# 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  
__________________________________________

3. 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  
__________________________________

06/14/2016 5:06pm  www.projectredcap.org
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:

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**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?

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

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

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

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

AUDIT Total Score

Smoking History

8. Do you presently smoke cigarettes?

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

8b. How many years have you smoked for?

9. Have you ever smoked cigarettes?

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

<table>
<thead>
<tr>
<th>General Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hispanic/Latino</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>○ Hispanic or Latino</td>
</tr>
<tr>
<td>○ Not Hispanic or Latino</td>
</tr>
<tr>
<td>○ Don't Know</td>
</tr>
<tr>
<td>○ Refused</td>
</tr>
<tr>
<td>2. Race (select one or more)</td>
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<tr>
<td></td>
</tr>
<tr>
<td>○ American Indian or Alaska Native</td>
</tr>
<tr>
<td>○ Asian</td>
</tr>
<tr>
<td>○ Black or African American</td>
</tr>
<tr>
<td>○ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>○ White</td>
</tr>
<tr>
<td>○ Don't Know</td>
</tr>
<tr>
<td>○ Refused</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3a. Height (in inches)</th>
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<tbody>
<tr>
<td>_________________</td>
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<table>
<thead>
<tr>
<th>3b. Weight (in lbs)</th>
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<tbody>
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<td>_________________</td>
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<table>
<thead>
<tr>
<th>3c. Weight (in kg)</th>
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<tbody>
<tr>
<td>_________________</td>
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<table>
<thead>
<tr>
<th>3d. How much did you weigh 2 months ago? (in lbs)</th>
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<tbody>
<tr>
<td>_________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3e. How much did you weigh 6 months ago? (in lbs)</th>
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<tbody>
<tr>
<td>_________________</td>
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</table>

<table>
<thead>
<tr>
<th>Initial Vital Signs on Admission to CTRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>3f. Temperature, C</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>3g. Systolic Blood Pressure</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>3h. Diastolic Blood Pressure</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>3i. Mean Arterial Pressure, mmHg</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>3j. Heart Rate, BPM</td>
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<td>----------------------------------------</td>
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<tr>
<td>3k. Respiratory Rate, breaths/min</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>3l. O2 Saturation, %</td>
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<tr>
<td>----------------------------------------</td>
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</table>
**Drug Use**

4. Do you presently use any of the drugs listed below? (Mark all that apply)
   - No, I use none of these drugs
   - Marajuana
   - Cocaine
   - Heroine
   - 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
   - Marajuana
   - Cocaine
   - Heroine
   - 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

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**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

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**Admission Laboratory Values**

12a. WBC
12b. Hct
12c. Plt
12d. MCV
12e. Na
12f. K
12g. Cl  
12h. HCO3  
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)  
   □ Marijuana  
   □ Cocaine  
   □ Methamphetamine  
   □ Narcotic / Heroin  
   □ Benzodiazepines  
   □ Negative (nothing detected)  

13. Initial CXR, quadrants involved  

14. Pulmonary Function Tests  
14a. FEV1, % predicted  
14b. FVC, % predicted  
14c. FEV1, absolute value  
14d. FVC, absolute value  
14e. FEV1 / 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 >= 2.0 mg/dL, or albumin < 3.0 g/dl  
   ○ Yes  
   ○ No  

16. Serum creatinine >= 3 mg/dL  
   ○ Yes  
   ○ 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 FEV1 < 55% or FVC < 55%  
   ○ Yes  
   ○ No
18. Concurrent illicit drug use defined as a positive toxicology screen for opiates, cocaine, or methamphetamines

19. Prior history of diabetes mellitus, or blood glucose >180

20. History of HIV positivity

21. Peripheral white blood cell count of less than 3000

22. Abnormal chest radiograph

23. Failure of the subject to provide consent

24. Actively withdrawing from alcohol (defined as CIWA score of >10)

25. Pregnancy

26. Other exclusion
# Aud Cont Pulm Exposure Data

Form Completion Date

<table>
<thead>
<tr>
<th>Brochial Symptoms Survey Wheeze and Tightness in the Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you, at any time in the last 12 months, had wheezing or whistling in your chest?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>1a. Breathless when wheezing sound present?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>1b. Wheezing and whistling without cold?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shortness of Breath</th>
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<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>5. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cough and Phlegm from the Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Have you, at any time in the last 12 months, been woken at night by an attack of coughing?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>7. Do you usually cough first thing in the morning?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>
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")

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**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

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**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