

Dataset name: atsf_v1.4

Participant ID pid

Acrostic acrostic

Interviewer compby V.C. vc

Date of Visit vis_dat

Pulmonary ATS-DLD-78-A Form (Follow-Up)

CRF 1.4

Question 1. - Breathlessness

A. If disabled from walking by an condition other than heart or lung disease, please describe and proceed to Q2.

Nature of condition(s): breathnature_atsf

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

breathhill_atsf

-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_atsf

-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_atsf

-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_atsf

-9 -
1 Yes
0 No
-6 Permanently Missing

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

breathhouse_atsf

-9 -
1 Yes
0 No
-6 Permanently Missing

Question 2. - Tobacco/Smoking

A. Do you now smoke cigarettes (as of 1 month ago)?

cigsnow_atsf

-9 -
1 Yes
0 No
-6 Permanently Missing

B. Do you now smoke a pipe(as of 1 month ago)?

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

-

C Do you now smoke cigars (as of 1 month ago)?

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

-

Question 3. - Oxygen

A. Do you ever use oxygen therapy at home?

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

-

1. When do you use it?

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

-

Question 4. - 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_atrf
-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_atrf

puffampm1_atrf

-9 -
1 AM
2 PM

-

puffwhen1_atrf

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

-

Inhaler: puffmed2_atrf

puffampm2_atrf

-9 -
1 AM
2 PM

-

puffwhen2_atrf

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

-

Inhaler: puffmed3_atrf

puffampm3_atrf

-9 -
1 AM
2 PM

-

puffwhen3_atrf

-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], zafirlukast [Accolate], zileuton [Zyflo], Slo-bid, Theo-dur, Uniphyll, Unidur, Slo-phyllin, or Elixophyllin)

pills_atstf

- 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_atstf

Time in HH:MM pillstime1_atstf

pillsampm1_atstf

- 9 -
- 1 AM
- 2 PM

pillswhen1_atstf

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

-

Medication: pillsmed2_atstf

Time in HH:MM pillstime2_atstf

pillsampm2_atstf

- 9 -
- 1 AM
- 2 PM

pillswhen2_atstf

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

-

Medication: pillsmed3_atstf

Time in HH:MM pillstime3_atstf

pillsampm3_atstf

- 9 -
- 1 AM
- 2 PM

pillswhen3_atstf

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

-

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

Save

Participant ID (affix ID label here)	LIFE	Acrostic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interviewer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Visit Code:	<input type="text"/> <input type="text"/> <input type="text"/>	
					Date of Visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					month	day	year	

Pulmonary ATS-DLD-78-A Form (Follow-Up)

“We would like to ask you some questions that pertain mainly to your breathing, smoking (if any), and breathing medications. 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 – Breathlessness

A. If disabled from walking by an condition other than heart or lung disease, please describe and proceed to Q2.

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 Q2)

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

Question 2 – Tobacco/Smoking

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

B. Do you now smoke a pipe (as of 1 month ago)? ☐ Yes ☐ No

C. Do you now smoke cigars (as of 1 month ago)? ☐ Yes ☐ No

Question 3 – Oxygen

A. Do you now use oxygen therapy at home? ☐ Yes ☐ No (Skip to Q4)

1) When do you use it? ☐ Most of the time ☐ Only at Night ☐ Only with exercise

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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Question 4 – Breathing Medications

Inhalers (“Puffers”)

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

- ☐ Yes (specify below)
☐ 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
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM

Pills

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

- ☐ Yes (specify below)
☐ 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
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM
	<input type="checkbox"/> Day before yesterday <input type="checkbox"/> Yesterday <input type="checkbox"/> Today Time in Hours:Min <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> AM <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> PM