



RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE FOR FOLLOW-UP

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FORM CODE: RDF
VERSION: 2.0 08/24/2018

Event _____

0a) Date of Collection / / 0b) Staff Code

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

- No₀ → **Go to 2**
 Yes₁

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

- No₀
 Yes₁

2) Do you usually cough at all upon getting up or first thing in the morning?

- No₀
 Yes₁

3) Do you usually cough at all during the rest of the day or at night?

- No₀
 Yes₁

If Yes, to any of the questions above (1, 2, or 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) For how many years have you had this cough?

yrs

4) Do you usually bring up phlegm from your chest?

- No₀ → **Go to 5**
 Yes₁

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- 4a) If Yes, do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?
- No₀
 Yes₁
- 5) Do you usually bring up phlegm from your chest upon getting up, or first thing in the morning?
- No₀
 Yes₁
- 6) 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 above questions (4, 5, or 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) For how many years have you had trouble with phlegm? yrs
- 7) Since your last SPIROMICS 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) If Yes, about how many such episodes have you had in the past 12 months? episodes
- 7b) If Yes, 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?
- No₀ → **Go to 11**
 Yes₁
- 8a) If Yes, 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?
- No₀ → **Go to 10**
 Yes₁
- 9a) If Yes, about how old were you when you had your first such attack? yrs

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀ → **Go to 11**
 Yes₁

10a) If Yes, does your chest ever sound wheezy or whistling...

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

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

- No₀
 Yes₁

Question 13 has been removed.

Question 14 is about symptoms that occur when you do not have a cold or the flu.

14) Since your last SPIROMICS 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
 Yes₁

15a) If Yes, what is the nature of the condition: _____

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These next questions relate to respiratory conditions.

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

No₀

Yes₁

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

No₀ → **Go to 19**

Yes₁

Don't know₂ → **Go to 19**

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

No₀

Yes₁

Don't know₂

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

No₀

Yes₁

Questions 18, 18a, and 18b have been removed.

19) Since your last SPIROMICS 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

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

- 20) Since your last SPIROMICS visit, have you been newly diagnosed by a doctor or other health professional with chronic bronchitis?
- No₀
 - Yes₁
 - Don't know₂

Question 20a has been removed.

- 21) Since your last SPIROMICS visit, have you been newly diagnosed by a doctor or other health professional with emphysema?
- No₀
 - Yes₁
 - Don't know₂

Question 21a has been removed.

- 22) Since your last SPIROMICS 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 SPIROMICS visit, have you received medical treatment, taken medications, or used an inhaler for COPD?
- No₀
 - Yes₁

- 23) Since your last SPIROMICS 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 SPIROMICS visit, have you received any treatment for sleep apnea?
- No₀ → **Go to 24**
 - Yes₁

- 23b) Do you use a CPAP or BIPAP?
- No₀
 - Yes₁

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23c) Since your last SPIROMICS visit, have you had surgery for sleep apnea?

- No₀
 Yes₁

23d) Did you have some other treatment for sleep apnea?

- No₀ → **Go to 24**
 Yes₁

23e) If Yes, please describe the treatment: _____

24) Since your last SPIROMICS visit, have you had...

24a) Any other chest illnesses?

- No₀ → **Go to 24b**
 Yes₁

24a1) If Yes, please specify: _____

24b) Any chest operations?

- No₀ → **Go to 24c**
 Yes₁

24b1) If Yes, please specify: _____

24c) Any chest injuries?

- No₀ → **Go to 25**
 Yes₁

24c1) If Yes, please specify: _____

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

Cigarette Smoking

25) In the last 12 months, have you smoked cigarettes?

- No₀ → **Go to 30**
 Yes₁

26) Do you still smoke cigarettes as of one month ago?

- No₀ → **Go to 29**
 Yes₁

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Questions 27, 27a, 27b, and 27c have been removed.

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

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?

No₀ → **Go to 32**

Yes₁

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

Questions 31a - 31e have been removed.

Pipe Smoking

32) In the last 12 months, have you smoked a pipe regularly?

No₀ → **Go to 36**

Yes₁

33) Do you smoke a pipe (as of one month ago)?

No₀ → **Go to 35**

Yes₁

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 via a pipe per week?

oz. per week

Cigar Smoking

36) In the last 12 months, have you smoked cigars regularly? (Regularly means more than 1 cigar per week in the last 12 months)

No₀ → **Go to 40**

Yes₁

37) Do you now smoke cigars (as of one month ago)?

No₀ → **Go to 39**

Yes₁

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38) How many cigars do you 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 home₁
- Smoking is allowed only in certain rooms₂
- Smoking is allowed in all rooms of your home₃
- Refused₄
- Don't know₅

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

- No₀ → **Go to 45**
- Yes₁
- Don't know₂ → **Go to 45**
- Refused₃ → **Go to 45**

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

- No₀ → **Go to 45**
- Yes₁
- Don't know₂ → **Go to 45**
- Refused₃ → **Go to 45**

43) How many people in your household currently smoke? people

Questions 44 and 44a have been removed.

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?

- No₀ → **Go to 53**
- Yes₁
- No answer₂ → **Go to 53**

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

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Questions 47-52 have been removed.

53) During the past 7 days, have you visited another person's home where someone was smoking tobacco products indoors?

No₀ → **Go to 57**

Yes₁

No answer₂ → **Go to 57**

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

Questions 55 and 56 have been removed.

57) During the past 7 days, have you traveled by car or other vehicle with someone else who was smoking tobacco products?

No₀ → **Go to 58a**

Yes₁

No answer₂ → **Go to 58a**

58) During the past 7 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.

58a) Are you currently working?

No₀ → **Go to 69**

Yes₁

No answer₂ → **Go to 69**

59) During the past 7 days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors?

No₀ → **Go to 63**

Yes₁

No answer₂ → **Go to 63**

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

Questions 61 and 62 have been removed.

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

No₀ → **Go to 69**

Yes₁

No answer₂ → **Go to 69**

64) During the past 7 days, how many times did you walk through or past this area while others were smoking?

times

65) During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking?

hours

Question 66 has been removed.

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

hours

Question 68 has been removed.

69) In the past 7 days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside?

No₀ → **Go to 73**

Yes₁

No answer₂ → **Go to 73**

70) Where was this location? _____

Question 71 has been removed.

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

hours

73) During the past 7 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 75**

Yes₁

No answer₂ → **Go to 75**

74) During 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?

hours

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

- No₀
 Yes₁
 No answer₂

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

- No₀
 Yes₁
 No answer₂

77) 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. During the past 7 days, was there any other location where you were exposed to tobacco smoke?

- No₀ → **Go to 80**
 Yes₁
 No answer₂ → **Go to 80**

78) Where was this location? _____

79) During the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in this other location? hours

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) Since your last SPIROMICS visit, have you smoked marijuana (cannabis, pot, or hashish)?

- No₀ → **Go to End**
 Yes₁

81) Since your last SPIROMICS visit, have you smoked marijuana regularly (five times or more in a given year)?

- No₀
 Yes₁

82) On average, since your last SPIROMICS visit, about how many joints per week do (did) you smoke?

joints per week

83) On average, since your last SPIROMICS visit, about how many pipes per week do (did) you smoke?

pipes per week

Questions 84, 85, and 86 have been removed.

END OF FORM