



32607



Interviewer (initials)

□ □ □

COPD Gene ID

□ □ □ □ □ □

Month

□ □

Day

□ □

Year

□ □ □ □

Center (eg, NJC)

□ □ □ □

Nonsmoker 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 (*questions 1, 2, 3*), then 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?

□ □

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

32607





32607

COPDGene ID

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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?

--	--

 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?

--	--

 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?

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 years old (enter 1 if younger than 1 year old)

Don't Know

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





32607

COPDGene ID

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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?

years old (enter 1 if younger than 1 year old)

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

32607





32607

COPDGene ID

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Severity of Respiratory Exacerbations in the Last Year

1. Have you had a flare-up of any 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?

--	--

 years old

as a child: age unknown (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?

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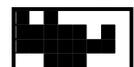
 years old

as a child: age unknown (check if appropriate)

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

Yes No

32607





32607

COPDGene ID

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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?

years old

- as a child: age unknown (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?

years old

- as a child: age unknown (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

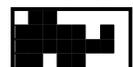
At about what age did you first have bronchitis?

years old

- as a child: age unknown (check if appropriate)

How many times have you had bronchitis?

times





32607

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?

years old

as a child: age unknown (check if appropriate)

How many times have you had pneumonia or bronchopneumonia?

times

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?

years old

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





32607

COPDGene ID

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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

Educational History

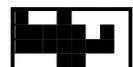
1. What is the highest degree or level of school you have completed?

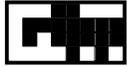
- 8th grade or less
- High school, no diploma
- High school graduate: high school diploma or equivalent (for example, GED)
- Some college or technical school, no degree
- College or technical school graduate: Bachelor's or Associate degree
- Master's or Doctoral degree

Contact with Children

In the last 5 years, have you been in regular contact (at least once a week) with children 15 years old or younger?

Yes No





32607

COPDGene ID

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Family History

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

	Father			Mother		
	Yes	No	Don't Know	Yes	No	Don't Know
Chronic bronchitis	<input type="radio"/>					
Emphysema	<input type="radio"/>					
COPD	<input type="radio"/>					
Asthma	<input type="radio"/>					
Lung cancer	<input type="radio"/>					

2. Were either of your natural parents ever a cigarette smoker?

Father Yes No Don't Know

Mother Yes No Don't know

32607

