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WIHSID

B2. Over the *past 4 weeks*, how frequently have you experienced each of the below symptoms.
HAND PARTICIPANT RESPONSE CARD PQ01.

Over the past 4 weeks:	Almost every day	Several days/week	A few days/month	Only with lung or respiratory infections	Not at all
a. I have coughed	1	2	3	4	5
b. I have brought up phlegm (sputum)	1	2	3	4	5
c. I have had shortness of breath...	1	2	3	4	5
d. I have had episodes of wheezing	1	2	3	4	5

SECTION C: TREATMENTS AND MEDICATION USE

C1. Have you ever used any hand-held spray inhaler for breathing or lung problems?

YES..... 1
 NO..... 2 (C2)

INTERVIEWER: Please read the list of medications in each subquestion below (i.e., a, b, etc.) until the participant answers “yes” to any of the medications in the subquestion. 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”). If she has used at least one of the listed medications, circle “yes” and ask question “ii.”

i. In the past year, have you used any of the following hand-held spray inhalers? HAND PARTICIPANT RESPONSE CARD PQ02.	<u>YES</u>	<u>NO</u>	ii. Have you used this inhaler in the past 2 weeks?	
			<u>YES</u>	<u>NO</u>
a. Albuterol, proventil, ventolin, maxair, tornalate, or alupent.....	1	2 (b)	1	2
b. Atrovent, ipratropium, spiriva, or tiotropium.....	1	2 (c)	1	2
c. Combivent, which is combined atrovent and albuterol in the same inhaler	1	2 (d)	1	2
d. Serevent, foradil, or salmeterol	1	2 (e)	1	2
e. Advair, which is combined serevent and flovent in the same inhaler	1	2 (f)	1	2
f. Azmacort, Aerobid, flunisolide, Flovent, fluticasone, vanceril, Pulmicort, budesonide, Beclovent, beclomethasone, triamcinalone, or Qvar.....	1	2 (C2)	1	2

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C2. Have you ever used a home nebulizer machine for breathing medications?

YES..... 1
NO..... 2 (C3)

a. Have you used the nebulizer in the past 2 weeks?

YES..... 1
NO..... 2

C3. Have you ever used home oxygen therapy?

YES..... 1
NO..... 2 (C4)

a. Have you used home oxygen therapy in the past 2 weeks?

YES..... 1
NO..... 2

C4. Have you ever used a CPAP or BiPap machine at night to help your breathing?

YES..... 1
NO..... 2 (SECTION D)

a. For how long did you use the CPAP or BiPap? |_|_|

b. DAYS1
MONTHS2
YEARS.....3

SECTION D: DIAGNOSES

D1. Have you ever had a CAT scan (a big donut that takes special pictures) of your lungs or chest?

YES..... 1
NO..... 2 (D2)

a. When was your most recent CAT scan of your lungs or chest?

|_|_| / |_|_| / |_|_|_|_|
M M D D Y Y Y Y

b. Where did you have your most recent CAT scan performed?

HAND PARTICIPANT RESPONSE CARD PQ03.

c. What was the diagnosis?

D2. Have you ever had a bronchoscopy (a small camera is put through your mouth into your lungs to get lung fluid)?

YES..... 1
NO..... 2 (D3)

a. When was your most recent bronchoscopy?

|_|_| / |_|_| / |_|_|_|_|
M M D D Y Y Y Y

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b. Where did you have your most recent bronchoscopy performed?

HAND PARTICIPANT RESPONSE CARD PQ04.

c. What was the diagnosis?

D3. Have you ever had surgery on your lungs?

YES..... 1
NO..... 2 (D4)

a. When was your most recent lung surgery?

|_|_| / |_|_| / |_|_|_|_|_|
M M D D Y Y Y Y

b. Where did you have your most recent lung surgery performed?

HAND PARTICIPANT RESPONSE CARD PQ05.

c. What was the diagnosis?

D4. Have you ever had a lung function test (where you breathe on a mouthpiece and the technician yells, “blow, blow, blow”)?

YES..... 1
NO..... 2 (D5)

a. When was your most recent lung function test?

|_|_| / |_|_| / |_|_|_|_|_|
M M D D Y Y Y Y

b. Where did you have your most recent lung function test performed?

HAND PARTICIPANT RESPONSE CARD PQ06.

c. What was the diagnosis?

D5. Have you ever had to cough up a sample of sputum (phlegm) for testing?

YES..... 1
NO..... 2 (D6)

a. When was the most recent time you had to cough up a sample of sputum?

|_|_| / |_|_| / |_|_|_|_|_|
M M D D Y Y Y Y

b. Where did you have to cough up a sample of sputum?

HAND PARTICIPANT RESPONSE CARD PQ07.

c. What was the diagnosis?

D6. Have you ever had a study of your breathing done while you were asleep (a sleep study)?

YES..... 1
NO..... 2 (D7)

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a. When was your most recent sleep study performed?

|_|_| / |_|_| / |_|_|_|_|
M M D D Y Y Y Y

b. Where did you have your most recent sleep study performed?

HAND PARTICIPANT RESPONSE CARD PQ08.

c. What was the diagnosis?

D7. 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)?

YES..... 1
NO..... 2 (D8)

a. When was your most recent echo performed?

|_|_| / |_|_| / |_|_|_|_|
M M D D Y Y Y Y

b. Where did you have your most recent echo performed?

HAND PARTICIPANT RESPONSE CARD PQ09.

c. What was the diagnosis?

D8. Have you ever been told by a health care provider that you had any of the following conditions? By "health care provider," I mean any doctor, nurse, physician's assistant or nurse practitioner you go to for medical care.

Have you ever been told you have:	<u>YES</u>	<u>NO</u>
a. COPD (chronic obstructive pulmonary disease) or emphysema	1	2
b. Asthma or reactive airways.....	1	2
c. Chronic bronchitis.....	1	2
d. IPF (idiopathic pulmonary fibrosis) or lung fibrosis.....	1	2
e. Sarcoidosis	1	2
f. Pulmonary hypertension or high blood pressure in the lungs	1	2
g. A blood clot in your lungs or a pulmonary embolism.....	1	2
h. Sleep apnea	1	2
i. Any other type of lung disease.....	1	2 (D9)
SPECIFY: _____		

D9. TIME MODULE ENDED

|_|_| : |_|_|

AM..... 1
PM..... 2