

COPDGene

Eligibility - Additional Nonsmoker Controls

Responses are required to all questions to determine eligibility.

Center

Subject ID

Interviewer

Date (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?

Yes No

13. Have you ever had a problem using a short-acting bronchodilator? (i.e. albuterol, ventolin, 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?

Yes No

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