Have You Filled Out Demographics Previously No Yes Date
If Yes, Please Enter Participant ID and Skip to Next Section PID
• If NO, Please Answer Questions 1-12
1. Name
2. Age
2. 11gc
2 Cov
3. Sex
4 DOD
4. DOB
5. Ethnicity (check all that apply)
Caucasian
Hispanic
Asian
African American
6. Department/Station
7. Number of Years w/ Department
8. Number of Years w/ any Department
9. Position (Select One or More):
, , , , , , , , , , , , , , , , , , ,
Firefighter
Paramedic
Police Officer
Deputy Sheriff Other
If other:
10 D
10. Do you smoke cigarettes?
•••
Yes
No
On Occasion
11. Do you vape?
Yes
No
On Occasion
12. Weight
&
13. Height
10.11018111

14. History of (select all that apply)	
High Blood Pressure Asthma Cancer COPD Other Heart Disease (specify) Other Respiratory Disease (specify))
15. Collection Time (select one):	
First Draw Baseline Updated Baseline During Fire Post-Fire	
If During Fire or Post-Fire Collection, Plea	se Answer Questions #2-8
1. Time of Collection	
2. Amount of Time Spent On Scene	
3. Type of Fire:	
Structure/Commercial Wildfire Structure Cause by Wildfire	
4. Job Function (e.s	g. Firefighting, Evacuations, Medical Standby, etc)
5. Direct Fire Exposure:	
Yes No	
If yes, approximate percentage of time spen	nt on scene in direct fire exposure%
6. What Period of Fire Worked:	
Precontrol Postcontrol Overhaul Both N/A Other	

• Select N/A If First Responder/LE who is not directly involved in fire containment

7. Mask Worn:
Yes/Entirety of Call Precontrol Only Postcontrol Only No/Mask Not Worn
Mask Type
Self-Contained Unit Replaceable Filters
If Replaceable Filters used, are you able to donate used filter:
Yes No
8. Type of Environment where Fire Occurred
Urban Rural Mixed Used
If Able to Disclose, General Location of Incident
9. In general, how do you feel right now?
Good OK, but not 100% (e.g. have a cold, cough, fatigued, other minor ailment/injury) Compromised (Please explain; Is it work-related?)