BASELINE MEDICAL HISTORY FORM

ID NUMBER:									FORM CODE: **BMH** VERSION: **2.0** 7/6/11	Visit Number			SEQ #			

0a) Form Date ..... ☐☐/☐☐/☐☐☐☐ 0b) Initials..... ☐☐☐

Instructions: *Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.*

This questionnaire includes a number of questions about your medical history. This will help us better understand how various medical conditions relate to COPD.

1) Have you had any hospitalizations with in the past 12 months? (Y/N) ..... ☐

If **YES**:

1a) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1b) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1c) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1d) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1e) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1f) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1g) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

1h) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2) Have you visited an emergency department or urgent care center in the past 12 months? (Y/N) ..... ☐

If **YES**:

2a) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2b) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2c) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2d) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2e) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2f) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2g) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2h) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2i) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

2j) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3) Have you ever had any surgeries (lung, heart, other)? (Y/N) ..... ☐

If **YES**:

3a) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3b) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3c) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3d) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3e) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3f) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3g) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3h) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3i) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

3j) Describe: _____

Approximate date: ☐☐/☐☐/☐☐☐☐

4) Do you get an influenza vaccination (flu shot) every year?

☐ Yes →**Go to 4b**

☐ I get a flu shot some years→**Go to 4b**

☐ I've never had a flu shot →**Go to 5**

4b) Did you get an influenza vaccination (flu shot) in the last 12 months?

☐ Yes

☐ No

5) When was your most recent pneumonia vaccination? (Pneumovax)
   - ☐ Never had
   - ☐ Within past 5 years
   - ☐ More than 5 years ago

6) Have you been diagnosed with alpha-1 anti-trypsin deficiency?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

Have you ever seen a physician or other medical provider for any of the following kinds of problems?

		Yes	No	Explain
7)	Eyes, ears, nose, throat			
a)	Vision problems	☐	☐	_____
b)	Hearing problems	☐	☐	_____
c)	Dizziness	☐	☐	_____
d)	Ears ringing	☐	☐	_____
e)	Sinusitis/rhinitis	☐	☐	_____
f)	Other	☐	☐	_____

	8) Cardiovascular	Yes	No	Explain
a)	High blood pressure	☐	☐	_____
b)	Coronary artery disease	☐	☐	_____
c)	Angina (chest pain)	☐	☐	_____
d)	Heart attack	☐	☐	_____
e)	Murmur	☐	☐	_____
f)	Palpitations, irregular heartbeat	☐	☐	_____
g)	Valve disease	☐	☐	_____
h)	Congestive heart failure	☐	☐	_____
i)	Blood clots	☐	☐	_____
j)	Poor circulation (claudication)	☐	☐	_____
k)	Other	☐	☐	_____

9) Gastrointestinal	Yes	No	Explain
a) Esophageal condition or disease	☐	☐	_____
b) Ulcers	☐	☐	_____
c) Hepatitis or jaundice	☐	☐	_____
d) Crohn's disease or colitis	☐	☐	_____
e) Gallstones	☐	☐	_____
f) Cirrhosis	☐	☐	_____
g) GERD (heart burn)	☐	☐	_____
h) Hiatal hernia	☐	☐	_____
i) Other	☐	☐	_____

10) Pulmonary/vascular	Yes	No	Explain
a) Intubation or respirator	☐	☐	_____
b) Pneumothorax (collapsed lung)	☐	☐	_____
c) Tuberculosis	☐	☐	_____
d) Pulmonary fibrosis	☐	☐	_____
e) Lung nodules	☐	☐	_____
f) Pulmonary embolism	☐	☐	_____
g) Other	☐	☐	_____

11) Oncology/hematology	Yes	No	Explain
a) Cancer (except basal cell skin cancer)	☐	☐	_____
b) Anemia	☐	☐	_____
c) Other	☐	☐	_____

12) Genitourinary and reproductive	Yes	No	Explain
a) Menstrual symptoms (women)	☐	☐	_____
b) Enlarged prostate or BPH (men)	☐	☐	_____
c) Bladder or kidney problems/ kidney stones	☐	☐	_____
d) Other	☐	☐	_____

13) Endocrine	Yes	No	Explain
a) Diabetes	☐	☐	_____
b) Thyroid	☐	☐	_____
c) Other	☐	☐	_____

14) Neurology	Yes	No	Explain
a) Stroke	☐	☐	_____
b) Headaches	☐	☐	_____
c) Seizure	☐	☐	_____
d) Other	☐	☐	_____

15) Muscular/skeletal	Yes	No	Explain
a) Rheumatoid arthritis	☐	☐	_____
b) Gout	☐	☐	_____
	Yes	No	Explain .....
c) Osteoporosis	☐	☐	_____
d) Fractures	☐	☐	_____
e) Joint pain	☐	☐	_____
f) Osteoarthritis	☐	☐	_____
g) Other	☐	☐	_____

16) Dermatology	Yes	No	Explain
a) Rashes/hives/eczema	☐	☐	_____
b) Psoriasis	☐	☐	_____
c) Shingles	☐	☐	_____
d) Other	☐	☐	_____

17) Infectious disease	Yes	No	Explain
a) Atypical mycobacteria (MAC, MAI)	☐	☐	_____
b) Fungal disease	☐	☐	_____
c) Other	☐	☐	_____

18) Psychiatric	Yes	No	Explain
a) Anxiety	☐	☐	_____
b) Depression	☐	☐	_____
c) Other	☐	☐	_____

19) Other significant problems not reported in questions 2-18	Yes	No
	☐	☐

a) _____
b) _____
c) _____
d) _____
e) _____

These next questions refer to recent illnesses or problems you may have had.

20) In the last two weeks have you had any of the following:

20a) A fever, cold, flu, or sore throat? (Y/N) ..... ☐

20b) A urinary tract infection? (Y/N) ..... ☐

20c) Seasonal allergies? (Y/N) ..... ☐

20d) A sinus infection or sinusitis? (Y/N) ..... ☐

20e) A tooth infection? (Y/N) ..... ☐

20f) A flare up of gout? (Y/N) ..... ☐

20g) A flare up of arthritis? (Y/N) ..... ☐

20h) Other? (Y/N) ..... ☐

20i) Please explain:_____

21) Are you allergic to any medications, latex, food, or substances? (Y/N) ..... ☐

If **YES**:

List substance:	Reaction
a)	
b)	
c)	
d)	
e)	

22) In the past 12 months, how often have you consumed any alcohol containing beverage (beer, wine, wine coolers, liquor, or mixed drinks such as margaritas, martinis, or daiquiris)? *(check only one)*

- Every Day ☐
- 4 to 6 days per week ☐
- 2 to 3 days per week ☐
- Once per week ☐
- 1 to 3 times per month ☐
- Less than once per month ☐
- No alcohol in the past 12 months ☐ → **Go to 29**

23) When you drink alcohol containing beverages, how many do you usually drink at one sitting? *(check only one)*

- 1 or 2 ☐
- 3 or 4 ☐
- 5 or 6 ☐
- More than 6 ☐

24) What kind of alcoholic beverages do you usually drink? *(check all that apply)*

- Beer ☐
- Wine ☐
- Drinks containing liquor ☐

25) How often do you have eight or more drinks on one occasion?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

26) 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 ☐

27) How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never ..... ☐
Less than monthly ..... ☐
Monthly ..... ☐
Weekly ..... ☐
Daily or almost daily ..... ☐

28) Has a relative or friend, 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 in the last year ..... ☐

If participant is MALE, skip to 44
If participant is FEMALE, continue

29) At what age did you begin monthly menstruation *(monthly period)*? ..... ☐☐ yrs old

30) Have you reach menopause? ..... ☐

Yes ..... Y
No ..... N → **Go to 31**
I don't know ..... U → **Go to 31**

31) If you have reached menopause, at what age did that occur? ..... ☐☐ yrs old

32) Did you ever use oral contraceptive medications? ..... ☐

Yes ..... Y
No ..... N → **Go to 33**

33) If you did use oral contraceptives, for how many years? ..... ☐☐ years

34) Did you ever use hormone replacement therapy? ..... ☐

Yes ..... Y
No ..... N → **Go to 35**

35) If you did use hormone replacement therapy, for how many years? ..... ☐☐ years

36) Have you ever been pregnant *(include miscarriage, abortions)*? ..... ☐

Yes ..... Y
No ..... N → **Go to 40**

37) If you have been pregnant, how old were you at the time of your first pregnancy? ..... ☐☐ yrs old

38) How many times have you been pregnant? ..... ☐☐

39) Did you ever breastfeed? ..... ☐

Yes ..... Y
No ..... N → **Go to 41**

40) If you did breastfeed, for approximately how many total months did you breastfeed *(total for all pregnancies)*? ..... ☐☐ months

41) Have you ever had an ovary removed? ..... ☐

Yes ..... Y
No ..... N → **Go to END**

42) If you had an ovary removed, was one removed or both? ..... ☐

One ..... O
Both ..... B

43) At what age was your ovary or ovaries removed? ..... ☐☐ yrs old