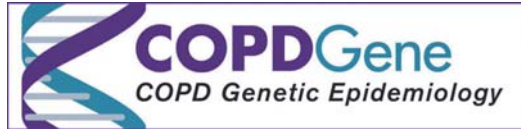




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Interviewer (initials)

COPD Gene ID

Month

Day

Year

Center (eg, NJC)

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 (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?

years

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

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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), then 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?

--	--

 episodes

If **Yes**, for how many years have you had at least one such episode per year?

--	--

 years

8. In the 5 years since your last COPDGene visit, have you ever had wheezing or whistling in your chest?

Yes No

9. In the 5 years since your last COPDGene visit, have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath?

Yes No





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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

13. 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

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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?

--	--

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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Severity of COPD Exacerbations in the Last Year

Have you had a flare-up of your chest trouble in the last 12 months?

Yes No

If **Yes**, how many flare-ups have you had?

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If **Yes**, how was the flare-up treated?

For each episode please mark the treatments you received.

	Episode					
	1	2	3	4	5	6
No special treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just increased your usual medication at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took additional antibiotic or steroid medication which you keep at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consulted your doctor who prescribed additional antibiotic or steroid treatment, but did not admit you to the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitted to hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive or critical care unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing tube and ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Respiratory Conditions

1. In the 5 years since your last COPDGene visit, have you been told by a physician for the *first time* that you have

	Yes	No
Asthma	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>
Emphysema	<input type="radio"/>	<input type="radio"/>
Hay fever	<input type="radio"/>	<input type="radio"/>
Pneumonia or bronchopneumonia	<input type="radio"/>	<input type="radio"/>
Sleep apnea	<input type="radio"/>	<input type="radio"/>

Note: If subject does not know the answer to any of these, mark **No**.

2. In the 5 years since your last COPDGene visit, have you had surgery or another procedure on your lungs?

Yes No

If **Yes**, what was done? (Mark all that apply.)

- Bronchoscopy to diagnose a medical problem
- Bronchoscopy to treat COPD or emphysema
- Lung surgery: biopsy or less than 1 lobe removed 1+ lobes removed
- Lung transplant
- Lung volume reduction surgery
- Other _____

3. Have you ever had a tube put into your chest (not into your throat) that was unrelated to surgery for your lungs or heart?

Yes No

If **Yes**, how old were you when this was last done? years old

4. In the 5 years since your last COPDGene visit, have you been told by a physician to use CPAP for sleep apnea?

Yes No

If **Yes**, do you use CPAP for your sleep apnea? Yes No





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Environmental Exposures

Cigarette Smoking

In the 5 years since your last COPDGene visit, have you smoked cigarettes?

Yes No (If **No**, skip to *Pipe Smoking*.)

1. Do you now smoke cigarettes (as of one month ago)?

Yes No (If **No**, skip to *question 4*.)

2. How many cigarettes do you smoke per day now?

cigarettes per day (1=1 or fewer per day)

3. How many cigarettes have you smoked (if none then enter zero)

in the last 24 hours? cigarettes

in the last 2 hours? cigarettes

in the last 1/2 hour? cigarettes

4. In the 5 years since your last COPDGene visit, for how many years have you smoked?

years

5. During those years, on average, how many cigarettes did you smoke per day?

cigarettes per day (1=1 or fewer per day)

6. How old were you when you completely stopped smoking?

years old

Pipe Smoking

In the 5 years since your last COPDGene visit, have you smoked a pipe?

Yes No (Yes means more than a pouch per week.)





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Cigar Smoking

In the 5 years since your last COPDGene visit, have you smoked cigars?

- Yes No (Yes means more than a cigar per week.)

Contact with Children

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

- Yes No

Smoking Cessation

If you ever stopped smoking, which factor affected your decision to stop? (Mark all that apply.)

- My doctor told me I have COPD.
- My doctor told me I had a heart attack, another heart problem, or a stroke.
- My doctor told me I have cancer.
- My doctor told me I have another medical condition.
- My doctor told me smoking is bad for my health.
- I decided to stop because I didn't like coughing and bringing up phlegm.
- I decided to stop because I have COPD.
- I decided to stop because of another reason.
- A family member or significant other person wanted me to stop.
- Smoking is harder because of social disapproval and limits on smoking in public.
- As I get older, I am less able to walk and exercise than people who don't smoke.
- Smoking was too expensive.
- I didn't like the experience of smoking.
- I decided to stop for no particular reason.

