

Pulmonary History Questionnaire
Clinical Study of IPPB

Please answer the questions as frankly and accurately as possible.
It is important that you answer all questions. All information obtained
will be kept confidential.

If you desire help in answering a question, please put a check (✓)
in front of the question number. You will be helped with these questions
at the time of your next appointment.

The questions can be answered by filling in a word, checking the box
next to the best answer, or by filling in boxes with the right number.

Examples:

	No	Yes		
Do you own a television?	(1)	(✓ 2)		
If YES, how many hours have you watched it in the past week?	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	
1	2			
How many times have you been to the movies in the past month?	<table border="1"><tr><td></td><td>1</td></tr></table>		1	
	1			

Name _____

Date completed _____

Pulmonary History Questionnaire
 Clinical Study of IPPB

Section A should be completed
 by a staff member.

Form

7	0	5	1
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 1-4

Date administered

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 5-10
 Mo Day Yr

A. Patient identification

- 1. Treatment center number

 11
- 2. Patient number

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 12-15
- 3. Date of birth

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 16-21
 Mo Day Yr

3. Background data

- 1. Place of birth _____
- 2. Sex:
 - Male (1) 30
 - Female (2)
- 3. What is your marital status?
 - Married (1) 31
 - Separated (2)
 - Never married (3)
 - Widowed (4)
 - Divorced (5)
- 4. Race:
 - White (1) 32
 - Mexican-American (2)
 - Black (3)
 - Other (4)
- 5. What is the highest grade completed
 in school? (For example: 12 years
 is completion of high school)

 33-34

C. These questions pertain mainly to your chest. Please answer YES or NO if possible. If you are in doubt about whether your answer is YES or NO, record NO.

COUGH

	No	Yes	
1a. Do you usually have a cough? (Count a cough with first smoke or on first going out-of-doors. Exclude clearing of throat.) If NO, skip to 1c.	(1)	(2)	38
b. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?	(1)	(2)	39
c. Do you usually cough at all on getting up, or first thing in the morning?	(1)	(2)	40
d. Do you usually cough at all during the rest of the day or at night?	(1)	(2)	41

If YES to any of above (1a,b,c,d), answer the following. If NO to all, skip to question 2.

e. Do you usually cough like this on most days for 3 consecutive months or more during the year?	(1)	(2)	42
f. For how many years have you had this cough?	<input type="text"/>	<input checked="" type="checkbox"/>	43-44
	No	Yes	
g. Is your cough related to the time of year?	(1)	(2)	45
If YES, during which months does does your cough give you the most trouble? Check YES for the months in which your cough gives you the most trouble, NO for the others.	Jan (1)	(2)	46
	Feb (1)	(2)	47
	Mar (1)	(2)	48
	Apr (1)	(2)	49
	May (1)	(2)	50
	Jun (1)	(2)	51
	Jul (1)	(2)	52
	Aug (1)	(2)	53
	Sep (1)	(2)	54
	Oct (1)	(2)	55
	Nov (1)	(2)	56
	Dec (1)	(2)	57

PHLEGM

- | | No | Yes | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----|
| 2a. Do you usually bring up phlegm from your chest, not from the back of your nose? (Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.) If NO, skip to 2c. | (1) | (2) | 60 |
| b. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? | (1) | (2) | 61 |
| c. Do you usually bring up phlegm at all on getting up, or first thing in the morning? | (1) | (2) | 62 |
| d. Do you usually bring up phlegm at all during the rest of the day or at night? | (1) | (2) | 63 |

If YES to any of the above (2a,b,c,d), answer the following. If NO to all, skip to question 3.

- | | | | |
|----------------------------------------------------------------------------------------------------|------|------|----|
| e. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? | (1) | (2) | 64 |
|----------------------------------------------------------------------------------------------------|------|------|----|

- f. For how many years have you had trouble with phlegm?

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✓

65-66

- | | No | Yes | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----|
| g. Is your phlegm related to the time of year? | (1) | (2) | 67 |
| If YES, during which months does your phlegm give you the most trouble? Check YES for the months in which your phlegm gives you the most trouble, NO for the others. | | | |
| | Jan | (1) (2) | 68 |
| | Feb | (1) (2) | 69 |
| | Mar | (1) (2) | 70 |
| | Apr | (1) (2) | 71 |
| | May | (1) (2) | 72 |
| | Jun | (1) (2) | 73 |
| | Jul | (1) (2) | 74 |
| | Aug | (1) (2) | 75 |
| | Sep | (1) (2) | 76 |
| | Oct | (1) (2) | 77 |
| | Nov | (1) (2) | 78 |
| | Dec | (1) (2) | 79 |

EPISODES OF COUGH AND PHLEGM

	No	Yes	
3a. If you usually have coughs and/or phlegm, have you had periods or episodes of increased cough and phlegm lasting for 3 weeks or more each year?	(1)	(2)	82

b. If you do not usually have cough or phlegm, have you had periods or episodes of cough and phlegm lasting for 3 weeks or more each year?	(1)	(2)	83
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If YES to 3a or 3b: _____

c. For how long have you had at least one such episode per year?	<input type="text"/> <input type="text"/>	✓	84-85
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WHEEZING

4a. Does your chest ever sound wheezy or whistling:	No	Yes	
When you have a cold	(1)	(2)	86
Occasionally apart from colds	(1)	(2)	87
Most days or nights	(1)	(2)	88

If YES to any of above in 4a: _____

b. For how many years has this been present?	<input type="text"/> <input type="text"/>	✓	89-90
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5a. Have you ever had an attack of wheezing that has made you feel short of breath?	No	Yes	
	(1)	(2)	91

If YES to 5a: _____

b. How old were you when you had your first such attack?	<input type="text"/> <input type="text"/>	✓	92-93
c. Have you had 2 or more such episodes?	No	Yes	
	(1)	(2)	94
d. Have you ever required medicine or treatment for the(se) attack(s)?	(1)	(2)	95
e. Is your wheezing related to the time of year?	(1)	(2)	96
If YES, during which months does your wheezing give you the most trouble? Check YES for the months in which your wheezing gives you the most trouble, NO for the others.	Jan	(1) (2)	97
	Feb	(1) (2)	98
	Mar	(1) (2)	99
	Apr	(1) (2)	100
	May	(1) (2)	101
	Jun	(1) (2)	102
	Jul	(1) (2)	103
	Aug	(1) (2)	104
	Sep	(1) (2)	105
	Oct	(1) (2)	106
	Nov	(1) (2)	107
	Dec	(1) (2)	108

BREATHLESSNESS

	No	Yes	
	(1)	(2)	
6. Are you disabled from walking by any condition other than heart or lung disease? If YES, please describe and proceed to question 8.			111

Nature of condition(s): _____

	No	Yes	
	(1)	(2)	
7a. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?			112

If YES to 7a:

b. Do you have to walk slower than people of your age on the level because of breathlessness?	(1)	(2)	113
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c. Do you ever have to stop for breath when walking at your own pace on the level?	(1)	(2)	114
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d. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?	(1)	(2)	115
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e. Are you too breathless to leave the house or breathless on dressing or undressing?	(1)	(2)	116
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f. How many years have you been this short of breath?	<input type="text"/>	<input type="text"/>	%	117-118
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	No	Yes	
	(1)	(2)	
g. Is your shortness of breath related to the time of year?			119

If YES, during which months do you have the most trouble with your shortness of breath? Check YES for the months in which your shortness of breath gives you the most trouble, NO for the others.	Jan	(1)	(2)	120
	Feb	(1)	(2)	121
	Mar	(1)	(2)	122
	Apr	(1)	(2)	123
	May	(1)	(2)	124
	Jun	(1)	(2)	125
	Jul	(1)	(2)	126
	Aug	(1)	(2)	127
	Sep	(1)	(2)	128
	Oct	(1)	(2)	129
	Nov	(1)	(2)	130
	Dec	(1)	(2)	131

CHEST COLDS AND CHEST ILLNESSES

	No	Yes	
8a. Do you get colds?	(1)	(2)	134

If YES to 8a: _____

b. If you get a cold, does it <u>usually</u> go to your chest? (Usually means more than 1/2 the time.)	(1)	(2)	135
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9a. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?	(1)	(2)	136
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If YES to 9a: _____

b. Did you produce phlegm with any of these chest illnesses?	(1)	(2)	137
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c. In the last 3 years, how many such illnesses, with (increased) phlegm, did you have which lasted a week or more?	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input checked="" type="checkbox"/>	138-139
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PAST ILLNESSES

	No	Yes	
10. Did you have any lung trouble before the age of 16?	(1)	(2)	140

11. Have you ever had any of the following?			
a. Attacks of bronchitis	(1)	(2)	141

If YES to 11a: _____

1) Was it confirmed by a doctor?	(1)	(2)	142
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2) At what age was your first attack?	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input checked="" type="checkbox"/>	143-144
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	No	Yes	
b. Pneumonia (include bronchopneumonia)	(1)	(2)	145

If YES to 11b: _____

1) Was it confirmed by a doctor?	(1)	(2)	146
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2) At what age did you first have it?	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input checked="" type="checkbox"/>	147-148
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	No	Yes	
c. Hay Fever	(1)	(2)	149

If YES to 11c: _____			
1) Was it confirmed by a doctor?	(1)	(2)	150
2) At what age did it start?	<input type="text"/>	✓	151-152

	No	Yes	
12a. Have you ever had Chronic Bronchitis?	(1)	(2)	155

If YES to 12a: _____			
b. Do you still have it?	(1)	(2)	156
c. Was it confirmed by a doctor?	(1)	(2)	157
d. At what age did it start?	<input type="text"/>	✓	158-159

	No	Yes	
13a. Have you ever had Emphysema?	(1)	(2)	160

If YES to 13a: _____			
b. Do you still have it?	(1)	(2)	161
c. Was it confirmed by a doctor?	(1)	(2)	162
d. At what age did it start?	<input type="text"/>	✓	163-164

	No	Yes	
14a. Have you ever had Asthma?	(1)	(2)	165

If YES to 14a: _____			
b. Do you still have it?	(1)	(2)	166
c. Was it confirmed by a doctor?	(1)	(2)	167
d. At what age did it start?	<input type="text"/>	✓	168-169
e. If you no longer have it, at what age did it stop?	<input type="text"/>	✓	170-171

15. Have you ever had: No Yes
a. Any other chest illness? (1) (2) 172

If YES, please specify _____

b. Any chest operations? (1) (2) 173

If YES, please specify _____

c. Any chest injuries? (1) (2) 174

If YES, please specify _____

16a. Has a doctor ever told you that you had heart trouble? (1) (2) 175

If YES to 16a: _____
b. Have you ever had treatment for heart trouble in the past 10 years? (1) (2) 176

17a. Has a doctor ever told you that you had high blood pressure? (1) (2) 177

If YES to 17a: _____
b. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? (1) (2) 178

D. OCCUPATIONAL HISTORY

	No	Yes	
1a. Have you ever worked full time (30 hours per week or more) for 6 months or more?	(1)	(2)	181

If YES to 1a: _____

b. Have you ever worked for a year or more in any dusty job?	(1)	(2)	182
Specify job _____	*	<input type="checkbox"/>	183-184
Total years worked		<input type="checkbox"/>	185-186
Was dust exposure:			187
	Mild	(1)	
	Moderate	(2)	
	Severe	(3)	
c. Have you ever been exposed to gas or chemical fumes in your work?	No	Yes	
	(1)	(2)	188
Specify job _____	*	<input type="checkbox"/>	189-190
Total years worked		<input type="checkbox"/>	191-192
Was exposure:			193
	Mild	(1)	
	Moderate	(2)	
	Severe	(3)	
d. What has been your usual occupation or job - the one you have worked the longest?			
1) Job-occupation: _____	*	<input type="checkbox"/>	194-195
2) Number of years employed in this occupation:		<input type="checkbox"/>	196-197
3) Position-job title: _____			
4) Business, field, or industry: _____			

* Office use only.

E. TOBACCO SMOKING

	No	Yes	
1a. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1/day X 1 year.)	(1)	(2)	201

If YES to 1a: _____

b. Do you now smoke cigarettes? (as of one month ago)	(1)	(2)	202
c. How old were you when you first started regular cigarette smoking?	<input type="text"/> <input type="text"/>		203-204
d. If you have stopped smoking cigarettes completely, how old were you when you stopped?	<input type="text"/> <input type="text"/>		205-206
e. If you are still smoking, how many cigarettes do you smoke per day now?	<input type="text"/> <input type="text"/>		207-208
f. On the average of the entire time you smoked, how many cigarettes did you smoke per day?	<input type="text"/> <input type="text"/>		209-210
g. Do or did you inhale the cigarette smoke?	Not at all (1)		211
	Slightly (2)		
	Moderately (3)		
	Deeply (4)		

	No	Yes	
2a. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.)	(1)	(2)	212

If YES to 2a: _____

b. Do you now smoke a pipe? (as of one month ago)	(1)	(2)	213
c. How old were you when you started to smoke a pipe regularly?	<input type="text"/> <input type="text"/>		214-215
d. If you have stopped smoking a pipe completely, how old were you when you stopped?	<input type="text"/> <input type="text"/>		216-217

<p>e. On the average over the entire time you smoked a pipe, how many ounces of pipe tobacco have you smoked per week? (a standard small pouch of tobacco contains 1-1/2 ounces)</p>	<input type="text"/> <input type="text"/>	<p>218-219</p>
<p>f. If you are still smoking, how many ounces of pipe tobacco are you smoking now?</p>	<input type="text"/> <input type="text"/>	<p>220-221</p>
<p>g. Do you or did you inhale the pipe smoke?</p>	<p>Not at all (1) Slightly (2) Moderately (3) Deeply (4)</p>	<p>222</p>

<p>3a. Have you ever smoked cigars regularly? (Yes means more than one cigar a week for a year.)</p>	<p>No (1) Yes (2)</p>	<p>225</p>
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<p>If YES to 3a: _____</p>		
<p>b. Do you now smoke a cigar? (as of one month ago)</p>	<p>(1) (2)</p>	<p>226</p>
<p>c. How old were you when you started smoking cigars regularly?</p>	<input type="text"/> <input type="text"/>	<p>227-228</p>
<p>d. If you have stopped smoking cigars completely, how old were you when you stopped?</p>	<input type="text"/> <input type="text"/>	<p>229-230</p>
<p>e. On the average, how many cigars have you ever smoked per week?</p>	<input type="text"/> <input type="text"/>	<p>231-232</p>
<p>f. If you are still smoking, how many cigars are you smoking per week now?</p>	<input type="text"/> <input type="text"/>	<p>233-234</p>
<p>g. Do or did you inhale the cigar smoke?</p>	<p>Not at all (1) Slightly (2) Moderately (3) Deeply (4)</p>	<p>235</p>

F. FAMILY HISTORY

1. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

<u>Father</u>	No	Yes	Don't Know	
a. Chronic Bronchitis	(1)	(2)	(3)	240
b. Emphysema	(1)	(2)	(3)	241
c. Asthma	(1)	(2)	(3)	242
d. Lung Cancer	(1)	(2)	(3)	243
e. Other chest conditions	(1)	(2)	(3)	244

Mother

a. Chronic Bronchitis	(1)	(2)	(3)	245
b. Emphysema	(1)	(2)	(3)	246
c. Asthma	(1)	(2)	(3)	247
d. Lung Cancer	(1)	(2)	(3)	248
e. Other chest conditions	(1)	(2)	(3)	249

- 2a. Is father currently alive? (1) (2) (3) 250
- b. Is mother currently alive? (1) (2) (3) 251
- c. Please specify:

Father age if living			252-253
Father age at death			254-255
Mother age if living			256-257
Mother age at death			258-259

d. Please specify cause of death for both mother and father: _____

G. ALCOHOLIC BEVERAGES

	No	Yes	
1a. Do you drink any alcoholic beverages?	(1)	(2)	270

If YES to 1a: _____

b. How many glasses of beer per week? (on the average)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	✓	271-272
c. How many glasses of wine per week? (on the average)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	✓	273-274
d. How much hard liquor per week? (on the average)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	shots	275-276
OR	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	pints	277-278

	No	Yes	
2. Did you drink more heavily in the past than you do now?	(1)	(2)	279
3. Have you ever had a problem with your drinking?	(1)	(2)	280