





11636

COPDGene ID

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

Yes  No

If **Yes**, do you have to walk slower than people of your age on level ground because of shortness of breath?

Yes  No  Does not apply

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

Yes  No  Does not apply

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

Yes  No  Does not apply

Are you too short of breath to leave the house or short of breath on dressing or undressing?

Yes  No  Does not apply

**COPD Exacerbations in the Last Year**

1. In the past year, have you been to the emergency room or hospitalized for lung problems?

Yes  No

If **Yes**, how many times? 

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2. In the past year, have you been treated with antibiotics for a chest illness?

Yes  No

If **Yes**, how many times? 

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3. In the past year, have you been treated with steroid pills or injections, such as prednisone or solumedrol, for a chest illness?

Yes  No

If **Yes**, how many times? 

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### Medical History

Have you ever been told by a physician that you have

	Yes	No	If <b>Yes</b> , age of diagnosis
Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Skin cancer (not melanoma)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Melanoma of the skin	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Bladder cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Kidney cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Uterine cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Throat or mouth cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Ovarian cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Pancreatic cancer	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lymphoma	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other cancer _____	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Angina	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Coronary artery disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Heart attack (MI)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Blood clots (in legs or lungs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Macular degeneration	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Peripheral vascular disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
TIA (transient ischemic attack)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Anemia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Gastroesophageal reflux	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Stomach ulcers	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Compression fractures (in your back)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Connective tissue disease (lupus, scleroderma)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hip fracture	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Osteoarthritis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Osteoporosis (thin bones)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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**Medication History**

1. At present, do you use medications to treat your breathing problems?

Yes  No  Uncertain

2. List all medications, including those for your lungs, you take that have been prescribed by your health care provider (physician, nurse practitioner, physician assistant). Exclude dose.

*Instructions to the Coordinator:* complete the answers to the medications below based on the medication list provided above by the subject.

	Yes	No
3. <i>Nebulizer for an inhaled medication</i>	<input type="radio"/>	<input type="radio"/>
4. <i>Inhaled short-acting beta-agonist</i> AccuNeb, Albuterol, Maxair, ProAir, Proventil, Ventolin, Xopenex	<input type="radio"/>	<input type="radio"/>
5. <i>Ipratropium bromide</i> Atrovent	<input type="radio"/>	<input type="radio"/>
6. <i>Combination short-acting inhaled medication</i> albuterol and ipratropium bromide, Combivent, DuoNeb	<input type="radio"/>	<input type="radio"/>
7. <i>Long-acting beta-agonist</i> Arcapta, Brovana, Foradil, formoterol, Perforomist solution	<input type="radio"/>	<input type="radio"/>
8. <i>Antimuscarinic bronchodilator</i> aclidinium, Spiriva, tiotropium, Tudorza	<input type="radio"/>	<input type="radio"/>
9. <i>Inhaled corticosteroid</i> Aerobid, Aerospan, Asmanex, Azmacort, Flovent, Pulmicort, Pulmicort Respules, Qvar	<input type="radio"/>	<input type="radio"/>
10. <i>Combination inhaled corticosteroid + long-acting beta-agonist</i> Advair, Dulera, Symbicort	<input type="radio"/>	<input type="radio"/>

How many puffs a day of your short-acting rescue inhaler have you taken in the last week?

4 or fewer  5-10  10 or more

