

Attachment E

American Thoracic Society and National Heart & Lung Institute - Division of Lung Disease Respiratory Questionnaire

ATS-DLD-78-A
ADULT QUESTIONNAIRE - SELF COMPLETION
(for those 13 years of age and older)

Thank you for your willingness to participate. You were selected by a scientific sampling procedure, and your cooperation is very important to the success of this study. This is a questionnaire you are asked to fill out. Please answer the questions as frankly and accurately as possible. ALL INFORMATION OBTAINED IN THE STUDY WILL BE KEPT CONFIDENTIAL AND USED FOR MEDICAL RESEARCH ONLY. Your personal physician will be informed about the test results if you desire.

IDENTIFICATION

IDENTIFICATION NUMBER: #####

NAME: _____
(Last) (First) (MI)

STREET _____

CITY _____ STATE ____ ZIP _____

PHONE NUMBER: () _____ - _____

INTERVIEWER: ###

DATE: _____
MO DAY YR =====

1. BIRTHDATE: _____
Month Day Year

2. Place of Birth: _____

3. Sex: 1. Male ____
2. Female ____

4. What is your marital status? 1. Single ____
2. Married ____
3. Widowed ____
4. Separated/Divorced ____

5. Race: 1. White ____
2. Black ____
3. Oriental ____
4. Other ____

6. What is the highest grade completed in school? _____
(For example: 12 years is completion of high school)

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SYMPTOMS

These questions pertain mainly to your chest. Please answer yes or no if possible. If a question does not appear to be applicable to you, check the does not apply space. If you are in doubt about whether your answer is yes or no, record no.

COUGH

7A. Do you usually have a cough? 1. Yes ___ 2. No ___
(Count a cough with first smoke or on first going out-of-doors. Exclude clearing of throat.)[If no, skip to question 7C.]

B. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week? 1. Yes ___ 2. No ___

C. Do you usually cough at all on getting up, or first thing in the morning? 1. Yes ___ 2. No ___

D. Do you usually cough at all during the rest of the day or at night? 1. Yes ___ 2. No ___

IF YES TO ANY OF THE ABOVE (7A,7B,7C, OR 7D), ANSWER THE FOLLOWING:
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 8A.

E. Do you usually cough like this on most days for 5 consecutive months or more during the year? 1. Yes ___ 2. No ___
8. Does not apply ___

F. For how many years have you had this cough? _____
Number of years
88. Does not apply ___

=====

PHLEGM

8A. Do you usually bring up phlegm from your chest? 1. Yes ___ 2. No ___
(Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm)
[If no, skip to 8C.]

B. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? 1. Yes ___ 2. No ___

C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___

D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes ___ 2. No ___

IF YES TO ANY OF THE ABOVE (8A, B, C, OR D), ANSWER THE FOLLOWING:
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 9A.

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___
8. Does not apply ___

F. For how many years have you had trouble with phlegm? _____
Number of years
88. Does not apply ___

=====

EPISODES OF COUGH AND PHLEGM

9A. Have you had periods or episodes of (increased*) cough and phelgm lasting for 3 weeks or more each year? 1. Yes ___ 2. No ___
*(For individuals who usually have cough and/or phlegm)

IF YES TO 9A:

B. For how long have you had at least 1 such episode per year? _____
Number of years
88. Does not apply ___

=====

WHEEZING

10A. Does your chest ever sound wheezy or whistling:
1. When you have a cold? 1. Yes ___ 2. No ___
2. Occaisonally apart from colds? 1. Yes ___ 2. No ___
3. Most days or nights? 1. Yes ___ 2. No ___

IF YES TO 1, 2, OR 3 IN 10A:

B. For how many years has this been present? _____
Number of years
88. Does not apply ___

11A. Have you ever had an ATTACK of wheezing that has made you feel short of breath? 1. Yes ___ 2. No ___

IF YES TO 11A:

B. How old were you when you had your first such attack? _____ Age in years
88. Does not apply ___
C. Have you had 2 or more such episodes? 1. Yes ___ 2. No ___
8. Does not apply ___

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

1. Yes ___ 2. No ___
8. Does not apply ___

=====

BREATHLESSNESS

12. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to Question 14A.

Nature of condition(s): _____

13A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1. Yes ___ 2. No ___

IF YES TO 13A:

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

1. Yes ___ 2. No ___
8. Does not apply ___

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

1. Yes ___ 2. No ___
8. Does not apply ___

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

1. Yes ___ 2. No ___
8. Does not apply ___

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

1. Yes ___ 2. No ___
8. Does not apply ___

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CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)

1. Yes ___ 2. No ___
8. Don't get colds___

15A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes ___ 2. No ___

IF YES TO 15A:

B. Did you produce phlegm with any of these chest illnesses?

1. Yes ___ 2. No ___
8. Does not apply ___

C. In the last 3 years, how many such illnesses, with (increased) phlegm, did you have which lasted a week or more?

_____Number of illnesses
_____No such illnesses
_____Does not apply

PAST ILLNESSES

16. Did you have any lung trouble before the age of 16? 1. Yes ___ 2. No ___
17. Have you ever had any of the following:
1A. Attacks of Bronchitis? 1. Yes ___ 2. No ___
- IF YES TO 1A:
B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
8. Does not apply ___
- C. At what age was your first attack? _____ Age in years
88. Does not apply ___
- 2A. Pneumonia (include bronchopneumonia)? 1. Yes ___ 2. No ___
- IF YES TO 2A:
B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
8. Does not apply ___
- C. At what age did you first have it? _____ Age in years
88. Does not apply ___
- 3A. Hayfever? 1. Yes ___ 2. No ___
- IF YES TO 3A:
B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
8. Does not apply ___
- C. At what age did it start? _____ Age in years
88. Does not apply ___
- 18A. Have you ever had chronic bronchitis? 1. Yes ___ 2. No ___
- IF YES TO 18A:
B. Do you still have it? 1. Yes ___ 2. No ___
8. Does not apply ___
- C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
8. Does not apply ___
- D. At what age did it start? _____ Age in years
88. Does not apply ___
- 19A. Have you ever had emphysema? 1. Yes ___ 2. No ___
- IF YES TO 19A:
B. Do you still have it? 1. Yes ___ 2. No ___
8. Does not apply ___

C. Was it confirmed by a doctor?

1. Yes ___ 2. No ___
8. Does not apply ___

D. At what age did it start?

_____ Age in years
88. Does not apply ___

20A. Have you ever had asthma?

1. Yes ___ 2. No ___

IF YES TO 20A:

B. Do you still have it?

1. Yes ___ 2. No ___
8. Does not apply ___

C. Was it confirmed by a doctor?

1. Yes ___ 2. No ___
8. Does not apply ___

D. At what age did it start?

_____ Age in years
88. Does not apply ___

E. If you no longer have it, at what age did it stop?

_____ Age stopped
88. Does not apply ___

21. Have you ever had:

A. Any other chest illnesses?
If yes, please specify _____

1. Yes ___ 2. No ___

B. Any chest operations?
If yes, please specify _____

1. Yes ___ 2. No ___

C. Any chest injuries?
If yes, please specify _____

1. Yes ___ 2. No ___

22A. Has doctor ever told you that you had heart trouble?

1. Yes ___ 2. No ___

IF YES to 22A:

B. Have you ever had treatment for heart trouble in the past 10 years?

1. Yes ___ 2. No ___
8. Does not apply ___

23A. Has a doctor ever told you that you have high blood pressure?

1. Yes ___ 2. No ___

IF YES to 23A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?

1. Yes ___ 2. No ___
8. Does not apply ___

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OCCUPATIONAL HISTORY

24A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes ___ 2. No ___

IF YES to 24A:

B. Have you ever worked for a year or more in any dusty job? 1. Yes ___ 2. No ___ 8. Does not apply ___

Specify job/industry: _____ Total years worked ___
Was dust exposure 1. Mild ___ 2. Moderate ___ 3. Severe ___ ?

C. Have you ever been exposed to gas or chemical fumes in your work? 1. Yes ___ 2. No ___ 8. Does not apply ___

Specify job/industry: _____ Total years worked ___
Was dust exposure 1. Mild ___ 2. Moderate ___ 3. Severe ___ ?

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

- 1. Job-occupation: _____
2. Number of years employed in this occupation: _____
3. Position-job title: _____
4. Business, field, or industry: _____

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TOBACCO SMOKING

25A. Have you ever smoked cigarettes? (NO means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year. 1. Yes ___ 2. No ___

IF YES to 25A:

B. Do you now smoke cigarettes (as of 1 month ago)? 1. Yes ___ 2. No ___ 8. Does not apply ___

C. How old were you when you first started reg-cigarette smoking? ___ Age in Years 88.Does not apply ___

D. If you have stopped smoking cigarettes completely, how old were you when you stopped? ___ Age stopped Check if still smoking ___ 88.Does not apply ___

E. How many cigarettes do you smoke per day now? ___ Cigarettes/day 88.Does not apply ___

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

___ Cigarettes/day
88. Does not apply ___

G. Do or did you inhale the cigarette smoke?

1. Does not apply ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

26A. Have you ever smoked a pipe regularly?
(YES means more than 12 oz tobacco in a lifetime.)

1. Yes ___ 2. No ___

IF YES to 26A:

B1. How old were you when you started to smoke a pipe regularly?

___ Age

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

___ Age stopped
Check if still smoking pipe ___
88. Does not apply ___

C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?

___ oz per week (a standard pouch of tobacco contains 1 1/2 oz)
88. Does not apply ___

D. How much pipe tobacco are you smoking now?

___ oz per week
88. Not currently smoking a pipe ___

E. Do or did you inhale the pipe smoke?

1. Never smoked ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

27A. Have you ever smoked cigars regularly?
(Yes means more than 1 cigar a week for a year).

1. Yes ___ 2. No ___

IF YES to 27A:

B1. How old were you when you started smoking cigars regularly?

___ Age

2. If you have stopped smoking cigars completely, how old were you when you stopped?

___ Age stopped
Check if still smoking cigars ___
88. Does not apply ___

C. On the average over the entire time you

___ Cigars per week

smoked cigars, how many cigars did you smoke per week ?

88. Does not apply ___

D. How many cigars are you smoking per week now?

___ Cigars per week
88. Check if not smoking cigars currently ___

E. Do or did you inhale the cigar smoke?

- 1. Never smoked ___
- 2. Not at all _____
- 3. Slightly _____
- 4. Moderately _____
- 5. Deeply _____

=====

FAMILY HISTORY

28. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

FATHER

MOTHER

1. YES 2. NO 3. DON'T KNOW

1. YES 2. NO 3. DON'T KNOW

A. Chronic bronchitis?

B. Emphysema?

C. Asthma?

D. Lung cancer?

E. Other chest conditions?

29A. Is parent currently alive?

B. Please Specify:

_____ Age if living

_____ Age if living

_____ Age at death

_____ Age at death

8. Don't know _____

8. Don't know _____

C. Please specify cause of death.

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