Dataset name: atsb_v2.0

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Examiner compby

Visit Code vc YYY

Date of Visit vis_dat (mm/dd/yyyy)

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

**CRF 2.0**

**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}

cough_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

B. Do you usually cough as much as 4 to 6 times a day, 4 or more days of the week?

coughmuch_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

C. Do you usually cough at all on getting up, or first thing in the morning?

coughwake_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

D. Do you usually cough at all during the rest of the day or at night?

coughday_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

***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?

coughmonths_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

F. For how many years have you had this cough? years coughyrs_atsb

coughyrsna_atsb
-9 -
-6 Permanently Missing

**Question 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.}

phlegm_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

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

phlegmmuch_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

-

C. Do you usually bring up phlegm at all on getting up, or first thing in the morning?

phlegmwake_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

D. Do you usually bring up phlegm at all during the rest of the day or at night?

phlegmday_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

***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?

phlegmmonths_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

F. For how many years have you had trouble with phlegm? years

phlegmyrs_atsb

phlegmyrsna_atsb
-9 -
-6 Permanently Missing
-

**Question 3. - Cough**

A. Have you had episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? {*for individuals who usually have cough and/or phlegm}

coughinc_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

B. For how long have you had at least 1 such episode per year? years

coughincyrs_atsb

coughincyrsna_atsb
-9 -
-6 Permanently Missing
-

**Question 4. - Wheezing**

A. Does your chest ever sound wheezy or whistling:

1. When you have a cold?

wheezcold_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

2. Occasionally apart from colds?

wheezncold_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

3. Most days or nights?

wheezdays_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

***If 'Yes' to any of the above (1, 2, or 3), answer the following. If 'No' to ALL, skip to Question 5.***

B. For how many years has this been present? years wheezyrs_atsb

wheezyrsna_atsb
-9 -
-6 Permanently Missing
-

C. Have you ever had an ATTACK of wheezing that has made you feel short of breath? — wheezatk_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

D. How old were you when you had your first such attack? years — wheezatkyrsna_atsb

wheezatkyrs_atsb

-9 -
-6 Permanently Missing

E. Have you had 2 or more such episodes? — wheezepisodes_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

F. Have you ever required medicine or treatment for the(se) attack(s)? — wheeztreat_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

**Question 5. - Breathlessness**

A. If disabled from walking by an condition other than heart or lung disease, please describe and proceed to Q6.

Nature of condition(s): breathnature_atsb

B. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? — breathhill_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

C. Do you have to walk slower than people of your age on level because of breathlessness? — breathlevel_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

D. Do you ever have to stop for breath when walking at your own pace on the level? — breathstop_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

E. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? — breathstop100_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

F. Are you too breathless to leave the house or breathless on dressing or undressing? — breathhouse_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

**Question 6. - Chest Colds and Chest Illnesses**

A. If you get a cold, does it usually go to your chest? {usually means more than ½ the time} — chestill_atsb

-9 -
1 Yes
0 No
2 N/A - don't ususally get colds.
-6 Permanently Missing

-

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
-6 Permanently Missing

B. Have you ever had attacks of Bronchitis? — bronch_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

1. Was it confirmed by a doctor? — bronchdoc_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

2. At what age was your first attack? Age in years bronchage_atsb — bronchagena_atsb

-9 -
-6 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

2. At what age was your first attack? Age in years hayfvrage_atsb

hayfvragena_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

2.Was it confirmed by a doctor?

chbronchdoc_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

3. At what age did it start? Age in years chbronchage_atsb

chbronchagena_atsb

-9 -
-6 Permanently Missing

F. Have you ever had emphysema?

emph_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

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

3. At what age did it start? Age in years emphage_atsb

emphagena_atsb

-9 -
-6 Permanently Missing

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

2.Was it confirmed by a doctor? asthmadoc_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

3. At what age did it start? Age in years asthmaage_atsb asthmaagena_atsb

-9 -
-6 Permanently Missing

4. If you no longer have it, at what age did it stop? Age stopped asthmastopage_atsb asthmastopagena_atsb

-9 -
-6 Permanently Missing

H. Have you ever had any other chest illnesses? otherchest_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

Specify: otherchestspc_atsb

I. Have you ever had any other chest operations? chestops_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

Specify: chestopsspc_atsb

J. Have you ever had any other chest injuries? chestinj_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

Specify: chestinjspc_atsb

**Question 8. - Occupational History**

A. Have you ever worked full time (30 hours per week or more) for 6 months or more? fulltime_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

1. Have you ever worked for a year or more in any dusty job? dustyjob_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

Specify job/industry dustyjobspc_atsb

Years worked: dustyjobyrs_atsb

Was dust exposure: dustyjobexp_atsb

-9 -
1 Mild
2 Moderate
3 Severe
-6 Permanently Missing

2. Have you ever been exposed to gas or chemical fumes in your work? fumes_atsb

-9 -
1 Yes
0 No

-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

3. What has been your usual occupation or job – the one you have worked at the longest?

Specify job/occupation usualjob_atsb

Number of years employed in this occupation:

Total years worked: usualjobyrs_atsb

Position/Job Title: usualtitle_atsb

Business, field or industry: usualindustry_atsb

**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.} cigs_atsb

-9 -
1 Yes
0 No
-6 Permanently Missing

1. 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 in years cigsage_atsb cigsagena_atsb

-9 -
-6 Permanently Missing

3. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age in years cigsstopage_atsb cigsstopagena_atsb

-9 -
1 Still smoking cigarettes
-6 Permanently Missing

4. How many cigarettes do you smoke per day now? cig/day cigsdaynow_atsb cigsdaynowna_atsb

-9 -
-6 Permanently Missing

5. On the average of the entire time you smoked, how many cigarettes did you smoke per day? cig/day cigsdayavg_atsb cigsdayavgna_atsb

-9 -
-6 Permanently Missing

6. Do or did you inhale the cigarette smoke? cigsinhale_atsb

-9 -
2 Not at all
3 Slightly
4 Moderately
5 Deeply
-6 Permanently Missing

B. Have you ever smoked a pipe regularly? {Yes means more than 12 oz pipe_atsb

. tobacco in a lifetime.}

-9 -
1 Yes
0 No
-6 Permanently Missing

1. How old were you when you started to smoke a pipe regularly? Age in years pipeage_atsb

pipeagena_atsb
-9 -
-6 Permanently Missing

2. If you have stopped smoking a pipe completely, how old were you when you stopped? Age in years pipestopage_atsb

pipestopagena_atsb
-9 -
1 Still smoking pipe
-6 Permanently Missing

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}oz/week pipeoz_atsb

pipeozna_atsb
-9 -
-6 Permanently Missing

4. How much pipe tobacco are you smoking now? oz/week pipeoznow_atsb

pipeoznowna_atsb
-9 -
-6 Permanently Missing

5. Do or did you inhale the pipe smoke?

pipeinhale_atsb
-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 cigar a week for a year.}

cigars_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing

1. How old were you when you started to smoke cigars regularly? Age in years cigarage_atsb

cigaragena_atsb
-9 -
-6 Permanently Missing

2. If you have stopped smoking cigars completely, how old were you when you stopped? Age in years cigarstopage_atsb

cigarstopagena_atsb
-9 -
1 Still smoking cigars
-6 Permanently Missing

3. On the average of the entire time you smoked cigars, how many cigars did you smoke per week? cigars/week cigarsweek_atsb

cigarsweekna_atsb
-9 -
-6 Permanently Missing

4. How many cigars are you smoking now? cigars/week cigarsnow_atsb

cigarsnowna_atsb
-9 -
-6 Permanently Missing

5. Do or did you inhale the cigar smoke?

cigarsinhale_atsb
-9 -
2 Not at all
3 Slightly
4 Moderately
5 Deeply
-6 Permanently Missing

**Question 10. - Oxygen**

A. Do you ever use oxygen therapy at home?

oxygen_atsb
-9 -
1 Yes
0 No
-6 Permanently Missing
-

1. When do you use it?

oxygenwhen_atsb
-9 -
1 Most of the time
2 Only at night
3 Only with exercise
-6 Permanently Missing
-

**Question 11. - Breathing Medications**

A. **Inhalers ("Puffers")**. Have you taken any inhalers, "puffers" or inhaled corticosteroids in the last 3 days for your breathing (for example, albuterol [Ventolin, Peoventil], salmeterol [Serevent], ipratropium [Atrovent, Combivent], tiotropium [Spiriva], Advair, Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, or Vanceril)

puffer_atsb
-9 -
1 Yes
0 No
-7 Don't Know
-6 Permanently Missing
-

*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.*

Inhaler: puffmed1_atsb Time in HH:MM

pufftime1_atsb puffampm1_atsb

-9 -
1 AM
2 PM
-

puffwhen1_atsb
-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing
-

Inhaler: puffmed2_atsb Time in HH:MM

pufftime2_atsb puffampm2_atsb

-9 -
1 AM
2 PM
-

puffwhen2_atsb
-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing
-

Inhaler: puffmed3_atsb Time in HH:MM

pufftime3_atsb puffampm3_atsb

-9 -
1 AM
2 PM
-

puffwhen3_atsb
-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing
-

B. **Pills.** Have you taken any pills for your breathing in the last 3 days? (for example, Montelukast [Singulair], zarfirlukast [Accolate], zileuton [Zyflo], Slo-bid, Theo-dur, Uniphyl, Unidur, Slo-phyllin, or Elixophyllin)

pills_atsb
-9 -
1 Yes
0 No
-7 Don't Know
-6 Permanently Missing
-

*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.*

Medication: pillsmed1_atsb Time in HH:MM

pillstime1_atsb pillsampm1_atsb

-9 -
1 AM
2 PM
-

pillswhen1_atsb
-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing
-

Medication: pillsmed2_atsb Time in HH:MM

pillstime2_atsb pillsampm2_atsb

-9 -
1 AM
2 PM

-

pillswhen2_atsb

-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing

-

Medication: pillsmed3_atsb Time in HH:MM

pillstime3_atsb pillsampm3_atsb

-9 -
1 AM
2 PM

-

pillswhen3_atsb

-9 -
1 Day before yesterday
2 Yesterday
3 Today
-6 Permanently Missing

-

Source Form Language: lang

-9 -
1 English
2 Spanish

-

Save

| Participant ID<br><br>(affix ID label here) | **L I F E** | Acrostic ☐☐☐☐☐ |
|---|---|---|
| | Interviewer ☐☐☐☐☐ | Visit Code: ☐☐☐ |
| | Date of Visit ☐☐ ☐☐ ☐☐☐☐<br>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? | ☐ Yes | ☐ No |
| **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? | ☐ Yes | ☐ No |
| **F.** For how many years have you had this cough? | Number of Years ☐☐ | |

| **Question 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? | ☐ Yes | ☐ No |
| **D.** Do you usually bring up phlegm 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 3.*** | | |
| **E.** Do you usually bring up phlegm like this on most days for 3 consecutive months or more during the year? | ☐ Yes | ☐ No |
| **F.** For how many years have you had trouble with phlegm? | Number of Years ☐☐ | |

| Participant ID<br><br>(affix ID label here) | **L I F E** | Acrostic ☐☐☐☐☐<br><br>Visit Code ☐☐☐ |
|---|---|---|

**Question 3 – Cough**

**A.** Have you had episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? *{*for individuals who usually have cough and/or phlegm}* ☐ Yes ☐ No (Skip to Q4)

**B.** For how long have you had at least 1 such episode per year? Number of Years ☐☐

**Question 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), answer the following. If 'No' to ALL, skip to Question 5.***

**B.** For how many years has this been present? Number of Years ☐☐

**C.** Have you ever has an ATTACK of wheezing that has made you feel short of breath? ☐ Yes ☐ No (Skip to Q5)

**D.** How old were you when you had your first such attack? Age in Years ☐☐

**E.** Have you had 2 or more such episodes? ☐ Yes ☐ No

**F.** Have you ever required medicine or treatment for the(se) attack(s)? ☐ Yes ☐ No

**Question 5 – Breathlessness**

**A.** If disabled from walking by an condition other than heart or lung disease, please describe and proceed to Q6.

***Nature of condition(s):*** ☐

**B.** Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? ☐ Yes ☐ No (Skip to Q6)

**C.** Do you have to walk slower than people of your age on level because of breathlessness? ☐ Yes ☐ No

**D.** Do you ever have to stop for breath when walking at your own pace on the level? ☐ Yes ☐ No

**E.** Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? ☐ Yes ☐ No

**F.** Are you too breathless to leave the house or breathless on dressing or undressing? ☐ Yes ☐ No

| Participant ID<br><br>(affix ID label here) | **L I F E** | Acrostic ☐☐☐☐☐<br><br>Visit Code ☐☐☐ |
|---|---|---|

| **Question 6 – Chest Colds and Chest Illnesses** | |
|---|---|
| **A.** If you get a cold, does it usually go to your chest? *{usually means more than ½ the time}* | ☐ Yes ☐ No<br>☐ N/A - don't usually get colds |
| **B.** During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? | ☐ Yes ☐ No (Skip to Q7) |
| **C.** Did you produce phlegm with any of these chest illnesses? | ☐ Yes ☐ No |
| **D.** In the last 3 years, how many such illnesses, with (increased) phlegm, did you have which lasted a week or more? | Number of illnesses ☐☐☐<br>☐ No such illnesses |
| **Question 7 – Past Illnesses** | |
| **A.** Did you have any lung trouble before the age of 16? | ☐ Yes ☐ No |
| **B.** Have you ever had attacks of **Bronchitis**? | ☐ Yes ☐ No (Skip to Q7C) |
| 1) Was it confirmed by a doctor? | ☐ Yes ☐ No |
| 2) At what age was your first attack? | Age in Years ☐☐ |
| **C.** Have you ever had **pneumonia** (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 Years ☐☐ |
| **D.** Have you ever had **Hay Fever**? | ☐ Yes ☐ No (Skip to Q7E) |
| 1) Was it confirmed by a doctor? | ☐ Yes ☐ No |
| 2) At what age did it start? | Age in Years ☐☐ |
| **E.** 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 Years ☐☐ |

| Participant ID (affix ID label here) | **L I F E** | Acrostic ☐☐☐☐☐ Visit Code ☐☐☐ |
|---|---|---|

| **Question 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 ☐☐ |
| **H.** Have you ever had any **other chest illnesses**? Specify: | ☐ Yes ☐ No |
| **I.** Have you ever had any chest operations? Specify: | ☐ Yes ☐ No |
| **J.** Have you ever had any chest injuries? Specify: | ☐ Yes ☐ No |

| **Question 8 – Occupational History** | |
|---|---|
| **A.** Have you ever worked full time (30 hours per week or more) for 6 months or more? | ☐ 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: | ☐ Mild ☐ Moderate ☐ Severe |

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|---|---|---|

**Question 8 – Occupational History *(continued)***

*(A Continued)*

2) Have you ever been exposed to gas or chemical fumes in your work? ☐ Yes ☐ No

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.}* ☐ Yes ☐ No (Skip to B)

1) Do you now smoke cigarettes (as of 1 month ago)? ☐ Yes ☐ No

2) 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

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**Question 9 – Tobacco/Smoking *(continued)***

**B.** Have you ever smoked a pipe regularly? *{Yes means more than 12 oz tobacco in a lifetime.}* ☐ Yes ☐ No (Skip to C)

1) 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}* oz/week ☐☐☐

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}* ☐ Yes ☐ No (Skip to Q10)

1) 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? Age 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

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**Question 11 – Breathing Medications**

**Inhalers ("Puffers")**

☐ Yes (specify below)

**A.** Have you taken any inhalers, "puffers" or inhaled corticosteroids in the last 3 days for your breathing *(for example, albuterol [Ventolin, Peoventil], salmeterol [Serevent], ipratropium [Atrovent, Combivent], tiotropium [Spiriva], Advair, Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, or Vanceril)*

☐ No (Skip to B)

☐ Don't Know

*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<br>Time in Hours:Min ☐☐:☐☐ ☐ AM ☐ PM |
| | ☐ Day before yesterday ☐ Yesterday ☐ Today<br>Time in Hours:Min ☐☐:☐☐ ☐ AM ☐ PM |
| | ☐ Day before yesterday ☐ Yesterday ☐ Today<br>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, Theo-dur, Uniphyl, Unidur, Slo-phyllin, or Elixophyllin)*

☐ No (END)

☐ Don't Know

*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<br>Time in Hours:Min ☐☐:☐☐ ☐ AM ☐ PM |
| | ☐ Day before yesterday ☐ Yesterday ☐ Today<br>Time in Hours:Min ☐☐:☐☐ ☐ AM ☐ PM |
| | ☐ Day before yesterday ☐ Yesterday ☐ Today<br>Time in Hours:Min ☐☐:☐☐ ☐ AM ☐ PM |