

Segment (PROTSEG): A

Sequence number (SEQNO):

## Adverse Event Information

1. Onset date:(AD1ONDT)  (ddMMMyyyy)  
 Onset time:(AD1ONTM)  (hh:mm)
2. End date:(AD1ENDT)  (ddMMMyyyy) (AD1ONG)  Ongoing  
 End time:(AD1ENTM)  (hh:mm)
3. Adverse event description:(AD1AE)
4. Is this a serious adverse event?(AD1SAE)  No  Yes

*If this is a serious adverse event, please complete SAE Information Pages 2 and 3.*

5. Body system(s) affected
- |                                |                             |                              |
|--------------------------------|-----------------------------|------------------------------|
| Neurological:(AD1NEURO)        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Cardiovascular:(AD1CARD)       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Reticuloendothelial:(AD1RETIC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Pulmonary:(AD1PULMO)           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Digestive:(AD1DIGES)           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Musculoskeletal:(AD1MS)        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Immunology:(AD1IMMUN)          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Skin:(AD1SKIN)                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Urogenital:(AD1URO)            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| ENT:(AD1ENT)                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Metabolic:(AD1META)            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Nutritional:(AD1NUTRI)         | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Endocrine:(AD1ENDO)            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other:(AD1OTHER)               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If Other, specify:(AD1OTHSP)

6. Category of event:(AD1CAT)  Expected  Not expected

7. Outcome:(AD1OUTCM)
- 1-Resolved   
 2-Ongoing   
 3-Died

8. Severity of event:(AD1SEVER)

1-Mild  
2-Moderate  
3-Severe

9. Relationship to LTRC Protocol:(*AD1RELAT*)

1-Not related  
2-Unlikely  
3-Possibly  
4-Probably  
5-Definitely

Comments:(*AD1COMM*)

## Additional Selection Options for AD1

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10



Segment (PROTSEG): A

Sequence number (SEQNO):

1. Adverse event date:(AD2EVDT)

 (ddMMMyyyy)

**Demography Information:**

*(The information below is auto-populated from the Demographic Questionnaire. If information is incorrect, please update the Demographic Questionnaire form.)*

2. Date of birth:(AD2BRDT)

 (ddMMMyyyy)

3. Gender:(AD2SEX)

Male  Female

4. Ethnicity:(AD2ETHN)

Hispanic or Latino  Not Hispanic or Latino  Chooses not to disclose

5. Race:

a. American Indian or Alaskan Native:(AD2AMERI)

No  Yes

b. Asian:(AD2ASIAN)

No  Yes

c. Black or African American:(AD2BLACK)

No  Yes

d. Native Hawaiian or other Pacific Islander:(AD2HAWAI)

No  Yes

e. White or Caucasian:(AD2WHITE)

No  Yes

f. Chooses not to disclose:(AD2NODIS)

No  Yes

**Relevant Past Medical History**

6. Include any relevant history, including preexisting medical conditions:(AD2MEDHX)

Comments:(AD2COMM)

## Additional Selection Options for AD2

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10



Segment (PROTSEG): A

Sequence number (SEQNO):

1. Adverse event date:(AD3EVDT)

(ddMMMyyyy)

**Initial narrative description:**

2. Include laboratory or other medical information that will support the event being reported.(AD3NARRA)

**Follow-up information:**

3. Additional information obtained after initial narrative: (AD3ADINF)

Comments:(AD3COMM)



## Additional Selection Options for AD3

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10



Segment (*PROTSEG*): A

**Final clinical diagnosis**

Date of final diagnosis:(*CDRDT*)

 (ddMMMyyyy)

Primary 1:(*CDRPA1*)

01-01 - Emphysema  
02-02 - Idiopathic pulmonary fibrosis (Idiopathic UIP)  
03-03 - NSIP  
04-04 - Desquamative interstitial pneumonia (DIP)  
05-05 - Respiratory bronchiolitis (RB)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*CDRPA1I*)

Primary 2:(*CDRPA2*)

01-01 - Emphysema  
02-02 - Idiopathic pulmonary fibrosis (Idiopathic UIP)  
03-03 - NSIP  
04-04 - Desquamative interstitial pneumonia (DIP)  
05-05 - Respiratory bronchiolitis (RB)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*CDRPA2I*)

Secondary 1:(*CDRSB*)

01-01 - Emphysema  
02-02 - Idiopathic pulmonary fibrosis (Idiopathic UIP)  
03-03 - NSIP  
04-04 - Desquamative interstitial pneumonia (DIP)  
05-05 - Respiratory bronchiolitis (RB)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*CDRSBI*)

Secondary 2:(*CDRSC*)

01-01 - Emphysema  
02-02 - Idiopathic pulmonary fibrosis (Idiopathic UIP)  
03-03 - NSIP  
04-04 - Desquamative interstitial pneumonia (DIP)  
05-05 - Respiratory bronchiolitis (RB)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*CDRSCI*)

Secondary 3:(*CDRSD*)

01-01 - Emphysema  
02-02 - Idiopathic pulmonary fibrosis (Idiopathic UIP)  
03-03 - NSIP  
04-04 - Desquamative interstitial pneumonia (DIP)  
05-05 - Respiratory bronchiolitis (RB)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*CDRSDI*)

Has the six-week final diagnosis been referred to the patient's primary care physician?(*CDRSIX*)

0-No

1-Yes

9-Unknown

Comments:(*CDRCOMM*)

## Additional Selection Options for CDR

### Primary 1:

- 06-06 - Respiratory bronchiolitis-interstitial lung disease (RB-ILD)
- 07-07 - Lymphocytic interstitial pneumonia (LIP)
- 08-08 - Cryptogenic organizing pneumonia (COP)
- 09-09 - Acute interstitial pneumonia (AIP)
- 10-10 - Fibrosis-uncharacterized
- 11-11 - Carcinoma, non-small cell
- 12-12 - Carcinoma, small cell
- 13-13 - Lymphoma
- 14-14 - Sarcoid
- 15-15 - Berylliosis
- 16-16 - Hypersensitivity pneumonitis
- 17-17 - Autoimmune disease (SLE)
- 18-18 - Autoimmune disease (Sjogren)
- 19-19 - Autoimmune disease (RA)
- 20-20 - Autoimmune disease (Scleroderma)
- 21-21 - Autoimmune disease (PM/DM)
- 22-22 - Autoimmune disease (MCTD)
- 23-23 - Autoimmune disease (UCTD)
- 24-24 - Bronchiolitis (Constrictive)
- 25-25 - Bronchiolitis (Proliferative)
- 26-26 - Bronchiolitis (Cellular)
- 27-27 - Bronchiolitis (Diffuse panbronchiolitis)
- 28-28 - Bronchiolitis (Neuroendocrine cell hyperplasia)
- 29-29 - Vasculitis/Capillaritis
- 30-30 - Eosinophilic granuloma (EG, LCG)
- 31-31 - Eosinophilic pneumonia
- 32-32 - Granulomatous infection (M Tuberculosis)
- 33-33 - Granulomatous infection (Atypical Tuberculosis (MAI))
- 34-34 - Granulomatous infection (Fungi)
- 35-35 - Granulomatous infection (NOS)
- 36-36 - Normal
- 37-37 - COPD
- 99-99 - Other



Segment (PROTSEG): A

Visit Number (VISNO):

Date of assessment (DTASSESS):

## Specific medical treatment information

1. Have you taken any of the following medications within the past 30 days?

2. Have you taken any of the following medications since the previous visit?

a. Systemic (oral or IV) corticosteroids (e.g. prednisone, Medrol): (CMTCORTI)  No  Yesb. Interferon (gamma or beta): (CMTINTRF)  No  Yesc. Immune suppressive agents (such as cyclophosphamide, azathioprine, mycophenylate, TNF-alpha antagonists, methotrexate or other immune suppressive agents or investigational drugs): (CMTIMSUP)  No  Yesd. Chemotherapy for cancer (such as bleomycin, cyclophosphamide, ARA-C, nitrosoureas, Gemcytibine, Imuran, Iressa): (CMTCHEM1)  No  Yes3. Have you **ever** taken the following medications?

4. Have you taken any of the following additional medications since the previous visit?

*If Yes, specify the duration of use and how long ago you stopped.*a. Amiodarone (CMTAMD)  No  YesDuration: (CMTAMDD)  (xx.x) years (CMTAMDM)  (xx) monthsHow long ago stopped: (CMTAMDS)  (xx.x) years (CMTAMSM)  (xx) monthsb. Nitrofurantoin (CMTNTR)  No  YesDuration: (CMTNTRD)  (xx.x) years (CMTNTRM)  (xx) monthsHow long ago stopped: (CMTNTRS)  (xx.x) years (CMTNTRSM)  (xx) monthsc. Chemotherapy for cancer (such as bleomycin, cyclophosphamide, ARA-C, nitrosoureas, Gemcytibine, Imuran, Iressa): (CMTCHEM2)  No  YesDuration: (CMTCHEMD)  (xx.x) years (CMTCHEMM)  (xx) monthsHow long ago stopped: (CMTCHEMS)  (xx.x) years (CMTCHMSM)  (xx) monthsd. Thoracic radiation therapy for malignancy: (CMTRAD)  No  YesDuration: (CMTRADD)  (xx.x) years (CMTRADM)  (xx) monthsHow long ago stopped: (CMTRADS)  (xx.x) years (CMTRADSM)  (xx) months

## Other medication information

1. Have you taken any inhaled steroids (e.g. Flovent, Pulmicort, Aerobid, Advair) within the past 30 days? (CMTSTERO)  No  Yes2. Have you taken any inhaled steroids (e.g. Flovent, Pulmicort, Aerobid, Advair) since the previous visit? (CMTSTERO)  No  Yes

3. Have you taken any of the following types of bronchodilator medications within the past 30 days?

4. Have you taken any of the following types of bronchodilator medications since the previous visit?

a. Inhaled beta-agonist such as Serevent, salmeterol, Ventolin, Proventil, albuterol, Foradil: (CMTINHLB)  No  Yesb. Anticholinergics such as Atrovent, Combivent, Spiriva: (CMTANTIC)  No  Yesc. Oral beta-agonists, such  No  Yes

as Brethaire, Ventolin,  
Proventil:(CMTORALB)

d. Theophylline:(CMTTHEO)  No  Yes

e. Other:(CMTOT)  No  Yes

If Yes, specify:  
(CMTOTSP)

5. Have you taken any of the following types of medications within the past 30 days?

6. Have you taken any of the following types of medications since the previous visit?

If Yes, specify the duration of use.

a. ACE inhibitors

Last 30 days:(CMTACE)  No  Yes

Duration:(CMTACED)  (xx.x) years (CMTACEM)  (xx) months

b. Statins

Last 30 days:  
(CMTSTAT)  No  Yes

Duration:(CMTSTATD)  (xx.x) years (CMTSTATM)  (xx) months

Type of statins:  
(CMTSTN)

1-Simvastatin  
2-Lovastatin  
3-Atorvastatin  
4-Rosuvastatin  
5-Pravastatin  
\*Additional Options Listed Below

If Other, specify:  
(CMTSTSP)

c. Macrolides

Last 30 days:  
(CMTMACRO)  No  Yes

Duration:(CMTMACD)  (xx.x) years (CMTMACRM)  (xx) months

d. COX-2 inhibitors

Last 30 days:  
(CMTCOX)  No  Yes

Duration:(CMTCOXD)  (xx.x) years (CMTCOXM)  (xx) months

e. Ketaconazole

Last 30 days:  
(CMTKETA)  No  Yes

Duration:(CMTKETAD)  (xx.x) years (CMTKETAM)  (xx) months

Comments:(CMTCOMM)



## Additional Selection Options for CMT

### Type of statins:

6-Fluvastatin

7-Pitavastatin

99-Other



Specimen ID (SPECID):

Tissue Core Pathologist Diagnosis:

Date specimen obtained: (CP2DT)

(ddMMMyyyy)

	(1) Primary	(2) Secondary	(3) Secondary	
<b>Overall</b>	(CP2OP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2OS1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2OS8) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD1)	(CP2ICD8)	(CP2ICD15)	(C)
<b>Right upper</b>	(CP2RUP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RUS2) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RUS9) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD2)	(CP2ICD9)	(CP2ICD16)	(C)
<b>Right middle</b>	(CP2RMP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RMS3) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RMS10) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD3)	(CP2ICD10)	(CP2ICD17)	(C)
<b>Right lower</b>	(CP2RLP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RLS4) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2RLS11) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD4)	(CP2ICD11)	(CP2ICD18)	(C)
<b>Left upper</b>	(CP2LUP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2LUS5) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2LUS12) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD5)	(CP2ICD12)	(CP2ICD19)	(C)
<b>Lingula</b>	(CP2LGP1) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2LGS6) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(CP2LGS13) 01-01 - Emphysema, centrilobular 02-02 - Emphysema, panlobular 03-03 - Emphysema, paraseptal 04-04 - Usual interstitial pneumonia (UIP) 05-05 - Non-specific interstitial pneumonia (NSIP) *Additional Options Listed Below	(C) 01 02 03 04 05 *A

If Other, specify ICD-9 code:	(CP2ICD6) <input type="text"/>	(CP2ICD13) <input type="text"/>	(CP2ICD20) <input type="text"/>	(C
<b>Left lower</b>	(CP2LLP1) <ul style="list-style-type: none"> <li>01-01 - Emphysema, centrilobular</li> <li>02-02 - Emphysema, panlobular</li> <li>03-03 - Emphysema, paraseptal</li> <li>04-04 - Usual interstitial pneumonia (UIP)</li> <li>05-05 - Non-specific interstitial pneumonia (NSIP)</li> <li>*Additional Options Listed Below</li> </ul>	(CP2LLS7) <ul style="list-style-type: none"> <li>01-01 - Emphysema, centrilobular</li> <li>02-02 - Emphysema, panlobular</li> <li>03-03 - Emphysema, paraseptal</li> <li>04-04 - Usual interstitial pneumonia (UIP)</li> <li>05-05 - Non-specific interstitial pneumonia (NSIP)</li> <li>*Additional Options Listed Below</li> </ul>	(CP2LLS14) <ul style="list-style-type: none"> <li>01-01 - Emphysema, centrilobular</li> <li>02-02 - Emphysema, panlobular</li> <li>03-03 - Emphysema, paraseptal</li> <li>04-04 - Usual interstitial pneumonia (UIP)</li> <li>05-05 - Non-specific interstitial pneumonia (NSIP)</li> <li>*Additional Options Listed Below</li> </ul>	01 02 03 04 05 *A
If Other, specify ICD-9 code:	(CP2ICD7) <input type="text"/>	(CP2ICD14) <input type="text"/>	(CP2ICD21) <input type="text"/>	(C

Comments:(CP2COMM)

## Additional Selection Options for CP2

### Overall primary1

06-06 - Desquamative interstitial pneumonia (DIP)  
07-07 - Respiratory bronchiolitis  
08-08 - Respiratory bronchiolitis-interstitial lung disease (RB-ILD)  
09-09 - Lymphocytic interstitial pneumonia (LIP)  
10-10 - Organizing pneumonia (OP)  
11-11 - Diffuse alveolar damage (DAD)  
12-12 - Non-diagnostic  
13-13 - Fibrosis-uncharacterized  
14-14 - Honeycomb lung  
15-15 - Carcinoma, non-small cell  
16-16 - Carcinoma, small cell  
17-17 - Lymphoma  
18-18 - Sarcoma  
19-19 - Sarcoid  
20-20 - Berylliosis  
21-21 - Hypersensitivity pneumonitis (cellular)  
22-22 - Hypersensitivity pneumonitis (fibrotic)  
23-23 - Bronchiolitis (constrictive)  
24-24 - Bronchiolitis (proliferative)  
25-25 - Bronchiolitis (cellular)  
26-26 - Bronchiolitis (diffuse panbronchiolitis)  
27-27 - Bronchiolitis (neuroendocrine cell hyperplasia)  
28-28 - Vasculitis/capillaritis  
29-29 - Eosinophilic granuloma (EG, LCG)  
30-30 - Eosinophilic pneumonia  
31-31 - Granulomatous infection (M tuberculosis)  
32-32 - Granulomatous infection (atypical tuberculosis (MAI))  
33-33 - Granulomatous infection (fungi)  
34-34 - Granulomatous inflammation (NOS)  
35-35 - Normal  
99-99 - Other



Segment (**PROTSEG**): A

Visit Number (**VISNO**):

1. Date of CT scan collection:(**CTICODT**)

 (ddMMMyyyy)

2. CT Scanner Protocol:(**CTIPROT**)

- 3-Retrospective CT obtained at Clinical Center
- 4-Retrospective CT from Outside Media
- 5-LTRC protocol CT

3. Date of CT scan interpretation:(**CTIINTDT**)

 (ddMMMyyyy)

Enter the series number and number of images for as many CT items as you have.

	Series Number	Number of Images
1.	( <b>CTISN1</b> ) <input type="text"/>	( <b>CTINI1</b> ) <input type="text"/> (xxxx)
2.	( <b>CTISN2</b> ) <input type="text"/>	( <b>CTINI2</b> ) <input type="text"/> (xxxx)
3.	( <b>CTISN3</b> ) <input type="text"/>	( <b>CTINI3</b> ) <input type="text"/> (xxxx)
4.	( <b>CTISN4</b> ) <input type="text"/>	( <b>CTINI4</b> ) <input type="text"/> (xxxx)
5.	( <b>CTISN5</b> ) <input type="text"/>	( <b>CTINI5</b> ) <input type="text"/> (xxxx)
6.	( <b>CTISN6</b> ) <input type="text"/>	( <b>CTINI6</b> ) <input type="text"/> (xxxx)
7.	( <b>CTISN7</b> ) <input type="text"/>	( <b>CTINI7</b> ) <input type="text"/> (xxxx)
8.	( <b>CTISN8</b> ) <input type="text"/>	( <b>CTINI8</b> ) <input type="text"/> (xxxx)
9.	( <b>CTISN9</b> ) <input type="text"/>	( <b>CTINI9</b> ) <input type="text"/> (xxxx)
10.	( <b>CTISN10</b> ) <input type="text"/>	( <b>CTINI10</b> ) <input type="text"/> (xxxx)
11.	( <b>CTISN11</b> ) <input type="text"/>	( <b>CTINI11</b> ) <input type="text"/> (xxxx)
12.	( <b>CTISN12</b> ) <input type="text"/>	( <b>CTINI12</b> ) <input type="text"/> (xxxx)
13.	( <b>CTISN13</b> ) <input type="text"/>	( <b>CTINI13</b> ) <input type="text"/> (xxxx)
14.	( <b>CTISN14</b> ) <input type="text"/>	( <b>CTINI14</b> ) <input type="text"/> (xxxx)
15.	( <b>CTISN15</b> ) <input type="text"/>	( <b>CTINI15</b> ) <input type="text"/> (xxxx)
16.	( <b>CTISN16</b> ) <input type="text"/>	( <b>CTINI16</b> ) <input type="text"/> (xxxx)
17.	( <b>CTISN17</b> ) <input type="text"/>	( <b>CTINI17</b> ) <input type="text"/> (xxxx)
18.	( <b>CTISN18</b> ) <input type="text"/>	( <b>CTINI18</b> ) <input type="text"/> (xxxx)
19.	( <b>CTISN19</b> ) <input type="text"/>	( <b>CTINI19</b> ) <input type="text"/> (xxxx)

20.	(CTISN20) <input type="text"/>	(CTINI20) <input type="text"/> (xxxx)
21.	(CTISN21) <input type="text"/>	(CTINI21) <input type="text"/> (xxxx)
22.	(CTISN22) <input type="text"/>	(CTINI22) <input type="text"/> (xxxx)
23.	(CTISN23) <input type="text"/>	(CTINI23) <input type="text"/> (xxxx)
24.	(CTISN24) <input type="text"/>	(CTINI24) <input type="text"/> (xxxx)
25.	(CTISN25) <input type="text"/>	(CTINI25) <input type="text"/> (xxxx)

Comments:(CTICOMM)





1. Date of birth:(*DEMBRDT*)  (*ddMMMyyyy*)

2. Gender:(*DEMSEX*)  Male  Female

3. Ethnicity:(*DEMETHN*)   
1-Hispanic or Latino  
2-Not Hispanic or Latino  
3-Chooses not to disclose

4. Race:

- a. American Indian or Alaskan Native:(*DEMAMERI*)  No  Yes
- b. Asian:(*DEMASIAN*)  No  Yes
- c. Black or African American:(*DEMBLACK*)  No  Yes
- d. Native Hawaiian or other Pacific Islander:(*DEMHAWAI*)  No  Yes
- e. White:(*DEMWHITE*)  No  Yes
- f. Chooses not to disclose:(*DEMNODIS*)  No  Yes

Comments:(*DEMCOMM*)



Segment (PROTSEG): A

Sequence number (SEQNO):

Deviation Date (DEVDATE):

1. Deviation Category:(DEVCAT)

- 1-Informed Consent
- 2-Eligibility/Enrollment
- 3-Protocol procedure/Assessment
- 4-Unreported SAE
- 5-Other (specify)

If Other, specify:(DEVSP)

Deviation Description:(DEVDES)

2. Reason for protocol deviation (select all that apply):

Hospital Error(DEVHOS)

Laboratory Error(DEVLAB)

PI Decision(DEVPID)

Participant Unable to Comply(DEVPUK)

Participant Refusal(DEVREF)

Other (specify)(DEVOTR)

If Other, specify:(DEVRSK)

3. Was this deviation prospectively identified?(DEVPRO)

 No  Yes

If the deviation was retrospectively reported, does the deviation require expedited IRB reporting?(DEVREP)

 No  Yes

If Yes, date of expedited report:(DEVRPDT)

 (ddMMMyyyy)

Comments:(DEVCOMM)

## Additional Selection Options for DEV

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10



Segment (*PROTSEG*): ADate of assessment (*DTASSESS*):**Household characteristics**

Now, I want to ask some questions about the house(s) you have lived in. As we talk about these conditions or exposures, tell me if you have been exposed to these conditions and how long you were exposed to these conditions. We are looking for total exposure, so if you had an exposure for six months in one period and an exposure of eight months in another period, your total exposure would be for about one year. Respond to seasonal exposures as if they were for a full year even if the exposure was for a few months (e.g., swimming).

1. Have you ever used a wood or coal burning stove or fireplace with an open flame in your home? (*ENQHEAT*)

0-No   
 1-Yes   
 9-Unknown  (ENQYRS1) For:  years  
 (ENQMS1) AND  (xx) months (ENQUK01)   
 Unknown

2. I'm going to read you a list of devices. For each device, tell me if you ever used it in your home. If you did, tell me for how long you were exposed to it.

- a. Humidifier/cool mist vaporizer: (*ENQDEV1*)

0-No   
 1-Yes   
 9-Unknown  (ENQYRS2) For:  years  
 (ENQMS2) AND  (xx) months (ENQUK02)   
 Unknown

- b. Sauna/hot tub (*ENQDEV2*)

0-No   
 1-Yes   
 9-Unknown  (ENQYRS3) For:  years  
 (ENQMS3) AND  (xx) months (ENQUK03)   
 Unknown

3. Did your bathroom(s) or basement ever have visible mold or mildew on indoor surfaces? (*ENQMOLD*)

0-No   
 1-Yes   
 9-Unknown  (ENQYRS4) For:  years  
 (ENQMS4) AND  (xx) months (ENQUK04)   
 Unknown

4. Did anyone living in your house ever have birds stay inside your home? For how long? (*ENQBIRDS*)

0-No   
 1-Yes   
 9-Unknown  (ENQYRS5) For:  years  
 (ENQMS5) AND  (xx) months (ENQUK05)   
 Unknown

5. Did you ever use pillows with feathers? For how long? (*ENQPLOW*)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS6)For:  years  
(ENQMS6)AND  (xx) months (ENQUK06)   
Unknown

### Specific exposures chart

Now I would like to ask some questions that deal with specific materials or substances that have been in the air (as dust, fumes or vapor) in your jobs or in your hobbies, at work or at home. Wearing these metals in jewelry does not count as an exposure.

- A. Have you ever been exposed to the following materials/substances as dust or fumes?  
B. If Yes, how long were you exposed to each material/substance?

1. Beryllium:(ENQEXPO1)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS7)For:  years  
(ENQMS7)AND  (xx) months (ENQUK07)   
Unknown

2. Cobalt:(ENQEXPO2)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS8)For:  years  
(ENQMS8)AND  (xx) months (ENQUK08)   
Unknown

3. Asbestos:(ENQEXPO3)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS9)For:  years  
(ENQMS9)AND  (xx) months (ENQUK09)   
Unknown

4. Silica:(ENQEXPO4)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS10)For:  years  
(ENQMS10)AND  (xx) months (ENQUK10)   
Unknown

5. Arsenic:(ENQEXPO5)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS11)For:  years  
(ENQMS11)AND  (xx) months (ENQUK11)   
Unknown

6. Cadmium:(ENQEXPO6)

0-No  
1-Yes  
9-Unknown ▼ (ENQYRS12)For:  years  
(ENQMS12)AND  (xx) months (ENQUK12)   
Unknown



Comments:(ENQCOMM)





**Consent**

1. Has the participant signed a consent form?(ENRCONS)  No  Yes  
 a. If Yes, date of consent:(STARTDT)  (ddMMMyyyy)
2. Has consent been obtained for the genetics testing? (ENRGENE)  No  Yes
3. Has consent been obtained for the LTRC protocol CT? (ENRCONCT)  No  Yes
4. Has consent been obtained for a Historical CT?(ENRHISCT)  No  Yes

**Inclusion Criteria**

*Answer must be YES for the participant to be eligible*

1. Is the participant age 21 or above?(ENRAGE)  No  Yes
2. Undergoing lung surgery for suspected malignancy or metastases:(ENRINMM)  No  Yes
3. Does the participant have a clinical indication of ILD leading to VATS or open lung biopsy?(ENRILD)  No  Yes
4. Does the participant have COPD leading to treatment with lung volume reduction surgery?(ENRCOPD)  No  Yes
5. Does the participant have clinical indication of ILD (including fibrosis, UIP, NISP or Sarcoidosis) or COPD as a principal reason for lung transplantation?(ENRLUNG)  No  Yes
6. Does the participant have a lung nodule/mass leading to resection?(ENRMASS)  No  Yes
7. Clinical indication for lung surgery is ILD:(ENRSUR)  No  Yes

**Exclusion Criteria**

*All answers must be NO for the participant to be eligible*

1. Diagnosis of cystic fibrosis or pulmonary hypertension: (ENREXDX)  No  Yes
2. Any condition that, in the judgment of the investigator, precludes participation:(ENRCOND)  No  Yes
3. Has the participant been diagnosed with an active primary infectious process (e.g. tuberculosis)?(ENRPRIM)  No  Yes
4. Is there a primary diagnosis of cystic fibrosis or pulmonary hypertension listed as the reason for a transplant? (ENRTRANS)  No  Yes

Comments:(ENRCOMM)



Segment (*PROTSEG*): ADate of assessment (*DTASSESS*):

## First degree blood relatives

1. Does the participant know at least one first degree blood relative (parent, sibling, half-sibling, or child)?(*FHQBLDRE*)  No  Yes
2. Do you know who at least one of your birth parents are?(*FHQPARNT*)  No  Yes  
*Please answer "No" if you only know about your adoptive, foster or step-parents.*
3. How many blood siblings do you have (include half siblings)?(*FHQSIBL*)  (xx) (*FHQSUUK*)  Unknown
4. How many children do you have?(*FHQCHILD*)  (xx) (*FHQCUK*)  Unknown
5. Have any of your first degree blood relatives (parent, sibling, child) developed any of the following?
- a. COPD:(*FHQCPD*)  0-No  
1-Yes  
9-Unknown
- b. Chronic bronchitis:(*FHQBRONC*)  0-No  
1-Yes  
9-Unknown
- c. Emphysema:(*FHQEMPH*)  0-No  
1-Yes  
9-Unknown
- d. Asthma:(*FHQASTH*)  0-No  
1-Yes  
9-Unknown
6. Have any of your first degree blood relatives (parent, sibling, child) had alpha-1 antitrypsin deficiency?(*FHQALPHA*)  0-No  
1-Yes  
9-Unknown
7. Have any of your first degree blood relatives (parent, sibling, child) developed a fibrotic lung disease?(*FHQFIBRO*)  0-No  
1-Yes  
9-Unknown
8. Was a fibrotic lung disease documented by biopsy in any of these relatives?(*FHQBIOPS*)  0-No  
1-Yes  
9-Unknown

9. Have any of your first degree blood relatives had any of the following?

a. Rheumatoid arthritis:(*FHQRA*)

 0-No  
 1-Yes  
 9-Unknown

b. Scleroderma:(*FHQSCLER*)

 0-No  
 1-Yes  
 9-Unknown

c. Lupus:(*FHQLUPUS*)

 0-No  
 1-Yes  
 9-Unknown

d. Polymyositis:(*FHQPOLYM*)

 0-No  
 1-Yes  
 9-Unknown

e. Other collagen vascular disease:(*FHQOTCOL*)

 0-No  
 1-Yes  
 9-Unknown

If Yes, specify:(*FHQCOLSP*)

f. Pulmonary hypertension:(*FHQPLHTN*)

 0-No  
 1-Yes  
 9-Unknown

Comments:(*FHQCOMM*)



Segment (PROTSEG): A

Date of assessment (DTASSESS):

*This questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you the most problems, rather than what the doctors and nurses think your problems are.*

*Read the questions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.*

Describe how often your lung/respiratory problems have affected you over the last four weeks.

**Part 1**

**Four week description:**

1. Over the last 4 weeks, I have coughed:(GRQCOUGH)
 

1-Almost every day 2-Several days a week 3-A few days a month 4-Only with lung/respiratory infections 5-Not at all	▲ ▼
--	--------
  
2. Over the last 4 weeks, I have brought up phlegm (sputum): (GRQPHLGM)
 

1-Almost every day 2-Several days a week 3-A few days a month 4-Only with lung/respiratory infections 5-Not at all	▲ ▼
--	--------
  
3. Over the last 4 weeks, I have had shortness of breath: (GRQSOB)
 

1-Almost every day 2-Several days a week 3-A few days a month 4-Only with lung/respiratory infections 5-Not at all	▲ ▼
--	--------
  
4. Over the last 4 weeks, I have had episodes of wheezing: (GRQWHZ)
 

1-Almost every day 2-Several days a week 3-A few days a month 4-Only with lung/respiratory infections 5-Not at all	▲ ▼
--	--------
  
5. During the last 4 weeks, how many severe or very unpleasant episodes of lung/respiratory problems have you had:(GRQLREP)
 

1-More than three episodes 2-Three episodes 3-Two episodes 4-One episode 5-No episodes	▲ ▼
--	--------
  
6. How long did the worst episode of lung/respiratory problem last:(GRQLONG)
 

1-A week or more 2-Three or more days 3-One or two days 4-Less than a day	▲ ▼
--	--------
  
7. Over the last 4 weeks, in an average week, how many good days (with few lung/respiratory problems) have you had:(GRQGDAY)



- 1-None
- 2-One or two
- 3-Three or four
- 4-Nearly every day
- 5-Every day

8. If you wheeze, is it worse in the morning?(GRQWHZMN)

- No  Yes

**Part 2**

**Section 1:**

1. How would you describe your lung/respiratory condition: (GRQLUNG)

- 1-The most important problem I have
- 2-Causes me quite a lot of problems
- 3-Causes me a few problems
- 4-Causes no problem

2. If you have ever held a job, check one of these:(GRQJOB)

- 1-My lung/respiratory problem made me stop my job
- 2-My lung/respiratory problem interferes with my job or made me change my job
- 3-My lung/respiratory problem does not affect my job
- 4-I have never held a job

**Section 2:** These are questions about what activities usually make you feel short of breath.

- 3. Sitting or lying still:(GRQSIT)  True  False
- 4. Washing yourself or dressing: (GRQWASH)  True  False
- 5. Walking in the house: (GRQWKHOU)  True  False
- 6. Walking outside on level ground:(GRQWKOUT)  True  False
- 7. Walking up a flight of stairs: (GRQWKSTA)  True  False
- 8. Walking up hills:(GRQWKHIL)  True  False
- 9. Playing sports or active games (baseball, tennis, etc.): (GRQGAMES)  True  False

**Section 3:** These are more questions about your cough and shortness of breath.

- 10. Coughing hurts:(GRQHURTS)  True  False
- 11. Coughing makes me tired: (GRQTIRE)  True  False
- 12. I am short of breath when I talk:(GRQSOBT)  True  False
- 13. I am short of breath when I bend over:(GRQSOBB)  True  False
- 14. My coughing or breathing disturbs my sleep:(GRQDIST)  True  False
- 15. I become exhausted easily: (GRQEXHA)  True  False

**Section 4:** These are questions about other effects that your lung/respiratory problems may have on you.

- 16. My coughing or breathing is embarrassing in public: (GRQEMBR)  True  False
- 17. My lung/respiratory problem is a nuisance to my family,  True  False

friends or neighbors:  
(GRQNUIS)

18. I panic or get afraid when I cannot catch my breath:  
(GRQPANIC)  True  False
19. I feel that I am not in control of my lung/respiratory problem:  
(GRQCNTL)  True  False
20. I do not expect my lung/respiratory problem to get any better:(GRQDONT)  True  False
21. I have become frail or an invalid because of my lung/respiratory problem:  
(GRQFRIL)  True  False
22. Exercise is not safe for me:  
(GRQSAFE)  True  False
23. Everything seems too much of an effort:(GRQEFRT)  True  False

**Section 5:** These are questions about your lung/respiratory medication, including oxygen, inhalers and pills. If you are not receiving medications, check 'N/A' and go to section 6.

- (GRQMEDNA)  N/A
24. My lung/respiratory medication does not help me very much:(GRQMDHLP)  True  False
25. I get embarrassed using my lung/respiratory medication in public:(GRQMDEMB)  True  False
26. I have unpleasant side effects from my lung/respiratory medication:(GRQMDEFF)  True  False
27. My lung/respiratory medication interferes with my life a lot:(GRQMDINT)  True  False

**Section 6:** These are questions about how your activities might be affected by your breathing problem.

28. I take a long time to get washed or dressed:  
(GRQLTWD)  True  False
29. I cannot take a bath or shower or I take a long time:  
(GRQBATHE)  True  False
30. I walk slower than other people my age or I stop to rest:(GRQWKSLO)  True  False
31. Jobs such as household chores take a long time or I have to stop to rest:  
(GRQHSJO)  True  False
32. If I walk up one flight of stairs, I have to go slowly or stop:  
(GRQSTAIR)  True  False
33. If I hurry or walk fast, I have to stop or slow down:  
(GRQHURRY)  True  False
34. My breathing makes it difficult to do things such as walking up hills, carrying things up stairs, light gardening such as weeding, dancing, playing golf or light sports such as horseshoes:(GRQHILLS)  True  False

35. My breathing problem makes it difficult to do things such as carrying heavy loads, like digging in the garden or shoveling snow, jogging or walking briskly, playing tennis or swimming:(GRQHVVYLO)  True  False

36. My breathing problem makes it difficult to do things such as very heavy manual labor, riding a bike, running, swimming fast or playing competitive sports:(GRQHVVYLA)  True  False

**Section 7:** We would like to know how your breathing usually affects your daily life. (Remember that True only applies to you if you cannot do something because of your lung/respiratory problem)

37. I cannot play sports or active games:(GRQPLAY)  True  False

38. I cannot go out for entertainment or recreation:(GRQOUTRE)  True  False

39. I cannot go out of the house to do the grocery shopping:(GRQOUTGR)  True  False

40. I cannot do household chores:(GRQHOUSE)  True  False

41. I cannot move far from my bed or chair:(GRQMOVE)  True  False

42. Here is a list of other activities that your lung/respiratory problem may prevent you from doing.

- Going for walks or walking the dog.
- Doing activities or chores at home or in the garden.
- Having sexual intercourse.
- Going to church or place of entertainment.
- Going out in bad weather or into smoky rooms.
- Visiting family or friends or playing with children.

*Write in any other important activities that your lung/respiratory problem may stop you from doing:*

a. Activity A:(GRQACTA)

b. Activity B:(GRQACTB)

c. Activity C:(GRQACTC)

43. Now, would you select which you think best describes how your breathing problem affects you:(GRQBREP)

1-It does not stop me from doing anything I would like to do  
2-It stops me from doing one or two things I would like to do  
3-It stops me from doing most of the things I would like to do  
4-It stops me from doing everything I would like to do

Comments:(GRQCOMM)



Segment (PROTSEG): A

Visit Number (VISNO):

Date of assessment (DTASSESS):

Sequence number (SEQNO):

**Complete Blood Count**

Date of CBC:(LABCBCDT)  (ddMMMyyyy) (LABCBCND)  Not done

Test	Result	Not Done
WBC	(LABWBC) <input type="text"/> (xx.x) 10 <sup>9</sup> /L	(LABWBCND) <input type="checkbox"/>
Hgb	(LABHGB) <input type="text"/> (xx.x) g/dL	(LABHGBND) <input type="checkbox"/>
Hematocrit	(LABHCT) <input type="text"/> (xx.x) %	(LABHCTND) <input type="checkbox"/>
Platelets	(LABPLT) <input type="text"/> (xxx.x) 10 <sup>9</sup> /L	(LABPLTND) <input type="checkbox"/>

**Differential**

Date of Differential:(LABDIFDT)  (ddMMMyyyy) (LABDIFSD)  Same date as  
CBC  Not done

Test	Result	Not Done
Neutrophilic	(LABNEU) <input type="text"/> (xx.xx) %	(LABNEUND) <input type="checkbox"/>
Lymphocytes	(LABLYM) <input type="text"/> (xx.xx) %	(LABLYMND) <input type="checkbox"/>
Monocytes	(LABMON) <input type="text"/> (xx.xx) %	(LABMONND) <input type="checkbox"/>
Eosinophils	(LABEOS) <input type="text"/> (xx.xx) %	(LABEOSND) <input type="checkbox"/>
Basophils	(LABBAS) <input type="text"/> (xx.xx) %	(LABBASND) <input type="checkbox"/>

**Chemistries**

Date of Chemistries:(LABCHMDT)  (ddMMMyyyy) (LABCHMND)  Not done

Test	Result	Not Done
Rheumatoid Factor (RF)	(LABRF) <input type="text"/> 1-Present ▲ 2-Absent ▼	(LABRFND) <input type="checkbox"/>
Creatine Kinase (CK)	(LABCK) <input type="text"/> (xxxx) U/L	(LABCKND) <input type="checkbox"/>
Erythrocyte Sedimentation Rate (ESR)	(LABESR) <input type="text"/> (xxx) mm/h	(LABESRND) <input type="checkbox"/>
Anti-Nuclear Antibody (ANA)	(LABANA) <input type="text"/> 1-Positive ▲ 2-Negative ▼	(LABANAND) <input type="checkbox"/>

Antibodies to double stranded DNA (Anti-dsDNA)	(LABADN) 1-Present ▲ 2-Absent ▼	(LABADNND) <input type="checkbox"/>
Jo-1 Antigen	(LABJO1) 1-Positive ▲ 2-Negative ▼	(LABJO1ND) <input type="checkbox"/>
Antibodies to SCL-70	(LABSCL) 1-Positive ▲ 2-Negative ▼	(LABSCLND) <input type="checkbox"/>
Antibodies to SS-A	(LABSSA) 1-Positive ▲ 2-Negative ▼	(LABSSAND) <input type="checkbox"/>
Antibodies to SS-B	(LABSSB) 1-Positive ▲ 2-Negative ▼	(LABSSBND) <input type="checkbox"/>
Anti-centromere Antibodies	(LABACN) 1-Positive ▲ 2-Negative ▼	(LABACNND) <input type="checkbox"/>
Extractable Nuclear Antigen (ENA)	(LABENA) 1-Positive ▲ 2-Negative ▼	(LABENAND) <input type="checkbox"/>
<b>Other Chemistries</b> Required for non-ILD participants. Abstract for ILD participant, if possible.		
Alpha-1 Antitrypsin Level	(LABALP) <input type="text"/> (xxx) mg/dL	(LABALPND) <input type="checkbox"/>

Comments:(LABCOMM)

## Additional Selection Options for LAB

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10





Sequence number (SEQNO):

Deviation Date (DEVDATE):

1. Deviation Category:(LDVCAT)

- 1-Informed Consent
- 2-Eligibility/Enrollment
- 3-Protocol procedure/Assessment
- 4-Unreported SAE
- 5-Other (specify)

If Other, specify:(LDVSP)

Deviation Description:(LDVDES)

2. Reason for protocol deviation (select all that apply):

Hospital Error(LDVHOS)

Laboratory Error(LDVLAB)

PI Decision(LDVPID)

Participant Unable to Comply(LDVPUC)

Participant Refusal(LDVREF)

Other (specify)(LDVOTR)

If Other, specify:(LDVRSP)

3. Was this deviation prospectively identified?(LDVPRO)

No

Yes

a. If the deviation was retrospectively reported, does the deviation require expedited IRB reporting?(LDVREP)

No

Yes

If Yes, date of expedited report:(LDVRPDT)

(ddMMMyyyy)

Comments:(LDVCOMM)

## Additional Selection Options for LDV

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10



Segment (*PROTSEG*): A

**Local Pathologist Diagnosis**

Date specimen obtained:(*LPRSNDT*)

 (*ddMMMyyyy*)

Primary:(*LPRDX*)

01-01 - Emphysema, centrilobular  
02-02 - Emphysema, panlobular  
03-03 - Emphysema, paraseptal  
04-04 - Usual interstitial pneumonia (UIP)  
05-05 - Non-specific interstitial pneumonia (NSIP)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*LPRDXSP*)

Secondary 1:(*LPRDX1*)

01-01 - Emphysema, centrilobular  
02-02 - Emphysema, panlobular  
03-03 - Emphysema, paraseptal  
04-04 - Usual interstitial pneumonia (UIP)  
05-05 - Non-specific interstitial pneumonia (NSIP)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*LPRDX1SP*)

Secondary 2:(*LPRDX2*)

01-01 - Emphysema, centrilobular  
02-02 - Emphysema, panlobular  
03-03 - Emphysema, paraseptal  
04-04 - Usual interstitial pneumonia (UIP)  
05-05 - Non-specific interstitial pneumonia (NSIP)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*LPRDX2SP*)

Secondary 3:(*LPRDX3*)

01-01 - Emphysema, centrilobular  
02-02 - Emphysema, panlobular  
03-03 - Emphysema, paraseptal  
04-04 - Usual interstitial pneumonia (UIP)  
05-05 - Non-specific interstitial pneumonia (NSIP)  
\*Additional Options Listed Below

If Other, specify ICD-9 code:(*LPRDX3SP*)

Comments:(*LPRCOMM*)

## Additional Selection Options for LPR

### Primary:

- 06-06 - Desquamative interstitial pneumonia (DIP)
- 07-07 - Respiratory bronchiolitis
- 08-08 - Respiratory bronchiolitis-interstitial lung disease (RB-ILD)
- 09-09 - Lymphocytic interstitial pneumonia (LIP)
- 10-10 - Organizing pneumonia (OP)
- 11-11 - Diffuse alveolar damage (DAD)
- 12-12 - Non-diagnostic
- 13-13 - Fibrosis-uncharacterized
- 14-14 - Honeycomb lung
- 15-15 - Carcinoma, non-small cell
- 16-16 - Carcinoma, small cell
- 17-17 - Lymphoma
- 18-18 - Sarcoma
- 19-19 - Sarcoid
- 20-20 - Berylliosis
- 21-21 - Hypersensitivity pneumonitis (cellular)
- 22-22 - Hypersensitivity pneumonitis (fibrotic)
- 23-23 - Bronchiolitis (constrictive)
- 24-24 - Bronchiolitis (proliferative)
- 25-25 - Bronchiolitis (cellular)
- 26-26 - Bronchiolitis (diffuse panbronchiolitis)
- 27-27 - Bronchiolitis (neuroendocrine cell hyperplasia)
- 28-28 - Vasculitis/capillaritis
- 29-29 - Eosinophilic granuloma (EG, LCG)
- 30-30 - Eosinophilic pneumonia
- 31-31 - Granulomatous infection (M tuberculosis)
- 32-32 - Granulomatous infection (atypical tuberculosis (MAI))
- 33-33 - Granulomatous infection (fungi)
- 34-34 - Granulomatous inflammation (NOS)
- 35-35 - Normal
- 99-99 - Other



Segment (PROTSEG): A

Date of assessment (DTASSESS):

Past Illnesses

1. Has the participant ever had the following illnesses?

- a. Angina:(MHQANGIN)  0-No  1-Yes  9-Unknown
  - b. Heart failure (congestive heart failure or congestive heart disease):(MHQHRTFL)  0-No  1-Yes  9-Unknown
  - c. Thromboembolic (blood clots in leg of lung): (MHQTHROM)  0-No  1-Yes  9-Unknown
  - d. Arrhythmia (irregular heart beat):(MHQARTH)  0-No  1-Yes  9-Unknown
  - e. Hyperlipidemia (high cholesterol):(MHQHYP)  0-No  1-Yes  9-Unknown
  - f. Renal failure (kidney failure):(MHQREN)  0-No  1-Yes  9-Unknown
  - g. Hepatitis (liver infection or inflammation): (MHQHEPA)  0-No  1-Yes  9-Unknown
  - h. Cirrhosis or other serious, chronic liver disease:(MHQCIRRH)  0-No  1-Yes  9-Unknown
  - i. Diabetes:(MHQDIAB)  0-No  1-Yes  9-Unknown
  - j. HIV:(MHQHIV)  0-No  1-Yes  9-Unknown
  - k. Lung Cancer:(MHQLCANC)  0-No  1-Yes  9-Unknown
  - l. Other Cancer (excluding basal cell carcinoma): (MHQOTCAN)  0-No  1-Yes  9-Unknown
- If Yes, specify:(MHQCANSP)
- 
- m. Rheumatoid Arthritis:(MHQRA)  0-No  1-Yes  9-Unknown
  - n. Scleroderma:(MHQSCL)  0-No  1-Yes  9-Unknown
  - o. Lupus:(MHQLUPUS)  0-No  1-Yes  9-Unknown
  - p. Polymyositis:(MHQPOLYM)  0-No  1-Yes  9-Unknown
  - q. Other collagen vascular disease:(MHQOTVAS)

0-No  
1-Yes  
9-Unknown

If Yes, specify:(*MHQCCLSP*)

r. Gastroesophageal Reflux Disease (GERD):  
(*MHQGERD*)

0-No  
1-Yes  
9-Unknown

s. Asthma:(*MHQASTH*)

0-No  
1-Yes  
9-Unknown

Was it confirmed by doctor?(*MHQASTDR*)

0-No  
1-Yes  
9-Unknown

t. Pulmonary Hypertension:(*MHQPLHTN*)

0-No  
1-Yes  
9-Unknown

2. Have you ever had attacks of bronchitis?  
(*MHQBRN*)

0-No  
1-Yes  
9-Unknown

a. Was it confirmed by a doctor?(*MHQBRNDR*)

0-No  
1-Yes  
9-Unknown

b. At what age was your first attack?  
(*MHQBRNAG*)

(xx) (*MHQBAUK*)  Unknown

3. Have you ever had respiratory failure requiring a ventilator?  
(*MHQRESPF*)

No  Yes

4. Have you unexpectedly lost a lot of weight in the past three months? (A lot is 10% or more of your body weight);(*MHQWTLOS*)

No  Yes

5. Have you had any of the following surgical procedures?

a. Tracheotomy/Tracheostomy:(*MHQTRACH*)

No  Yes

b. Bullectomy, pneumonectomy or lobectomy (removal of all or part of the lung)/Prior surgical lung biopsy:(*MHQREMOV*)

No  Yes

c. Which lung(s) and lobe(s) did you have the procedure on? (Please check all that apply).  
(*MHQLRUK*)

Unknown

1. Right upper:(*MHQRTUP*)

No  Yes

2. Right middle:(*MHQRTMID*)

No  Yes

3. Right lower:(*MHQRTLLOW*)

No  Yes

4. Left upper:(*MHQLTUP*)

No  Yes

5. Lingula:(*MHQLINGU*)

No  Yes

6. Left lower:(*MHQLTLOW*)

No  Yes

d. Any other chest operations?(*MHQANYOT*)

No  Yes

If Yes, specify:(*MHQANYSP*)

6. Have you ever had any chest injuries?  
(*MHQINJUR*)

No  Yes

If Yes, specify:(*MHQINJSP*)

### Current Illnesses

1. Has a doctor told you that you have any of the following?

a. Chronic Obstructive Pulmonary Disease (COPD);(*MHQCCOPD*)

0-No  
1-Yes  
9-Unknown

b. Chronic Bronchitis:(*MHQCBRN*)

0-No  
1-Yes  
9-Unknown

c. Emphysema:(*MHQCEMPH*)



0-No  
1-Yes  
9-Unknown

d. Asthma:(*MHQCASTH*)

0-No  
1-Yes  
9-Unknown

2. Do you have alpha-1 antitrypsin deficiency?  
(*MHQCA1AD*)

0-No  
1-Yes  
9-Unknown

3. Has a doctor told you that you have a fibrotic lung disease?(*MHQFIBRO*)

0-No  
1-Yes  
9-Unknown

a. Was the fibrotic lung disease documented by surgical biopsy?(*MHQFDOC*)

0-No  
1-Yes  
9-Unknown

Comments:(*MHQCOMM*)



Segment (*PROTSEG*): ADate of assessment (*DTASSESS*):**Activities on the job**

Now I would like to ask you some questions about specific job related activities. I will read slowly from a long list and ask you whether you have ever had a job – even if the job lasted less than six months – that involved any of the following activities. Tell me if you have worked in any of them and how long, in years and months, you worked at the job.

Ask each activity in turn and pause briefly for each activity. If participant does not answer, check "No" and go to the next activity.

Job	Employment	Number of years	Number of months	Unknown
1. Aircraft/aerospace manufacturing:	(OEQAAMJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQAAMYR) ____ (xx)	(OEQAAMM) ____ (xx)	(OEQAAMUK) <input type="checkbox"/>
2. Animal laboratory worker:	(OEQALWJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQALWYR) ____ (xx)	(OEQALWM) ____ (xx)	(OEQALWUK) <input type="checkbox"/>
3. Auto or truck repair:	(OEQATRJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQATRYR) ____ (xx)	(OEQATRM) ____ (xx)	(OEQATRUK) <input type="checkbox"/>
4. Automotive manufacturing:	(OEQAMJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQAMYR) ____ (xx)	(OEQAMM) ____ (xx)	(OEQAMUK) <input type="checkbox"/>
5. Raising birds:	(OEQRBJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQRBYSR) ____ (xx)	(OEQRBMM) ____ (xx)	(OEQRBUK) <input type="checkbox"/>
6. Carpentry or woodworking:	(OEQCWJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQCWYR) ____ (xx)	(OEQCWMM) ____ (xx)	(OEQCWUK) <input type="checkbox"/>
7. Construction:	(OEQCONJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQCONYR) ____ (xx)	(OEQCONM) ____ (xx)	(OEQCONUK) <input type="checkbox"/>
8. Demolition of buildings:	(OEQBDJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQBDYSR) ____ (xx)	(OEQBDM) ____ (xx)	(OEQBDUK) <input type="checkbox"/>
9. Electrical or electronic worker:	(OEQELEJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQELEYR) ____ (xx)	(OEQELEM) ____ (xx)	(OEQELEUK) <input type="checkbox"/>
10. Farming, ranching, farm laborer (wage laborer):	(OEQWLJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQWLYR) ____ (xx)	(OEQWLM) ____ (xx)	(OEQWLUK) <input type="checkbox"/>
11. Fire fighter:	(OEQFFJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQFFYSR) ____ (xx)	(OEQFFMM) ____ (xx)	(OEQFFUK) <input type="checkbox"/>
12. In a sawmill:	(OEQSAWJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQSAWYR) ____ (xx)	(OEQSAWM) ____ (xx)	(OEQSAWUK) <input type="checkbox"/>
13. In a pulpmill:	(OEQPULJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQPULYSR) ____ (xx)	(OEQPULM) ____ (xx)	(OEQPULUK) <input type="checkbox"/>
14. Hairdressing or cosmetology:	(OEQHCJO) <input type="checkbox"/> No	(OEQHCSR) ____ (xx)	(OEQHCM) ____ (xx)	(OEQHCUK) <input type="checkbox"/>

	<input type="checkbox"/> Yes		(xx)		(xx)	
15. Meat wrapping:	(OEQMWJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQMWR)		(OEQMWM)		(OEQMWUK) <input type="checkbox"/>
16. Any type of mining:	(OEQMINJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQMINR)		(OEQMINM)		(OEQMINUK) <input type="checkbox"/>
17. Dentist, dental product maker or dental technician:	(OEQDENJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQDENR)		(OEQDENM)		(OEQDENUK) <input type="checkbox"/>
18. In plant nursery or as a florist:	(OEQPNJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQPNR)		(OEQPNM)		(OEQPNUK) <input type="checkbox"/>
19. Plastics manufacturing:	(OEQPMJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQPMR)		(OEQPM)		(OEQPMUK) <input type="checkbox"/>
20. Working with resins, polyurethane paints or polyurethane foam manufacturing or isocyanate paints:	(OEQRPO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQRPR)		(OEQRPM)		(OEQRPUK) <input type="checkbox"/>
21. Pottery making or ceramics:	(OEQPCJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQPCR)		(OEQPCM)		(OEQPCUK) <input type="checkbox"/>
22. Working in a quarry:	(OEQQURJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQQURR)		(OEQQURM)		(OEQQURUK) <input type="checkbox"/>
23. Sandblasting:	(OEQSBJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQSBR)		(OEQSBM)		(OEQSBUK) <input type="checkbox"/>
24. Smelting in a foundry:	(OEQSMJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQSMR)		(OEQSM)		(OEQSMUK) <input type="checkbox"/>
25. Stone cutting or polishing:	(OEQSCPJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQSCP)		(OEQSCPM)		(OEQSCPUK) <input type="checkbox"/>
26. Tunnel construction:	(OEQTCJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQTCR)		(OEQTCM)		(OEQTCUK) <input type="checkbox"/>
27. Veterinarian/veterinary work:	(OEQVETJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQVETR)		(OEQVETM)		(OEQVETUK) <input type="checkbox"/>
28. Welding:	(OEQWELJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQWELR)		(OEQWELM)		(OEQWELUK) <input type="checkbox"/>
29. Rubber factory worker:	(OEQRFJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQRFR)		(OEQRFM)		(OEQRFUK) <input type="checkbox"/>
30. In a pet store:	(OEQPSJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQPSR)		(OEQPSM)		(OEQPSUK) <input type="checkbox"/>
31. In an occupation with radiation exposure:	(OEQREJO) <input type="checkbox"/> No <input type="checkbox"/> Yes	(OEQRE)		(OEQREM)		(OEQREUK) <input type="checkbox"/>

32. In your office or indoor working environment, other than in the workplace bathrooms, have you ever noticed any of the following conditions:  No  Yes (OEQCNDYR)  Years (OEQCNDM)  Months (OEQCNDUK)  Unknown

- High humidity
- Water damage to furnishing, ceiling, tiles or carpets
- Obvious mold or mildew not in a bathroom
- Musty or moldy odors(OEQCONDN)

Comments:(OEQCOMM)



Sequence number (SEQNO):

Deviation Date (DEVDATE):

1. Deviation Category:(PDVCAT)

- 1-Informed Consent
- 2-Eligibility/Enrollment
- 3-Protocol procedure/Assessment
- 4-Unreported SAE
- 5-Other (specify)

If Other, specify:(PDVSP)

Deviation Description:(PDVDES)

2. Reason for protocol deviation (select all that apply):

Hospital Error(PDVHOS)

Laboratory Error(PDVLAB)

PI Decision(PDVPID)

Participant Unable to Comply(PDVPUC)

Participant Refusal(PDVREF)

Other (specify)(PDVOTR)

If Other, specify:(PDVRSP)

3. Was this deviation prospectively identified?(PDVPRO)

No

Yes

a. If the deviation was retrospectively reported, does the deviation require expedited IRB reporting?(PDVREP)

No

Yes

If Yes, date of expedited report:(PDVRPDT)

(ddMMMyyyy)

Comments:(PDVCOMM)

## Additional Selection Options for PDV

Sequence number (*SEQNO*) (key field):

01-1  
02-2  
03-3  
04-4  
05-5  
06-6  
07-7  
08-8  
09-9  
10-10





Segment (PROTSEG): A

Visit Number (VISNO):

Date of assessment (DTASSESS):

1. Height:(PFTHEIGHT)

 (xx.x) Inches

a. Height is measured by:(PFTHEIME)

 Standing height  Arm span

2. Weight:(PFTWEIGH)

 (xxx) Pounds**Spirometry**

1. Was the test:(PFTSPITS)




a. Date of spirometry:(PFTSPIDT)

 (ddMMMyyyy)

2. Pre-bronchodilators:

a. FEV<sub>1</sub>:(PFTPBB) (x.xx) L (PFTPBBND)  Not done

b. FVC:(PFTPBC)

 (x.xx) L (PFTPBCND)  Not donec. FEV<sub>6</sub>:(PFTPBD) (x.xx) L (PFTPBDND)  Not done

d. PEFR:(PFTPBE)

 (xx.x) L/second (PFTPBE)  Not done

3. Post-bronchodilators

\*Post-bronchodilators spirometry is required if the ratio of FEV to vital capacity is less than 75% or the participant has a clinical indication other than ILD.

4. Post-bronchodilators

a. FEV<sub>1</sub>:(PFTFEV1) (x.xx) L (PFTFEVND)  Not done

b. FVC:(PFTFVC)

 (x.xx) L (PFTFVCND)  Not donec. FEV<sub>6</sub>:(PFTFEV6) (x.xx) L/second (PFTFE6ND)  Not done

d. PEFR:(PFTPEFR)

 (xx.x) L/second (PFTPERFN)  Not done

e. Vext:(PFTPBF)

 (x.xxx) L (PFTPBFND)  Not donef. FET<sub>100%</sub>:(PFTPBG) (xx.x) seconds (PFTPBGND)  Not done**Lung volume**

1. Was the test:(PFTLUNGV)




a. Date lung volume performed:(PFTLVDT)

 (ddMMMyyyy)

2. Technique:(PFTLVTEC)

- 1-Plethysmography
- 2-Helium dilution
- 3-Nitrogen washout

- 3. TLC:(PFTLV TLC)  (xx.xx) L (PFTTLCND)  Not done
- 4. SVC:(PFTLV SVC)  (x.xx) L (PFTSVCND)  Not done
- 5. RV:(PFTLV RV)  (xx.xx) L (PFTRVND)  Not done
- 6. FRC:(PFTLV FRC)  (xx.xx) L (PFTFRCND)  Not done
- 7. Raw-insp:(PFTLV RAW)  (xx.xx) cm/H<sub>2</sub>O/liters/sec (PFTRAWND)  Not done
- 8. sGaw-insp:(PFTSGAW)  (x.xxx) L/cm/ H<sub>2</sub>O/sec/liter (PFTGAWND)  Not done

**Diffusing capacity (D<sub>L</sub>CO)**

- 1. Was the test:(PFTDFTES)
  - 1-Done at LTRC center
  - 2-Done at other institution
  - 9-Not done
- a. Date D<sub>L</sub>CO performed:(PFTDFDT)  (ddMMMyyyy)
- 2. Mean D<sub>L</sub>CO:  (xx.x) ml/min/mmHg (PFTMNDND)  Not done  
(uncorrected for hemoglobin)(PFTMNDNF)
- 3. V<sub>I</sub>:(PFTDCV)  (x.xx) L (PFTMVIND)  Not done
- 4. V<sub>ALV</sub>:(PFTDCVAL)  (xx.xx) L (PFTMVAND)  Not done

**Room air arterial blood gas analysis (ABG)**

- 1. Was the test:(PFTABGAT)
  - 1-Done at LTRC center
  - 2-Done at other institution
  - 9-Not done
- a. Date of arterial blood draw:(PFTABGDT)  (ddMMMyyyy)
- 2. PaO<sub>2</sub>:(PFTPAO2)  (xxx) mmHg (PFTPAO2N)  Not done
- 3. PaCO<sub>2</sub>:(PFTPACO2)  (xxx) mmHg (PFTPACON)  Not done
- 4. pH:(PFTPH)  (x.xx) (PFTPHND)  Not done
- 5. O<sub>2</sub>Sat:(PFTO2SAT)  (xxx.x) % (PFTO2SND)  Not done
- 6. COHb:(PFTCOHB)  (xx.x) gm% (PFTCOHBN)  Not done

Comments:(PFTCOMM)



Segment (*PROTSEG*): ADate of assessment (*DTASSESS*):

For each of the following questions, mark the best that describes your answer.

1. In general, would you say your health is: (*SFHHLTH*)

1-Excellent	▲
2-Very good	■
3-Good	
4-Fair	
5-Poor	▼

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf: (*SFHMODAC*)

1-Yes, limited a lot	▲
2-Yes, limited a little	■
3-No, not limited at all	▼

b. Climbing several flights of stairs: (*SFHCLIMB*)

1-Yes, limited a lot	▲
2-Yes, limited a little	■
3-No, not limited at all	▼

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like: (*SFHACM1*)

1-All of the time	▲
2-Most of the time	■
3-Some of the time	
4-A little of the time	
5-None of the time	▼

b. Were limited in the kind of work or other activities: (*SFHKIND*)

1-All of the time	▲
2-Most of the time	■
3-Some of the time	
4-A little of the time	
5-None of the time	▼

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like: (*SFHACM2*)

1-All of the time	▲
2-Most of the time	■
3-Some of the time	
4-A little of the time	
5-None of the time	▼

b. Did work or other activities less carefully than usual: (*SFHLESS*)

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5-None of the time

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?(SFHPAIN)

- 1-Not at all
- 2-A little bit
- 3-Moderately
- 4-Quite a bit
- 5-Extremely

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, select the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

a. Have you felt calm and peaceful?(SFHCALM)

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5-None of the time

b. Did you have a lot of energy?(SFHENRGY)

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5-None of the time

c. Have you felt downhearted and depressed?(SFHDOWN)

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5-None of the time

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?(SFHSOCL)

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5-None of the time

Comments:(SFHCOMM)



Segment (PROTSEG): A

Date of assessment (DTASSESS):

## Smoking History

## 1. Cigarettes

- a. Have you smoked at least 100 cigarettes in your lifetime? (not cigars or pipes):(SHXCCT)  No  Yes
- b. Do you now smoke cigarettes?(SHXCCT)  No  Yes
- c. When smoking cigarettes, what is the average number of cigarettes you smoked per day?(SHXNCGT)  (xxx)
- d. On average, how many years in total have you smoked cigarettes?(SHXNYCGT)  (xx)
- e. When did you stop smoking cigarettes?(SHXMSCGT)
- 01-Jan  
02-Feb  
03-Mar  
04-Apr  
05-May  
\*Additional Options Listed Below
- Year (SHXCET)  Estimated? Month (SHXYSCGT)

## 2. Cigars/Cigarillos/Pipes

- a. Have you smoked at least 100 cigars, cigarillos or pipes in your lifetime?(SHXCCT)  No  Yes
- b. Do you now smoke cigars, cigarillos or pipes?(SHXCCT)  No  Yes
- c. When smoking, what is the average number of cigars, cigarillos or pipes bowls you smoke in a day?(SHXNCCP)
- 1-Less than one  
2-One - two daily  
3-Three - four daily  
4-Five - seven daily  
5-Eight or more daily
- d. On average, how many years in total have you smoked cigars, cigarillos or pipes?(SHXNYCCP)  (xx)
- e. When did you stop smoking cigars, cigarillos or pipes?(SHXMSCCP)
- 01-Jan  
02-Feb  
03-Mar  
04-Apr  
05-May  
\*Additional Options Listed Below
- Year (SHXCPEST)  Estimated? Month (SHXYSCCP)

## 3. Electronic Cigarettes (e-cigarettes)

- a. Have you ever used an e-cigarette?(SHXECUSE)  No  Yes
- b. When did you start using e-cigarettes?(SHXECSTM)



01-Jan  
02-Feb  
03-Mar  
04-Apr  
05-May  
\*Additional Options Listed Below

Month (SHXECSTY)

(xxxx) Year (SHXECEST)  Estimated?

c. Are you currently using e-cigarettes?(SHXECURR)

0-No  
1-Some days  
2-Everyday

d. Does the e-cigarette you use contain nicotine?  
(SHXECNIC)

0-No  
1-Yes  
9-Unknown

e. When did you last use an e-cigarette?(SHXECLTM)

01-Jan  
02-Feb  
03-Mar  
04-Apr  
05-May  
\*Additional Options Listed Below

Month (SHXECLTY)

(xxxx) Year (SHXELEST)  Estimated?

#### 4. Passive smoke exposure

a. Have you ever lived in a household in which people smoked?(SHXHOUSE)

0-No  
1-Yes  
9-Unknown

b. Have you ever worked in an environment with significant second-hand smoke exposure?(SHXEXPO)

0-No  
1-Yes  
9-Unknown

c. How long were you exposed to second-hand smoke in your home or work environment?(SHXYEXPO)

≤ 10 yrs  > 10 yrs

d. Did your mother smoke while she was pregnant with you?(SHXPREG)

0-No  
1-Yes  
9-Unknown

Comments:(SHXCOMM)

## Additional Selection Options for SHX

When did you stop smoking cigarettes?

06-Jun

07-Jul

08-Aug

09-Sep

10-Oct

11-Nov

12-Dec



## Segment (PROTSEG): A

Date of assessment (DTASSESS):

**Cough**

1. Do you usually have a cough?  No  Yes  
(SMQCOUGH)
- a. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?(SMQCOUAM)  No  Yes
- b. Do you usually cough at all on getting up, or first thing in the morning?(SMQCOUMR)  No  Yes
- c. Do you usually cough at all during the rest of the day or night?(SMQCOUDN)  No  Yes
- d. Do you usually cough like this on most days for three consecutive months during the year?(SMQCOUMO)  No  Yes
- e. For how many years have you had this cough?(SMQCOUYR)  Years

**Phlegm**

2. Do you usually bring up phlegm from your chest?(SMQPHLGM)  No  Yes
- a. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?(SMQPHLAM)  No  Yes
- b. Do you usually bring up phlegm at all on getting up, or first thing in the morning?(SMQPHLMR)  No  Yes
- c. Do you usually bring up phlegm at all during the rest of the day or at night?(SMQPHLDN)  No  Yes
- d. Do you bring up phlegm like this on most days for three consecutive months or more during the year?(SMQPHLMO)  No  Yes
- e. For how many years have you had trouble with phlegm?(SMQPHLYR)  Years

**Episodes of cough and phlegm**

3. Have you had periods or episodes of increased cough and phlegm lasting for three weeks or more each year?(SMQCPEPI)  No  Yes
- a. For how long have you had at least one such episode per year?  Years (SMQYRUNK)  Unknown (SMQCLEN)

**Wheezing**

4. Does your chest ever sound wheezy or whistling...
- a. When you have a cold?  No  Yes (SMQWZCLD)
- b. Occasionally, apart from colds?  No  Yes (SMQWZOCC)
- c. Most days or nights?(SMQWZDN)  No  Yes
- d. For how many years has this been present?(SMQWZYR)  Years
5. Have you ever had an attack of wheezing that has made you feel short of breath?(SMQWZSBE)  No  Yes
- a. How old were you when you had your first attack?(SMQWZAGE)  Years
- b. Have you had two or more such episodes?(SMQWZEP2)  No  Yes
- c. Have you ever required medicine or treatment for the(se) attack(s)? (SMQWZMEV)  No  Yes
6. Have you had an attack of wheezing that has made you feel short of breath in the past year?(SMQWZSBY)  No  Yes
- a. Have you had two or more such episodes in the past year? (SMQWZPYE)  No  Yes
- b. Have you required medicine or a treatment for the(se) attack(s) in the past year?(SMQWZMPY)  No  Yes

**Breathlessness**

7. Are you disabled from walking by any condition other than heart or lung disease?(SMQBDIS)  No  Yes
- If Yes, describe the nature of the condition(s):(SMQBCON)

8. The following questions are designed to determine how much work would make you short of breath. Please answer each question. If you use supplemental oxygen please answer each question as though

- a. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?(SMQB<sup>SOB</sup>)  No  Yes
- b. Do you have to walk slower than people of your age on the level because of breathlessness?(SMQB<sup>WALK</sup>)  No  Yes
- c. Do you ever have to stop for breath when walking at your own pace on the level?(SMQB<sup>STP1</sup>)  No  Yes
- d. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?(SMQB<sup>STP2</sup>)  No  Yes
- e. Are you too breathless to leave the house or breathless on dressing or undressing?(SMQB<sup>BADL</sup>)  No  Yes

**Chest colds and chest illnesses**

9. How often do you get colds?  
(SMQC<sup>DFRQ</sup>)

1-Less often than once a year  
2-Once a year  
3-2-4 times per year  
4-5 or more times per year

10. Do your colds usually go to your chest (usually means more than half the time)?(SMQC<sup>DCHS</sup>)  No  Yes

11. How often did you get colds in the past 12 months?(SMQC<sup>D12</sup>)

1-Not at all  
2-Once  
3-2-4 times  
4-5 or more times

12. Did your colds in the past 12 months usually go to your chest (usually means more than half the time)?  
(SMQC<sup>D12C</sup>)  No  Yes

13. During the past 12 months, have you had any chest illnesses that have kept you off work, indoors at home or in bed?(SMQ<sup>CHILL</sup>)  No  Yes

a. Did you produce phlegm with any of these chest illnesses?  
(SMQ<sup>CHPHL</sup>)  No  Yes

b. In the past 12 months, how many such illnesses did you have which lasted a week or more?  
(SMQ<sup>CHWK</sup>)  No. of illnesses

14. Did you have any lung trouble before the age of 16?(SMQ<sup>LUNG</sup>)  No  Yes

15. Did you have any chest illness before the past 12 months?(SMQ<sup>CHEV</sup>)  No  Yes  
If Yes, specify:(SMQ<sup>CHSP</sup>)

Comments:(SMQ<sup>COMM</sup>)



Segment (*PROTSEG*): A

Specimen ID (*SPECID*):

Specimen type (*SPECTYPE*):

1. Specimen collection date:(*SSICOLDT*)  (ddMMMyyyy)

2. Specimen collection time:(*SSICOLTM*)  (hh:mm)

3. Type of lung tissue collected for this participant:(*SSILTYPE*)

- 3-Lung lobectomy
- 4-Lung biopsy/wedge resection

4. Type of lung tissue collected for this participant:(*SSILTYPE*)

- 1-Lung explant, single
- 2-Lung explant, bilateral
- 3-Lung lobectomy
- 4-Lung biopsy/wedge resection
- 5-LVRS

5. Lobes sampled (check all that apply):

- a. Left upper:(*SSILOBLU*)
- b. Lingula:(*SSILOBLG*)
- c. Left lower:(*SSILOBLL*)
- d. Right upper:(*SSILOBRU*)
- e. Right middle:(*SSILOBRM*)
- f. Right lower:(*SSILOBRL*)

6. Fixative completion date:(*SSIFIXDT*)  (ddMMMyyyy)

7. Fixative completion time:(*SSIFIXTM*)  (hh:mm)

8. Number of containers with tissue shipped to TCL:

- a. Formalin-fixed, strips:(*SSINFOR*)  (xx)
- b. HOPE-fixed:(*SSINHOP*)  (xx)
- c. RNAlater:(*SSINRNA*)  (xx)
- d. Flash frozen:(*SSINFRO*)  (xx)

9. Number of containers with blood shipped to TCL:

- a. Blue top Paxgene DNA:(*SSIDNA*)  (x)
- b. Green/gray top plasma:(*SSIPLAS*)  (x)
- c. Red/gray top serum:(*SSISERUM*)  (x)

10. Date specimens shipped to Tissue Core Laboratory:  
(*SSISHPDT*)  (ddMMMyyyy)

Comments:(*SSICOMM*)

## Additional Selection Options for SSI

**Specimen type (*SPECTYPE*) (key field):**

LUNG-Lung

BLOOD-Blood





Segment (*PROTSEG*): A

1. Date of deactivation:(*STADEADT*)

 (ddMMMyyyy)

2. Reason for deactivation:(*STAREAS*)

- 5-Participant completed the study
- 1-Participant died
- 2-Participant is unwilling to participate
- 3-Lost to follow-up
- 4-Surgery cancelled
- \*Additional Options Listed Below

If Other, specify:(*STAOTSP*)

***If all required study procedures, assessments, and tissue collection were done, the participant is considered as having completed the study.***

Comments:(*STACOMM*)

## Additional Selection Options for STA

Reason for deactivation:

9-Other



Segment (PROTSEG): A

Visit Number (VISNO):

Date of assessment (DTASSESS):

**Six minute walk test**

1. Is the test performed as:(SWTPROT)  LTRC Protocol  Clinical Care
2. Is resting O2 saturation at least 88% after appropriate O2 titration?(SWTSATRN)  No  Yes
3. O2 liter flow at rest:(SWTFLOW)  L/min
4. Borg scale rating for perceived breathlessness at rest:(SWTBORGB)  (SWTND1)  Not done
5. Borg scale rating for leg fatigue at rest:(SWTBORGF)  (SWTND2)  Not done
6. O2 liter flow during exercise:(SWTEXR)  L/min
7. Total distance walked:(SWTDIST)  (SWTUNIT)  Meters  Feet
8. O2 saturation at termination:(SWTTERM1)  %
9. Borg scale rating for perceived breathlessness at termination:(SWTTERM2)  (SWTND3)  Not done
10. Borg scale rating for leg fatigue at termination:(SWTTERM3)  (SWTND4)  Not done

## 11. Reason(s) for test termination:

*If test terminated at six minutes, check "test lasted six minutes" otherwise check all that apply of items 10B - 10J.*

- a. Test lasted six minutes:(SWTREASA)  No  Yes
- b. Chest pain:(SWTREASB)  No  Yes
- c. Near syncope:(SWTREASC)  No  Yes
- d. Ataxic gait:(SWTREASD)  No  Yes
- e. Lower extremity claudication:(SWTREASE)  No  Yes
- f. Mental confusion:(SWTREASF)  No  Yes
- g. Participant refused to continue:(SWTREASG)  No  Yes
- h. Leg Fatigue:(SWTREASH)  No  Yes
- i. Staff request:(SWTREASI)  No  Yes
- j. Other:(SWTREAOT)  No  Yes

If other, specify:(SWTREASP)

Comments:(SWTCOMM)



Segment (*PROTSEG*): A

Date of assessment (*DTASSESS*):

**Vital Status**

1. Participant is:(*VSFSTAT*)

1-Living  
2-Deceased  
9-Unknown

2. Date participant deceased:(*VSFDECDT*)

(ddMMMyyyy)

3. Method of notification:(*VSFMETHD*)

1-National Death Index  
2-Hospital record  
3-Family notified the clinic/hospital  
9-Other

If Other, specify:(*VSFNOTSP*)

Comments:(*VSFCOMM*)





Segment (*PROTSEG*): A

Visit Number (*VISNO*):

1. Date of visit:(*VSTDT*)

 (ddMMMyyyy)

2. Tissue collection:(*VSTTCOL*)

3-Collected  
2-Delayed  
1-Not Collected

3. Status of:

a. Tissue:(*VSTTISSU*)

1-Can be used  
2-Cannot be used

b. Blood:(*VSTBLOOD*)

1-Can be used  
2-Cannot be used  
3-Not collected

c. CT Scan:(*VSTCTSCN*)

1-Can be used  
2-Cannot be used  
3-Not collected

Comments:(*VSTCOMM*)

