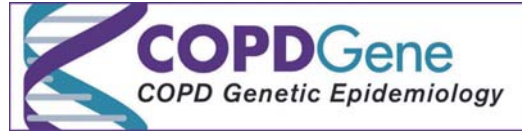




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Interviewer (initials)

[][] [][]

COPD Gene ID

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

Month

[][]

Day

[][]

Year

[][][][]

Center (eg, NJC)

[][][][]

Residential and Occupational History

Residential History

1. What is your current address?

Address _____

City _____

State [][] Zip code [][][][][]

How long have you lived at this address? [][] years

Do you live at least 9 months of the year at this address?

Yes No

If **No**, what is the zip code of your other residence? [][][][][]

2. Was this your address on your last COPD Gene visit?

Yes No Uncertain

If **No**, what was your address then?

Address _____

City _____

State [][] Zip code [][][][][]

How long did you live at this address? [][] years

3. At what address have you lived the longest?

Current address Address on last COPD Gene visit Another address

If **Another address**, what was that address?

Address _____

City _____

State [][] Zip code [][][][][]

In what year did you start living at this address? [][][][]

In what year did you stop living at this address? [][][][]





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Grid for COPDGene ID: 6 empty boxes

4. At what address or intersection did you live the longest before you were 13?

Address _____

City _____

State [][] Zip code [][][][][]

At what age did you move to this address? (Enter 0 if before 1 year old.) [][] years old

At what age did you move from this address? [][] years old

Occupational History in the Last 5 Years

1. In the 5 years since your last COPDGene visit, have you worked?

Yes No Uncertain

If No, then skip to page 5, Lifetime Occupational History, question 1.

2. In the 5 years since your last COPDGene visit, what has been your main occupation?

3. Which code below best describes your main occupation in the last 5 years? [][]

- 1. Artist or art-related 11. Police or correctional
2. Building and grounds, cleaning and maintenance 12. Production-related *
3. Construction and building trades 13. Professional **
4. Farming: animal and agriculture 14. Sales, office, retail, and administrative
5. Firefighter 15. Transportation: truck driver
6. Food preparation and serving 16. Transportation: bus, car, or van driver
7. Medical, dental, and health-care-related 17. Other transportation-related
8. Forestry 18. Vehicle, engine, or aircraft mechanic
9. Military 19. Welder
10. Mining or drilling 20. Other

* Machine operator, manufacturing, assembling, or processing

** Including business, financial, engineering, computer, science, media, education

4. At what address have you worked the longest in the last 5 years?

Address _____

City _____

State [][] Zip code [][][][][]

5. In the 5 years since your last COPDGene visit, in what industry have you worked?



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6. Are you working as of now?

Yes No

If **No**, what was the approximate date you stopped working?

| | | |
|----------------------|----------------------|----------------------|
| Month | Day | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you are no longer working, why did you stop working?

- Reached retirement age
 Retired because of my lung disease
 Retired because of another medical problem
 Other

Dust Exposure in the Last 5 Years

1. In the 5 years since your last COPDGene visit, have you worked a year or more in a dusty job?

Yes No Uncertain

If **No**, then skip to *page 4, question 1*.

2. In the 5 years since your last visit, what has been your main occupation in that dusty job?

3. Which code from **page 2** best describes this dust-related occupation?

4. In this job, what were the **most common** kinds of dust to which you were exposed?

- | | |
|---|--|
| <input type="radio"/> Animal dander | <input type="radio"/> Asbestos |
| <input type="radio"/> Cotton, wool, cloth, or textile | <input type="radio"/> Cement |
| <input type="radio"/> Flour | <input type="radio"/> Coal |
| <input type="radio"/> Grain | <input type="radio"/> Fiberglass |
| <input type="radio"/> Hay | <input type="radio"/> Granite or other rock |
| <input type="radio"/> Paper or cardboard | <input type="radio"/> Lime |
| <input type="radio"/> Plastic or rubber | <input type="radio"/> Metal (for example, aluminum, copper, iron, steel) |
| <input type="radio"/> Wood or sawdust | <input type="radio"/> Plaster |
| | <input type="radio"/> Sand or silica |
| | <input type="radio"/> Talc |
| <input type="radio"/> Another kind of dust (specify) | |

5. In this dusty job, how often were you exposed to dust?

Less than 1 day a week 1-3 days a week 4-7 days a week



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6. In this dusty job, how much dust were you exposed to?

- A little A moderate amount A lot

7. In what industry is this dusty job?

8. Are you working in this dusty job as of now?

- Yes No

Gas, Smoke, Vapor, and Fume Exposures in the Last 5 Years

1. In the 5 years since your last COPDGene visit, have you been exposed to gas, smoke, or chemical vapors or fumes in your work?

- Yes No Uncertain

If **No**, then skip to *page 5, Lifetime Occupational History, question 1.*

2. In the 5 years since your last COPDGene visit, what has been your main occupation in that job?

3. Which code from **page 2** best describes this occupation?

4. In this job, what were the **most common** kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?

- Cutting oils or mists
- Exhaust: primarily diesel engine
- Exhaust: primarily gasoline engine
- Exhaust: both diesel and gasoline engine
- Exhaust: primarily another kind
- Fumes from chemicals
- Gasoline or other fuel fumes
- Pesticides or insecticides
- Smoke from burning buildings, fuel oil, refuse, or wood
- Paint or lacquers
- Solvents
- Welding
- Other gas, smoke, or chemical vapor or fume _____

5. In this job, how often were you exposed to gas, smoke, or chemical vapors or fumes?

- Less than 1 day a week 1-3 days a week 4-7 days a week





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6. In this job, how much gas, smoke, or chemical vapors or fumes were you exposed to?

- A little A moderate amount A lot

7. In what industry is this job?

8. Are you working in this job with gas, smoke, or chemical vapors or fumes as of now?

- Yes No Uncertain

Lifetime Occupational History

1. Over your working life, what has been your main occupation?

How long have you had this job? years

2. Which code from **page 2** best describes this occupation?

3. In what industry is this occupation?

How long did you work in this industry? years

4. Have you ever worked for at least a year in any dusty job?

- Yes No Uncertain

If **No**, then skip to *page 6, question 11*.

What was the approximate year you started?

What was the approximate year you stopped?

5. What was your occupation with the longest exposure to dust?

6. Which code from **page 2** above best describes this occupation?





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7. In this job, what were the **most common** kinds of dust to which you were exposed?

- Animal dander
- Cotton, wool, cloth, or textile
- Flour
- Grain
- Hay
- Paper or cardboard
- Plastic or rubber
- Wood or sawdust
- Asbestos
- Cement
- Coal
- Fiberglass
- Granite or other rock
- Lime
- Metal: aluminum, copper, iron, steel
- Plaster
- Sand or silica
- Talc
- Another kind of dust (specify)

8. In this job, how often were you exposed to dust?

- Less than 1 day a week
- 1-3 days a week
- 4-7 days a week

9. In this job, how much dust were you exposed to?

- A little
- A moderate amount
- A lot

10. In what industry is this job?

11. Have you ever been exposed to gas, smoke, chemical vapors, or chemical fumes in your work?

- Yes
- No
- Uncertain

If **No**, then skip to *page 7, question 18*.

What was the approximate year you started?

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What was the approximate year you stopped?

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12. What was your occupation with the longest exposure to gas, smoke, or chemical vapors or fumes?

13. Which code from **page 2** best describes this occupation?

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14. In this job, what were the **most common** kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?

- Cutting oils or mists
- Exhaust: primarily diesel engine
- Exhaust: primarily gasoline engine
- Exhaust: both diesel and gasoline engine
- Exhaust: primarily another kind
- Fumes from chemicals
- Gasoline or other fuel fumes
- Pesticides or insecticides
- Smoke from burning buildings, fuel oil, refuse, or wood
- Paint or lacquers
- Solvents
- Welding
- Other gas, smoke, or chemical vapor or fume _____

15. In this job, how often were you exposed to gas, smoke, or chemical vapors or fumes?

- Less than 1 day a week
- 1-3 days a week
- 4-7 days a week

16. In this job, how much were you exposed to gas, smoke, or chemical vapors or fumes?

- A little
- A moderate amount
- A lot

17. In what industry is this job?

18. Have you ever been exposed to asbestos in your work?

- Yes
- No
- Uncertain

If **No**, then **STOP**.

What was the approximate year your exposure to asbestos started?

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What was the approximate year your exposure to asbestos stopped?

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19. What was your occupation with the longest exposure to asbestos?

20. Which code from **page 2** best describes this asbestos-related occupation?

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21. In this job, how often were you exposed to asbestos?

- Less than 1 day a week 1-3 days a week 4-7 days a week

22. Which answer best describes your exposure to asbestos in this job?

- Did not handle asbestos but it was present in ceilings or overhead pipes
 Did not handle asbestos but worked where asbestos dust was created by others
 Handled asbestos or asbestos-containing products and created asbestos dust

22. In what industry is this job?

