

Aud Cont Screening Survey

Subject ID _____

Form Completion Date _____
(Initial Data Form Completion Date)

Medical History - Denver CARES (AUD) or Telephone (Control) Venues

1. Age _____

2. Gender at Birth
 Male
 Female
 Not Reported

3. Do you have a history of:

3a. Heart disease (coronary artery disease)
 Yes
 No

3b. Asthma
 Yes
 No

3c. Pulmonary fibrosis
 Yes
 No

3d. Pulmonary hypertension
 Yes
 No

3e. Kidney problems
 Yes
 No

3f. Diabetes
 Yes
 No

3g. Cirrhosis of the liver, ascites, variceal
bleeding
 Yes
 No

3h. Hepatitis B or C
 Yes
 No

3i. HIV positivity
 Yes
 No

3j. COPD/Emphysema
 Yes
 No

3k. Hypertension
 Yes
 No

Any serious operations?
 Yes
 No

If yes, please explain

Any head trauma or closed head injury
 Yes
 No

If yes, please explain

Have you ever been admitted to the hospital for GI bleeding?

- Yes
- No

If yes, please explain

Have you ever been on a breathing machine

- Yes
- No

When was the last time you were in the hospital and why

3l. cocaine, heroin, or methamphetamine use, any amount in the past 2 weeks

- Yes
- No

4. What types of medications are you taking?

- None
- blood thinners or aspirin
- blood pressure medications
- seizure medications
- antibiotics
- inhalers
- HIV meds
- psychiatric meds
- don't know
- refused
- other category

4a. Date of first dose

4b. Date of last dose

Please specify type of medication

5. Do you have any allergies to medications?

- Yes
- No

5a. Please specify drug name:

5b. Type of allergic reaction

- Anaphylaxis
- Hives/Rash
- Nausea/Vomiting/Diarrhea
- Other

5c. Please specify reaction

5d. Are you allergic to any additional medications?

- Yes
- No

5e. Please specify drug name:

5f. Type of allergic reaction

- Anaphylaxis
- Hives/Rash
- Nausea/Vomiting/Diarrhea
- Other

5g. Please specify reaction

5h. Are you allergic to any additional medications?

- Yes
 No

5i. Please specify drug name:

5j. Type of allergic reaction

- Anaphylaxis
 Hives/Rash
 Nausea/Vomiting/Diarrhea
 Other

5k. Please specify reaction

Alcohol Questions

6a. Alcohol consumption in past 7 days prior to admission?

- Yes
 No

Date of last drink

Breathalyzer

6b. Age first started drinking alcohol

AUDIT

7a. How often do you have a drink containing alcohol?

- Never
 monthly or less
 2 to 4 times a month
 2 to 3 times a week
 4 or more times a week

7b. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 to 2
 3 to 4
 5 to 6
 7 to 9
 10 or more

7c. How often do you have six or more drinks on one occasion?

- Never
 less than monthly
 monthly
 weekly
 daily or almost daily

7d. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
 less than monthly
 monthly
 weekly
 daily or almost daily

7e. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
 less than monthly
 monthly
 weekly
 daily or almost daily

7f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7g. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7i. Have you or someone been injured as a result of your drinking?

- No
- Yes but not in the last year
- Yes during the last year

7j. Has a relative or friend or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

- No
- Yes but not in the last year
- Yes during the last year

AUDIT Total Score

Smoking History

8. Do you presently smoke cigarettes?

- Yes
- No

8a. How many packs per day do you smoke?

8b. How many years have you smoked for?

9. Have you ever smoked cigarettes?

- Yes
- No

9a. How many packs did you smoke per day?

9b. How many years did you smoke for?

9c. How many years ago did you stop smoking?

Aud Cont Initial Day 1 Data

Form Completion Date

(Initial Data Form Completion Date)

General Demographics

1. Hispanic/Latino

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know
- Refused

2. Race (select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know
- Refused

3a. Height(in inches)

3b. Weight (in lbs)

3c. Weight (in kg)

3d. How much did you weigh 2 months ago? (in lbs)

3e. How much did you weigh 6 months ago? (in lbs)

Initial Vital Signs on Admission to CTRC

3f. Temperature, C

3g. Systolic Blood Pressure

3h. Diastolic Blood Pressure

3i. Mean Arterial Pressure, mmHg

3j. Heart Rate, BPM

3k. Respiratory Rate, breaths/min

3l. O2 Saturation, %

Drug Use

4. Do you presently use any of the drugs listed below? (Mark all that apply)

- No, I use none of these drugs
 Marijuana
 Cocaine
 Heroin
 Methamphetamines

4a. How many years have you used marijuana?

4b. How many years have you used cocaine?

4c. How many years have you used heroin?

4d. How many years have you used methamphetamines?

5. Have you ever used any of the drugs listed below? (Mark all that apply)

- No, I use none of these drugs
 Marijuana
 Cocaine
 Heroin
 Methamphetamines

5a. How many years did you use marijuana?

5b. How many years ago did you stop using marijuana?

5c. How many years did you use cocaine?

5d. How many years ago did you stop using cocaine?

5e. How many years did you use heroin?

5f. How many years ago did you stop using heroin?

5g. How many years did you use methamphetamines?

5h. How many years ago did you stop using methamphetamines?

Alcohol Questions

6. During the last 12 months, how often did you usually have any kind of drink containing alcohol? (Choose only one)

- Every day
 5 - 6 times a week
 3 - 4 times a week
 twice a week
 once a week
 2 - 3 times a month
 once a month
 3 - 11 times in the past year
 1 or 2 times in the past year
 None in the past year, but I did drink in the past
 I never drank any alcohol in my life

6a. During your lifetime, what is the maximum number of drinks containing alcohol that you drank within a 24-hour period?

- 36 drinks or more
- 24 - 35 drinks
- 18 - 23 drinks
- 12 - 17 drinks
- 8 - 11 drinks
- 5 - 7 drinks
- 4 drinks
- 3 drinks
- 2 drinks
- 1 drink

6b. So you have never had a drink containing alcohol in your entire life?

- Yes, I never drank
- No, I did drink

7. During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol?

- 25 drinks or more
- 19 - 24 drinks
- 16 - 18 drinks
- 12 - 15 drinks
- 9 - 11 drinks
- 7 - 8 drinks
- 5 - 6 drinks
- 3 - 4 drinks
- 2 drinks
- 1 drink

8. During the last 12 months, what is the largest number of drinks containing alcohol that you drank within a 24-hour period?

- 36 drinks or more
- 24 - 35 drinks
- 18 - 23 drinks
- 12 - 17 drinks
- 8 - 11 drinks
- 5 - 7 drinks
- 4 drinks
- 3 drinks
- 2 drinks
- 1 drink

9. During the last 12 months, how often did you have 5 or more (males) or 4 or more (females) drinks containing any kind of alcohol within a two-hour period? (Choose only one)

- Every day
- 5 - 6 times a week
- 3 - 4 times a week
- twice a week
- once a week
- 2 - 3 times a month
- once a month
- 3 - 11 times in the past year
- 1 or 2 times in the past year
- Never

SMAST

10a. Do you feel you are a normal drinker?

- Less than other people / As much as most other people
- More than other people

10b. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?

- Yes
- No

10c. Do you ever feel guilty about your drinking?

- Yes
- No

10d. Do friends or relatives think you are a normal drinker?

- Yes
- No

- 10e. Are you able to stop drinking when you want to? Yes
 No
- 10f. Have you ever attended a meeting of Alcoholics Anonymous? Yes
 No
- 10g. Have you ever gone to anyone for help about your drinking? Yes
 No
- 10h. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative? Yes
 No
- 10i. Have you ever gotten into trouble at work because of your drinking? Yes
 No
- 10j. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? Yes
 No
- 10k. Have you ever been in the hospital because of your drinking? Yes
 No
- 10l. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages? Yes
 No
- 10m. Have you ever been arrested, even for a few hours, because of other drunken behavior? Yes
 No

CAGE

- 11a. Have you ever felt you should CUT down your drinking? Yes
 No
- 11b. Have people ANNOYED you by criticizing your drinking? Yes
 No
- 11c. Have you ever felt bad or GUILTY about your drinking? Yes
 No
- 11d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)? Yes
 No

Admission Laboratory Values

- 12a. WBC _____
- 12b. Hct _____
- 12c. Plt _____
- 12d. MCV _____
- 12e. Na _____
- 12f. K _____

12g. Cl	_____
12h. HCO ₃	_____
12i. AST	_____
12j. ALT	_____
12k. T Bili	_____
12l. Alk Phos	_____
12m. Albumin	_____
12n. Total Protein	_____
12o. Creatinine	_____
12p. Blood urea nitrogen (BUN)	_____
12q. INR	_____
12r. Utox (select all that apply)	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Narcotic / Heroin <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Negative (nothing detected)
13. Initial CXR, quadrants involved	_____

14. Pulmonary Function Tests

14a. FEV ₁ , % predicted	_____
14b. FVC, % predicted	_____
14c. FEV ₁ , absolute value	_____
14d. FVC, absolute value	_____
14e. FEV ₁ / FVC ratio (%)	_____

Study Exclusion Criteria

PATIENT IS EXCLUDED FROM THE STUDY FOR THE FOLLOWING REASON(S) (ITEMS 15-25). CHECK ALL THAT APPLY. IF EXCLUDED, ID # SHOULD BEGIN WITH X.

15. Total bilirubin \geq 2.0 mg/dL, or albumin $<$ 3.0 g/dl	<input type="radio"/> Yes <input type="radio"/> No
16. Serum creatinine \geq 3 mg/dL	<input type="radio"/> Yes <input type="radio"/> No
17. Prior medical history of significant, symptomatic lung disease, defined as: Asthma currently on regular, daily therapy with metered dose inhalers or Chronic Obstructive Pulmonary Disease with FEV ₁ $<$ 55% or FVC $<$ 55%	<input type="radio"/> Yes <input type="radio"/> No

- 18. Concurrent illicit drug use defined as a positive toxicology screen for opiates, cocaine, or methamphetamines Yes
 No

- 19. Prior history of diabetes mellitus, or blood glucose >180 Yes
 No

- 20. History of HIV positivity Yes
 No

- 21. Peripheral white blood cell count of less than 3000 Yes
 No

- 22. Abnormal chest radiograph Yes
 No

- 23. Failure of the subject to provide consent Yes
 No

- 24. Actively withdrawing from alcohol (defined as CIWA score of >10) Yes
 No

- 25. Pregnancy Yes
 No

- 26. Other exclusion _____

Aud Cont Pulm Exposure Data

Form Completion Date

(Initial Data Form Completion Date)

Brochial Symptoms Survey Wheeze and Tightness in the Chest

1. Have you, at any time in the last 12 months, had wheezing or whistling in your chest?
- Yes
 No
 Don't Know
 Refused
- 1a. Breathless when wheezing sound present?
- Yes
 No
 Don't Know
 Refused
- 1b. Wheezing and whistling without cold?
- Yes
 No
 Don't Know
 Refused
2. Have you, at any time in the last 12 months, woken up with a feeling of tightness in your chest first thing in the morning?
- Yes
 No
 Don't Know
 Refused

Shortness of Breath

3. Have you, at any time in the last 12 months, had an attack of shortness of breath that came on during the day when you were not doing anything strenuous?
- Yes
 No
 Don't Know
 Refused
4. Have you, at any time in the last 12 months, had an attack of shortness of breath that came on after you stopped exercising?
- Yes
 No
 Don't Know
 Refused
5. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath?
- Yes
 No
 Don't Know
 Refused

Cough and Phlegm from the Chest

6. Have you, at any time in the last 12 months, been woken at night by an attack of coughing?
- Yes
 No
 Don't Know
 Refused
7. Do you usually cough first thing in the morning?
- Yes
 No
 Don't Know
 Refused

7a. Do you have a cough like this most mornings for as much as 3 months per year?

- Yes
- No
- Don't Know
- Refused

7b. How many years have you had this cough? (Enter 88 for "Don't Know" or 99 for "Refused")

8. Do you usually bring up phlegm from your chest first thing in the morning?

- Yes
- No
- Don't Know
- Refused

8a. Do you have phlegm like this most mornings for as much as 3 months per year?

- Yes
- No
- Don't Know
- Refused

8b. How many years have you had this phlegm? (Enter 88 for "Don't Know" or 99 for "Refused")

Breathing

9. Which of the following statements best describes your breathing?

- I never or only rarely get trouble with my breathing
- I get repeated trouble with my breathing but it always gets completely better
- My breathing is never quite right
- Don't Know
- Refused

Animals, Dust, Feathers

10a. When you are in a dusty part of the house or with animals (for example, dogs, cats or horses) or near feathers (including pillows and quilts) do you ever get a feeling of tightness in your chest?

- Yes
- No
- Don't Know
- Refused

10b. When you are in a dusty part of the house or with animals (for example, dogs, cats or horses) or near feathers (including pillows and quilts) do you ever start to feel short of breath?

- Yes
- No
- Don't Know
- Refused

11. Have you ever had asthma?

- Yes
- No
- Don't Know
- Refused

11a. Has a doctor diagnosed asthma?

- Yes
- No
- Don't Know
- Refused

12. Have you had an attack of asthma at any time in the last 12 months?

- Yes
- No
- Don't Know
- Refused

13. Are you currently taking any medicines (including inhalers, aerosols, or tablets) for asthma?

- Yes
 No
 Don't Know
 Refused

Agricultural Exposure

14. Have you ever lived on a farm?

- Yes, and I still live on a farm
 Yes, but I no longer live on a farm
 No, I never lived on a farm

14a. At what age did you first live on a farm?

14b. At what age did you last live on a farm? (if currently living on a farm, enter current age)

14c. Was there ever any time between these two points when you did not live on a farm? Please round to nearest whole year. If < 6 months, enter 0; if >=6 months, enter 1 year

Agricultural Exposure

15. Have you ever worked on a farm?

- Yes, and I still work on a farm
 Yes, but I no longer work on a farm
 No, I never worked on a farm

15a. Did you work with hogs or poultry in confinement barns?

- Yes
 No

15b. Did you work with cattle on feed lots?

- Yes
 No

15c. Did you work with dairy cattle in barns?

- Yes
 No

15d. Did you work with harvest grain?

- Yes
 No

15e. Did you handle stored grain?

- Yes
 No

15f. At what age did you first work on a farm?

15g. At what age did you last work on a farm? (if currently working on a farm, enter current age)

15h. Was there ever any time between these two points when you did not work on a farm? Please round to nearest whole year. If < 6 months, enter 0; if >=6 months, enter 1 year
