



# RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

ID NUMBER:

FORM CODE: RDS  
VERSION: 3.0 8/2/11

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0a) Form Date .....   /   /

0b) Staff 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

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- 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 years? .....   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 should 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 now 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: \_\_\_\_\_

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**These next questions relate to respiratory conditions**

16) Have you ever had asthma? .....

Yes ..... Y

No ..... N → **Go to Item 17**

Don't know ..... U → **Go to Item 17**

16a) At about what age did it start? .....

As a child; age not known (Check is appropriate)

16b) Was it diagnosed by a doctor or other health professional? (Y/N/U) .....

16c) Do you still have it? (Y/N/U) .....

16d) If you no longer have it, at what age did it stop? .....

As a child; age not known (Check is appropriate)

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

17) Have you ever 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) At about what age did it start? .....

As a child; age not known (Check is appropriate)

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

17c) Do you still have it? (Y/N/U) .....

17d) If you no longer have it, at what age did it stop? .....

As a child; age not known (Check is appropriate)

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

18) Have you ever 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) At about what age did you first have bronchitis? .....

As a child; age not known (Check is appropriate)

18c) How many time have you had bronchitis? .....   times

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- 19) Have you ever 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) At about what age did you first have pneumonia or bronchopneumonia? .....
- As a child; age not known (Check is appropriate)
- 19c) How many time have you had pneumonia or bronchopneumonia? .....   times
- 20) Have you ever had chronic bronchitis? .....
- Yes ..... Y  
No ..... N → **Go to Item 21**  
Don't know ..... U → **Go to Item 21**
- 20a) Was it diagnosed by a doctor or other health professional? (Y/N/U) .....
- 20b) At about what age did it start? .....
- 20c) Do you still have it? (Y/N/U) .....
- 20d) In the past 12 months, have you received medical treatment, take medications or used a inhaler for chronic bronchitis? (Y/N) .....
- 21) Have you ever had emphysema? .....
- Yes ..... Y  
No ..... N → **Go to Item 22**  
Don't know ..... U → **Go to Item 22**
- 21a) Was it diagnosed by a doctor or other health professional? (Y/N/U) .....
- 21b) At about what age did it start? .....
- 21c) Do you still have it? (Y/N/U) .....
- 21d) In the past 12 months, have you received medical treatment, take medications or used a inhaler for emphysema? (Y/N) .....
- 22) Have you ever had COPD (chronic obstructive pulmonary disease)? .....
- Yes ..... Y  
No ..... N → **Go to Item 23**  
Don't know ..... U → **Go to Item 23**
- 22a) Was it diagnosed by a doctor or other health professional? (Y/N/U) .....
- 22b) At about what age did it start? .....
- 22c) Do you still have it? (Y/N/U) .....
- 22d) In the past 12 months, have you received medical treatment, take medications or used a inhaler for COPD? (Y/N) .....

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23) Have you ever had sleep apnea? .....

Yes ..... Y

No ..... N → **Go to Item 24**

Don't know ..... U → **Go to Item 24**

23a) Was it diagnosed by a doctor or other health professional? (Y/N/U) .....

23b) At about what age did it start? .....

23c) Do you still have it? (Y/N/U) .....

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

24) Have you ever 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'd now like to ask you about your family history or respiratory disease.**

25) Were either of you natural parents told by a doctor they had a chronic lung condition such as:

	Father			Mother		
	YES	NO	Don't Know	YES	NO	Don't Know
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26) Were either of your natural parents ever a cigarette smoker?

Father:  Yes  No  Don't know

Mother:  Yes  No  Don't know

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

*[Do not read] Cigarette Smoking*

27) Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes of 12 oz. of tobacco in a lifetime of less than 1 cigarette a day for one year at any time in your life) .....

Yes ..... Y

No ..... N → **Go to Item 34**

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28) How old were you when you first started regular cigarette smoking? ..... 

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29) Do you smoke cigarettes (as of one month ago)? (Y/N)..... 

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Yes ..... Y → **Go to Item 30**

No ..... N → **Go to Item 31**

30) How many cigarettes do you smoke per day now? ..... 

--	--

31) How old were you when you completely stopped smoking? ..... 

--	--

 yrs old

32) On average of the entire time you smoked, how many cigarettes did you smoke per day? ..... 

--	--

 per day

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

Approximately how many cigarettes have you smoked in the past

--	--

 in 24 hours

--	--

 in 2 hours

--	--

 in ½ hour

*[Do not read] Pipe Smoking*

34) Have you ever smoked a pipe regularly? (**YES** means more than 12 oz of tobacco in a lifetime)..... 

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Yes ..... Y

No ..... N → **Go to Item 40**

35) How old were you when you first started to smoke a pipe regularly? ..... 

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36) Do you smoke a pipe (as of one month ago)? (Y/N) ..... 

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Yes ..... Y → **Go to Item 37**

No ..... N → **Go to Item 38**

37) How much pipe tobacco do you smoke per day now? ..... 

--	--

 oz per day

38) How old were you when you completely stopped smoking a pipe? ..... 

--	--

 yrs old

39) On average of the entire time you smoked a pipe, how many ounces of tobacco did you smoke per week?..... 

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 oz per week

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*[Do not read] Cigar Smoking*

40) Have you ever 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 46**

41) How old were you when you first started to smoke cigars regularly?.....

42) Do you now smoke cigars (as of one month ago)? (Y/N).....

Yes ..... Y → **Go to Item 43**  
No ..... N → **Go to Item 44**

43) How many cigars smoke per day now?.....   per day

44) How old were you when you completely stopped smoking cigars?.....   yrs old

45) On average of the entire time you smoked cigars, how many cigars did you smoke per week?.....   per week

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

46) 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

47) For how many years has this been your approach to smoking in you home?.....   yrs

Refused ..... R  
Don't Know ..... D

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

Yes ..... Y → **Go to Item 50**  
No ..... N → **Go to Item 49**  
Refused ..... R → **Go to Item 52**  
Don't Know ..... D → **Go to Item 52**

49) Since age 18, have you ever lived in the same household with someone who smoked tobacco products? .....   yrs

Yes ..... 1 → **Go to Item 51**  
No ..... 0 → **Go to Item 52**

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Refused..... R → **Go to Item 52**  
Don't know..... D → **Go to Item 52**

50) How many people in your household smoke? .....

51) Since age 18, for how many years in total have you lived in the same household with  
someone else who smoke tobacco products? .....   yrs

Refused..... R  
Don't know..... D

52) Growing up until age 18, were there any adults in your household who smoked at home? .....

Yes ..... Y  
No ..... N → **Go to Item 54**  
Refused..... R → **Go to Item 54**  
Don't Know ..... D → **Go to Item 54**

53) Was this your father, your mother, or someone else? (*check all that apply*)

Father.....   
Mother.....  → **Answer Item 54**  
Other .....   
Refused.....   
Don't Know .....

54) Did your mother smoke cigarettes when she was pregnant with you before you were born? .....

Yes ..... Y  
No..... N  
Refused..... R  
Don't know..... D

55) Growing up until age 18, for how many years in total did you live in the same household with  
someone else who smoked tobacco products? .....   yrs

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.**

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

Yes ..... Y  
No..... N → **Go to Item 64**  
No Answer..... U

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



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58) During the past 7 days, did you enter a room in your home that was visibly smoky? .....   
Yes ..... Y  
No ..... N  
No Answer ..... U

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

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

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

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

63) 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) .....

64) 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 66**

65) 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

66) During the past 7 days, did you enter a room in another person's home that was visibly smoky? (Y/N/U) .....

67) In the past 7 days, did you smell tobacco smoke in another person's home? (Y/N/U) .....

*[Do not read] Skip to Question 72*

72) 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 78**

73) 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] Skip to Question 78*

*[Do not read] IF NOT A WORKER SKIP TO 102*

78) 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 80**

79) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace? .....   hrs

80) During the past 7 days, did you enter a room in your workplace that was visibly smoky? .....

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81) In the past 7 days, did you smell tobacco smoke in your workplace? .....

*[Do not read] Skip to Question 86*

86) 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 95**

87) In the past 7 days, how many times did you walk through or past this area while others were  
smoking? (Y/N/U) .....

88) 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) .....

89) While walking through or past this area, did you smell smoke? (Y/N/U) .....

*[Do not read] Skip to Question 95*

95) In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?

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

*[Do not read] Skip to Question 101*

101) 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 103**

102) Where was this location? \_\_\_\_\_

103) During the past 7 days, did you smell tobacco smoke in this outdoor location? (Y/N/U) .....  **If N or U skip to 109**

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

*[Do not read] Skip to Question 109*

109) 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 111**

110) 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? .....   hrs

111) 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) .....

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

*[Do not read] Skip to Question 117*

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**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**

117) 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 124**

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

119) 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).....

*[Do not read] Skip to Question 124*

**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.**

124) Have you ever smoked marijuana (cannabis, pot, or hashish)? .....   
Yes ..... Y  
No ..... N → **Go to END**

125) Have you ever smoked marijuana regularly (five times or more in a given year)? .....   
Yes ..... Y  
No ..... N

126) On average over the entire time that you smoke(d) about how many joints per week do (did) you smoke? .....

127) On average over the entire time that you smoke(d) about how many pipes per week do (did) you smoke? .....

128) How many years have you smoked pot/marijuana? .....   yrs

*[Do not read] Skip to Question 130*

130) When was the last time you smoked marijuana? .....   
In the last week..... 1  
In the last month..... 2  
In the last six months ..... 3  
In the last 12 months..... 4  
More than 12 months ago ..... 5  
Don't know..... 6  
Declines to answer..... 7

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