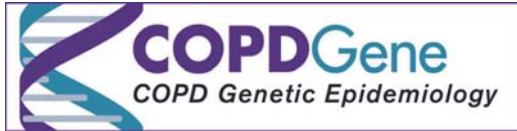




50990



Interviewer (initials)

[ ][ ][ ]

COPD Gene ID

[ ][ ][ ][ ][ ][ ]

Month

[ ][ ]

Day

[ ][ ]

Year

[ ][ ][ ][ ]

Center (eg, NJC)

[ ][ ][ ]

## Medication History

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

Yes  No  Uncertain

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





50990

COPDGene ID

--	--	--	--	--	--

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 11. <i>Theophylline</i><br>Theo-24, Theochron, Theolair, Uniphyll                                | <input type="radio"/> | <input type="radio"/> |
| 12. <i>Macrolide antibiotic: daily or chronic</i><br>azithromycin, Zithromax, Zmax               | <input type="radio"/> | <input type="radio"/> |
| 13. <i>Phosphodiesterase inhibitor</i><br>Daliresp, roflumilast                                  | <input type="radio"/> | <input type="radio"/> |
| 14. <i>Oral corticosteroids: daily or chronic</i><br>Deltasone, Medrol, prednisolone, prednisone | <input type="radio"/> | <input type="radio"/> |
| 15. <i>Medication for osteoporosis (thin bones)</i>  | <input type="radio"/> | <input type="radio"/> |

If **Yes**, then which medication do you take? Mark all that apply.

- Bone anti-resorption medication: Actonel, Boniva, Fosamax, Reclast
- Calcitonin: Calcimar, Fortical, Miacalcin
- Calcium or vitamin D
- Estrogen or hormone replacement therapy (pills, patches, creams)
- Parathyroid hormone: Forteo, teriparatide
- Selective estrogen modulator: Evista, raloxifene
- Testosterone (injections, gels)

- |  |                       |                       |
|--|-----------------------|-----------------------|
| 16. <i>Medication for rheumatoid arthritis</i> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

If **Yes**, then which medication do you take? Mark all that apply.

- Biological agent: Enbrel, Humira, Remicade
- Disease-modifying antirheumatic drug: Arava, Azulfidine, Immuran, methotrexate, Plaquenil
- Nonsteroidal antiinflammatory drug: Advil, Aleve, Celebrex, ibuprofen, Motrin, Naprosyn
- Steroid: Medrol, methylprednisolone, prednisolone, prednisone

17. *Vaccinations*

In what year did you last get a flu shot? 

--	--	--	--

 A pneumonia shot? 

--	--	--	--

18. 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.

