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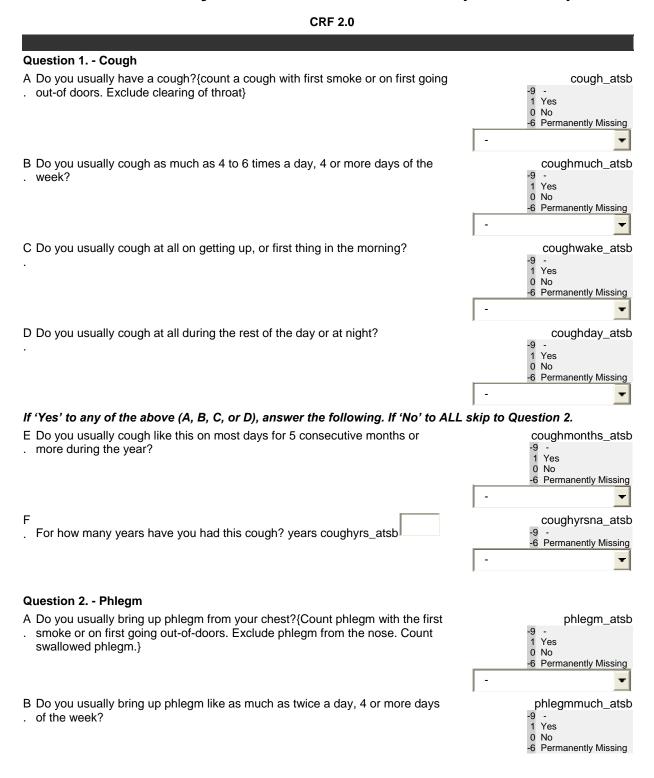
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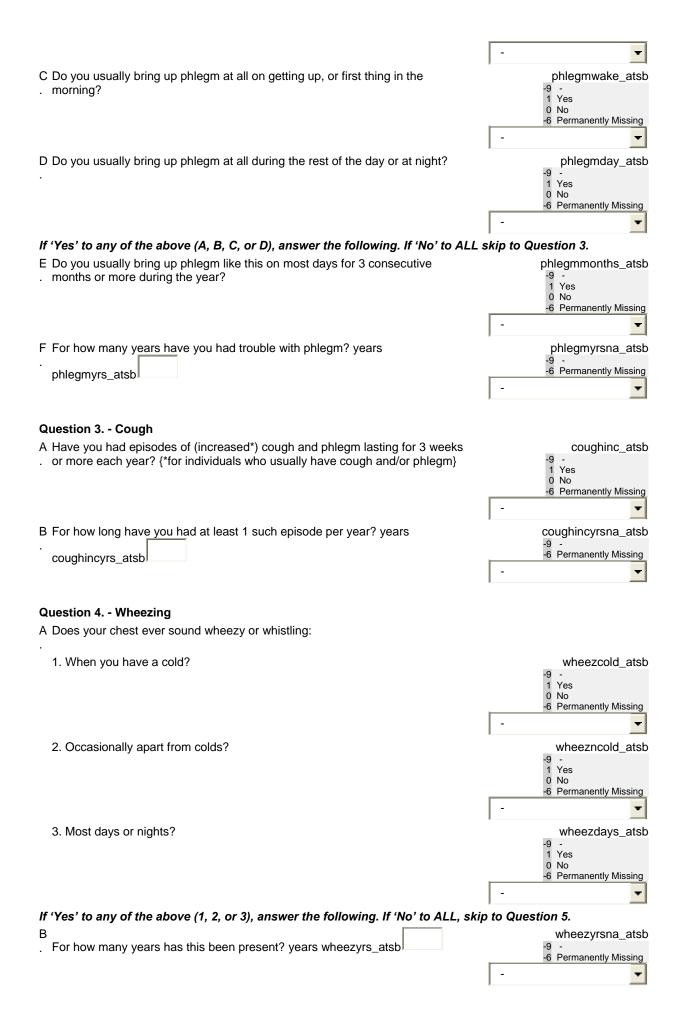
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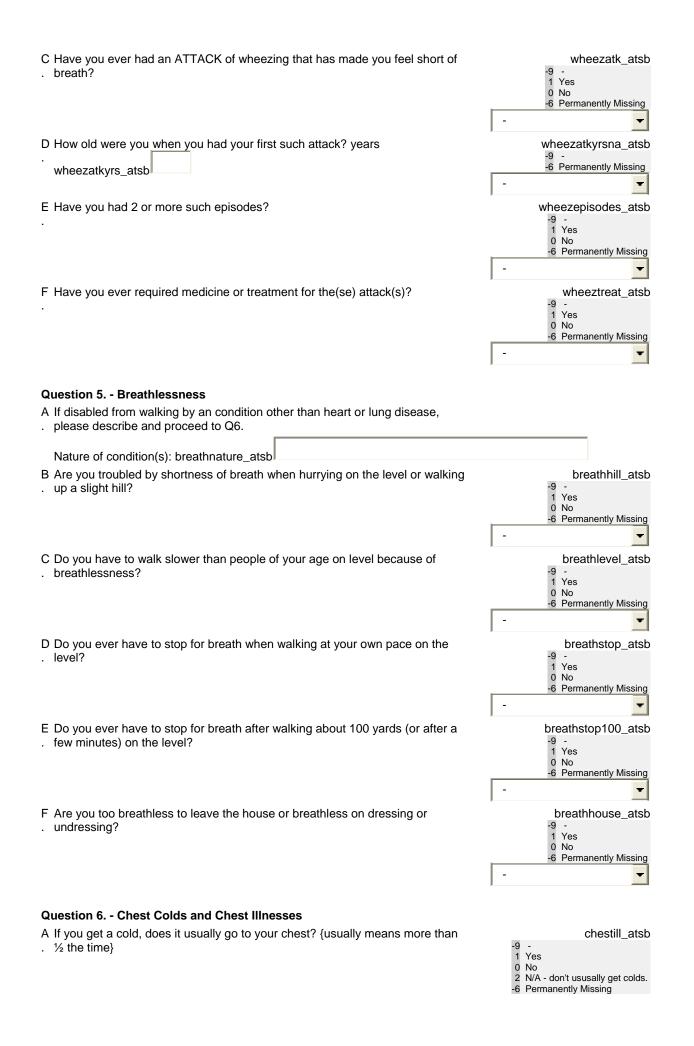
Examiner compby Visit Code vc YYY

Date of Visit vis\_dat (mm/dd/yyyy)

#### **Pulmonary ATS-DLD-78-A Form (Baseline)**

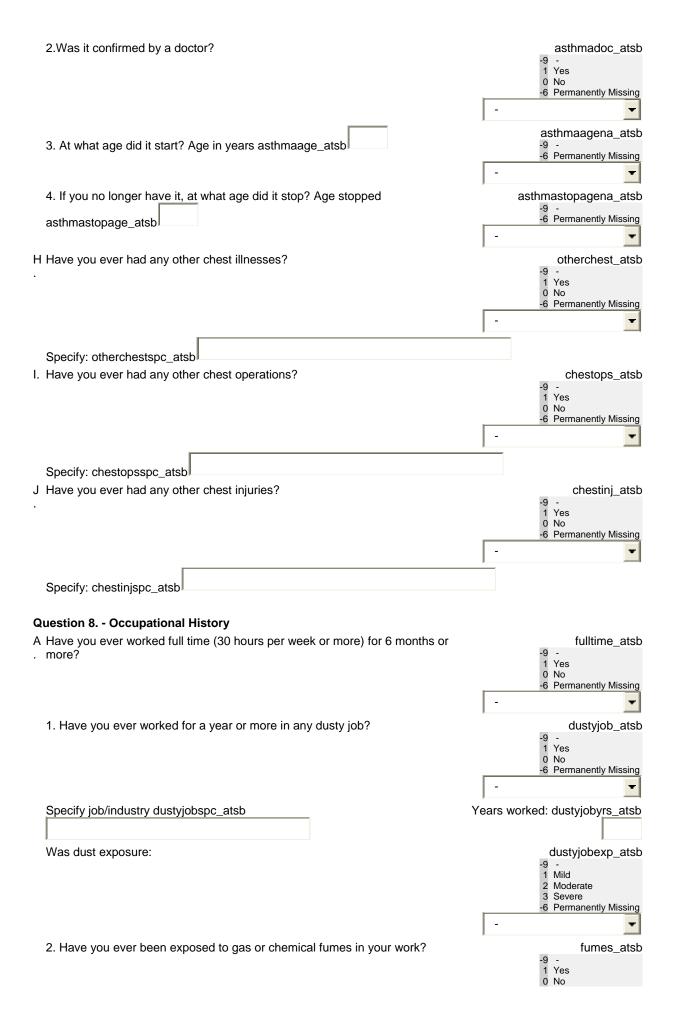






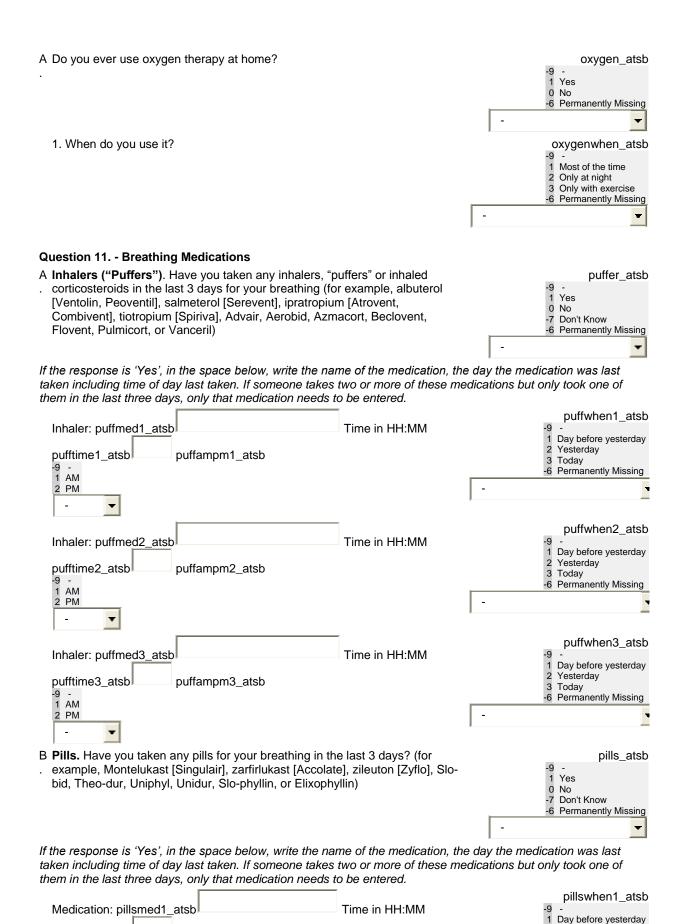
l l	-
B During the past 3 years, have you had any chest illnesses that have kept you . off work, indoors at home, or in bed?	chestdisable_atsb -9 - 1 Yes 0 No -6 Permanently Missing
C Did you produce phlegm with any of these chest illnesses?	chestphlegm_atsb -9 - 1 Yes 0 No -6 Permanently Missing
D In the last 3 years, how many such illnesses, with (increased) phlegm, did you have which lasted a week or more? number chestyrs_atsb	chestyrsna_atsb -9 - 0 No such illness -6 Permanently Missing
Question 7 Past Illnesses  A Did you have any lung trouble before the age of 16? .	lung_atsb -9 - 1 Yes 0 No
B Have you ever had attacks of Bronchitis?	-6 Permanently Missing - bronch_atsb -9 - 1 Yes 0 No
1. Was it confirmed by a doctor?	-6 Permanently Missing - bronchdoc_atsb -9 - 1 Yes 0 No
At what age was your first attack? Age in years bronchage_atsb	-6 Permanently Missing - bronchagena_atsb -96 Permanently Missing
C Have you ever had pneumonia (include bronchopneumonia)?	pneum_atsb -9 - 1 Yes 0 No -6 Permanently Missing
1. Was it confirmed by a doctor?	pneumdoc_atsb -9 - 1 Yes 0 No -6 Permanently Missing
2. At what age was your first attack? Age in years pneumage_atsb	pneumagena_atsb -9 -6 Permanently Missing
D Have you ever had Hay Fever?	hayfvr_atsb -9 - 1 Yes 0 No -6 Permanently Missing
	-

1. Was it confirmed by a doctor?	hayfvrdoc_atsb
	-9 - 1 Yes
	0 No -6 Permanently Missing
	-
	hayfvragena_atsb
At what age was your first attack? Age in years hayfvrage_atsb	-9 -
	-6 Permanently Missing
	-
E Have you ever had chronic bronchitis?	chbronch_atsb -9 -
·	1 Yes 0 No
	-6 Permanently Missing
	-
1. Do you still have it?	chbronchstill_atsb
	-9 - 1 Yes
	0 No -6 Permanently Missing
	- Fermanently Missing
2 Mas it confirmed by a dectar?	
2.Was it confirmed by a doctor?	chbronchdoc_atsb -9 -
	1 Yes 0 No
	-6 Permanently Missing
	-
2. At subset and did it start? And in secure abbreviations, stab	chbronchagena_atsb
At what age did it start? Age in years chbronchage_atsb	-96 Permanently Missing
	-
F Have you ever had emphysema?	emph_atsb
	-9 - 1 Yes
	0 No -6 Permanently Missing
	- Fermanently Missing
1. Do you still have it?	amphatill atab
1. Do you still have it?	emphstill_atsb -9 -
	1 Yes 0 No
	-6 Permanently Missing
	·
2.Was it confirmed by a doctor?	emphdoc_atsb
	-9 - 1 Yes
	0 No -6 Permanently Missing
	-
	emphagena_atsb
At what age did it start? Age in years emphage_atsb	-9 - -6 Permanently Missing
	-6 Permanently Wissing
O Have your had author o	and the same of the
G Have you ever had asthma?	asthma_atsb -9 -
	1 Yes 0 No
	-6 Permanently Missing
	-
1. Do you still have it?	asthmastill_atsb
	-9 - 1 Yes
	0 No -6 Permanently Missing
	-



	-6 Permanently Missing
	-
Specify job/industry fumespc_atsb	Years worked: fumesyrs_atsb
Was gas or chemical fumes exposure:	fumesexp_atsb -9 - 1 Mild 2 Moderate 3 Severe -6 Permanently Missing
	-   <b>▼</b>
3. What has been your usual occupation or job – the one you have worked at the	ne longest?
Specify job/occupation usualjob_atsb	
Number of years employed in this occupation:	Total years worked:
	usualjobyrs_atsb
	usuaijobyrs_atsb
Position/Job Title: usualtitle_atsb	
Business, field or industry: usualindustry_atsb	
Question 0 Tobacco/Smaking	
Question 9 Tobacco/Smoking A Have you ever smoked cigarettes? {No means less than 20 pack of cigarettes	ciae atch
or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.}	cigs_atsb -9 - 1 Yes 0 No
	-6 Permanently Missing
Do you now smoke cigarettes (as of 1 month ago)?	cigsnow_atsb -9 - 1 Yes 0 No -6 Permanently Missing
	-
2. How old were you when you first started cigarette smoking regularly? Age	cigsagena_atsb
	-96 Permanently Missing
in years cigsage_atsb	- Territaliently Wissing
2. If you have standed amplying signsetted completely, how old were you	oigestonegene etch
3. If you have stopped smoking cigarettes completely, how old were you	cigsstopagena_atsb -9 -
when you stopped? Age in years cigsstopage_atsb	1 Still smoking cigarettes -6 Permanently Missing
	-
4. How many cigarettes do you smoke per day now? cig/day	cigsdaynowna_atsb
aigadaynay, atah	-9 - -6 Permanently Missing
cigsdaynow_atsb	
5. On the average of the entire time you smoked, how many cigarettes did	cigsdayavgna_atsb
	-9 -
you smoke per day? cig/day cigsdayavg_atsb	-6 Permanently Missing
6. Do or did you inhale the cigarette smoke?	cigsinhale_atsb
	<ul><li>2 Not at all</li><li>3 Slightly</li><li>4 Moderately</li><li>5 Deeply</li></ul>
	-6 Permanently Missing

. tobacco in a lifetime.}	-9 - 1 Yes 0 No -6 Permanently Missing
4. Have also ware view when you atom also are also a mine we will also the	- <b>v</b>
How old were you when you started to smoke a pipe regularly?	-9 -
years pipeage_atsb	-6 Permanently Missing
2. If you have stopped smoking a pipe completely, how old were	you when pipestopagena_atsb
you stopped? Age in years pipestopage_atsb	-9 - 1 Still smoking pipe
	-6 Permanently Missing
3. On the average of the entire time you smoked a pipe, how mu	
tobacco did you smoke per week?{a standard pouch of tobacco	contains 1½ -96 Permanently Missing
oz}oz/week pipeoz_atsb	-
4. How much pipe tobacco are you smoking now? oz/week piped	oznow_atsb
	-6 Permanently Missing
5. Do or did you inhale the pipe smoke?	pipeinhale_atsb
o. So of the year minate the pipe officials.	-9 - 2 Not at all
	3 Slightly 4 Moderately
	5 Deeply -6 Permanently Missing
	-
C Have you ever smoked cigars regularly? {Yes means more 1 cigars a year.}	ar a week for cigars_atsb -9 -
	1 Yes 0 No
	-6 Permanently Missing
1. How old were you when you started to smoke cigars regularly	? Age in cigaragena_atsb
years cigarage_atsb	-9 - -6 Permanently Missing
,	-
2. If you have stopped smoking cigars completely, how old were	you when cigarstopagena_atsb -9 -
you stopped? Age in years cigarstopage_atsb	1 Still smoking cigars -6 Permanently Missing
	-
On the average of the entire time you smoked cigars, how man	ny cigars did cigarsweekna_atsb
	-96 Permanently Missing
you smoke per week? cigars/week cigarsweek_atsb	-
4. How many cigars are you smoking now? cigars/week cigarsno	
	-9 - -6 Permanently Missing
	·
5. Do or did you inhale the cigar smoke?	cigarsinhale_atsb
	<ul><li>2 Not at all</li><li>3 Slightly</li><li>4 Moderately</li></ul>
	5 Deeply -6 Permanently Missing



pillstime1\_atsb -9 -1 AM 2 PM

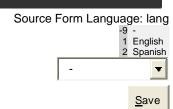
pillsampm1\_atsb

Yesterday

-6 Permanently Missing

Today





	LIFE	Acrostic
Participant ID (affix ID label here)	Interviewer	Visit Code:
(anix is lassified)	Date of Visit	month day year

### **Pulmonary ATS-DLD-78-A Form (Baseline)**

"We would like to ask you some questions that pertain mainly to your chest. Please answer yes or no if possible. (Interviewer Note: If the participant is in doubt about whether his/her answer is 'Yes' or 'No', record 'No'.")

Question 1 – Cough				
A.	Do you usually have a cough?{count a cough with first smoke or on first going out-of doors. Exclude clearing of throat}  Yes  No (Skip to C)			
B.	Do you usually cough as much as 4 to 6 times a day, 4 or more days of the week?			
C.	Do you usually cough at all on getting up, or first thing in the morning?  Yes  No			
D.	Do you usually cough at all during the rest of the day or at night? Yes No			
If 'Yes' to any of the above (A, B, C, or D), answer the following. If 'No' to ALL, skip to Question 2.				
E.	Do you usually cough like this on most days for 5 consecutive months or more during the year?			
F.	For how many years have you had this cough?  Number of Years			
Qι	estion 2 – Phlegm			
A.	Do you usually bring up phlegm from your chest?{Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.}  Yes  No (Skip to C)			
B.	Do you usually bring up phlegm like as much as twice a day, 4 or more days of the week?  Yes  No			
C.	Do you usually bring up phlegm at all on getting up, or first thing in the morning?			
D.	Do you usually bring up phlegm at all during the rest of the day or at night?			
If 'Yes' to any of the above (A, B, C, or D), answer the following. If 'No' to ALL, skip to Question 3.				
E.	Do you usually bring up phlegm like this on most days for 3 consecutive months or more during the year?			
F.	For how many years have you had trouble with phlegm? Number of Years			

F			
		LIFE	Acrostic
	Participant ID		Visit \[ \]
	(affix ID label here)		Code
	, ,		
Q	uestion 3 – Cough		
A.	Have you had episodes of (increased*) lasting for 3 weeks or more each year? usually have cough and/or phlegm}		Yes No (Skip to Q4)
В.	For how long have you had at least 1 su year?	ch episode per	Number of Years
Q	uestion 4 – Wheezing		
A.	Does your chest ever sound wheezy or	whistling:	
	1) When you have a cold?		Yes No
	2) Occasionally apart from colds?		Yes No
	3) Most days or nights?		Yes No
If	'Yes' to any of the above (1, 2, or 3), an	swer the following	. If 'No' to ALL, skip to Question 5.
В.	For how many years has this been preson	ent?	Number of Years
C.	Have you ever has an ATTACK of whee feel short of breath?	zing that has made	you Yes No (Skip to Q5)
D.	How old were you when you had your fir	rst such attack?	Age in Years
E.	Have you had 2 or more such episodes?	?	Yes No
F.	Have you ever required medicine or trea attack(s)?	atment for the(se)	Yes No
Qı	uestion 5 – Breathlessness		
Α.	A. If disabled from walking by an condition other than heart or lung disease, please describe and proceed		
	to Q6.  Nature of condition(s):		
В.	Are you troubled by shortness of breath level or walking up a slight hill?	when hurrying on th	e Yes No (Skip to Q6)
C.	Do you have to walk slower than people because of breathlessness?	of your age on level	Yes No
D.	Do you ever have to stop for breath whe pace on the level?	en walking at your ow	vn Yes No
E.	Do you ever have to stop for breath afte yards (or after a few minutes) on the lev	•	Yes No
F.	Are you too breathless to leave the house dressing or undressing?	se or breathless on	Yes No

		LIFE	Acrostic	
	Participant ID		Vis	it
	(affix ID label here)		Cod	
Q	uestion 6 – Chest Colds and Chest Illne	esses		
A	. If you get a cold, does it usually go to yo means more than ½ the time}	our chest? {usually	Yes	No don't usually get colds
В.	During the past 3 years, have you had a have kept you off work, indoors at home	•	Yes	No (Skip to Q7)
C.	Did you produce phlegm with any of the	se chest illnesses?	Yes	No
D.	In the last 3 years, how many such illnes phlegm, did you have which lasted a we		Number of illn	
Q	uestion 7 – Past Illnesses			
A	. Did you have any lung trouble before the	e age of 16?	Yes	No
В.	Have you ever had attacks of Bronchitis	<b>s</b> ?	Yes	No (Skip to Q7C)
	1) Was it confirmed by a doctor?		Yes	No
	2) At what age was your first attack?		Age in Year	s
C.	Have you ever had <b>pneumonia</b> (include	bronchopneumonia)?	Yes	No (Skip to Q7D)
	1) Was it confirmed by a doctor?		Yes	No
	2) At what age did you first have it?		Age in Year	s
D.	Have you ever had <b>Hay Fever</b> ?		Yes	No (Skip to Q7E)
	1) Was it confirmed by a doctor?		Yes	No
	2) At what age did it start?		Age in Year	s
Ε.	Have you ever had chronic bronchitis?	•	Yes	No (Skip to Q7F)
	1) Do you still have it?		Yes	No
	2) Was it confirmed by a doctor?		Yes	No
	3) At what age did it start?		Age in Year	s

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Qu	estion 7 – Past Illnesses (continued)	
F.	Have you ever had emphysema?	Yes No (Skip to Q7G)
	1) Do you still have it?	Yes No
	2) Was it confirmed by a doctor?	Yes No
	3) At what age did it start?	Age in Years
G.	Have you ever had asthma?	Yes No (Skip to Q7H)
	1) Do you still have it?	Yes No
	2) Was it confirmed by a doctor?	Yes No
	3) At what age did it start?	Age in Years
	4) If you no longer have it, at what age did it stop?	Age Stopped
Н.	Have you ever had any other chest illnesses?	Yes No
	Specify:	
I.	Have you ever had any chest operations?	Yes No
	Specify:	
J.	Have you ever had any chest injuries?	Yes No
	Specify:	
Qu	estion 8 – Occupational History	
Α.	Have you ever worked full time (30 hours per week or more) for months or more?	6 Yes No (Skip to Q9)
	1) Have you ever worked for a year or more in any dusty job?	Yes No
	Specify job/industry:	Total years worked
	Was dust exposure:	ld Moderate Severe

### Participant ID (affix ID label here) LIFE Acrostic Visit Code

Question 8 – Occupational History (continued)
(A Continued)
2) Have you ever been exposed to gas or chemical fumes in your work?
Specify job/industry: Total years worked
Was gas or chemical fumes exposure: Mild Moderate Severe
3) What has been your usual occupation or job - the one you have worked at the longest?
Specify job-occupation:
Number of years employed in this occupation:  Total years worked
Position/Job Title:
Business, field, or industry:
Question 9 – Tobacco/Smoking
A. Have you ever smoked cigarettes? {No means less than 20 pack of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.}  A. Have you ever smoked cigarettes? {No means less than 20 pack of cigarette a day for 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.}
1) Do you now smoke cigarettes (as of 1 month ago)?
How old were you when you first started cigarette smoking regularly?  Age in Years
3) If you have stopped smoking cigarettes completely, how old were you when you stopped?  Age Stopped  Still smoking cigarettes
4) How many cigarettes do you smoke per day now?  Cigarettes/day
5) On the average of the entire time you smoked, how many cigarettes did you smoke per day?  Cigarettes/day
6) Do or did you inhale the cigarette smoke?
Not at all Slightly Moderately Deeply

# Participant ID (affix ID label here) LIFE Acrostic Visit Code

Question 9 – Tobacco/Smoking (continued)			
Question 9 – Tobacco/Smoking (continuea)			
B. Have you ever smoked a pipe regularly? {Yes means more than 12 oz tobacco in a lifetime.}  No (Skip to C)			
How old were you when you started to smoke a pipe regularly?  Age in Years			
2) If you have stopped smoking a pipe completely, how old were you when you stopped?  Age in Years  Still smoking a pipe			
3) On the average of the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? {a standard pouch of tobacco contains 1½ oz}			
4) How much pipe tobacco are you smoking now? oz/week			
5) Do or did you inhale the pipe smoke?			
Not at all Slightly Moderately Deeply			
C. Have you ever smoked cigars regularly? {Yes means more than 1 cigar a week for a year}  No (Skip to Q10)			
How old were you when you started smoking cigars     regularly?  Age in Years			
2) If you have stopped smoking cigars completely, how old were you when you stopped?  Still smoking cigars			
3) On the average of the entire time you smoked cigars, how many cigars did you smoke per week?  Cigars/week			
4) How many cigars are you smoking per week now?  Cigars/week			
5) Do or did you inhale the cigar smoke?			
Not at all Slightly Moderately Deeply			
Question 10 – Oxygen			
A. Do you ever use oxygen therapy at home?  Yes  No (Skip to Q11)			
1) When do you use it?  Most of the time Only at Night Only with exercise			

	LIFE	Acrostic
Participant ID (affix ID label here)		Visit Code

Question 11 – Breathing Medications	
Inhalers ("Puffers")  A. Have you taken any inhalers, "puffers" of	Yes (specify below)
days for your breathing (for example, al salmeterol [Serevent], ipratropium [Atro	buterol [Ventolin, Peoventil], Local No (Skip to B)
Advair, Aerobid, Azmacort, Beclovent, I	Flovent, Pulmicort, or Vanceril)
If the response is 'Yes', in the space below, write the name of the medication, the day the medication was last taken including time of day last taken. If someone takes two or more of these medications but only took one of them in the last three days, only that medication needs to be entered.	
Name of Inhaler	Day/Time of Last Dose
	Day before yesterday Yesterday Today
	Time in Hours:Min : AM PM
	Day before yesterday Yesterday Today
	Time in Hours:Min
	Day before yesterday Yesterday Today
	Time in Hours:Min : AM PM
Pills  Yes (specify below)	
B. Have you taken any pills for your breathing in the last 3 days? (for example, Montelukast [Singulair], zarfirlukast [Accolate], zileuton [Zyflo], Slo-bid, Theodur, Uniphyl, Unidur, Slo-phyllin, or Elixophyllin)	
If the response is 'Yes', in the space below, write the name of the medication, the day the medication was last taken including time of day last taken. If someone takes two or more of these medications but only	
took one of them in the last three days, only that medication needs to be entered.	
Name of Medication	Day/Time of Last Dose
	Day before yesterday Yesterday Today
	Time in Hours:Min : AM PM
	Day before yesterday Yesterday Today
	Time in Hours:Min : AM PM
	Day before yesterday Yesterday Today
	Time in Hours:Min