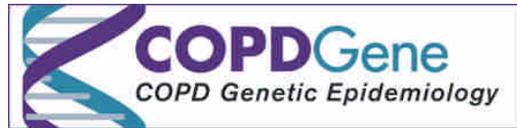


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Interviewer (initials)

COPD Gene ID

Month

Day

Year

Center (eg, NJC)

## Respiratory Disease Questionnaire

### Respiratory Symptoms

The following questions are about respiratory or chest symptoms. If you are in doubt whether the answer is *Yes* or *No*, answer *No*.

1. Do you usually have a cough? (Exclude clearing of throat.)

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

If **Yes** to any of the above (1,2,3), answer the following:

Do you cough like this on most days, for 3 consecutive months or more during the year?

Yes  No

For how many years have you had this cough?

Number of years

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

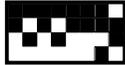
Yes  No

If **Yes**, do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?

Yes  No

44881





44881

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5. Do you usually bring up phlegm from your chest on getting up, or first thing in the morning?

Yes  No

6. Do you usually bring up phlegm from your chest during the rest of the day or at night?

Yes  No

If **Yes** to any of the above (4, 5, 6), answer the following:

Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

Yes  No

For how many years have you had trouble with phlegm?

Number of years

7. In the past 12 months, 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.)

Yes  No

If **Yes**, about how many such episodes have you had in the past 12 months?

Number of episodes

If **Yes**, for how many years have you had at least one such episode per year?

Number of years

8. Have you ever had wheezing or whistling in your chest?

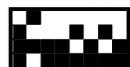
Yes  No

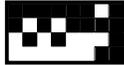
If **Yes**, about how old were you when you first had wheezing or whistling in your chest?

Age in years (Answer 1 if younger than age 1 year)

Don't Know

If **No**, skip to question 11.





44881

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9. Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath?

Yes  No

If **Yes**, about how old were you when you had your first such attack?

Age in years (answer 1 if younger than age 1 year)

Don't Know

Have you had 2 or more such attacks?

Yes  No

Have you ever required medicine or treatment for such attacks?

Yes  No

10. In the last 12 months, have you had wheezing or whistling in your chest at any time?

Yes  No

If **Yes**, in the last 12 months, does your chest ever sound wheezy or whistling...

When you have a cold?	<input type="radio"/> Yes	<input type="radio"/> No
Occasionally apart from colds?	<input type="radio"/> Yes	<input type="radio"/> No
More than once a week?	<input type="radio"/> Yes	<input type="radio"/> No
Most days and nights?	<input type="radio"/> Yes	<input type="radio"/> No

11. In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

Yes  No

12. In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?

Yes  No

*Questions 13-14 are about the symptoms that occur when you do not have a cold or the flu.*

13. In the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you did not have a cold or the flu?

Yes  No

14. In the past 12 months, have you been bothered by watery, itchy, or burning eyes when you did not have a cold or the flu?

Yes  No

44881







44881

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### Severity of COPD Exacerbations in the Last Year

1. Have you had a flare-up of your chest trouble in the last 12 months?

Yes  No

If **Yes**, how was the flare-up treated?

Please answer for each episode (if more than one) by checking all relevant treatments given.

	Episode					
	1	2	3	4	5	6
No special treatment	<input type="radio"/>					
Just increased your usual medication at home	<input type="radio"/>					
Took additional antibiotic or steroid medication which you keep at home	<input type="radio"/>					
Consulted your doctor who prescribed additional antibiotic and/or steroid treatment, but did not admit you to the hospital	<input type="radio"/>					
Admitted to hospital	<input type="radio"/>					

### Respiratory Conditions

1. Have you ever had asthma?

Yes  No (Skip to question 2)  Don't know (Skip to question 2)

At about what age did it start?

Age in years (Enter number)

As a child; age not known (Check if appropriate)

Was it diagnosed by a doctor or other health professional?

Yes  No  Don't know

Do you still have it?

Yes  No  Don't know

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

Age in years

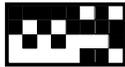
As a child; age not known (Check if appropriate)

In the past 12 months, have you received medical treatment, taken medications or used an inhaler for asthma?

Yes  No

44881





44881

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2. Have you ever had hay fever (allergy involving the nose and/or eyes)?

- Yes    No (Skip to question 3)    Don't know (Skip to question 3)

At about what age did it start?

Age in years (Enter number)

- As a child; age not known (Check if appropriate)

Was it diagnosed by a doctor or other health professional?

- Yes    No    Don't know

Do you still have it?

- Yes    No    Don't know

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

Age in years

- As a child; age not known (Check if appropriate)

In the past 12 months, have you received medical treatment, taken medications or used a nasal spray for hay fever?

- Yes    No

3. Have you ever had an attack of bronchitis?

- Yes    No (Skip to question 4)    Don't know (Skip to question 4)

Was it diagnosed by a doctor or other health professional?

- Yes    No    Don't know

At about what age did you first have bronchitis?

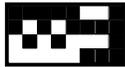
Age in years (Enter number)

- As a child; age not known (Check if appropriate)

How many times have you had bronchitis?

Times (Enter number)





44881

COPDGene ID

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4. Have you ever had pneumonia or bronchopneumonia?

Yes  No (Skip to question 5)  Don't know (Skip to question 5)

Was it diagnosed by a doctor or other health professional?

Yes  No  Don't know

At about what age did you first have pneumonia or bronchopneumonia?

Age in years (Enter number)

As a child; age not known (Check if appropriate)

How many times have you had pneumonia or bronchopneumonia?

Times (Enter number)

5. Have you ever had chronic bronchitis?

Yes  No (Skip to question 6)  Don't know (Skip to question 6)

Was it diagnosed by a doctor or other health professional?

Yes  No

At about what age did it start?

Age in years (Enter number)

Do you still have it?

Yes  No  Don't know

In the past 12 months, have you received medical treatment, taken medications or used an inhaler for chronic bronchitis?

Yes  No

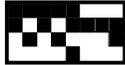
6. Have you ever had emphysema?

Yes  No (Skip to question 7)  Don't know (Skip to question 7)

Was it diagnosed by a doctor or other health professional?

Yes  No





44881

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At about what age did it start?

Age in years (Enter number)

Do you still have it?

Yes  No  Don't know

In the past 12 months, have you received medical treatment, taken medications or used an inhaler for emphysema?

Yes  No

7. Have you ever had COPD (chronic obstructive pulmonary disease)?

Yes  No (Skip to question 8)  Don't know (Skip to question 8)

Was it diagnosed by a doctor or other health professional?

Yes  No

At about what age did it start?

Age in years (Enter number)

Do you still have it?

Yes  No  Don't know

In the past 12 months, have you received medical treatment, taken medications or used an inhaler for COPD?

Yes  No

8. Have you ever had sleep apnea?

Yes  No (Skip to question 9)  Don't know (Skip to question 9)

Was it diagnosed by a doctor or other health professional?

Yes  No

At about what age did it start?

Age in years (Enter number)

Do you still have it?

Yes  No  Don't know

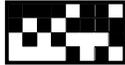
In the past 12 months, have you received any treatment for sleep apnea?

Yes  No

44881







44881

COPDGene ID

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6. Cigarettes smoked in the past 24 hours: (check here  if does not apply)  
Approximately how many cigarettes have you smoked in the past

<input type="text"/>	<input type="text"/>	in 24 hours
<input type="text"/>	<input type="text"/>	in 2 hours
<input type="text"/>	<input type="text"/>	in 1/2 hour

### Pipe Smoking

1. Have you ever smoked a pipe regularly? (**Yes** means more than 12 oz of tobacco in a lifetime.)

Yes  No (If **No**, skip to *Cigar Smoking*)

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

<input type="text"/>	<input type="text"/>	years old
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3. Do you now smoke a pipe (as of one month ago)?

Yes (Go to question 4)  No (Go to question 5)

4. How much pipe tobacco do you smoke per day now?

<input type="text"/>	<input type="text"/>	oz per day
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5. How old were you when you completely stopped smoking a pipe?

<input type="text"/>	<input type="text"/>	years old
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6. On the average of the entire time you smoked a pipe, how many ounces of tobacco did you smoke per week?

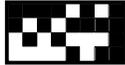
<input type="text"/>	<input type="text"/>	oz per week
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### Cigar Smoking

1. Have you ever smoked cigars regularly? (**Yes** means more than 1 cigar a week for one year at any time in your life.)

Yes  No (If **No**, skip to *Second-hand Smoke Exposure*)





44881

COPDGene ID

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2. How old were you when you first started to smoke cigars regularly?

--	--

 years old

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

Yes (Go to question 4)    No (Go to question 5)

4. How many cigars do you smoke per day now?

--	--

 cigars per day

5. How old were you when you completely stopped smoking cigars?

--	--

 years old

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

--	--

 cigars per week

### Second-hand Smoke Exposure

1. Did your mother smoke cigarettes when she was pregnant with you?

Yes    No    Don't know

2. Growing up until age 18, for how many years in total did you live in the same household with someone else who smoked tobacco products?

--	--

 years

3. Since age 18, for how many years in total have you lived in the same household with someone else who smoked tobacco products?

--	--

 years

4. Thinking about all of the jobs you have had, for how many years of your employment have you been regularly exposed to another person's cigarette smoke inside your workplace?

--	--

 years

