



RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE FOR FOLLOW-UP

ID NUMBER:

FORM CODE: RDF
VERSION: 1.0 9/21/11

Visit Number

SEQ #

0a) Form Date /

0b) Code

Instructions: This form should be completed during the participant's visit. Please answer all questions.

I would now like to ask you detailed questions about your experiences with respiratory disease and smoke exposure.

The following questions relate to respiratory symptoms.

- 1) Do you usually have a cough? (Exclude clearing of throat.) (Y/N)
- 1a) If **yes (Y)**, do you usually cough as much as 4 times a day, 4 or more days out of the week?
- 2) Do you usually cough at all on getting up or first thing in the morning? (Y/N)
- 3) Do you usually cough at all during the rest of the day or night? (Y/N)
- If **yes (Y)** to any of the above (1, 2, 3), answer the following:
- 3a) Do you cough like this on most days, for 3 consecutive months or more during the year? (Y/N)
- 3b) For how many years have you had this cough? yrs
- 4) Do you usually bring up phlegm from your chest? (Y/N)
- 4a) If **yes (Y)**, do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? (Y/N)
- 5) Do you usually bring up phlegm from your chest on getting up, or first thing in the morning? (Y/N)
- 6) Do you usually bring up phlegm from your chest during the rest of the days or at night? (Y/N)
- If **yes (Y)**, to any of the about (4, 5, 6), answer the following:
- 6a) Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? (Y/N)
- 6b) For how many years have you had trouble with phlegm? yrs

ID NUMBER:

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit Number

SEQ #

- 7) In the past 12 months, have you had periods or episodes of cough with phlegm that lasted 1 week or more? (If you usually have cough and phlegm, please count only periods or episodes of increased cough and phlegm). (Y/N)
- 7a) If **yes (Y)**, about how many such episodes have you had in the past 12 months?
- 7b) If **yes (Y)**, for how many years have you had at least one such episode per year? yrs
- 8) Have you ever had wheezing or whistling in your chest? (Y/N) (If **NO**, go to 11)
- 8a) If **yes (Y)**, about how old were you when you first had wheezing or whistling in your chest? yrs
- 9) Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath? (Y/N).....
- 9a) If **yes (Y)**, about how old were you when you had your first such attack? yrs of age
- 9b) Have you ever had 2 or more such attacks? (Y/N)
- 9c) Have you ever required medicine or treatment for such attacks? (Y/N)
- 10) In the last 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
- 10a) If **yes (Y)**, in the last 12 months, does your chest ever sound wheezy or whistling...
- | | | |
|--------------------------------|------------------------------|-----------------------------|
| When you have a cold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Occasionally apart from colds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| More than once a week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Most days or nights? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 11) In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection? (Y/N)
- 12) In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest? (Y/N).....

Questions 13-14 are about symptoms that occur when you do not have a cold or the flu.

- 13) In the past 12 months, have you had wheezing or whistling in your chest at any time? (Y/N).....
- 14) In the past 12 months, have you been bothered by watery, itchy, or burning eye when you did not have a cold or the flu? (Y/N)
- 15) Are you unable to walk due to a condition other than shortness of breath? (Y/N)
- Nature of condition: _____

ID NUMBER:									
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FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

These next questions relate to respiratory conditions

16) In the past 12 months, have you been newly diagnosed by a doctor or other health professional with asthma?.....

- Yes Y
- No N → **Go to Item 17**
- Don't know U → **Go to Item 17**

16a) In the past 12 months, have you received medical treatment, taken medications, or used an inhaler for asthma? (Y/N)

17) In the past 12 months, have you had any hay fever (allergy involving the nose and/or eyes)?

- Yes Y
- No N → **Go to Item 18**
- Don't know U → **Go to Item 18**

17a) Was it diagnosed by a doctor or other health professional? (Y/N/U)

17b) In the past 12 months, have you received medical treatment, taken medications, or used a nasal spray for hay fever? (Y/N)

18) In the past 12 months, have you had an attack of bronchitis?

- Yes Y
- No N → **Go to Item 19**
- Don't know U → **Go to Item 19**

18a) Was it diagnosed by a doctor or other health professional? (Y/N/U)

18b) How many times have you had bronchitis in the past 12 months? times

19) In the past 12 months, have you had pneumonia or bronchopneumonia?

- Yes Y
- No N → **Go to Item 20**
- Don't know U → **Go to Item 20**

19a) Was it diagnosed by a doctor or other health professional? (Y/N/U)

19b) How many times have you had pneumonia or bronchopneumonia in the past 12 months? times

20) In the past 12 months, were you newly diagnosed by a doctor or other health professional with chronic bronchitis?

- Yes Y
- No N → **Go to Item 21**
- Don't know U → **Go to Item 21**

20a) In the past 12 months, have you received medical treatment, taken medications or used an inhaler for chronic bronchitis? (Y/N)

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

21) In the past 12 months, have you been newly diagnosed by a doctor or other health professional with emphysema?.....

- Yes Y
- No N → **Go to Item 22**
- Don't know U → **Go to Item 22**

21a) In the past 12 months, have you received medical treatment, taken medications or used an inhaler for emphysema? (Y/N).....

22) In the past 12 months, have you been newly diagnosed by a doctor or other health professional with COPD (chronic obstructive pulmonary disease)?

- Yes Y
- No N → **Go to Item 23**
- Don't know U → **Go to Item 23**

22a) In the past 12 months, have you received medical treatment, taken medications or used an inhaler for COPD? (Y/N).....

23) In the past 12 months, have you been newly diagnosed by a doctor or other health professional with sleep apnea?.....

- Yes Y
- No N → **Go to Item 24**
- Don't know U → **Go to Item 24**

23a) In the past 12 months, have you received any treatment for sleep apnea? (Y/N).....

- Yes Y
- No N → **Go to Item 24**

23b) Do you use a CPAP or BIPAP? (Y/N)

- Yes Y
- No N

23c) Did you have surgery for your sleep apnea? (Y/N)

- Yes Y
- No N

23d) Did you have some other treatment for your sleep apnea? (Y/N).....

- Yes Y
- No N → **Go to Item 24**

23e) Describe _____

ID NUMBER:									
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FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

24) In the past 12 months have you had:

24a) Any other chest illnesses? (Y/N)

If **Yes (Y)**, specify: _____

24b) Any chest operations? (Y/N)

If **Yes (Y)**, specify: _____

24c) Any chest injuries? (Y/N)

If **Yes (Y)**, specify: _____

I am now going to ask you about some common environmental exposures.

[Do not read] Cigarette Smoking

25) In the past 12 months have you smoked cigarettes?

Yes Y

No N → **Go to Item 30**

26) Do you still smoke cigarettes as of one month ago? (Y/N)

Yes Y

No N → **Go to Item 29**

27) Cigarettes smoke in the past 24 hours: (check here if does not apply)

Approximately how many cigarettes have you smoked in the past

24 hours

2 hours

½ hour

28) How many cigarettes do you smoke per day now?

29) On average over the last 12 months, how many cigarettes did you smoke per day? per day

30) Have you ever smoked menthol cigarettes?

Yes Y

No N → **Go to Item 31**

30a) For how long have you or did you smoke menthol cigarettes? years

31) What brands of cigarettes have you smoked?

a) _____

b) _____

c) _____

d) _____

e) _____

ID NUMBER:

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

SEQ #

[Do not read] Pipe Smoking

32) In the past twelve months have you smoked a pipe regularly?
Yes Y
No N → **Go to Item 36**

33) Do you smoke a pipe (as of one month ago)? (Y/N)
Yes Y
No N → **Go to Item 36**

34) How much pipe tobacco do you smoke per day now? oz per day

35) On average over the last 12 months, how many ounces of tobacco did you smoke per week? oz per week

[Do not read] Cigar Smoking

36) In the past twelve months have you smoked cigars regularly? (**YES** means more than 1 cigar a week for one year at any time in your life)
Yes Y
No N → **Go to Item 40**

37) Do you now smoke cigars (as of one month ago)? (Y/N)
Yes Y →
No N → **Go to Item 39**

38) How many cigars smoke per day now? per day

39) On average over the last 12 months, how many cigars did you smoke per week? per week

I'd now like to ask you about your second-hand smoke exposures.

40) Which of the following best describes your approach to tobacco smoking in your home when you are in the house?
Never allow smoking in home 1
Smoking is allowed only in certain rooms 2
Smoking is allowed in all rooms of your home 3
Refused R
Don't Know D

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

41) In the last 12 months, have you lived in the same household with someone who smoked tobacco products?

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- Yes 1
- No 0 → **Go to Item 45**
- Refused R → **Go to Item 45**
- Don't know D → **Go to Item 45**

42) Do you currently live in the same household with someone who smokes tobacco products?

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- Yes Y
- No N → **Go to Item 44**
- Refused R → **Go to Item 44**
- Don't Know D → **Go to Item 44**

43) How many people in your household currently smoke?

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44) In the last 12 months for how many months in total have you lived in the same household with someone else who smoke tobacco products?

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 months

- Refused R
- Don't know D

I would now like to ask you about any smoke exposure that may have occurred in the past seven days.

45) Has anyone smoked tobacco in your home during the past seven days?

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- Yes Y
- No N → **Go to Item 53**
- No Answer U

46) During the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke at home?

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 hrs

47) During the past 7 days, did you enter a room in your home that was visibly smoky?

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- Yes Y
- No N
- No Answer U

48) In the past 7 days, did you smell tobacco smoke in your home? (Y/N/U)

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49) During the past 7 days, did you experience red eyes or eye irritation? (Y/N/U)

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50) During the past 7 days, did you experience runny nose or nose irritation? (Y/N/U)

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51) During the past 7 days, did you experience coughing, wheezing or chest tightness? (Y/N/U)

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ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

- 52) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your home? (Y/N/U)
- 53) In the past 7 days, have you visited another person's home where someone was smoking tobacco products indoors? (Y/N/U) **If N or U skip to 71**
- 54) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in another person's home? hrs
- 55) During the past 7 days, did you enter a room in another person's home that was visibly smoky? (Y/N/U)
- 56) In the past 7 days, did you smell tobacco smoke in another person's home? (Y/N/U)
- 57) In the past 7 days, have you traveled by car or other vehicle with someone else who was smoking tobacco products? (Y/N/U) **If N or U skip to 73**
- 58) In the past 7 days, how many hours did you spend traveling in a car while someone else was smoking tobacco? hrs

[Do not read] IF NOT A WORKER SKIP TO 68

- 59) During the past 7 days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors? (Y/N/U) **If N or U skip to 75**
- 60) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace? hrs
- 61) During the past 7 days, did you enter a room in your workplace that was visibly smoky?
- 62) In the past 7 days, did you smell tobacco smoke in your workplace?
- 63) Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke? (Y/N/U) **If N or U skip to 66**
- 64) In the past 7 days, how many times did you walk through or past this area while others were smoking? (Y/N/U)
- 65) During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking? (Y/N/U)
- 66) While walking through or past this area, did you smell smoke? (Y/N/U)
- 67) In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit Number

--	--

SEQ #

--	--	--

68) During the past 7 days, did you smell tobacco smoke while working outdoors?.....

69) In the past seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside? (Y/N/U) **If N or U skip to 70**

70) Where was this location? _____

71) During the past 7 days, did you smell tobacco smoke in this outdoor location? (Y/N/U) **If N or U skip to 72**

72) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke this outdoor location?.....

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 hrs

73) In the past seven days or nights, were you in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone else was smoking tobacco products? (Y/N/U) **If N or U skip to 74**

74) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in a bar or other place of entertainment?

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 hrs

75) During the past 7 days, did you enter a room in a bar or other place of entertainment that was visibly smoky? (Y/N/U).....

76) In the past 7 days, did you smell tobacco smoke in a bar or other place of entertainment?

You answered that you were exposed to someone else's tobacco smoke in a bar or other place of entertainment. During the past 7 days, did you experience any of the following after this exposure

77) I have asked you about exposure to someone else's tobacco some in your home, friend's home, work, outdoor locations, and bars or nightclubs. In the past 7 days, was there any other location where you were exposed to tobacco smoke? (Y/N/U) **If N or U skip to 80**

78) Where was this location? (Y/N/U).....

79) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in this location? (Y/N/U).....

I would now like to ask you about any smoke exposure that may have occurred as a result of marijuana use. Please remember that all information that you give us is confidential, and only certified SPIROMICS personnel will have access to this information.

80) In the last 12 months have you smoked marijuana (cannabis, pot, or hashish)?
YesY
No.....N → **Go to 84**

81) In the last 12 months have you smoked marijuana regularly (five times or more in a given year)?
YesY
No.....N

ID NUMBER:

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

SEQ #

82) On average, in the last 12 months about how many joints per week do (did) you smoke?

83) On average, in the last 12 months about how many pipes per week do (did) you smoke?

84) How many hours per day do you spend outdoors?

a) In spring..... hrs

b) In summer..... hrs

c) In fall hrs

d) In winter..... hrs

85) On average, how many hours per day do you spend in your home? hrs

a) Do you have a central air conditioner?

Yes Y

No N → **Go to Item 85c**

b) How many months out of the year do you use it?

c) Do you have a room air conditioner?

Yes Y

No N → **Go to Item 85e**

d) How many months out of the year do you use it?

e) What kind of range or stove do you have?

Gas G

Electric..... E

Other..... O

Specify _____

f) Does your range or stove have ventilation to the outdoors?

Yes Y

No N

Unknown..... U

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: **RDF**
VERSION: **1.0** 09/21/11

Visit
Number

--	--

SEQ #

--	--	--

g) What is the main type of heating you use in your house?

- Radiator 1 → **Go to Item 85i**
- Forced Air 2 → **Go to Item 85h**
- Wood stove 3 → **Go to Item 85i**
- Fireplace 4 → **Go to Item 85i**
- Other 5 → **Go to Item 85i**

h) What is the main type of heating fuel used in your house?

- Electric 1
- Natural Gas 2
- Oil 3
- Coal 4
- Wood 5
- Other 6
- Specify _____

i) How many months out of the year do you use the main type of heating in your house?

j) Are there any other sources of heat? (check all that apply)

- Radiator
- Forced Air
- Wood stove
- Fireplace
- Other

86) How much time per day do you spend commuting in traffic to work in total (i.e. both ways)?

- None 1
- 1-30 minutes 2
- 30-60 minutes 3
- More than 60 minutes (1 hour) 4
- More than 120 minutes (2 hours) 5

a) How many days per week do you commute to work?