

National Amyotrophic Lateral Sclerosis (ALS) Registry

LifeStyle Factors

1. Current height? (ft) (in)

2. Current weight? (lbs)

3. Have you ever smoked one or more cigarettes per day for six months or longer?
 If yes, how old were you when you first started smoking one or more cigarettes per day?
 Are you still a cigarette smoker?
 If no, at what age did you last stop smoking cigarettes?
 During periods when you smoked, for how many years in total did you smoke cigarettes?
 During periods when you smoked, how many cigarettes did you usually smoke in a day?
 One pack contains 20 cigarettes.

4. Did you ever drink alcoholic beverages such as wine, beer and spirits at least once a month for 6 months or more?
 Are you still drinking alcoholic beverages at least once per month?
 During periods when you were drinking alcoholic beverages, for how many years in total did you drink alcoholic beverages?
 During periods when you were drinking, how many alcoholic beverages did you usually have in a week OR month?
 A drink is 12 oz. beer, 4 ounces of wine or a drink containing 1 oz. of liquor.

5. Have you ever engaged in vigorous leisure-time physical activity for at least 10 minutes that caused heavy sweating or large increases in breathing or heart rate?

6. Did you ever drink caffeinated beverage? (Check all that apply)

7. Have you participated in organized or professional sports? (Check all that apply)

8. Have you ever had an injury to your head or neck due to the following? (Check all that apply)

9. Have you ever received any electrical shock that resulted in the following? (Check all that apply)

10. What kind of health insurance or health care coverage do you have?
 Exclude private plans that only provide extra cash while hospitalized.
 If you have more than one kind of health insurance, please check the box next to each plan that you have. (Check all that apply)

Yes No Don't know
 years old
 Yes No Don't know
 years old
 years
 number of cigarettes per day
 Yes No Don't know
 Yes No
 years
 number of drinks week month
 Yes No Don't know
 No
 Espresso or espresso drinks (Latte, Americano)
 Regular coffee
 Hot or cold tea (Black, green)
 Highly caffeinated (Jolt®, Surge®, Mountain Dew MDX®, Red Bull® or other energy drinks)
 Regular soda (Barq's Root Beer ® or regular Mountain Dew®)
 Don't know
 No
 Football
 Hockey
 Boxing
 Soccer
 Other sports
 Don't know
 No
 Childhood injuries
 Falling or being hit or playing sports
 Fights/Violence
 Car or moving vehicle
 Explosion/Blast
 Other
 Don't know
 No
 Unconsciousness
 Burn
 Just the electrical shock
 Don't know
 HMO
 Private health insurance (non-HMO employer-sponsored)
 MEDICARE
 MEDI-GAP (private insurance that supplements Medicare)
 MEDICAID
 VA (Veteran's Administration)
 Other military health care (CHAMP, TRICARE, Department of Defense health plans)
 Indian Health Service
 State-sponsored health plan
 Other government program (specify):
 Other health insurance plan (specify):
 No health care coverage of any type
 Don't know