

# Respiratory Disease

Please complete the survey below.

Thank you!

## 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

If yes, how many years have you had this cough?

\_\_\_\_\_ (number of 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

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

If yes, for how many years have you had trouble with phlegm?

\_\_\_\_\_ (number of years)

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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 of increased cough and phlegm).

- Yes  
 No

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If yes, how many episodes have you had in the past 12 months?

\_\_\_\_\_ (nn)

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If yes, how many years have you had at least one episode per year?

\_\_\_\_\_ (nn)

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8. Since your last COPDGene visit, have you ever had wheezing or whistling in your chest?

- Yes  
 No

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9. 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 last 12 months, have you had any wheezing or whistling in your chest at any time?

- Yes  
 No

If No, go to #11.

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a. When you have a cold?

- Yes  
 No

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b. Occasionally apart from colds?

- Yes  
 No

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c. More than once a week?

- Yes  
 No

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d. Most days and nights?

- Yes  
 No

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11. In the past 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

- Yes  
 No

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12. In last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in chest?

- Yes  
 No

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13. Are you unable to walk due to a condition other than shortness of breath?

- Yes  
 No

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If yes, what is the nature of this condition?

\_\_\_\_\_

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

- Yes  
 No

If No, go to next section.

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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

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

- Yes  
 No  
 Does not apply

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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

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d. 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 emergency room or hospitalized for lung problems?

- Yes  
 No

If yes, how many times?

\_\_\_\_\_ (nn)

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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?

\_\_\_\_\_ (nn)

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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)

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### **Severity of COPD Exacerbations in the Last Year**

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

- Yes  
 No

If yes, how many flare-ups have you had?

\_\_\_\_\_

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If yes, check all treatments by episode

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Episode 1 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

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Episode 2 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

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Episode 3 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

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Episode 4 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

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Episode 5 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

Episode 6 - treatments

- No special treatment
- Just increased your usual medication at home
- Took additional antibiotic or steroid which you keep at home
- Consulted doctor who prescribed additional antibiotic and/or steroid but not admitted to hospital
- Admitted to hospital
- Intensive or critical care unit
- Breathing tube and ventilator

## Respiratory Conditions

**1. 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	<input type="radio"/>	<input type="radio"/>
Sleep Apnea	<input type="radio"/>	<input type="radio"/>

2. Since your last COPDGene visit in, have you had surgery or another procedure on your lungs?  Yes  No

If yes, what was done?  Bronchoscopy to diagnose a medical problem  Bronchoscopy to treat COPD or emphysema  Lung surgery  Lung transplant  Lung volume reduction surgery  Other, specify: \_\_\_\_\_

Indicate extent of lobe removal  Biopsy or less than 1 lobe removed  One or more lobes removed

3. Have you ever had a tube put into your chest (not into your throat) that was unrelated to surgery for your heart or lungs?  Yes  No

If yes, how old were you when this was done? \_\_\_\_\_

4. Since your last COPDGene visit, have you been told by a physician to use a CPAP?  Yes  No

If yes, do you use a CPAP?  Yes  No

## Cigarette smoking history

Since your last COPDGene visit, have you smoked cigarettes?

- Yes  
 No

### If yes:

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

- Yes  
 No

### If you smoke now:

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

\_\_\_\_\_ (nn)

2. How many cigarettes have you smoked in the past:

a. 24 hours?

\_\_\_\_\_ (nn)

b. 2 hours?

\_\_\_\_\_ (nn)

c. Half hour?

\_\_\_\_\_ (nn)

3. Since your last COPDGene visit, for how many years have you smoked?

\_\_\_\_\_

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

\_\_\_\_\_

5. If you have quit smoking, how old were you when you completely stopped smoking?

\_\_\_\_\_ (nn)

### Since your last COPDGene visit, have you:

	Yes	No
smoked a pipe? (yes means more than a pouch per week)	<input type="radio"/>	<input type="radio"/>
smoked cigars? (yes means more than a cigar per week)	<input type="radio"/>	<input type="radio"/>

Since your last COPDGene visit, have you been in regular contact with children 15 years old or younger?

- Yes  
 No