

**WOMEN'S INTERAGENCY HIV STUDY  
QUESTION-BY-QUESTION SPECIFICATIONS (QxQs)  
BASELINE PULMONARY QUESTIONNAIRE (PQBL)**

**INTRODUCTION**

This QxQ contains instructions for completing the Baseline Pulmonary Questionnaire (PQBL) for participants enrolled in the WIHS. The format of the instructions is similar to the format of the questionnaire. Each section of the instructions has a title at the top of the first page similar to the title of the corresponding questionnaire pages. Within each section, the sequence of instructions is identical to the sequence of the questions.

Complete **Section A** (General Information) for all subjects. Please enter the WIHSID number at the top of each page of the form.

DATA ITEM	DETAILS	LOGIC RULES
<b>SECTION B: SYMPTOMS</b>		
<b>B1.</b> Over the past year, how frequently have you experienced each of the symptoms listed below:	<b>HAND THE PARTICIPANT RESPONSE CARD PQ01 FOR USE IN ANSWERING QUESTIONS B1 AND B2.</b> Ask the participant to choose from the following criteria that best describe how often she experienced the symptom. Choose only one. If the participant answers a frequency between 2 options, choose the lesser one (i.e., once a week would be coded as "3," a few days/month).	
a. I have coughed.	Select the option that best applies. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
b. I have brought up phlegm (sputum).	Select the option that best applies. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
c. I have had shortness of breath.	Select the option that best applies. Include shortness of breath at rest or with activity. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.

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d. I have had episodes of wheezing.	Select the option that best applies. Include wheezing at rest or with activity. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
<b>B2.</b> Over the past 4 weeks, how frequently have you experienced each of the below symptoms:	<b>PROMPT: IF ALL OF QUESTIONS B1a THROUGH B1d = 5, SKIP TO SECTION C.</b>  <b>HAND THE PARTICIPANT RESPONSE CARD PQ01 FOR USE IN ANSWERING QUESTIONS B1 AND B2.</b> Ask the participant to choose from the following criteria that best describe how often she experienced the symptom. Choose only one. If the participant answers a frequency between 2 options, choose the lesser one (i.e., once a week would be coded as “3,” a few days/month).	
a. I have coughed.	Select the option that best applies. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
b. I have brought up phlegm (sputum).	Select the option that best applies. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
c. I have had shortness of breath.	Select the option that best applies. Include shortness of breath with rest or activity. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.
d. I have had episodes of wheezing.	Select the option that best applies. Include wheezing at rest or with activity. <b>1</b> = Almost every day; <b>2</b> = Several (more than three) days/week; <b>3</b> = A few (less than three) days/ month; <b>4</b> = Only with lung or respiratory infections; <b>5</b> = Not at all.	Select a number that best rates the frequency of the symptom.  Required field.

DATA ITEM	DETAILS	LOGIC RULES
<b>SECTION C: TREATMENTS AND MEDICATION USE</b>		
<b>C1.</b> Have you ever used any hand-held spray inhaler for breathing or lung problems?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of a hand held inhaler; go to question <b>Ci</b> . <b>NO= (2)</b> indicates no use of a hand held inhaler; go to question <b>C2</b> .	Select Yes or No. Required field.
<p><b>i.</b> <i>In the past year</i>, have you used any of the following hand-held spray inhalers?</p> <p>a. Albuterol, proventil, ventolin, maxair, tornalate, or alupent.</p> <p>b. Atrovent, ipratropium, spiriva, or tiotropium.</p> <p>c. Combivent, which is combined atrovent and albuterol in the same inhaler.</p> <p>d. Serevent, foradil, salmeterol.</p> <p>e. Advair, which is combined serevent and flovent in the same inhaler.</p> <p>f. Azmacort, Aerobid, flunisolide, Flovent, fluticasone, vanceril, Pulmicort, budesonide, Beclovent, beclomethasone, triamcinalone, or Qvar.</p>	<p>Read the list of medications in each subquestion (i.e., a, b, etc.) until the participant answers “<b>yes</b>” to any of the medications in the subquestion. If she has used at least on of the listed mediations, go to question <b>Cii</b>. If the participant has not used any of the medications in a particular subquestion, skip to the next subquestion (e.g., if she has used no medications in “a” skip to “b”).</p> <p>Ask all subquestions, a. through f.</p>	Select Yes or No. Required field.
<b>ii.</b> Have you used this inhaler in the past 2 weeks (14 days)?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of drug. <b>NO= (2)</b> indicates no use of drug.	Select Yes or No Required field.
<b>C2.</b> Have you ever used a home nebulizer machine for breathing medications?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of nebulizer for home use. Go to question <b>C2a</b> . <b>NO= (2)</b> indicates no use of home nebulizer. Go to question <b>C3</b> .	Select Yes or No Required field.
<b>a.</b> Have you used the nebulizer in the past 2 weeks?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of nebulizer for home use. <b>NO= (2)</b> indicates no use of home nebulizer.	Select Yes or No Required field.

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<b>C3.</b> Have you ever used home oxygen therapy?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of home oxygen. Go to question <b>C3a</b> . <b>NO= (2)</b> indicates no use of home oxygen. Go to question <b>C4</b> .	Select Yes or No Required field.
<b>a.</b> Have you used home oxygen therapy in the past 2 weeks?	Select the option that best applies. <b>Yes = (1)</b> indicates the use of home oxygen. <b>NO= (2)</b> indicates no use of home oxygen.	Select Yes or No Required field.
<b>C4.</b> Have you ever used a CPAP or BiPap machine at night to help your breathing?	Select the option that best applies. <b>Yes = (1)</b> indicates use of a CPAP or BiPap machine at night. Go to question <b>C4a</b> . <b>NO= (2)</b> indicates no use of a CPAP or BiPap machine at night. Go to <b>Section D</b> .	Select Yes or No. Required field.
<b>a.</b> For how long did you use the CPAP or BiPap?	Enter the number (00-99) that best represents the amount of time the subject has used CPAP or BiPap at night. Enter “-8” if participant doesn’t know.	Numerical field.
<b>b.</b> For how long did you use the CPAP or BiPap?	Choose <b>DAYS (1), MONTHS (2), YEARS (3)</b> to indicate time frame of this numerical field. Enter “-8” if participant doesn’t know.	Numerical field.
<b>SECTION D: DIAGNOSES</b>		
<b>D1.</b> Have you ever had a CAT scan (a big donut that takes special pictures) of your lungs or chest?	Select the option that best applies. <b>Yes = (1)</b> indicates CAT scan of lungs or chest. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no CAT scan of lungs or chest. Go to question <b>D2</b> .	Select Yes or No. Required field.
<b>a.</b> When was your most recent CAT scan of your lungs or chest?	Enter date of the most recently documented CAT scan. Enter month and year if day not known, and enter “15” for day. Enter year if month is not known, and enter “6” for month and “15” for day. Enter “-8” if entire date unknown.	Date: MM/DD/YYYY. Required field.
<b>b.</b> Where did you have your most recent CAT scan performed?	Enter the name of the hospital or clinic of the most recently documented CAT scan. Enter “-8” if participant does not know location.	Text field. Required field.
<b>c.</b> What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ03</b> and indicate that the listed diagnoses are commonly found during a CAT scan. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent CAT scan. Enter normal or unknown if applicable.	Text field. Required field.
<b>D2.</b> Have you ever had a bronchoscopy (a small camera is put through your mouth into your lungs to get lung fluid)?	Select the option that best applies. <b>Yes = (1)</b> indicates bronchoscopy of lungs. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no bronchoscopy of lungs. Go to question <b>D3</b> .	Select Yes or No. Required field.

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a. When was your most recent bronchoscopy?	Enter date of the most recent bronchoscopy. Enter month and year if day not known, and enter “15” for day. Enter year if month is not known, and enter “6” for month and “15” for day. Enter “-8” if entire date unknown.	Date: MM/DD/YYYY. Required field.
b. Where did you have your most recent bronchoscopy performed?	Enter the name of the hospital or clinic of the most recently documented bronchoscopy. Enter “-8” if participant does not know location.	Text field. Required field.
c. What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ04</b> and indicate that the listed diagnoses are commonly found during a bronchoscopy. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent bronchoscopy. Enter normal or unknown if applicable.	Text field. Required field.
<b>D3.</b> Have you ever had surgery on your lungs?	Select the option that best applies. <b>Yes = (1)</b> indicates lung surgery. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no lung surgery. Go to question <b>D4</b> .	Select Yes or No. Required field.
a. When was your most recent lung surgery?	Enter date of the most recent lung surgery. Enter month and year if day not known, and enter “15” for day. Enter year if month is not known, and enter “6” for month and “15” for day. Enter “-8” if entire date unknown.	Date: MM/DD/YYYY. Required field.
b. Where did you have your most recent lung surgery performed?	Enter the name of the hospital or clinic of the most recently documented lung surgery. Enter “-8” if participant does not know location.	Text field. Required field.
c. What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ05</b> and indicate that the listed diagnoses are commonly found during lung surgery. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent lung surgery. Enter normal or unknown if applicable.	Text field. Required field.
<b>D4.</b> Have you ever had a lung function test (where you breathe through a mouthpiece and the technician yells, “blow, blow, blow”)?	Select the option that best applies. <b>Yes = (1)</b> indicates lung function test. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no lung function test. Go to question <b>D5</b> .	Select Yes or No. Required field.
a. When was your most recent lung function test?	Enter date of the most recent lung function test. Enter month and year if day not known, and enter “15” for day. Enter year if month is not known, and enter “6” for month and “15” for day. Enter “-8” if entire date unknown.	Date: MM/DD/YYYY. Required field.
b. Where did you have your most recent lung function test performed?	Enter the name of the hospital or clinic of the most recently documented lung function test. Enter “-8” if participant does not know location.	Text field. Required field.

DATA ITEM	DETAILS	LOGIC RULES
c. What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ06</b> and indicate that the listed diagnoses are commonly found during lung function tests. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent lung function test. Enter normal or unknown if applicable.	Text field. Required field.
<b>D5.</b> Have you ever had to cough up a sample of sputum (phlegm) for testing?	Select the option that best applies. <b>Yes = (1)</b> indicates sputum testing. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no sputum testing. Go to question <b>D6</b> .	Select Yes or No. Required field.
a. When was your most recent sputum test?	Enter date of the most recent sputum test. Enter month and year if day not known, and enter "15" for day. Enter year if month is not known, and enter "6" for month and "15" for day. Enter "-8" if entire date unknown.	Date: MM/DD/YYYY. Required field.
b. Where did you have your most recent sputum test performed?	Enter the name of the hospital or clinic of the most recently documented sputum test. Enter "-8" if participant does not know location.	Text field. Required field.
c. What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ07</b> and indicate that the listed diagnoses are commonly found during sputum tests. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent sputum. Enter normal or unknown if applicable.	Text field. Required field.
<b>D6.</b> Have you ever had a study of your breathing done while you were asleep (a sleep study)?	Select the option that best applies. <b>Yes = (1)</b> indicates a sleep study. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no sleep study. Go to question <b>D7</b> .	Select Yes or No. Required field.
a. When was your most recent sleep study performed?	Enter date of the most recently documented sleep study. Enter month and year if day not known, and enter "15" for day. Enter year if month is not known, and enter "6" for month and "15" for day. Enter "-8" if entire date unknown.	Date: MM/DD/YYYY. Required field.
b. Where did you have your most recent sleep study performed?	Enter the name of the hospital or clinic of the most recently documented sleep study. Enter "-8" if participant does not know location.	Text field. Required field.
c. What was the diagnosis?	<b>HAND PARTICIPANT RESPONSE CARD PQ08</b> and indicate that the listed diagnoses are commonly found during sleep studies. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent sleep study. Enter normal or unknown if applicable.	Text field. Required field.

DATA ITEM	DETAILS	LOGIC RULES
<p><b>D7.</b> Have you ever had an echo or echocardiography test (a test where someone places a probe on your chest to take pictures of your heart)?</p>	<p>Select the option that best applies. <b>Yes = (1)</b> indicates an echocardiogram. Answer subquestions a, b, c. <b>NO= (2)</b> indicates no echocardiogram. Go to question <b>D8</b>.</p>	<p>Select Yes or No. Required field.</p>
<p><b>a.</b> When was your most recent echocardiogram performed?</p>	<p>Enter date of the most recent echocardiogram. Enter month and year if day not known, and enter “15” for day. Enter year if month is not known, and enter “6” for month and “15” for day. Enter “-8” if entire date unknown.</p>	<p>Date: MM/DD/YYYY. Required field.</p>
<p><b>b.</b> Where did you have your most recent echocardiogram performed?</p>	<p>Enter the name of the hospital or clinic of the most recently documented echocardiogram. Enter “-8” if participant does not know location.</p>	<p>Text field. Required field.</p>
<p><b>c.</b> What was the diagnosis?</p>	<p><b>HAND PARTICIPANT RESPONSE CARD PQ09</b> and indicate that the listed diagnoses are commonly found during echocardiograms. She may have had one of these diagnoses, or something not listed on the card. Enter the primary diagnosis from the most recent echocardiogram. Enter normal or unknown if applicable.</p>	<p>Text field. Required field.</p>

DATA ITEM	DETAILS	LOGIC RULES
<p><b>D8.</b> Have you ever been told by a health care provider that you had any of the following conditions?</p> <ul style="list-style-type: none"> <li>a. COPD (chronic obstructive pulmonary disease) or emphysema</li> <li>b. Asthma or reactive airways</li> <li>c. Chronic bronchitis</li> <li>d. IPF (idiopathic pulmonary fibrosis) or lung fibrosis</li> <li>e. Sarcoidosis</li> <li>f. Pulmonary hypertension or high blood pressure in the lungs</li> <li>g. A blood clot in your lungs or a pulmonary embolism</li> <li>h. Sleep apnea</li> </ul>	<p>Select the option that best applies. <b>Yes = (1)</b> indicates history of medical condition. <b>NO= (2)</b> indicates no history of medical condition.</p>	<p>Select Yes or No. Required field.</p>
<p><b>i.</b> Any other type of lung disease</p>	<p>SPECIFY: _____ Text Field _____</p>	<p>Select Yes or No. Required field.</p>