

SPIROMICS-HF ADDITIONAL MEDICAL HISTORY FORM

| | ID NUMBER: FORM CODE: HFA VERSION: 1.0 02/14/2020 Event: | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|
| 0a) | Da) Date of Collection: | | | | | | | | | | |
| | <u>Instructions</u> : This form should be completed during the participant's Visit 5 or SPIROMICS-HF study visit after they have consented into SPIROMICS-HF. | | | | | | | | | | |
| Has | Has a medical professional ever told you that you have the following diagnoses? | | | | | | | | | | |
| 1) | Migraines? $ \square \text{ No}_0 \longrightarrow \boxed{\text{Go to 2}} $ $ \square \text{ Yes}_1 $ $ \square \text{ Don't know}_9 \longrightarrow \boxed{\text{Go to 2}} $ | | | | | | | | | | |
| | 1a) Do you have migraines with aura? ☐ No₀ ☐ Yes₁ ☐ Don't know₀ | | | | | | | | | | |
| | 1b) Do you see/hear/smell things when you get a migraine? No ₀ Yes ₁ Don't know ₉ | | | | | | | | | | |
| 2) | 2) Pulmonary hypertension (high blood pressure in the lungs)? Noo Yes1 Don't know9 | | | | | | | | | | |
| 3) | Cor pulmonale (right heart failure due to COPD)? No ₀ Yes ₁ Don't know ₉ | | | | | | | | | | |

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| 4) | Atrial fibrillation? No ₀ Yes ₁ Don't know ₉ |
| 5) | Stroke? □ No ₀ → Go to 6 □ Yes ₁ □ Don't know ₉ → Go to 6 5a) Was the stroke due to a blood clot? □ No ₀ |
| | Yes₁ Don't know₀ 5b) Was the stroke due to a bleed in the head? No₀ Yes₁ Don't know₀ |
| 6) | Have you had stents placed in your heart? No ₀ Yes ₁ Don't know ₉ |
| 7) | Have you had bypass surgery of your heart? No ₀ Yes ₁ Don't know ₉ |
| 8) | Is the participant male or female? ☐ Male _M → Go to END ☐ Female _F |
| | egnancy History Questionnaire (Women Only) e following questions are about any pregnancies you have had for over 6 months. |
| 9) | Have you ever been pregnant for over 6 months? ☐ No ₀ → Go to END ☐ Yes ₁ |

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|------|---|--------|------------------|---------|--------------------|------------------|-------|-------|---|---|--|
| 10) | How many p | oregr | nan | cies h | ave y | /ou | had | that | : lasted over 6 months? | | |
| Firs | rirst Pregnancy | | | | | | | | | | |
| 11a | 1a) What was the outcome of this pregnancy? | | | | | | | | | | |
| | ☐ Live birth₁→ Go to 11b | | | | | | | | | | |
| | ☐ Stillbirth ₂ → Go to 11b | | | | | | | | | | |
| | ☐ Multiple gestation ₃ | | | | | | | | | | |
| | 11a1) How many babies did you deliver? | | | | | | | | | | |
| | , | | | | | | | | | | |
| 11b |) What was t | he d | late | the p | regna | ancy | y end | ded (| or the child's birthdate? | | |
| | Instruction the month a | | | | icipan | nt se | eems | uns | sure about exact date (par | ticularly for the stillbirths) prompt for | |
| 11c |) Do vou kno | w ho | ı wc | manv | week | s p | rean | ant v | you were when you delive | red? | |
| | No ₀ | | | | | | 9 | J | , ou | | |
| | | Go | to 1 | 111 | | | | | | | |
| | $\bigvee \text{Yes}_1 \longrightarrow \text{Go to 11d}$ | | | | | | | | | | |
| | 11c1) Did y | ou c | deliv | er ea | rly or | on | time | ? | | | |
| | , — · | Early | | | , | | | | | | |
| | | on tir | ne₁ | | | | | | | | |
| | | | | | | | | | | | |
| Ins | tructions: S | kip (| Q11 | d if th | e res _i | pon | se to |) 110 | c was "No." | | |
| 11d |) How many | wee | ks r | orean | ant w | ere | VOLL | whe | en you delivered? | | |
| | 40 weel | | | • | | | • | *** | on you donvoice. | | |
| | 39 weel | | | | | | | | | | |
| | 38 weel | | | | - | | | | | | |
| | 37 weel | | | | • | | | | | | |
| | 36 weel | | | | - | | | | | | |
| | 35 weel | | | | • | | | | | | |
| | 34 weel | | | | • | | | | | | |
| | 33 weel | | | | - | | | | | | |
| | 32 weel | ks or | ⁻ 8 v | weeks | early | / 8 | | | | | |
| | 31 weel | ks or | . 9 v | veeks | early | / 9 | | | | | |
| | 30 weel | | | | - | |) | | | | |
| | 29 weel | ks or | · 11 | week | s ear | ly ₁ | 1 | | | | |
| | 28 weel | | | | | - | | | | | |
| | 27 weel | ks or | · 13 | week | s ear | ly ₁₃ | 3 | | | | |
| | 26 weel | ks or | 14 | week | s ear | ly ₁₄ | 4 | | | | |

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|-------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | 25 weeks or 15 weeks early 15 24 weeks or 16 weeks early 16 | | | | | | | | | | | |
| <u>Ins</u> | nstructions: Skip Q11e if the response for Q11a was Stillbirth. | | | | | | | | | | | |
| | 11e1a) How much did your baby weigh? | | | | | | | | | | | |
| lf n | nultiple gestations (i.e. twins), designate each baby's weight: | | | | | | | | | | | |
| | 11e2a) How much did baby 2 weigh? 11e3a) How much did baby 3 weigh? 11e4a) How much did baby 4 weigh? 11e5a) How much did baby 5 weigh? 11e5b) 11e2b) 0z 11e2b) 0z 11e3b) 0z 11e4b) 0z 11e5b) 0z | | | | | | | | | | | |
| 111 | f) Over the course of this pregnancy, how much weight did you gain? | | | | | | | | | | | |
| 11 | g) Did you smoke cigarettes during this pregnancy? No Yes | | | | | | | | | | | |
| 11 | h) During this pregnancy, did you have high blood pressure or hypertension? No ₀ Yes ₁ | | | | | | | | | | | |
| 11 | i) During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia? No₀ Yes₁ | | | | | | | | | | | |
| 11 j | During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) ir pregnancy? No₀ Yes₁ | | | | | | | | | | | |
| <u>Se</u> | cond Pregnancy | | | | | | | | | | | |
| 12 | a) What was the outcome of this pregnancy? ☐ Live birth₁→ Go to 12b ☐ Stillbirth₂→ Go to 12b ☐ Multiple gestation₃ | | | | | | | | | | | |

| | ID NUMBER: FORM CODE: HFA VERSION: 1.0 02/14/2020 Event: |
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| | 12a1) How many babies did you deliver? |
| 12 | b) What was the date the pregnancy ended or the child's birthdate? / / / / |
| 12 | c) Do you know how many weeks pregnant you were when you delivered? ☐ No₀ ☐ Yes₁ → Go to 12d |
| | 12c1) Did you deliver early or on time? □ Early ₀ □ On time ₁ |
| <u>In</u> : | structions: Skip Q12d if the response to 12c was "No." |
| 12 | d) How many weeks pregnant were you when you delivered? 40 weeks or more or on time0 39 weeks or 1 week early 1 38 weeks or 2 weeks early 2 37 weeks or 3 weeks early 3 36 weeks or 4 weeks early 4 35 weeks or 5 weeks early 5 34 weeks or 6 weeks early 6 33 weeks or 7 weeks early 7 32 weeks or 8 weeks early 8 31 weeks or 9 weeks early 9 30 weeks or 10 weeks early 10 29 weeks or 11 weeks early 12 27 weeks or 13 weeks early 13 26 weeks or 14 weeks early 14 25 weeks or 15 weeks early 15 24 weeks or 16 weeks early 16 |
| n | structions: Skip Q12e if the response for Q12a was Stillbirth. |
| | 12e1a) How much did your baby weigh? |

| | ID NUMBER: FORM CODE: HFA VERSION: 1.0 02/14/2020 Event: | | | | | | | | | |
|-------|---|--|--|--|--|--|--|--|--|--|
| lf mu | ultiple gestations (i.e. twins), designate each baby's weight: | | | | | | | | | |
| | 12e2a) How much did baby 2 weigh? | | | | | | | | | |
| 12f) | Over the course of this pregnancy, how much weight did you gain? lbs lbs lf participant is unsure, ask her to take her best guess. | | | | | | | | | |
| 12g) | Did you smoke cigarettes during this pregnancy? No ₀ Yes ₁ | | | | | | | | | |
| 12h) | During this pregnancy, did you have high blood pressure or hypertension? No ₀ Yes ₁ | | | | | | | | | |
| 12i) | During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia? No ₀ Yes ₁ | | | | | | | | | |
| 12j) | During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy? No ₀ Yes ₁ | | | | | | | | | |
| Thir | d Pregnancy | | | | | | | | | |
| 13a) | What was the outcome of this pregnancy? ☐ Live birth₁→ Go to 13b ☐ Stillbirth₂→ Go to 13b ☐ Multiple gestation₃ | | | | | | | | | |
| | 13a1) How many babies did you deliver? | | | | | | | | | |
| 13b) | What was the date the pregnancy ended or the child's birthdate? / / / | | | | | | | | | |

| | ID NUMBE | R: | | | | | | | VERSION: 1.0 02/14/2020 Event: | | |
|---|---|---|---|---|---|--|---|------|--------------------------------|--|--|
| 13 | Do you know how many weeks pregnant you were when you delivered? No₀ Yes₁ → Go to 13d | | | | | | | | | | |
| | | Early On ti | ′o me ₁ | | | | | | | | |
| <u>Instructions:</u> Skip Q13d if the response to 13c was "No." | | | | | | | | | | | |
| 13 | 40 w 39 w 38 w 37 w 36 w 35 w 34 w 33 w 31 w 30 w 29 w 28 w 27 w 26 w 25 w | reeks | or m or 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 12 or 13 or 14 or 15 | weekweekweekweekweekweekweekweekweekwee | gnant or on ek earl eks ea eks ea eks ea eks ea eeks e eeks e eeks e | tim ly 1 irly 2 irly 3 irly 4 irly 5 irly 6 irly 6 irly 6 irly 6 irly 7 irly 6 irly 8 irly 8 irly 8 irly 9 irl | 22 33 44 55 66 77 88 99 У 10 У 11 У 12 У 13 У 14 V 15 | u w | when you delivered? | | |
| <u>In</u> : | structions: | Skij | o Q13 | 3e if | the re | esp | onse | for | Q13a was Stillbirth. | | |
| | 13e1a) | Hov | v muc | ch d | id you | ır ba | aby v | veig | gh?lbs 13e1b)oz | | |
| lf r | nultiple ges | station | ns (i.e | e. tw | vins), (| des | ignat | e e | ach baby's weight: | | |
| | 13e2a) | | | | id bab | • | | | | | |
| | 13e3a) | | | | id bab | • | | | | | |
| | 13e4a) | | | | id bab | • | | | | | |
| | 13e5a) | Hov | v muc | ch d | id bab | y 5 | weig | gh? | lbs 13e5b) oz | | |

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| 13f | Over the course of this pregnancy, how much weight did you gain? |
| 13g | y) Did you smoke cigarettes during this pregnancy? No ₀ Yes ₁ |
| 13h | During this pregnancy, did you have high blood pressure or hypertension? No₀ Yes₁ |
| 13i | During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia? No₀ Yes₁ |
| 13jj | During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) ir pregnancy? No₀ Yes₁ |
| Fo | urth Pregnancy |
| 14a | a) What was the outcome of this pregnancy? □ Live birth₁ → Go to 14b □ Stillbirth₂ → Go to 14b □ Multiple gestation₃ |
| | 14a1) How many babies did you deliver? |
| 14t | What was the date the pregnancy ended or the child's birthdate? / / / / / / / / |
| 140 | Do you know how many weeks pregnant you were when you delivered? No₀ Yes₁ → Go to 14d |
| | 14c1) Did you deliver early or on time? □ Early ₀ □ On time ₁ |
| <u>Ins</u> | tructions: Skip Q14d if the response to 14c was "No." |

SPIROMICS-HF Additional Medical History Form, HFA

| | ID NUMBE | :R: | | | | | | | | | DE: HFA) 02/14/2020 | Event: | | |
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| | | | <u> </u> | 1 1 | 1 | | l | 1 | | | | | | |
| 114 |) How ma | יטע אער | oks | nroan | ant | wor | 0.1/0 | u who | ים אסט מ | dolivoro | .d2 | | | |
| 140 |) How ma □ ₄∩ w | iny we ⁄eeks√ | | . • | | | • | ou wrie | ii you c | Jelivere | eu r | | | |
| | = | eeks | | | | | 0 | | | | | | | |
| | | eeks | | | | • | | | | | | | | |
| | _ | eeks | | | | • | | | | | | | | |
| | _ | eeks | | | | • | | | | | | | | |
| | ☐ 35 w | eeks | or 5 v | weeks | ea | rly ₅ | | | | | | | | |
| | ☐ 34 w | eeks | or 6 | weeks | ea | rly 6 | | | | | | | | |
| | ☐ 33 w | eeks | or 7 v | weeks | ea | rly 7 | | | | | | | | |
| | ☐ 32 w | eeks | or 8 | weeks | ea | rly 8 | | | | | | | | |
| | 31 w | eeks | or 9 v | weeks | ea | rly 9 | | | | | | | | |
| | | eeks | | | | • | | | | | | | | |
| | | eeks | | | | - | | | | | | | | |
| | _ | eeks | | | | , | | | | | | | | |
| | _ | eeks | | | | • | | | | | | | | |
| | _ | eeks | | | | • | | | | | | | | |
| | | eeks | | | | - | | | | | | | | |
| | ∠4 W | eeks | or re | week | ks e | any | 16 | | | | | | | |
| Ins | tructions: | Skip | Q14 | le if th | e re | espo | nse | for Q | 14a wa | s Stillbi | rth. | | | |
| | 14e1a) | How | muc | h did | you | ır ba | by v | veigh? | , | | lbs | 14e1b) | oz | |
| lf m | ultiple ges | station | s (i.e | e. twin: | s), (| desi | gnat | te eacl | h baby' | s weigh | nt: | | | |
| | 14e2a) | How | muc | h did | bab | у 2 | weig | gh? | | | lbs | 14e2b) | oz | |
| | 14e3a) | How | muc | h did | bab | у 3 | weig | gh? | | | lbs | 14e3b) | oz | |
| | 14e4a) | How | muc | h did | bab | y 4 | weig | gh? | | | lbs | 14e4b) | oz | |
| | 14e5a) | How | muc | h did | bab | у 5 | weig | gh? | | | lbs | 14e5b) | oz | |
| 14f) | Over the | e cour | se of | this r | reo | ınan | cv l | how m | uch we | eiaht dia | d you gain? | | lbs. | |
| , | | | | • | _ | | • | | | • | r best guess | S. | | |
| 14g |) Did you | smok | e cig | arette | s dı | urin | g this | s preg | nancy? | • | | | | |
| | ∐ No ₀ | | | | | | | | | | | | | |
| | ∐ Yes₁ | | | | | | | | | | | | | |
| 14h |) During t | his pre | egna | ncy, d | lid y | ou l | nave | high | blood p | ressure | e or hyperte | nsion? | | |
| | ∏ No ₀ | • | | - | • | | | - | · | | | | | |
| | ☐ Yes₁ | | | | | _ | | | | | | | | |

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| 14i | During this pregnancy, did you have pre-eclampsia, eclampsia, pregnancy induced hypertension, or toxemia? No₀ Yes₁ |
| 14j | During this pregnancy, did you have gestational diabetes (i.e. diabetes in pregnancy, high blood sugar) in pregnancy? No₀ Yes₁ |
| Fift | th Pregnancy |
| 15a | a) What was the outcome of this pregnancy? □ Live birth₁ → Go to 15b □ Stillbirth₂ → Go to 15b □ Multiple gestation₃ |
| | 15a1) How many babies did you deliver? |
| 15k | b) What was the date the pregnancy ended or the child's birthdate? / / / |
| 150 | Do you know how many weeks pregnant you were when you delivered? No₀ Yes₁ → Go to 15d |
| | 15c1) Did you deliver early or on time? □ Early ₀ □ On time ₁ |
| Ins | structions: Skip Q15d if the response to 15c was "No." |
| 150 | How many weeks pregnant were you when you delivered? 40 weeks or more or on time0 39 weeks or 1 week early 1 38 weeks or 2 weeks early 2 37 weeks or 3 weeks early 3 36 weeks or 4 weeks early 4 35 weeks or 5 weeks early 5 |
| | 34 weeks or 6 weeks early 6 |

| | ID NUMBE | IR: | | | | | | | | DDE: HFA .0 02/14/2020 | Event: | | |
|------------|---|-------------------------------|-------|--------|---------|------------------|-------|---------|-------------|----------------------------------|----------------|--------------|-----------------|
| | ☐ 33 w | eeks or | · 7 v | veeks | s early | / ₇ | | | | | | | |
| | 32 weeks or 8 weeks early 8 | | | | | | | | | | | | |
| | _ | 31 weeks or 9 weeks early 9 | | | | | | | | | | | |
| | | 30 weeks or 10 weeks early 10 | | | | | | | | | | | |
| | 29 w | eeks or | 11 | weel | ks ear | ly ₁₁ | | | | | | | |
| | ☐ 28 w | eeks o | r 12 | weel | ks ear | ly ₁₂ | | | | | | | |
| | ☐ 27 w | eeks or | 13 | weel | ks ear | ly ₁₃ | | | | | | | |
| | ☐ 26 w | eeks o | r 14 | weel | ks ear | ly ₁₄ | | | | | | | |
| | 25 w | eeks or | 15 | weel | ks ear | ly ₁₅ | | | | | | | |
| | 24 w | eeks or | 16 | weel | ks ear | ly ₁₆ | | | | | | | |
| <u>Ins</u> | nstructions: Skip Q15e if the response for Q15a was Stillbirth. | | | | | | | | | | | | |
| | 15e1a) | How n | nuc | h did | your l | baby | / wei | gh? | | lbs | 15e1b) | oz | |
| lf r | nultiple ges | stations | (i.e | . twin | s), de | sign | ate e | each b | aby's weig | ht: | | | |
| | 15e2a) | How n | nuc | h did | baby | 2 w | eigh? | > | | lbs | 15e2b) | oz | |
| | 15e3a) | How n | nuc | h did | baby | 3 w | eigh? | | | lbs | 15e3b) | oz | |
| | 15e4a) | How n | nuc | h did | baby | 4 w | eigh? | > | | lbs | 15e4b) | oz | |
| | 15e5a) | How n | nuc | h did | baby | 5 w | eigh? | > | | lbs | 15e5b) | oz | |
| 15 | • | | | • | • | • | | | • | id you gain? er best gues | s. | lbs. | |
| 15 | g) Did you | smoke | ciga | arette | s duri | ing t | his p | regna | ncy? | | | | |
| | □ No ₀ | | Ŭ | | | Ū | • | Ü | | | | | |
| | ☐ Yes₁ | | | | | | | | | | | | |
| 15 | h) During t No ₀ Yes ₁ | | gnar | ncy, c | lid yo | u ha | ve hi | igh blo | ood pressu | re or hyperte | ension? | | |
| 15 | i) During t toxemia \[\] No ₀ | | gnar | ncy, c | lid yo | u ha | ve p | re-ecla | ampsia, ec | lampsia, pre | gnancy induc | ed hyperter | nsion, or |
| | Yes ₁ | | | | | | | | | | | | |
| 15 | i) During t pregnan \[\] No ₀ \[\] Yes ₁ | icy? | gnar | ncy, c | lid yo | u ha | ve g | estatic | onal diabet | es (i.e. diabe | etes in pregna | ancy, high b | olood sugar) ir |
| | | | | | | | | | | | | | |

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|-----|---|--|--------|--|--|--|--|--|--|--|--|
| Ins | nstructions: After you have completed the last pregnancy, ask the following question: | | | | | | | | | | |
| 16) | S) Did we get all of the details? No ₀ | | | | | | | | | | |
| | \square Yes ₁ \longrightarrow Go to END | | | | | | | | | | |
| | 16a) Please add any other details | | | | | | | | | | |

END OF FORM