



# SPIROMICS-HF ADDITIONAL MEDICAL HISTORY FORM

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FORM CODE: HFA  
VERSION: 1.0 02/14/2020

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's Visit 5 or SPIROMICS-HF study visit after they have consented into SPIROMICS-HF.

Has a medical professional ever told you that you have the following diagnoses...?

1) Migraines?

No<sub>0</sub> → **Go to 2**

Yes<sub>1</sub>

Don't know<sub>9</sub> → **Go to 2**

1a) Do you have migraines with aura?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>9</sub>

1b) Do you see/hear/smell things when you get a migraine?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>9</sub>

2) Pulmonary hypertension (high blood pressure in the lungs)?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>9</sub>

3) Cor pulmonale (right heart failure due to COPD)?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>9</sub>

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4) Atrial fibrillation?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>9</sub>

5) Stroke?

- No<sub>0</sub> → **Go to 6**
- Yes<sub>1</sub>
- Don't know<sub>9</sub> → **Go to 6**

5a) Was the stroke due to a blood clot?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>9</sub>

5b) Was the stroke due to a bleed in the head?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>9</sub>

6) Have you had stents placed in your heart?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>9</sub>

7) Have you had bypass surgery of your heart?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>9</sub>

8) Is the participant male or female?

- Male<sub>M</sub> → **Go to END**
- Female<sub>F</sub>

**Pregnancy History Questionnaire (Women Only)**

The following questions are about any pregnancies you have had for over 6 months.

9) Have you ever been pregnant for over 6 months?

- No<sub>0</sub> → **Go to END**
- Yes<sub>1</sub>

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10) How many pregnancies have you had that lasted over 6 months?

**First Pregnancy**

11a) What was the outcome of this pregnancy?

- Live birth<sub>1</sub> → **Go to 11b**
- Stillbirth<sub>2</sub> → **Go to 11b**
- Multiple gestation<sub>3</sub>

11a1) How many babies did you deliver?

11b) What was the date the pregnancy ended or the child's birthdate?

 /  / 

**Instructions:** If the participant seems unsure about exact date (particularly for the stillbirths) prompt for the month and year.

11c) Do you know how many weeks pregnant you were when you delivered?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to 11d**

11c1) Did you deliver early or on time?

- Early<sub>0</sub>
- On time<sub>1</sub>

**Instructions:** Skip Q11d if the response to 11c was "No."

11d) How many weeks pregnant were you when you delivered?

- 40 weeks or more or on time<sub>0</sub>
- 39 weeks or 1 week early<sub>1</sub>
- 38 weeks or 2 weeks early<sub>2</sub>
- 37 weeks or 3 weeks early<sub>3</sub>
- 36 weeks or 4 weeks early<sub>4</sub>
- 35 weeks or 5 weeks early<sub>5</sub>
- 34 weeks or 6 weeks early<sub>6</sub>
- 33 weeks or 7 weeks early<sub>7</sub>
- 32 weeks or 8 weeks early<sub>8</sub>
- 31 weeks or 9 weeks early<sub>9</sub>
- 30 weeks or 10 weeks early<sub>10</sub>
- 29 weeks or 11 weeks early<sub>11</sub>
- 28 weeks or 12 weeks early<sub>12</sub>
- 27 weeks or 13 weeks early<sub>13</sub>
- 26 weeks or 14 weeks early<sub>14</sub>

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- 25 weeks or 15 weeks early <sup>15</sup>
- 24 weeks or 16 weeks early <sup>16</sup>

**Instructions:** Skip Q11e if the response for Q11a was Stillbirth.

11e1a) How much did your baby weigh?   lbs      11e1b)   oz

If multiple gestations (i.e. twins), designate each baby's weight:

11e2a) How much did baby 2 weigh?   lbs      11e2b)   oz  
11e3a) How much did baby 3 weigh?   lbs      11e3b)   oz  
11e4a) How much did baby 4 weigh?   lbs      11e4b)   oz  
11e5a) How much did baby 5 weigh?   lbs      11e5b)   oz

11f) Over the course of this pregnancy, how much weight did you gain?    lbs.

**Instructions:** If participant is unsure, ask her to take her best guess.

11g) Did you smoke cigarettes during this pregnancy?

- No<sub>0</sub>
- Yes<sub>1</sub>

11h) During this pregnancy, did you have high blood pressure or hypertension?

- No<sub>0</sub>
- Yes<sub>1</sub>

11i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia?

- No<sub>0</sub>
- Yes<sub>1</sub>

11j) During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy?

- No<sub>0</sub>
- Yes<sub>1</sub>

**Second Pregnancy**

12a) What was the outcome of this pregnancy?

- Live birth<sub>1</sub> → **Go to 12b**
- Stillbirth<sub>2</sub> → **Go to 12b**
- Multiple gestation<sub>3</sub>

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12a1) How many babies did you deliver?

12b) What was the date the pregnancy ended or the child's birthdate?  /  /

**Instructions:** If the participant seems unsure about exact date (particularly for the stillbirths) prompt for the month and year.

12c) Do you know how many weeks pregnant you were when you delivered?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 12d**

12c1) Did you deliver early or on time?

Early<sub>0</sub>

On time<sub>1</sub>

**Instructions:** Skip Q12d if the response to 12c was "No."

12d) How many weeks pregnant were you when you delivered?

40 weeks or more or on time<sub>0</sub>

39 weeks or 1 week early<sub>1</sub>

38 weeks or 2 weeks early<sub>2</sub>

37 weeks or 3 weeks early<sub>3</sub>

36 weeks or 4 weeks early<sub>4</sub>

35 weeks or 5 weeks early<sub>5</sub>

34 weeks or 6 weeks early<sub>6</sub>

33 weeks or 7 weeks early<sub>7</sub>

32 weeks or 8 weeks early<sub>8</sub>

31 weeks or 9 weeks early<sub>9</sub>

30 weeks or 10 weeks early<sub>10</sub>

29 weeks or 11 weeks early<sub>11</sub>

28 weeks or 12 weeks early<sub>12</sub>

27 weeks or 13 weeks early<sub>13</sub>

26 weeks or 14 weeks early<sub>14</sub>

25 weeks or 15 weeks early<sub>15</sub>

24 weeks or 16 weeks early<sub>16</sub>

**Instructions:** Skip Q12e if the response for Q12a was Stillbirth.

12e1a) How much did your baby weigh?   lbs

12e1b)   oz

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If multiple gestations (i.e. twins), designate each baby's weight:

- |                                   |                      |                      |     |        |                      |                      |    |
|-----------------------------------|----------------------|----------------------|-----|--------|----------------------|----------------------|----|
| 12e2a) How much did baby 2 weigh? | <input type="text"/> | <input type="text"/> | lbs | 12e2b) | <input type="text"/> | <input type="text"/> | oz |
| 12e3a) How much did baby 3 weigh? | <input type="text"/> | <input type="text"/> | lbs | 12e3b) | <input type="text"/> | <input type="text"/> | oz |
| 12e4a) How much did baby 4 weigh? | <input type="text"/> | <input type="text"/> | lbs | 12e4b) | <input type="text"/> | <input type="text"/> | oz |
| 12e5a) How much did baby 5 weigh? | <input type="text"/> | <input type="text"/> | lbs | 12e5b) | <input type="text"/> | <input type="text"/> | oz |

12f) Over the course of this pregnancy, how much weight did you gain?    lbs.

**Instructions:** If participant is unsure, ask her to take her best guess.

12g) Did you smoke cigarettes during this pregnancy?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12h) During this pregnancy, did you have high blood pressure or hypertension?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12j) During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy?

- No<sub>0</sub>  
 Yes<sub>1</sub>

**Third Pregnancy**

13a) What was the outcome of this pregnancy?

- Live birth<sub>1</sub> → **Go to 13b**  
 Stillbirth<sub>2</sub> → **Go to 13b**  
 Multiple gestation<sub>3</sub>

13a1) How many babies did you deliver?

13b) What was the date the pregnancy ended or the child's birthdate?  /  /

**Instructions:** If the participant seems unsure about exact date (particularly for the stillbirths) prompt for the month and year.

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13c) Do you know how many weeks pregnant you were when you delivered?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 13d**

13c1) Did you deliver early or on time?

- Early<sub>0</sub>  
 On time<sub>1</sub>

**Instructions:** Skip Q13d if the response to 13c was "No."

13d) How many weeks pregnant were you when you delivered?

- 40 weeks or more or on time<sub>0</sub>
- 39 weeks or 1 week early<sub>1</sub>
- 38 weeks or 2 weeks early<sub>2</sub>
- 37 weeks or 3 weeks early<sub>3</sub>
- 36 weeks or 4 weeks early<sub>4</sub>
- 35 weeks or 5 weeks early<sub>5</sub>
- 34 weeks or 6 weeks early<sub>6</sub>
- 33 weeks or 7 weeks early<sub>7</sub>
- 32 weeks or 8 weeks early<sub>8</sub>
- 31 weeks or 9 weeks early<sub>9</sub>
- 30 weeks or 10 weeks early<sub>10</sub>
- 29 weeks or 11 weeks early<sub>11</sub>
- 28 weeks or 12 weeks early<sub>12</sub>
- 27 weeks or 13 weeks early<sub>13</sub>
- 26 weeks or 14 weeks early<sub>14</sub>
- 25 weeks or 15 weeks early<sub>15</sub>
- 24 weeks or 16 weeks early<sub>16</sub>

**Instructions:** Skip Q13e if the response for Q13a was Stillbirth.

13e1a) How much did your baby weigh?   lbs

13e1b)   oz

If multiple gestations (i.e. twins), designate each baby's weight:

13e2a) How much did baby 2 weigh?   lbs

13e2b)   oz

13e3a) How much did baby 3 weigh?   lbs

13e3b)   oz

13e4a) How much did baby 4 weigh?   lbs

13e4b)   oz

13e5a) How much did baby 5 weigh?   lbs

13e5b)   oz

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13f) Over the course of this pregnancy, how much weight did you gain?    lbs.  
**Instructions:** *If participant is unsure, ask her to take her best guess.*

13g) Did you smoke cigarettes during this pregnancy?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

13h) During this pregnancy, did you have high blood pressure or hypertension?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

13i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

13j) During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

**Fourth Pregnancy**

14a) What was the outcome of this pregnancy?  
 Live birth<sub>1</sub> → **Go to 14b**  
 Stillbirth<sub>2</sub> → **Go to 14b**  
 Multiple gestation<sub>3</sub>

14a1) How many babies did you deliver?

14b) What was the date the pregnancy ended or the child's birthdate?  /  /   
**Instructions:** *If the participant seems unsure about exact date (particularly for the stillbirths) prompt for the month and year.*

14c) Do you know how many weeks pregnant you were when you delivered?  
 No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 14d**

14c1) Did you deliver early or on time?  
 Early<sub>0</sub>  
 On time<sub>1</sub>

**Instructions:** *Skip Q14d if the response to 14c was "No."*



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14d) How many weeks pregnant were you when you delivered?

- 40 weeks or more or on time<sub>0</sub>
- 39 weeks or 1 week early<sub>1</sub>
- 38 weeks or 2 weeks early<sub>2</sub>
- 37 weeks or 3 weeks early<sub>3</sub>
- 36 weeks or 4 weeks early<sub>4</sub>
- 35 weeks or 5 weeks early<sub>5</sub>
- 34 weeks or 6 weeks early<sub>6</sub>
- 33 weeks or 7 weeks early<sub>7</sub>
- 32 weeks or 8 weeks early<sub>8</sub>
- 31 weeks or 9 weeks early<sub>9</sub>
- 30 weeks or 10 weeks early<sub>10</sub>
- 29 weeks or 11 weeks early<sub>11</sub>
- 28 weeks or 12 weeks early<sub>12</sub>
- 27 weeks or 13 weeks early<sub>13</sub>
- 26 weeks or 14 weeks early<sub>14</sub>
- 25 weeks or 15 weeks early<sub>15</sub>
- 24 weeks or 16 weeks early<sub>16</sub>

**Instructions:** Skip Q14e if the response for Q14a was Stillbirth.

14e1a) How much did your baby weigh?   lbs

14e1b)   oz

If multiple gestations (i.e. twins), designate each baby's weight:

14e2a) How much did baby 2 weigh?   lbs

14e2b)   oz

14e3a) How much did baby 3 weigh?   lbs

14e3b)   oz

14e4a) How much did baby 4 weigh?   lbs

14e4b)   oz

14e5a) How much did baby 5 weigh?   lbs

14e5b)   oz

14f) Over the course of this pregnancy, how much weight did you gain?    lbs.

**Instructions:** If participant is unsure, ask her to take her best guess.

14g) Did you smoke cigarettes during this pregnancy?

- No<sub>0</sub>
- Yes<sub>1</sub>

14h) During this pregnancy, did you have high blood pressure or hypertension?

- No<sub>0</sub>
- Yes<sub>1</sub>

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14i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

14j) During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

**Fifth Pregnancy**

15a) What was the outcome of this pregnancy?  
 Live birth<sub>1</sub> → **Go to 15b**  
 Stillbirth<sub>2</sub> → **Go to 15b**  
 Multiple gestation<sub>3</sub>

15a1) How many babies did you deliver?

15b) What was the date the pregnancy ended or the child's birthdate?  /  /   
**Instructions:** If the participant seems unsure about exact date (particularly for the stillbirths) prompt for the month and year.

15c) Do you know how many weeks pregnant you were when you delivered?  
 No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 15d**

15c1) Did you deliver early or on time?  
 Early<sub>0</sub>  
 On time<sub>1</sub>

**Instructions:** Skip Q15d if the response to 15c was "No."

15d) How many weeks pregnant were you when you delivered?  
 40 weeks or more or on time<sub>0</sub>  
 39 weeks or 1 week early<sub>1</sub>  
 38 weeks or 2 weeks early<sub>2</sub>  
 37 weeks or 3 weeks early<sub>3</sub>  
 36 weeks or 4 weeks early<sub>4</sub>  
 35 weeks or 5 weeks early<sub>5</sub>  
 34 weeks or 6 weeks early<sub>6</sub>

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- 33 weeks or 7 weeks early <sup>7</sup>
- 32 weeks or 8 weeks early <sup>8</sup>
- 31 weeks or 9 weeks early <sup>9</sup>
- 30 weeks or 10 weeks early <sup>10</sup>
- 29 weeks or 11 weeks early <sup>11</sup>
- 28 weeks or 12 weeks early <sup>12</sup>
- 27 weeks or 13 weeks early <sup>13</sup>
- 26 weeks or 14 weeks early <sup>14</sup>
- 25 weeks or 15 weeks early <sup>15</sup>
- 24 weeks or 16 weeks early <sup>16</sup>

**Instructions:** Skip Q15e if the response for Q15a was Stillbirth.

15e1a) How much did your baby weigh?   lbs

15e1b)   oz

If multiple gestations (i.e. twins), designate each baby's weight:

15e2a) How much did baby 2 weigh?   lbs

15e2b)   oz

15e3a) How much did baby 3 weigh?   lbs

15e3b)   oz

15e4a) How much did baby 4 weigh?   lbs

15e4b)   oz

15e5a) How much did baby 5 weigh?   lbs

15e5b)   oz

15f) Over the course of this pregnancy, how much weight did you gain?    lbs.

**Instructions:** If participant is unsure, ask her to take her best guess.

15g) Did you smoke cigarettes during this pregnancy?

No<sub>0</sub>

Yes<sub>1</sub>

15h) During this pregnancy, did you have high blood pressure or hypertension?

No<sub>0</sub>

Yes<sub>1</sub>

15i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia?

No<sub>0</sub>

Yes<sub>1</sub>

15j) During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy?

No<sub>0</sub>

Yes<sub>1</sub>

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**Instructions:** After you have completed the last pregnancy, ask the following question:

16) Did we get all of the details?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to END**

16a) Please add any other details \_\_\_\_\_

**END OF FORM**