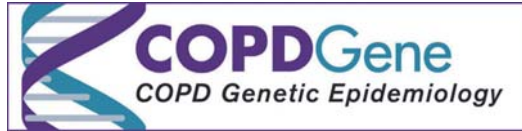




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Interviewer (initials)

Grid for interviewer initials

COPD Gene ID

Grid for COPD Gene ID

Month

Grid for month

Day

Grid for day

Year

Grid for year

Center (eg, NJC)

Grid for center

Medical History

1. In general, how would you describe your health?

- Radio buttons for health status: Excellent, Very good, Good, Fair, Poor

2. Have you ever been told by a physician that you have

Table with 4 columns: Condition, Yes, No, and If Yes, age of diagnosis. Rows include various cancers, lung conditions, and cardiovascular diseases.





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COPDGene ID

□ □ □ □ □ □

2. Have you ever been told by a physician that you have

	Yes	No	If Yes , age of diagnosis
Anemia	<input type="radio"/>	<input type="radio"/>	□ □
Gastroesophageal reflux	<input type="radio"/>	<input type="radio"/>	□ □
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	□ □
Kidney disease	<input type="radio"/>	<input type="radio"/>	□ □
Liver disease	<input type="radio"/>	<input type="radio"/>	□ □
Stomach ulcers	<input type="radio"/>	<input type="radio"/>	□ □
Compression fractures (in your back)	<input type="radio"/>	<input type="radio"/>	□ □
Connective tissue disease (lupus, scleroderma)	<input type="radio"/>	<input type="radio"/>	□ □
Gout	<input type="radio"/>	<input type="radio"/>	□ □
Hip fracture	<input type="radio"/>	<input type="radio"/>	□ □
Osteoarthritis	<input type="radio"/>	<input type="radio"/>	□ □
Osteoporosis (thin bones)	<input type="radio"/>	<input type="radio"/>	□ □
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	□ □

3. In the 5 years since your last COPDGene visit, have you had any pulmonary rehabilitation?

Yes No

If **Yes**, then in what year? □ □ □ □

4. In the last 3 weeks, have you walked for exercise, biked, or used a treadmill at least twice a week?

Yes No

If **Yes**, then how many times a week have you exercised? □ times a week

And how many minutes at a time do you exercise? □ □ □ minutes

5. Does stiffness or pain in your joints or bones limit your ability to walk?

Yes No

6. Do you have chronic stiffness or pain in your back?

Yes No

7. What limits your walking the most?

Shortness of breath Leg or back discomfort Both Neither

8. Have you had coronary artery bypass surgery (CABG)?

Yes No

9. Have you had angioplasty or have you had cardiac stents placed?

Yes No

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COPDGene ID

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10. Do you have any joints that are painful, stiff, or aching **most days of the month**?

Yes No

If **Yes**, then mark all joints that apply.

- Shoulder
- Elbow
- Wrist or hand
- Hip, groin, or thigh
- Knee
- Foot or ankle

11. Do you have lower back, buttock, or radiating leg pain **most days of the month**?

Yes No

12. In the last year, did you **unintentionally** lose weight?

Yes No

If **Yes**, then how much weight did you lose? pounds

