COPDGene

Eligibility - Additional Nonsmoker Controls

Responses are required to all questions to determine eligibility.

Center select your institution

Subject ID

Interviewer

Date 04/22/2013 (mm/dd/yyyy)

Enter eligibility screening status:

- Preliminary screening (over phone, before visit)
- Final determination (required, at study visit)

1. Has this subject participated in any of the following studies?
   - Boston COPD Early Onset
   - Boston COPD Exacerbations Study
   - Denver Genetics Study
   - GlaxoSmithKline: ECLIPSE
   - GlaxoSmithKline: International COPD Genetics Network
   - NCI: National Lung Screening Trial
   - NIH: COPD Clinical Research Network: Macrolide and Leukotriene Trials
   - NIH: Long-Term Oxygen Therapy Trial (LOTT)
   - NIH: Lung Health Study
   - NIH: Lung Tissue Research Consortium
   - NIH: Lung Health Study
   - NIH: Spiromics
   - Pittsburgh SCCOR

   - Yes
   - No

2. Age ______ years (nn)

3. Race (check all that apply)
   - White
   - Black or African American
   - Asian
   - Pacific Islander
   - American Indian / Alaska Native
   - Other

4. Ethnicity
   - Hispanic or Latino
   - Not Hispanic or Latino
5. Have you ever smoked cigarettes, cigars or pipe tobacco?
   [COORDINATORS: For Non-Smoking Controls, No means:
   < 100 cigarettes smoked in lifetime
   < 52 cigars smoked in lifetime
   < 12 oz. pipe tobacco smoked in lifetime]
   ☐ Yes   ☐ No

6. What is your height in inches and weight in pounds?
   Height _______ in
   Weight _______ lb

7. Have you ever been told by a physician that you had a lung disease?
   ☐ Yes   ☐ No

8. Have you been told that you have any of the following lung diseases? (check all that apply)
   ☐ Asthma
   ☐ COPD
   ☐ Emphysema
   ☐ Interstitial lung disease, pulmonary fibrosis, sarcoidosis
   ☐ Cystic fibrosis
   ☐ Diffuse bronchiectasis
   ☐ Alpha-1 Antitrypsin Deficiency
   ☐ Pneumothorax
   ☐ Chronic Bronchitis
   ☐ Tuberculosis
   ☐ Other lung disease
   Other lung disease (specify) (exclude hayfever/allergies)

9. Did you ever receive treatment for ACTIVE TB?
   ☐ Yes   ☐ No

10. Have you been diagnosed with lung cancer?
    ☐ Yes   ☐ No

11. Have you ever had radiation to the chest for a disorder other than breast cancer?
    ☐ Yes   ☐ No

12. Have you ever had lung surgery, lung biopsy, pleural surgery, chest tube placement, bronchoscopy (except for research) or other lung procedure?
13. Have you ever had a problem using a short-acting bronchodilator? (i.e. albuterol, ventolín, pro air, proventil, maxair)?
   ☐ Yes  ☐ No  ☐ Don't know/ never used

14. Do you regularly use inhaled medications?
   ☐ Yes  ☐ No

15. Do you smoke marijuana regularly (once a week or more)?
   ☐ Yes  ☐ No

16. Within the last 5 years, have you had uncontrolled cancer, defined as having radiation therapy, chemotherapy, narcotics for pain control, or known metastatic disease?
   ☐ Yes  ☐ No

17. Have you been told that you have any of the following medical conditions? (check all that apply)
   ☐ Congestive heart failure
   ☐ Pulmonary Hypertension
   ☐ Kidney disease requiring dialysis
   ☐ Severe Cirrhosis (Liver disease)

18. Have you ever worked in underground mining?
   ☐ Yes  ☐ No

19. Gender
   ☐ Male  ☐ Female  (If Male, skip to Q. 20)

   Females only:
   Have you had a hysterectomy?
   ☐ Yes  ☐ No

   If No:
   When was your last menstrual period?
   ☐ More than 12 mo. ago
   ☐ Less than 12 mo. ago
   ☐ N/A

   Are you currently pregnant or possibly pregnant?
   ☐ Yes  ☐ No  ☐ Don't know  ☐ N/A

20. Have you been on antibiotics for any lung disease or infection within the past month?
21. Have you been on a new or increased course of prednisone within the past month for any lung disorder?  
○ Yes ○ No

22. In the last 3 months, have you had chest or abdominal surgery?  
○ Yes ○ No

23. In the last 3 months, have you had a detached retina or eye surgery?  
○ Yes ○ No

24. In the last 3 months, have you had a heart attack?  
○ Yes ○ No

25. In the past month, have you been hospitalized for any other heart problem?  
○ Yes ○ No

26. Do you have a pacemaker or defibrillator?  
○ Yes ○ No

27. Do you have any metal in your chest, upper back, neck, shoulder or upper arms (such as metal heart valve, bone or joint prosthesis device, pacemaker, bullets, or any other metal fragments)?  
○ Yes ○ No

28. Do you have a parent, grandparent, sibling (including half-sibling), child, grandchild, aunt or uncle, niece or nephew OR spouse who is already participating in this COPDGene study?  
○ Yes ○ No

29. One of the purposes of the COPDGene study is to follow subjects over time to better understand how lung function changes over time.
   a. Have you had a permanent place of residence for the past 3 months?  
      ○ Yes ○ No

   b. Can you provide us with contact information for two friends or family, not living at the same address as you, and preferably one who is a next-of-kin, for future contacts?  
      ○ Yes ○ No