(2)No

If NO, skip to Question 14.

If YES,

b. How old were you when you had your first such attack? ....F2AQ13B.....

c. Have you had 2 or more such episodes? .....F2AQ13C.....(1)Yes \_\_\_(2)No

d. Have you ever required medicine or treatment for the(se) attack(s)? .....F2AQ13D.....(1)Yes \_\_\_(2)No

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Patient Registry ID: \_\_\_\_\_  
Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**ALCOHOL**

18. Do you drink alcoholic beverages (beer, liquor or wine)? **F2AQ18**  
\_\_\_\_(1)Never \_\_\_\_ (2)Ex-drinker \_\_\_\_ (3)Currently

If NEVER, skip to Question 19.  
If Ex-drinker or Current drinker,

a. How many days per week, on the average, do/did you drink  
alcoholic beverages? ..... **F2AQ18A** .....

b. On days that you do/did drink alcohol, how many drinks do/did  
you have on the average? ..... **F2AQ18B** .....

c. Are you a recovering alcoholic or ex-alcoholic? **F2AQ18C** ..... (1)Yes \_\_\_\_ (2)No  
If NO, skip to Question 19.

If YES to Question 18c, complete the following:

d. How long has it been since you last had an alcoholic drink? **F2AQ18D**  
\_\_\_\_(1)More than 1 year \_\_\_\_ (3)Less than 6 months  
\_\_\_\_(2)6 months to one year

**SMOKING HISTORY**

Tobacco Smoking:

19. a. Have you ever smoked cigarettes? **F2AQ19A** ..... (1)Yes \_\_\_\_ (2)No

("No" means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime or less than  
one cigarette a day for one year)

If YES to Question 19a:

b. Do you now smoke cigarettes (as of 1 month ago)? **F2AQ19B** ..... (1)Yes \_\_\_\_ (2)No

c. How old were you when you first started regular  
cigarette smoking? ..... **F2AQ19C** ..... Age in years

d. If you have stopped smoking cigarettes completely,  
how old were you when you stopped? ..... **F2AQ19D** ..... Age in years

e. How many cigarettes do you smoke per  
day now? ..... **F2AQ19E** ..... cigarettes per day

f. On the average of the entire time you smoked, how  
many cigarettes did you smoke per day? ..... **F2AQ19F** ..... cigarettes per day

g. Do or did you inhale the cigarette smoke? ..... **F2AQ19G** ..... (1)Not at all  
\_\_\_\_ (2)Slightly  
\_\_\_\_ (3)Moderately  
\_\_\_\_ (4)Deeply

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Patient Registry ID: \_\_\_\_\_  
Date of Visit: \_\_\_\_\_  
month day year

Smoking History, continued:

20. a. Have you ever smoked a pipe regularly? F2AQ20A (1)Yes (2)No  
("Yes" means more than 12 oz of tobacco in a lifetime)

If YES to Question 20a. (For persons who have ever smoked a pipe):

b. 1. How old were you when you started to smoke a pipe regularly? F2AQ20B1 Age in years

b. 2. Are you still smoking a pipe? F2AQ20B2 (1)Yes (2)No

b. 3. If you have stopped smoking a pipe completely, how old were you when you stopped? F2AQ20B3 Age in years

c. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? F2AQ20C oz per week

(A standard pouch of tobacco contains 1 1/2 oz)

d. How much pipe tobacco are you smoking now? F2AQ20D oz per week

e. Do or did you inhale the pipe smoke? F2AQ20E (1)Not at all (2)Slightly (3)Moderately (4)Deeply

21. a. Have you ever smoked cigars regularly? F2AQ21A (1)Yes (2)No  
("Yes" means more than 1 cigar a week for a year)

If YES to Question 21a. (For persons who have ever smoked cigars):

b. 1. How old were you when you started to smoke cigars regularly? F2AQ21B1 Age in years

b. 2. Are you currently smoking cigars? F2AQ21B2 (1)Yes (2)No

b. 3. If you have stopped smoking cigars completely, how old were you when you stopped? F2AQ21B3 Age in years

c. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? F2AQ21C cigars per week

d. How many cigars are you smoking now? F2AQ21D cigars per week

e. Do you or did you inhale the cigar smoke? F2AQ21E (1)Not at all (2)Slightly (3)Moderately (4)Deeply

22. Other (non-tobacco) smoking: F2AQ22  
(0)Never (2)Current  
(1)Ex-smoker (9)Unknown

(Specify, if available): never entered

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

Patient Registry ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**MEDICAL HISTORY**

It is recommended that a physician review/complete the medical history and medication sections of this form.

23. Have you and/or any of your family members ever had a disease of the lung? ..... F2AQ23 ..... (1)Yes (2)No

If YES, Check If:

For each letter there are 5 variables. The variable name starts with the base letters below. Replace the "x" with the number in the corresponding blank.  
 Diagnosed By Doctor

Hospitalized For This Condition Within the Last Year  
 Condition is Present in Another Member of Your Family  
 F M O\*

a. Emphysema:.....	F2AQ23Ax	1	2	4	5	3
b. Pneumothorax:.....	F2AQ23Bx	1	2	4	5	3
c. Bullous Lung Disease:.....	F2AQ23Cx	1	2	4	5	3
d. Chronic Bronchitis:.....	F2AQ23Dx	1	2	4	5	3
e. Asthma:.....	F2AQ23Ex	1	2	4	5	3
f. Infant Respiratory Distress Syndrome:.....	F2AQ23Fx	1		4	5	3
g. COPD:.....	F2AQ23Gx	1	2	4	5	3
(Specify):	never entered					
h. Bronchiectasis:.....	F2AQ23Hx	1	2	4	5	3
i. Pulmonary Fibrosis:.....	F2AQ23Ix	1	2	4	5	3
j. Lung Cancer:.....	F2AQ23Jx	1	2	4	5	3
k. Pulmonary Embolism:.....	F2AQ23Kx	1	2	4	5	3
l. Pneumonia:.....	F2AQ23Lx	1	2	4	5	3
m. Pleural Disease:.....	F2AQ23Mx	1	2	4	5	3
n. Tuberculosis:.....	F2AQ23Nx	1	2	4	5	3
o. Primary Pulmonary Hypertension:.....	F2AQ23Ox	1	2	4	5	3
p. Allergies affecting Respiratory Tract (Hay Fever):.....	F2AQ23Px	1	2	4	5	3
q. Other diseases of the lung:.....	F2AQ23Qx	1	2	4	5	3
(Specify):	never entered					

\*For Family History: F = Father, M = Mother, O = Other blood relative

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

PWO 1862

Patient Registry ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**Medical History, continued:**

24. Have you and/or any of your family members ever had liver disease?.....F2AQ24.....(1)Yes \_\_\_(2)No

If YES, Check If:

*For explanation on variable names, see Q.23.  
 (Replace "x" with corresponding number)*

	Diagnosed By Doctor	Hospitalized For This Condition Within the Last Year	Condition is Present in Another Member of Your Family F M O*		
a. Hepatitis:..... <u>F2A24Ax</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
b. Childhood Onset, Acute Hepatitis:..... <u>F2A24Bx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
c. Childhood Onset, Chronic Hepatitis:..... <u>F2A24Cx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
d. Adult Onset, Hepatitis:..... <u>F2A24Dx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
e. Jaundice within 1st month of life:..... <u>F2A24Ex</u> ..... <u>1</u>			<u>4</u>	<u>5</u>	<u>3</u>
f. Cirrhosis:..... <u>F2A24Fx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
g. Liver Tumor:..... <u>F2A24Gx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>
h. Other liver disease:..... <u>F2A24Hx</u> ..... <u>1</u>		<u>2</u>	<u>4</u>	<u>5</u>	<u>3</u>

(Specify): Never entered

\*For Family History: F = Father, M = Mother, O = Other blood relative

25. Have you ever had heart disease?.....F2AQ25.....(1)Yes \_\_\_(2)No

If YES, Check If:

*For explanation of variable names, see Q.23.  
 (Replace "x" with corresponding number).*

	Diagnosed By Doctor	Hospitalized For Condition Within the Last Year
a. Coronary Artery Disease:..... <u>F2AQ25Ax</u> ..... <u>1</u>		<u>2</u>
b. Heart Attack:..... <u>F2AQ25Bx</u> ..... <u>1</u>		<u>2</u>
c. Congestive Heart Failure:..... <u>F2AQ25Cx</u> ..... <u>1</u>		<u>2</u>
d. Chest Pain - Angina:..... <u>F2AQ25Dx</u> ..... <u>1</u>		<u>2</u>
e. Hypertension:..... <u>F2AQ26Ex</u> ..... <u>1</u>		<u>2</u>
f. Other heart disease:..... <u>F2AQ26Fx</u> ..... <u>1</u>		<u>2</u>

(Specify): Never entered

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center





Patient Registry ID: \_\_\_\_\_  
Date of Visit: ne / ne / ne  
                  month    day    year

**MEDICATIONS** *ne = never entered*

34. In the past month, have you used any prescription drugs? F2AQ34 (1)Yes    \_\_\_(2)No

If YES, specify drugs taken. YES or NO must be indicated for each drug category.

a. Inhaled Bronchodilators: F2AQ34A.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

b. Oral Bronchodilators: F2AQ34B.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

c. Theophylline: F2AQ34C.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

d. Cromolyn: F2AQ34D.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

e. Systemic Corticosteroids: F2AQ34E.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

f. Inhaled Corticosteroids: F2AQ34F.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

g. Other Bronchodilators: F2AQ34G.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

h. Beta-Blockers: F2AQ34H.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

i. Insulin: F2AQ34I.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

j. Nitroglycerin or Other Nitrates: F2AQ34J.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

k. Digitalis: F2AQ34K.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne

l. Anticoagulants: F2AQ34L.....\_\_\_(1)Yes    \_\_\_(2)No

(Specify): ne



