

FOLLOW-UP RESPIRATORY DISEASE AND SMOKE EXPOSURE

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FORM CODE: **RDF**
 VERSION: **1.0 06/05/2025**

Event: _____

0a) Date of Collection: □ □ / □ □ / □ □ □ □

0b) Staff Code: □ □ □

Instructions: This form should be completed during the participant's clinic visit.

0c) Last study visit: □ □ / □ □ / □ □ □ □

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) Since your last study visit, do you usually have a cough? (Exclude clearing of throat.)

- No₀ → **Go to 2**
 Yes₁

1a) Do you usually cough as much as 4 times a day, 4 or more days out of the week?

- No₀
 Yes₁

2) Since your last study visit, do you usually cough at all upon getting up or first thing in the morning?

- No₀
 Yes₁

3) Since your last study visit, do you usually cough at all during the rest of the day or night?

- No₀
 Yes₁

If Yes to any of the questions above (1, 2, 3), please answer the following questions (3a and 3b).

3a) Do you cough like this on most days, for 3 consecutive months or more during the year?

- No₀
 Yes₁

3b) How many years have you had this cough?

□ □ years

4) Since your last study visit, do you usually bring up phlegm from your chest?

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- No₀ → **Go to 5**
- Yes₁

4a) Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?

- No₀
- Yes₁

4b) What is the color of the phlegm you bring up from your chest?

- Clear₁
- White₂
- Yellow/Tan₃
- Brown₄
- Green₅
- Other₆

4b1) If Other, please specify: _____

5) Since your last study visit, do you usually bring up phlegm from your chest upon getting up or first thing in the morning?

- No₀
- Yes₁

6) Since your last study visit, do you usually bring up phlegm from your chest during the rest of the day or at night?

- No₀
- Yes₁

If Yes to any of the questions above (4, 5, 6), please answer the following questions (6a and 6b).

6a) Do you bring up phlegm like this on most days, for 3 consecutive months or more during the year?

- No₀
- Yes₁

6b) How many years have you had trouble with phlegm? years

7) Since your last study visit, 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.)

- No₀ → **Go to 8**
- Yes₁

7a) About how many such episodes have you had since your last study visit?

episodes

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7b) How many years have you had at least one such episode per year? years

8) Since your last study visit, have you had wheezing or whistling in your chest?

- No₀ → **Go to 11**
 Yes₁

8a) About how old were you when you first had wheezing or whistling in your chest? years old

9) Since your last study visit, have you had an attack of wheezing or whistling in your chest that made you feel short of breath?

- No₀ → **Go to 10**
 Yes₁

9a) About how old were you when you had your first such attack? years old

9b) Have you had 2 or more such attacks?

- No₀
 Yes₁

9c) Have you required medicine or treatment for such attacks?

- No₀
 Yes₁

10) Since your last study visit, have you had wheezing or whistling in your chest at any time?

- No₀ → **Go to 11**
 Yes₁

10a) Since your last study visit, does your chest ever sound wheezy or whistling...

- | | | |
|--------------------------------------|--|---|
| 10a1) When you have a cold? | <input type="checkbox"/> No ₀ | <input type="checkbox"/> Yes ₁ |
| 10a2) Occasionally apart from colds? | <input type="checkbox"/> No ₀ | <input type="checkbox"/> Yes ₁ |
| 10a3) More than once a week? | <input type="checkbox"/> No ₀ | <input type="checkbox"/> Yes ₁ |
| 10a4) Most days or nights? | <input type="checkbox"/> No ₀ | <input type="checkbox"/> Yes ₁ |

11) Since your last study visit, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

- No₀
 Yes₁

12) Since your last study visit, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?

- No₀
 Yes₁

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

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13) Since your last study visit, have you had wheezing or whistling in your chest at any time when you did not have a cold or the flu?

- No₀
 Yes₁

14) Since your last study visit, have you been bothered by watery, itchy, or burning eye when you did not have a cold or the flu?

- No₀
 Yes₁

15) Are you unable to walk due to a condition other than shortness of breath?

- No₀ → **Go to 16**
 Yes₁

15a) What is the nature of the condition: _____

These next questions relate to respiratory conditions.

16) Since your last study visit, have you been newly diagnosed by a doctor or other health professional with asthma?

- No₀ → **Go to 17**
 Yes₁
 Don't know₂ → **Go to 17**

16a) Since your last study visit, have you received medical treatment, taken medications, or used an inhaler for asthma?

- No₀
 Yes₁

17) Since your last study visit, have you had any hay fever (allergy involving the nose and/or eyes)?

- No₀ → **Go to 18**
 Yes₁
 Don't know₂ → **Go to 18**

17a) Was it diagnosed by a doctor or other health professional?

- No₀
 Yes₁
 Don't know₂

17b) Since your last study visit, have you received medical treatment, taken medications, or used a nasal spray for hay fever?

- No₀
 Yes₁

18) Since your last study visit, have you had an attack of bronchitis?

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No₀ → **Go to 19**

Yes₁

Don't know₂ → **Go to 19**

18a) Was it diagnosed by a doctor or other health professional?

No₀

Yes₁

Don't know₂

18b) How many times have you had bronchitis since your last study visit? times

19) Since your last study visit, have you had pneumonia or bronchopneumonia?

No₀ → **Go to 20**

Yes₁

Don't know₂ → **Go to 20**

19a) Was it diagnosed by a doctor or other health professional?

No₀

Yes₁

Don't know₂

19b) How many times have you had pneumonia or bronchopneumonia since your last study visit?

times

20) Since your last study visit, have you been newly diagnosed by a doctor or other health professional with chronic bronchitis?

No₀ → **Go to 21**

Yes₁

Don't know₂ → **Go to 21**

20a) Since your last study visit, have you received medical treatment, taken medications, or used an inhaler for chronic bronchitis?

No₀

Yes₁

21) Since your last study visit, have you been newly diagnosed by a doctor or other health professional with emphysema?

No₀ → **Go to 22**

Yes₁

Don't know₂ → **Go to 22**

21a) Since your last study visit, have you received medical treatment, taken medications, or used an inhaler for emphysema?

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- No₀
- Yes₁

22) Since your last study visit, have you been newly diagnosed by a doctor or other health professional with COPD (chronic obstructive pulmonary disease)?

- No₀ → **Go to 23**
- Yes₁
- Don't know₂ → **Go to 23**

22a) Since your last study visit, have you received medical treatment, taken medications, or used an inhaler for COPD?

- No₀
- Yes₁

23) Since your last study visit, have you been newly diagnosed by a doctor or other health professional with sleep apnea?

- No₀ → **Go to 24**
- Yes₁
- Don't know₂ → **Go to 24**

23a) Since your last study visit, have you received any treatment for sleep apnea?

- No₀
- Yes₁

24) Since your last study visit, have you had:

24a) Any other chest illnesses?

- No₀ → **Go to 24b**
- Yes₁

24a1) Please specify: _____

24b) Any chest operations?

- No₀ → **Go to 24c**
- Yes₁

24b1) Please specify: _____

24c) Any chest injuries?

- No₀ → **Go to 25**
- Yes₁

24c1) Please specify: _____

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

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Cigarette Smoking

25) Were you smoking cigarettes regularly at your last study visit?

- No₀ → **Go to 26**
- Yes₁

25a) Are you currently smoking cigarettes regularly?

- No₀
- Yes₁ → **Go to 27**

25b) When did you stop smoking cigarettes regularly?

/ / → **Go to 28**

26) Did you start smoking cigarettes regularly since your last study visit?

- No₀ → **Go to 31**
- Yes₁

26a) When did you start smoking cigarettes regularly?

/ /

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

cigarettes per day → **Go to 29**

28) On average, since your last study visit, how many cigarettes did you smoke per day?

cigarettes per day

29) Were you smoking menthol cigarettes regularly at your last study visit?

- No₀ → **Go to 30**
- Yes₁

29a) Are you currently smoking menthol cigarettes regularly?

- No₀
- Yes₁ → **Go to 31**

29b) When did you stop smoking menthol cigarettes regularly?

/ / → **Go to 31**

30) Did you start smoking menthol cigarettes regularly since your last study visit?

- No₀ → **Go to 31**
- Yes₁

30a) When did you start smoking menthol cigarettes regularly?

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Pipe Smoking

31) Were you smoking a pipe regularly at your last study visit?

- No₀ → **Go to 32**
 Yes₁

31a) Are you currently smoking a pipe regularly?

- No₀
 Yes₁ → **Go to 33**

31b) When did you stop smoking a pipe regularly?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Go to 34
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32) Did you start smoking a pipe regularly since your last study visit?

- No₀ → **Go to 35**
 Yes₁

32a) When did you start smoking a pipe regularly?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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33) How much pipe tobacco do you smoke per day now?

<input type="text"/>	<input type="text"/>	ounces per day → Go to 35
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34) On average, since your last study visit, how many ounces of pipe tobacco did you smoke per week?

<input type="text"/>	<input type="text"/>	ounces per week
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Cigar Smoking

35) Were you smoking cigars regularly at your last study visit?

- No₀ → **Go to 36**
 Yes₁

35a) Are you currently smoking cigars regularly?

- No₀
 Yes₁ → **Go to 37**

35b) When did you stop smoking cigars regularly?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Go to 38
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36) Did you start smoking cigars regularly since your last study visit?

- No₀ → **Go to 39**
 Yes₁

36a) When did you start smoking cigars regularly?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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37) How many cigars do you smoke per day now? cigars per day → **Go to 39**

38) On average, since your last study visit, how many cigars did you smoke per week?
 cigars per week

Hookah Smoking

39) Were you smoking hookah (waterpipe) regularly at your last study visit?

No₀ → **Go to 40**

Yes₁

39a) Are you currently smoking hookah (waterpipe) regularly?

No₀

Yes₁ → **Go to 41**

39b) When did you stop smoking hookah (waterpipe) regularly?

/ / → **Go to 42**

40) Did you start smoking hookah (waterpipe) regularly since your last study visit?

No₀ → **Go to 43**

Yes₁

40a) When did you start smoking hookah (waterpipe) regularly?

/ /

41) How long do you smoke hookah (waterpipe) per day now? minutes per day → **Go to 43**

42) On average, since your last study visit, how many hookah (waterpipe) smoking sessions did you have per week?
 sessions per week

Heat-Not-Burn Use

43) Were you using a Heat-Not-Burn (HNB) or heated tobacco product regularly at your last study visit?

No₀ → **Go to 44**

Yes₁

43a) Are you currently using a HNB product regularly?

No₀

Yes₁ → **Go to 45**

43b) When did you stop using a HNB product regularly?

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/ / → **Go to 46**

44) Did you start using a HNB product regularly since your last study visit?

No₀ → **Go to 48**

Yes₁

44a) When did you start using a HNB product regularly?

/ /

45) How many tobacco sticks/capsules do you use per day now?

sticks/capsules per day → **Go to 47**

46) On average, since your last study visit, how many tobacco sticks/capsules did you use per week?

sticks/capsules per week

47) What HNB product do/did you use?

iQOS₁

Glo₂

Eclipse₃

REVO₄

Core₅

HeatStick₆

Ploom₇

PAX₈

Other₉

47a) If Other, please specify: _____

Smokeless Tobacco Use

48) Were you using a smokeless tobacco product (such as chewing tobacco, snuff/snus, dip) regularly at your last study visit?

No₀ → **Go to 49**

Yes₁

48a) Are you currently using a smokeless tobacco product regularly?

No₀

Yes₁ → **Go to 50**

48b) When did you stop using a smokeless tobacco product regularly?

/ / → **Go to 51**

49) Did you start using a smokeless tobacco product regularly since your last study visit?

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- No₀ → **Go to 53**
 Yes₁

49a) When did you start using a smokeless tobacco product regularly?

/ /

50) How many times do you use smokeless tobacco per day now? times per day → **Go to 52**

51) On average, since your last study visit, how many times did you use smokeless tobacco per week? times per week

52) What smokeless tobacco product do/did you use?

- Chewing tobacco₁
 Snuff/snus₂
 Dip₃
 Other₄

52a) If Other, please specify: _____

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

53) Which of the following best describes your approach to tobacco smoking in your home when you are in the house?

- Never allow smoking in home₁
 Smoking is allowed only in certain rooms₂
 Smoking is allowed in all rooms of your home₃
 Don't know₄
 Declines to answer₅

54) Since your last study visit, have you lived in the same household with someone who smoked tobacco products?

- No₀ → **Go to 57**
 Yes₁
 Don't know₂ → **Go to 57**
 Declines to answer₃ → **Go to 57**

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

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- No₀ → **Go to 57**
- Yes₁
- Don't know₂ → **Go to 57**
- Declines to answer₃ → **Go to 57**

56) How many people in your household smoke? people

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

57) Has anyone smoked tobacco in your home during the last seven days?

- No₀ → **Go to 65**
- Yes₁
- Declines to answer₂ → **Go to 65**

58) During the last seven days, how many hours in total were you exposed to someone else's tobacco smoke at home? hours

59) During the last seven days, did you enter a room in your home that was visibly smoky?

- No₀
- Yes₁
- Declines to answer₂

60) In the last seven days, did you smell tobacco smoke in your home?

- No₀
- Yes₁
- Declines to answer₂

61) During the last seven days, did you experience red eyes or eye irritation?

- No₀
- Yes₁
- Declines to answer₂

62) During the last seven days, did you experience runny nose or nose irritation?

- No₀
- Yes₁
- Declines to answer₂

63) During the last seven days, did you experience coughing, wheezing, or chest tightness?

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- No₀
- Yes₁
- Declines to answer₂

64) In the last seven days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your home?

- No₀
- Yes₁
- Declines to answer₂

65) In the last seven days, have you visited another person's home where someone was smoking tobacco products indoors?

- No₀ → **Go to 69**
- Yes₁
- Declines to answer₂ → **Go to 69**

66) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in another person's home? hours

67) During the last seven days, did you enter a room in another person's home that was visibly smoky?

- No₀
- Yes₁
- Declines to answer₂

68) In the last seven days, did you smell tobacco smoke in another person's home?

- No₀
- Yes₁
- Declines to answer₂

69) In the last seven days, have you traveled by car or other vehicle with someone else who was smoking tobacco products?

- No₀ → **Go to 71**
- Yes₁
- Declines to answer₂ → **Go to 71**

70) In the last seven days, how many hours did you spend traveling in a car while someone else was smoking tobacco? hours

I would now like to ask you about any smoke exposure at your workplace.

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71) Are you currently working?

No₀ → **Go to 82**

Yes₁

Declines to answer₂ → **Go to 82**

72) During the last seven days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors?

No₀ → **Go to 76**

Yes₁

Declines to answer₂ → **Go to 76**

73) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace? hours

74) During the last seven days, did you enter a room in your workplace that was visibly smoky?

No₀

Yes₁

Declines to answer₂

75) In the last seven days, did you smell tobacco smoke in your workplace?

No₀

Yes₁

Declines to answer₂

76) Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke?

No₀ → **Go to 81**

Yes₁

Declines to answer₂ → **Go to 81**

77) In the last seven days, how many times did you walk through or past this area while others were smoking? times

78) During the last seven days, how many hours in total did you spend in an outdoor smoking area while people were smoking? hours

79) While walking through or past this area, did you smell smoke?

No₀

Yes₁

Declines to answer₂

80) In the last seven days, how many hours did you spend near coworkers who were smoking tobacco outdoors?

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hours

81) During the last seven days, did you smell tobacco smoke while working outdoors?

- No₀
- Yes₁
- Declines to answer₂

I would now like to ask you about any smoke exposure at an outdoor location, in a bar, or other place of entertainment, or any other location.

82) In the last seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside?

- No₀ → **Go to 86**
- Yes₁
- Declines to answer₂ → **Go to 86**

83) Where was this location? _____

84) During the last seven days, did you smell tobacco smoke in this outdoor location?

- No₀
- Yes₁
- Declines to answer₂

85) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this outdoor location? hours

86) In the last seven days or nights, were you in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone else was smoking tobacco products?

- No₀ → **Go to 90**
- Yes₁
- Declines to answer₂ → **Go to 90**

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

88) During the last seven days, did you enter a room in a bar or other place of entertainment that was visibly smoky?

- No₀
- Yes₁
- Declines to answer₂

89) In the last seven days, did you smell tobacco smoke in a bar or other place of entertainment?

- No₀

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- Yes₁
- Declines to answer₂

90) I have asked you about exposure to someone else's tobacco smoke in your home, friend's home, work, outdoor locations, and bars or nightclubs. In the last seven days, was there any other location where you were exposed to tobacco smoke?

- No₀ → **Go to 93**
- Yes₁
- Declines to answer₂ → **Go to 93**

91) Where was this location? _____

92) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this location? hours

The following questions are about cannabis (marijuana, hashish) or other products containing THC, which includes marijuana ingredients or oil. DO NOT include products that you apply to your skin like CBD lotions. Please remember that all information that you give us is confidential, and only certified personnel will have access to this information.

93) Since your last study visit, have you used marijuana (cannabis, pot, or hashish) for any of the following reasons?

	<u>No</u> ₀	<u>Yes</u> ₁
93a) Medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
93b) Recreational use	<input type="checkbox"/>	<input type="checkbox"/>
93c) Other	<input type="checkbox"/>	<input type="checkbox"/>

93c1) If Other, please specify: _____

94) Since your last study visit, have you used marijuana in any of the following ways, even one time?

	<u>No</u> ₀	<u>Yes</u> ₁
94a) Smoking (e.g., joints, blunts, pipes, bong)	<input type="checkbox"/>	<input type="checkbox"/>
94b) Vaping (e.g., pens, vapes)	<input type="checkbox"/>	<input type="checkbox"/>
94c) Ingestion by mouth or under the tongue (e.g., edibles, tinctures, oils)	<input type="checkbox"/>	<input type="checkbox"/>
94d) Other	<input type="checkbox"/>	<input type="checkbox"/>

94d1) If Other, please specify: _____

→ **IF No to item 94a and 94b above, go to question 98.**

→ **IF Yes to item 94a and/or 94b above, continue with the following questions (95 - 97)**

95) How many times have you used inhaled marijuana in the last 30 days?

- Never₀
- 1 to 2 times₁
- 3 to 5 times₂

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- 6 to 10 times₃
- 11 to 20 times₄
- 21 to 39 times₅
- 40 or more times₆
- Don't know₇
- Declines to answer₈

96) How many times have you used inhaled marijuana since your last study visit?

- Never₀
- 1 to 2 times₁
- 3 to 10 times₂
- 11 to 39 times₃
- 40 to 99 times₄
- 100 to 499 times₅
- 500 or more times₆
- Don't know₇
- Declines to answer₈

97) When was the last time you used inhaled marijuana?

- In the last week₁
- In the last month₂
- In the last six months₃
- In the last 12 months₄
- More than 12 months ago₅
- Don't know₆
- Declines to answer₇

I would now like to ask you about any environmental smoke exposure such as wildfire smoke that may impact outdoor air quality.

98) Do you ever look up information related to wildfire, smoke notifications or outdoor air quality?

- No₀
- Yes₁

99) Do you do any of the following to reduce exposure or symptoms during smoke events?
 (check all that apply)

No₀ Yes₁

- | | | |
|---|--------------------------|--------------------------|
| 99a) Reduce or eliminate outdoor activities | <input type="checkbox"/> | <input type="checkbox"/> |
| 99b) Wear a mask to protect your lungs | <input type="checkbox"/> | <input type="checkbox"/> |
| 99c) Use a personal air filtration system in your home or office | <input type="checkbox"/> | <input type="checkbox"/> |
| 99d) Go to buildings that have air filtration systems like the mall or public library | <input type="checkbox"/> | <input type="checkbox"/> |

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- 99e) Evacuate your home and area
- 99f) Take extra medication, such as albuterol or prednisone
- 99g) Not applicable

100) What is the minimum air quality index rating that would cause you to take any of the actions listed in question 99(a-f)?

- Green – Good₁
- Yellow – Moderate₂
- Orange – Unhealthy for sensitive groups₃
- Red – Unhealthy₄
- Purple – Very Unhealthy₅
- Maroon – Hazardous₆
- I am not familiar with this rating system₇

101) Have you experienced any of following symptoms or health effects related to wildfire smoke in the past? (check all that apply)

- | | <u>No</u> ₀ | <u>Yes</u> ₁ |
|--|--------------------------|--------------------------|
| 101a) Irritated, watery or itching eyes | <input type="checkbox"/> | <input type="checkbox"/> |
| 101b) Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| 101c) Fatigue | <input type="checkbox"/> | <input type="checkbox"/> |
| 101d) Sore or irritated throat | <input type="checkbox"/> | <input type="checkbox"/> |
| 101e) Irritated or dry nose/ sinuses | <input type="checkbox"/> | <input type="checkbox"/> |
| 101f) New or increased cough/ sputum production | <input type="checkbox"/> | <input type="checkbox"/> |
| 101g) Wheezing or whistling in chest | <input type="checkbox"/> | <input type="checkbox"/> |
| 101h) New or increased shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 101i) Miss work due to health problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 101j) Breathing problems requiring prednisone or antibiotics | <input type="checkbox"/> | <input type="checkbox"/> |
| 101k) Severe symptoms requiring an urgent visit to your doctor or emergency department | <input type="checkbox"/> | <input type="checkbox"/> |

END OF FORM