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| **shAIRe Core Variables**There is currently no standard or consistent set of core variables being collected in respiratory research studies. In accordance with our priorities, we are developing an essential set of variables that will be collected across all prospective studies within the Lung Health Team Projects. Having a standard set of core variables will enable a high degree of consistency in data collection across studies and will optimize the ability of investigators to analyze pooled data both within and across respiratory disorders and other conditions.  |
| **Study/Participant ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of completion (study visit date)** \_\_\_ / \_\_\_ / \_\_\_\_\_ DD MM YYYY |
| **Demographic Information****1. What is your full 6 digit postal code?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_This information is being collected to map with air quality data in neighbourhoods across Canada and for socioeconomic analysis (cost and benefits of actions).**2. What is your age?** \_\_\_\_\_\_(years) **3. What is your date of birth?** \_\_\_ / \_\_\_\_\_ MM YYYY**4. What sex were you assigned at birth?** ○Male ○ Female ○ Other **5. What is your gender/how do you currently self-identify?** ○Man ○ Woman ○ Non-binary  ○Self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**6. Which ethnic or cultural backgrounds do you identify with?** Check all that apply. □ Black □ East Asian □ Indigenous □ Latin American □ Middle Eastern □ South Asian □ Southeast Asian □ White □ Self-describe: \_\_\_\_\_\_\_\_**7. Which ethnic or cultural backgrounds do you most identify with?** Select only one. ○ Black ○ East Asian ○ Indigenous ○ Latin American ○ Middle Eastern ○ South Asian ○ Southeast Asian ○ White ○ Self-describe: \_\_\_\_\_\_\_\_**8. Were you born in Canada?** ○Yes ○ No If Yes, skip to Question 10. **9. If you were not born in Canada, at what age did you move to Canada?** \_\_\_\_\_\_\_ (Years)**10. What is the highest level of education that you have completed?** ○Elementary school ○ High school ○ Bachelor’s degree ○ Trade, technical, or vocational school, apprenticeship training, or technical CEGEP ○ Diploma from a community college, pre-university CEGEP, or non-university certificate ○ Graduate degree (MSc, MBA, MD, PhD, etc.)**11. What is your best estimate of the total annual (per year) household income for everyone living in your household from all sources (before taxes and deductions)?** This information is used for socioeconomic analysis helping researchers to better understand one's ability to engage in health activities, afford medical care and housing, and manage stress.○Under $30,000 ○ $30,000-$59,999 ○ $60,000-$89,000 ○$90,000-$119,999 ○ $120,000-$149,999 ○ $150,000 and above |
| **Exposures****12. Do you currently work in (or previously worked in) any of the following jobs which may impact your lung health?** □ None □ Construction worker (e.g. carpenter, heavy equipment operator, electrician, plumber, painter, sandblasting, etc) □ Agriculture (e.g. landscaping, farming) □ First responder (e.g. firefighter, police, paramedic) □ Machinery (e.g. saw-mill work, mechanic, mining, waste management) □ Healthcare worker (e.g. dentist, hygienist, doctor, nurse, respiratory therapist, physiotherapist, occupational therapist, etc) □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ **13. Do you currently (within the last 30 days) smoke tobacco cigarettes?** ○Yes ○ No If No, skip to Question 16.**14. On average, how many cigarettes do you smoke each day?** \_\_\_\_\_\_\_\_\_\_\_\_\_ 2.0 packs/day = 40 cigarettes each day; 1.0 packs/day = 20 cigarettes each day**15. How many years have you smoked for?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**16. If you do not currently smoke cigarettes, have you ever smoked cigarettes?** ○Yes ○ No If No, skip to Question 20.**17. On average, how many cigarettes did you smoke each day?** \_\_\_\_\_\_\_\_\_\_\_\_\_ 2.0 packs/day = 40 cigarettes each day; 1.0 packs/day = 20 cigarettes each day**18. If you currently or previously smoke(d) cigarettes, at what age did you begin smoking cigarettes?** \_\_\_\_\_\_\_ Years**19. If you currently or previously smoke(d) cigarettes, how many years did you smoke for?** \_\_\_\_\_\_\_**20. Have you ever used a pipe/cigar/cigarillos/Sheesha on a regular basis for at least 6 months?** **○** Yes ○ No **21. Do you currently (within the last 30 days) use an e-cigarette or vape?** ○Yes ○ No Vaping includes all electronic inhalation products, such as e-cigarettes, pod devices, vape pens, tank systems, mods, e-cigars, e-hookahs, and hookah pens.If No, skip to Question 24.**22. How often do you use an e-cigarette or vape?** ○Daily ○ Weekly ○Occasionally**23. What substance(s) do you vape?** Check all that apply. □ Nicotine □ Cannabis- THC  Where THC/CBD are vaped from a liquid form. □ Cannabis- CBD □ Other:\_\_\_\_\_\_\_**24. If you do not currently use e-cigarettes/vape, have you ever used e-cigarettes or vapes?**  ○Yes ○ No Vaping includes all electronic inhalation products, such as e-cigarettes, pod devices, vape pens, tank systems, mods, e-cigars, e-hookahs, and hookah pens.If No, skip to Question 30.**25. How often did you use an e-cigarette or vape?** ○Daily ○ Weekly ○Occasionally**26.** **What substance(s) did you vape?** Check all that apply. □ Nicotine □ Cannabis- THC  Where THC/CBD are vaped from a liquid form. □ Cannabis- CBD □ Other:\_\_\_\_\_\_\_ **27. How many years since you stopped using e-cigarettes or vaping?** \_\_\_\_\_\_\_\_\_\_**28. If you currently or previously use(d) e-cigarettes or vaped, at what age did you begin using e-cigarettes or vaping?** \_\_\_\_\_\_\_ Years**29. Do you currently (within the last 30 days) smoke cannabis/marijuana?** ○Yes ○ No **30. How often do you smoke cannabis/marijuana?** ○Daily ○ Weekly ○Occasionally**31. If you do not currently smoke cigarettes, have you ever smoked cigarettes?** ○Yes ○ No**32. How often did you smoke cannabis/marijuana?** ○Daily ○ Weekly ○Occasionally**33. How many years since you stopped using e-cigarettes or vaping?** \_\_\_\_\_\_\_\_\_\_**34. If you currently or previously smoke(d) cannabis/marijuana, at what age did you begin smoking cannabis/marijuana?** \_\_\_\_\_\_\_ Years**35. Are you regularly exposed to cigarette smoke on a daily basis (from people around you)?** ○Yes ○ No **36. Are you regularly exposed to e-cigarette fumes/vapes on a daily basis (from people around you)?**  ○Yes ○ No **37. Are you regularly exposed to cannabis/marijuana smoke on a daily basis (from people around you)?**  ○Yes ○ No **38. Are you regularly exposed to pets on a daily basis?** Check all that apply. □ None □ Dogs □ Cats □ Birds □ Other fur animals:\_\_\_\_\_\_\_\_\_\_ |
| **Medical History****39. Have you ever been diagnosed with the following respiratory (lung) conditions by a health care professional?** Check all that apply. □ Lymphangioleiomyomatosis (LAM)□ Long COVID (post-COVID-19 condition or  post-viral chronic illness)□ Lung cancer □ Occupational lung disease(s) □ Pulmonary arterial hypertension (PAH)□ Pulmonary fibrosis□ Restrictive lung disease□ Sarcoidosis □ Sleep breathing disorder (ex. Sleep apnea) □ Tuberculosis□ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ I have not been diagnosed with a lung condition □ Alpha-1 antitrypsin deficiency □ Asbestosis □ Asthma □ Bronchiectasis □ Chronic obstructive pulmonary disease (COPD)/  Emphysema/ Chronic bronchitis □ Cystic fibrosis□ Farmer’s lung□ Hay fever (rhinitis)/ Chronic sinusitis □ Histoplasmosis □ Interstitial Lung Disease**40. Have you ever been diagnosed with any of the following conditions by a health care professional?** Check all that apply. □ Liver disease (cirrhosis, hepatitis)□ Chronic kidney disease□ Mental health condition (e.g. anxiety,  depression, bipolar) □ Osteoporosis/Osteopenia/Arthritis □ Renal disease □ Stroke/ transient ischemic attack □ Cancer (not including skin cancer or lung  cancer)□ Neuromuscular□ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ I have not been diagnosed with any conditions □ Anemia □ Arrythmia (atrial fibrillation, etc.) □ Chronic inflammatory bowel disease (Chron’s  disease, ulcerative colitis) □ Congestive heart failure □ Coronary artery disease (angina, heart attack)□ Diabetes (Type 1 or 2)□ Esophageal reflux/heartburn/GERD□ High blood pressure/hypertension □ High cholesterol |
| **Clinical Measures**(For research team use.)**41. Date of measurements:** \_\_\_/\_\_\_/\_\_\_\_\_ DD MM YYYY**42. Standing height:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Units:** ○Feet (ft), inches (in) ○ Centimeters (cm)**43. Weight:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Units:** ○Pounds (lbs) ○ Kilograms (kg)

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| **44.** | **Pre-bronchodilator** | **Post-bronchodilator** |
| **Forced expiratory volume in one second (FEV1) (Litres)** |  |  |
| **Forced vital capacity (FVC) (Litres)** |  |  |

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