

Limited Follow Up

Interviewer's initials

Date

1. What is your current living situation? (mark all that apply)

- I own my own home
- I rent my home or apartment
- I live with a spouse family member or friend
- I live in an assisted living facility
- I live in a nursing facility
- I do not have a permanent place to live
- I live with a caregiver

2. Since your last COPDGene visit, have you smoked cigarettes?

- Yes
- No

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

- Yes
- No

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

_____ (nn)

Oxygen Therapy

3. Does subject use supplemental O2 therapy?

- Yes
- No

a. When does subject use supplemental O2? (Mark all that apply)

- At rest
- During exercise
- During sleep

Shortness of Breath

4. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- Yes
- No

a. If yes, do you have to walk slower than people of your own age on level ground because of shortness of breath?

- Yes
- No
- Does not apply

b. Do you ever have to stop for breath when walking at your own pace on level ground?

- Yes
- No
- Does not apply

c. Do you ever have to stop for breath when walking 100 yards (or after a few minutes) on level ground?

- Yes
- No
- Does not apply

d. Are you too short of breath to leave the house, or short of breath on dressing or undressing?

- Yes
- No
- Does not apply

COPD Exacerbations in the Last Year

1. In the past year, have you been to emergency room or hospitalized for lung problems? Yes
 No

If Yes, how many times?

_____ (nn)

2. In the past year, have you been treated with antibiotics for a chest illness? Yes
 No

If yes, how many times

_____ (nn)

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

_____ (nn)

Since your last COPDGene visit, have you been told by a physician that you had ...

(Note: If subject does not know the answer to any of these, mark NO.)

	Yes	No
Lung cancer	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>
Skin Cancer (not melanoma)	<input type="radio"/>	<input type="radio"/>
Melanoma of the skin	<input type="radio"/>	<input type="radio"/>
Bladder cancer	<input type="radio"/>	<input type="radio"/>
Kidney cancer	<input type="radio"/>	<input type="radio"/>
Uterine cancer	<input type="radio"/>	<input type="radio"/>
Throat or mouth cancer	<input type="radio"/>	<input type="radio"/>
Ovarian cancer	<input type="radio"/>	<input type="radio"/>
Leukemia	<input type="radio"/>	<input type="radio"/>
Pancreatic cancer	<input type="radio"/>	<input type="radio"/>
Lymphoma	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/>	<input type="radio"/>

Cancer - Other (specify)

	Yes	No
Angina	<input type="radio"/>	<input type="radio"/>
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>
Coronary artery disease	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack (MI)	<input type="radio"/>	<input type="radio"/>
Coronary artery bypass surgery	<input type="radio"/>	<input type="radio"/>
Angioplasty/cardiac stents	<input type="radio"/>	<input type="radio"/>

	Yes	No
Blood clots (in legs or lungs)	<input type="radio"/>	<input type="radio"/>
Macular degeneration	<input type="radio"/>	<input type="radio"/>
Peripheral vascular disease	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
TIA (transient ischemic attack)	<input type="radio"/>	<input type="radio"/>

	Yes	No
Anemia	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Gastroesophageal reflux	<input type="radio"/>	<input type="radio"/>
Stomach ulcers	<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"/>

Are you on kidney dialysis? Yes No

	Yes	No
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"/>

Medication History

1. At present, do you use medications to treat breathing problem? Yes
 No
 Uncertain

2. 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.

	Yes	No
a. Nebulizer for an inhaled medication	<input type="radio"/>	<input type="radio"/>
b. Short-acting beta-agonist: albuterol, ProAir, Proventil, Ventolin, Xopenex	<input type="radio"/>	<input type="radio"/>
c. Ipratropium bromide: Atrovent	<input type="radio"/>	<input type="radio"/>
d. Combination short-acting inhaled medication: Albuterol and Ipratropium Bromide, Combivent, DuoNeb	<input type="radio"/>	<input type="radio"/>
e. Long-acting beta-agonist: Arcapta, Brovana, Foradil, Perforomist, Serevent, Striverdi	<input type="radio"/>	<input type="radio"/>
f. Antimuscarinic bronchodilator: Incruse, Lonhala, Seebri, Spiriva, Tudorza, Yupelri	<input type="radio"/>	<input type="radio"/>
g. Corticosteroid: Aerobid, Aerospan, Asmanex, Azmacort, Flovent, Pulmicort, Qvar, Arnuity, Alvesco	<input type="radio"/>	<input type="radio"/>
h. Combination inhaled corticosteroid + long-acting beta-agonist: Advair, Dulera, Symbicort, Breo	<input type="radio"/>	<input type="radio"/>
i. Combination long-acting beta-agonist + long-acting muscarinic antagonist: Anoro, Brevespi, Stiolto, Utibron	<input type="radio"/>	<input type="radio"/>
j. Triple inhaler, long-acting beta agonist + long-acting muscarinic + corticosteroid: Breztri, Trelegy	<input type="radio"/>	<input type="radio"/>

	Yes	No
k. Theophylline: Theolair	<input type="radio"/>	<input type="radio"/>
l. Macrolide antibiotic used regularly: Azithromycin, Zithromax, Zmax	<input type="radio"/>	<input type="radio"/>
m. Phosphodiesterase inhibitor: Daliresp, Roflumilast	<input type="radio"/>	<input type="radio"/>
n. Oral corticosteroids used regularly: Deltasone, Medrol, Prednisolone, Prednisone	<input type="radio"/>	<input type="radio"/>