

ANTHROPOMETRY FORM

ID NUMBER: BLINDID FORM CODE: ANT VISIT VERSION: 1.0 10/26/10 Number VISIT SEQ #
0a) Form Date
<u>Instructions:</u> This form should be completed during the participant's visit. For numerical responses, enter the number so that the last digit appears in the rightmost box.
1) Assessment of ability to stand (choose one): Can stand erectly on both feet
2) Standing height (round to nearest cm):
3) Weight: kg ANT03
4) BMI: wt/ht ² ANTO2
5) Arm Span cm ANT05
6) Girth (round to nearest cm) a) Waist: cm ANT06A b) Hip: cm ANT06B
c) Neck: cm ANT06C

Anthropometry Form, ANT Page 1 of 1



BRONCHOSCOPY SPECIMEN COLLECTION WORKSHEET

ID NUMBER: BLINDID FORM CODE: BCW Visit Number VISIT SEQ #
0a. Form Completion Date
<u>Instructions:</u> This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
[Check here if subject is Male] BCW0C VITAL SIGNS TAKEN PRIOR TO BRONCHOSOCPY
1. O ₂ Saturation on room air:
HISTORY AND PHYSICAL
2a. Does your center require lab work prior to bronchoscopy? (Y/N)
2b. If yes, please describe: BCW2B
2c. Were the results of the lab work abnormal? (Y/N)
2d. Do the results of blood work described in 2b and 2c make the participant ineligible
to proceed with a bronchoscopy? (Y/N)
3a. Did the doctor perform a limited physical exam? (Y/N)
3b. In the opinion of the investigator, are there any other physical symptoms or conditions
that make this participant ineligible for participation in the bronchoscopy substudy? (Y/N) BCW3B
3c. Please describe: BCW3C
Female Participants Only
4a. Is the participant of child-bearing potential? (Y/N)
4b. If yes, what was the result of the pregnancy test
Negative0 Positive1

	ID NUMBER:							FORM CODE: BCW Visit VERSION: 2.0 6/10/14 Number SEQ #				
PF	PRE-BRONCHOSCOPY PULMONARY FUNCTION											
5.	Pre-bronchodil	lator	FEV	'₁ (repor	ted/	best):		L-BTPS				
								ECW6				
6.	Post-bronchod	dilato	r (4 p	ouffs alk	oute	rol) FE	V₁ (rep	ported/best): L-BTPS				
ВΙ	LOOD COLLEG	СТІС	N:									
7.	Date of blood	d col	lectic	on:				m m / d d / y y y y				
8.	Collection tim	ne:						h h : m m (Circle One)				
9.	Number of ve	enipu	ınctu	ıre atter	npts			BCW9				
10). Any blood dra	awin	g inc	idents o	or pr	oblems	s? (Y/N	N) BCW10				
11		ig to	the t	ubes in	whi			with venipuncture below. Place an "X" in box(es) drawing problem(s) occurred. If a problem other than				
	a. Sample no	ot dr	awn	(Y/N)				BCW11A				
	b. Partial sar	mple	drav	wn (Y/N)			BCW11B				
	c. Tournique	et rea	applie	ed (Y/N)				BCW11C				
	d. Fist clencl	hing	(Y/N)				BCW11D				
	e. Needle m	over	nent((Y/N)				BCW11E				
	f. Participan	nt rec	linin	g(Y/N)				BCW11F				
	g. Sample re	e-dra	wn(Y	//N)				BCW11G				
12	2. If any other b	olooc	l drav	wing pro	bler	ns not	listed a	above (e.g., fasting status, etc.), describe incident or problem here:				
13	B. Phlebotomist	t's co	ode n	ıumber:				BCW13				
0	RAL RINSE											
14	. Was the tong	gue s	scrap	ing coll	ecte	d? (Y/ I	(ا	BCW14				
15	i. Collection tim	ne:						h h : m m (Circle One)				

ID NUMBER: FORM CODE: BCW Visit VERSION: 2.0 6/10/14 Number SEQ #
16. Was the oral rinse collected? (Y/N)
17. Collection time: AM / PM BCW17A h h : m m (Circle One)
18a. Was the time between oral rinse and bronchoscopy more than 60 minutes? (Y/N) BCW18A
18b. If yes, was an additional tongue scraping collected? (Y/N)
PROCEDURES:
BRONCHOSCOPY
19. Saline Control Samples
a. Sterile Saline Sample Collected? (Y/N)
b. Scope Saline Sample Collected? (Y/N)
20. Protected Brush Specimen (X3 in lower lobe): a. Lobe BCW19A b. Number collected
21. Airway wash (Combined data for first and second wash)
a. Lobe: BCW20A
b. Infused: mL BCW20B c. Return: mL BCW20C
22. Bronchial alveolar lavage (Combined data on both BALs)
a. Lobe: BCW21A
b. Infused:mBCW21B_c. Return: mBCW21C
d.Collection time:BCW21D AM / PM BCW21E
h h : m m (Circle One)

NOTE: If less than 15cc of fluid is returned from the combined volume of the 20cc wash and the 2x40cc lavage, then the 1x50cc lavage should not be performed.

ID NUMBER:	FORM CODE: BCW VERSION: 2.0 6/10/14	Visit Number	SEQ#	
23. Cytological brushings (X3 in ipsilateral lower lobe) a. Lobe:				
b. Number of brushes collected:		BCW22	3	
24. Small airway epithelial brushings (optional)				
a. Small airways brush samples collected? (Y/	N)	<u> </u>	CW24A_V2	
b. Lobe: BCW24B_V2				
c. Number of brushes collected:		BCW24	C_V2	
Endobronchial biopsy collected (X8 in contralatera	al lung, using all lobes i	f possible)		
25. Side		BCW23	3 (if collected or	1 V1)
Left Right			f collected on V	
26. Biopsies:				
a. Biopsy 1: Snap Freeze (Y/N)	BCW24A			
b. Biopsy 2: Formalin (Y/N)	BCW24B			
c. Biopsy 3: Formalin (Y/N)	BCW24C			
d. Biopsy 4: Formalin (Y/N)	BCW24D			
e. Biopsy 5: Formalin (Y/N)	BCW24E			
f. Biopsy 6: Snap Freeze (Y/N)	BCW24F			
g. Biopsy 7: Formalin (Y/N)	BCW24G			
h. Biopsy 8: Formalin (Y/N)	BCW24H			
27a. Lidocaine: 1% mg b. 29	6 mg BCV	V25B c. 4%	mg E	BCW25C
28. Comments: BCW26				
PRE-BRONCHOSCOPY PULMONARY FUNCTION			E	BCW27
29. Pre-bronchodilator FEV ₁ (reported/best):				-BTPS
30. Did you administer additional albuterol? (Y/N)	BCW28			
31. How many micrograms?		ug BCW29		BCW30
32. Post-bronchodilator (4 puffs albuterol) FEV ₁ (report	ted/best):			-BTPS

	ID NUMBER: FORM CODE: BCW Visit VERSION: 2.0 6/10/14 Number SEQ #										
33.	33. Did you administer additional albuterol? (Y/N)										
34.	How many micrograms? ug BCW32 BCW33										
35.	Additional FEV ₁ values after additional albuterol (reported/best) :										
PO	ST-BRONCHOSCOPY STATUS										
36.	Did the participant experience any adverse events during the bronchoscopy? (Y/N)										
37.	Did the participant need to be admitted for overnight observation post bronchoscopy? (Y/N)										
38.	CONDITION ON DISCHARGE:										
	a. No chest discomfort complaints (Y/N)										
	b. Alert / responsive (Y/N)										
	c. Oriented to time, person, place (Y/N)										
	d. Heart rate < 100/min (Y/N)										
	e. Ambulate w/o difficulty (Y/N)										
	f. Sips water w/o cough/difficulty (Y/N)										
	g. FEV1 > 90% of the pre-BD baseline FEV1 (Y/N) BCW36G										
39.	Comments: BCW37										
40.	Coordinator Signature and Date:										



BRONCHOSCOPY SPECIMEN COLLECTION WORKSHEET

ID NUMBER: BLINDID FORM CODE: BCW Visit Number VISIT SEQ#
0a. Form Completion Date
<u>Instructions:</u> This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
[Check here if subject is Male] BCW0C
VITAL SIGNS TAKEN PRIOR TO BRONCHOSOCPY
1. O ₂ Saturation on room air:
HISTORY AND PHYSICAL
2a. Does your center require lab work prior to bronchoscopy? (Y/N)
2b. If yes, please describe: BCW2B
2c. Were the results of the lab work abnormal? (Y/N)
2d. Do the results of blood work described in 2b and 2c make the participant ineligible
to proceed with a bronchoscopy? (Y/N)
3a. Did the doctor perform a limited physical exam? (Y/N)
3b. In the opinion of the investigator, are there any other physical symptoms or conditions that
make this participant ineligible for participation in the bronchoscopy substudy? (Y/N)
3c. Please describe:
Female Participants Only
4a. Is the participant of child-bearing potential? (Y/N)
4b. If yes, what was the result of the pregnancy test
Negative

	ID NUMBER:									FORM CODE ERSION: 1.0		Visit Number			SEQ#	
PRE-BRONCHOSCOPY PULMONARY FUNCTIONBCW5																
5.	Pre-bronchodil	lator	FEV	/ ₁ (re	eport	ed/b	est):									L-BTPS
														ı		BCW6
6.	6. Post-bronchodilator (4 puffs albuterol) FEV ₁ (reported/best):															
BL	BLOOD COLLECTION:															
7.	Date of blood	d coll	ectio	on:							/	• •	у	y <mark>–</mark>	BCW7	
8.	Collection tim	ne:							[BCW8 h h:	m m	AM / PM	CW8	BA		
9.	Number of venipuncture attempts: BCW9															
10	. Any blood dra	awin	g inc	cider	nts o	r pro	blem	าร? (′/N)	BC	W10					
11	11. Blood drawing incidents: Document problems with venipuncture below. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 8.															
	a. Sample no	ot dr	awn	(Y/N	N)					BCW1	1A					
	b. Partial sar	mple	drav	wn ((Y/N)					BCW1						
	c. Tournique	et rea	applie	ed (`	Y/N)					BCW1						
	d. Fist clencl	hing	(Y/N	l)						BCW1						
	e. Needle m	over	nent	(Y/N	(۱					BCW1						
	f. Participan	t rec	linin	g(Y/	/N)					BCW1						
	g. Sample re	e-dra	wn(`	Y/N))					BCW1	1G					
12	12. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here: BCW12															
13	. Phlebotomist	's co	ode r	num	ıber: .						BC	W13				
OI	RAL RINSE															
14	. Was the tong	gue s	scrap	oing	colle	ectec	i? (Y	/N) .		BC	W14					
15	. Collection tim	ne:							E	BCW15	: m m	AM / PM (Circle One	CW1 ∌)	I5A		

ID NUMBER: FORM CODE: BCW Visit VERSION: 1.0 2/22/12 Number SEQ #										
16. Was the oral rinse collected? (Y/N)										
17. Collection time: AM / PM BCW17A h h : m m (Circle One)										
18a. Was the time between oral rinse and bronchoscopy more than 60 minutes? (Y/N) BCW18A										
18b. If yes, was an additional tongue scraping collected? (Y/N)										
PROCEDURES:										
BRONCHOSCOPY										
19. Protected Brush Specimen (X3 in lower lobe):										
a. Lobe BCW19A										
b. Number collected BCW19B										
20. Airway wash (Combined data for first and second wash) a. Lobe: BCW20A b. Infused: mL BCW20B c. Return: mL BCW20C										
21. Bronchial alveolar lavage (Combined data on both BALs) a. Lobe:										
b. Infused:BCW21B										
h h : m m (Circle One)										
22. Cytological brushings (X3 in ipsilateral lower lobe) a. Lobe: BCW22A										
b. Number of brushes collected:										
Endobronchial biopsy collected (X8 in contralateral lung, using all lobes if possible)										
23. Side										
Left										
24. Biopsies:										

	ID NUMBER:							FORM CODE: BCW VERSION: 1.0 2/22/12	Visit Number		SEQ#			
	a. Biops	y 1:	Snap F	reeze	e (Y/l	N)		BCW24A						
	b. Biops	y 2:	Formali	in (Y/	'N) .			BCW24B						
	c. Biops	v 3:	Formali	in (Y/	´N) .			BCW24C						
	d. Biops	•		,	•			DCW24D						
	e. Biops	y 5:	Formali	in (Y/	Ν) .			BCW24E						
	f. Biops	y 6:	Snap F	reeze	· e (Y/l	N)		BCW24F						
	g. Biops	y 7:	Formali	in (Y/	N) .			BCW24G						
	h. Biops	y 8:	Formali	in (Y/	N) .			BCW24H						
25	5a. Lidocaine: 1	%[mg	CW2		o. 2% mg	SCW25B	c. 4%] m	gBC	W25C
26	3. Comments: _	ВС	W26									_		
P	OST-BRONCH	osc	OPY P	ULM	IONA	ARY I	FUNCT	ION					BC	W27
27	7. Pre-bronchoo	dilato	or FEV ₁	(repo	orted	/best):						L-B1	PS
28	3. Did you admi	niste	er additi	onal	albu	erol?	Y (Y/N)	BCV	V28					
29). How many m	icrog	grams?						ug BCV	V29			ام ا	:W30
30). Post-broncho	dilat	or (4 pu	uffs a	lbute	erol) F	FEV₁ (r	eported/best) :					L-B1	
31	l. Did you admi	niste	er additi	onal	albu	erol?	Y/N)	BCV	V31					
32	2. How many m	icrog	grams?						ug BCW	/32			BC	W33
33	3. Additional FE	V₁ v	alues a	fter a	additi	onal	albuter	ol (reported/best):					L-B1	
P	OST-BRONCH	osc	OPY S	TAT	US									
34	I. Did the partic	ipan	t exper	ience	any	adve	erse ev	ents during the bronchosco	py? (Y/N)				BCW	34
35	5. Did the partic	ipan	t need	to be	adm	itted	for ove	rnight observation post bro	nchoscopy? ((Y/N)			BCW	35
36	6. CONDITION	ON	DISCH	ARG	E:									
	a. No chest d	liscor	mfort co	mplaiı	nts (`	//N)		=						
	b. Alert / resp	onsiv	ve (Y/N)				BCW36B						

ID NUMBER:	FORM CODE: BCW VERSION: 1.0 2/22/12	Visit Number	SEQ#
c. Oriented to time, person, place (Y/N)d. Heart rate < 100/min (Y/N)	BCW36D		
e. Ambulate w/o difficulty (Y/N) f. Sips water w/o cough/difficulty (Y/N) g. FEV1 > 90% of the pre-BD baseline FEV1 (Y/N)	BCW36E BCW36F BCW36G		
37. Comments: BCW37			
38. Coordinator Signature and Date:			



BASELINE EXACERBATION QUESTIONNAIRE

ID NUMBER: BLINDID FORM CODE: BEQ Visit VERSION: 1.0 10/26/10 Number	SEQ#
0a) Form Date	
<u>Instructions:</u> This form should be completed during the participant's visit. Please read the que	estions exactly as written.
1) Have you had an episode of breathing problems in the last 12 months? (Y/N)	BEQ01
If Yes	
2) How many episodes of breathing problems have you had in the last 12 months?	BEQ02
How was/were the episode(s) of breathing problem(s) treated? Please answer for eac (if more than one) by checking all relevant treatments given for each episode.	h episode
3) For the first episode of breathing problems you had in the last 12 months:	
3a) Did you take additional antibiotics after contacting	
your healthcare provider by telephone or email? (Y/N)	BEQ03A
3b) Did you take additional oral steroids after contacting	
your healthcare provider by telephone or email? (Y/N)	BEQ03B
3c) Did you take additional antibiotics but without	
contacting a healthcare provider? (Y/N)	BEQ03C
3d) Did you take additional oral steroids but without	
contacting a healthcare provider? (Y/N)	BEQ03D
3e) Were you evaluated in a physician's office or	
urgent care? (Y/N)	BEQ03E
During that visit were you given (check all that apply):	DE000E4
3e1) An additional antibiotic	BEQ03E1
3e2) Additional steroids	BEQ03E2
3e3) Don't know	BEQ03E3
3e4) Don't remember	BEQ03E4
3f) Were you evaluated in an Emergency Department?	BEQ03F
During that visit were you given (check all that apply):	
3f1) An additional antibiotic	BEQ03F1

	ID NUMBER:						FORM CODE: 1 VERSION: 1.0 10/		Visit Number		SEQ#		
	3f2) Addition	nal sterd	oids								BEQ03	BF2	
	3f3) Don't k	now									BEQ03	3F3	
	,										BEQ03	3F4	
	,										BEQ03		
	3g) were you a	amittea	to th	e no	spitai	?					DEQU	50	
4)	(do not ask) Did	the part	icipa	nt h	ave a	seco	nd episode?				→If no,	skip to end	BEQ04
5)	For the second e	episode	of br	eath	ing pr	obler	ms you had in th	e last	12 month	s:			
	5a) Did you take	e additic	nal a	antib	iotics	after	contacting						
	your healthcare	provide	er by	tele	phone	or e	mail? (Y/N)				BEQ05	δA	
	5b) Did you take	e additic	nal o	oral	steroio	ds aft	er contacting						
	your healthcare	provide	er by	tele	phone	or e	mail? (Y/N)				BEQ05	БВ	
	5c) Did you take	e additic	nal a	antib	iotics	but v	vithout						
	contacting a he	althcare	pro\	/ider	? (Y/N	۱)					BEQ0	5C	
	5d) Did you take	e additic	nal d	oral	steroio	ds bu	t without						
	contacting a he	althcare	pro\	/ider	? (Y/N	۱)					BEQ0	5D	
	5e) Were you e	valuated	d in a	phy	/siciar	's off	fice or						
	urgent care? (Y	′/N)									BEQ0	5E	
	•		•	•	•		all that apply):				DEGG	-= 4]	
	5e1) An add	ditional a	antibi	otic						📙	BEQ0		
	5e2) Addition	nal ster	oids								BEQ05	5E2	
	5e3) Don't k	know									BEQ0	5E3	
	5e4) Don't r	ememb	er								BEQ0	5E4	
	,						Department?				BEQ0	5F	
	During that	visit wei	re yo	u giv	ven (c	heck	all that apply):						
	5f1) An add	itional a	ntibio	otic							BEQ0	5F1	
	5f2) Addition	nal sterd	oids								BEQ0	5F2	
	5f3) Don't k	now									BEQ0	5F3	
	5f4) Don't re	emembe	er								BEQ0	5F4	
	5g) Were you a	dmitted	to th	e ho	spital	?					BEQ0	5G	_
3)	(do not ask) Did	the part	icipa	nt h	ave a	third	episode?				→If no, s	skip to end	BEQ06

	ID NUMBER: FORM CODE: BEQ Visit VERSION: 1.0 10/26/10 Number SEQ #		
7)	For the third episode of breathing problems you had in the last 12 months:		
	7a) Did you take additional antibiotics after contacting		
	your healthcare provider by telephone or email? (Y/N)BEQ07A		
	7b) Did you take additional oral steroids after contacting		
	your healthcare provider by telephone or email? (Y/N)		
	7c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) BEQ07C		
	7d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)		
	contacting a healthcare provider? (Y/N)		
	urgent care? (Y/N)BEQ07E		
	During that visit were you given (check all that apply):		
	7e1) An additional antibiotic		
	7e2) Additional steroids		
	7e3) Don't knowBEQ07E3		
	7e4) Don't rememberBEQ07E4		
	7f) Were you evaluated in an Emergency Department?		
	During that visit were you given (sheek all that apply):		
	During that visit were you given (check all that apply): 7f1) An additional antibiotic		
	DECO7E2		
	PECOZES		
	713) BOTT KHOW		
	7f4) Don't remember		
	7g) Were you admitted to the hospital?		
8)	(do not ask) Did the participant have a fourth episode?	end BE	Q0
9)	For the fourth episode of breathing problems you had in the last 12 months:		
	9a) Did you take additional antibiotics after contacting		
	your healthcare provider by telephone or email? (Y/N)		
	9b) Did you take additional oral steroids after contacting		
	your healthcare provider by telephone or email? (Y/N)		

	ID NUMBER: FORM CODE: BEQ Visit VERSION: 1.0 10/26/10 Number SEQ #
	9c) Did you take additional antibiotics but without
	contacting a healthcare provider? (Y/N)
	9d) Did you take additional oral steroids but without
	contacting a healthcare provider? (Y/N)
	9e) Were you evaluated in a physician's office or
	urgent care? (Y/N)BEQ09E
	During that visit were you given (check all that apply):
	9e1) An additional antibiotic
	9e2) Additional steroids
	9e3) Don't knowBEQ09E3
	9e4) Don't rememberBEQ09E4
	9f) Were you evaluated in an Emergency Department?
	During that visit were you given (check all that apply): Of1) An additional antibiotic BEQ09F1
	31) All additional antibiotic
	9f2) Additional steroids
	9f3) Don't knowBEQ09F3
	9f4) Don't remember
	9g) Were you admitted to the hospital?
10)	(do not ask) Did the participant have a fifth episode?
11)	For the fifth episode of breathing problems you had in the last 12 months:
	11a) Did you take additional antibiotics after contacting
	your healthcare provider by telephone or email? (Y/N)
	11b) Did you take additional oral steroids after contacting
	your healthcare provider by telephone or email? (Y/N)
	11c) Did you take additional antibiotics but without
	contacting a healthcare provider? (Y/N)BEQ11C
	11d) Did you take additional oral steroids but without
	contacting a healthcare provider? (Y/N)
	11e) Were you evaluated in a physician's office or
	urgent care? (Y/N)BEQ11E
	During that visit were you given (check all that apply):

	ID NUMBER: FORM CODE: BEQ VISIT VERSION: 1.0 10/26/10 Number SEQ #	
	11e1) An additional antibiotic	
	11e2) Additional steroids	
	11e3) Don't know	
	11e4) Don't remember	
	11f) Were you evaluated in an Emergency Department?	
	During that visit were you given (check all that apply): 11(1) An additional application	
	TITT) All additional antibiotic	
	PEO11E3	
	1113) DOITE KHOW	
	11f4) Don't remember	
	11g) Were you admitted to the hospital?	
12	(do not ask) Did the participant have a sixth episode?	<u>_</u>
13	For the sixth episode of breathing problems you had in the last 12 months:	
	13a) Did you take additional antibiotics after contacting	
	your healthcare provider by telephone or email? (Y/N)	
	13b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N) BEQ13B	
	your reduitoure provider by telephone of email: (1/14)	
	13c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)	
	13d) Did you take additional oral steroids but without	
	contacting a healthcare provider? (Y/N)	
	13e) Were you evaluated in a physician's office or	
	urgent care? (Y/N)BEQ13E	
	During that visit were you given (check all that apply):	
	13e1) An additional antibiotic	
	13e2) Additional steroids	
	13e3) Don't know	
	13e4) Don't remember	
	13f) Were you evaluated in an Emergency Department?	

ID NUMBER:				FORM CODE: BEQ VERSION: 1.0 10/26/10	Visit Number	SEQ#		
•			,	all that apply):		DE040	<u>-</u>	
13f1) An a	additional a	antibiotic				 BEQ13		
13f2) Add	litional ster	oids				 BEQ13	F2	
13f3) Don	ı't know					 BEQ13	F3	
13f4) Don	ı't rememb	er				 BEQ13	3F4	
13a) Were vo	ou admitted	I to the hos	spital?			 BEQ13	3G	



BIOSPECIMEN COLLECTION FORM

ID NUMBER: BLINDID FORM CODE: BIO Visit VISIT SEQ #
0a. Form Completion Date BIO0A 0b. Initials
<u>Instructions:</u> This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
Fasting Blood Collection Information:
1. Did you fast before today's appointment? BIO01 ☐ ¹Yes ☐ ⁰No
2. At what time did you last eat? BIO02: AM / PM BIO02_AMPM h h : m m (Circle One)
Blood Collection:
3. Date of blood collection:
4. Collection time: BIO04 AM / PM BIO04_AMPM h h : m m (Circle One)
5. Number of venipuncture attempts:
6. Any blood drawing incidents or problems? 1Yes ONO If Yes, specify in Item 7 and/or Item 8
7. Blood drawing incidents: Document problems with venipuncture below. Place an "X" in box(es) corresponding to tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 8.
a. Sample not drawn BIO07A1 BIO07A2 BIO07A3 BIO07A4 BIO07A5 BIO07A6 BIO07A7 BIO07A8 BIO b. Partial sample drawn BIO07B1 BIO07B2 BIO07B3 BIO07B4 BIO07B5 BIO07B6 BIO07B7 BIO07B8 BIO c. Tourniquet reapplied BIO07C1 BIO07C2 BIO07C3 BIO07C4 BIO07C5 BIO07C6 BIO07C7 BIO07C8 BIO d. Fist clenching BIO07D1 BIO07D2 BIO07D3 BIO07D4 BIO07D5 BIO07D6 BIO07D7 BIO07D8 BIO e. Needle movement BIO07E1 BIO07E2 BIO07E3 BIO07E4 BIO07E5 BIO07E6 BIO07E7 BIO07E8 BIO f. Participant reclining f. Sample re- drawn not collected 8. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here: BIO08
9. Phlebotomist's code number: BIO09

	ID NUMBER:					FORM CODE: BIO VERSION: 2.0 12/09/10	Visit Number		SEQ#		
В	Blood Proces	ssing:			<u>-</u>			_			

Indicate the time each tube was processed:

10. Tube 1 - Red Top 1 – Serum
a. Time Processed: BIO10A AM / PM (Circle One) BIO10A_AMPM
b. Problems Processing?
c. Number of Aliquots: BIO10C
d. Volume in last aliquot: μLBIO10D
e. Freezer box number: BIO10E
f. Time aliquots placed in freezer BIO10F AM / PM (Circle One) BIO10F_AMPM
11. Tube 2 - Red Top 2 – Serum
a. Time Processed: BIO11A AM / PM (Circle One) BIO11A_AMPM
b. Problems Processing?
c. Number of Aliquots: BIO11C
d. Volume in last aliquot: μLBIO11D
e. Freezer box number: BIO11E
f. Time aliquots placed in freezer BIO11F AM / PM (Circle One) BIO11F_AMPM

ID NUMBER: FORM CODE: BIO Visit VERSION: 2.0 12/09/10 Number SEQ #
12. Tube 3 – Yellow Top 1 – Plasma-ACD a. Time Processed: BIO12A AM / PM (Circle One) BIO12A_AMPM b. Problems Processing? 1 Yes 0 No BIO12B Broken Tube BIO12B1 Sample re-centrifuged BIO12B2 Clotted BIO12B3 Hemolyzed BIO12B4 Lipemic BIO12B5 Other BIO12B6 Specify: BIO12B6A
c. Number of Aliquots: d. Volume in last aliquot: e. Freezer box number: BIO12D BIO12E f. Time aliquots placed in freezer BIO12F AM / PM (Circle One) BIO12F_AMPM
a. Time Processed: BIO13A AM / PM (Circle One) BIO13A_AMPM b. Problems Processing? 1 Yes 0 No BIO13B Broken Tube BIO13B1 Sample re-centrifuged BIO13B2 Clotted BIO13B3 Hemolyzed BIO13B4 Lipemic BIO13B5 Other BIO13B6 Specify: BIO13B6A
c. Number of Aliquots: d. Volume in last aliquot: e. Freezer box number: BIO13D BIO13E f. Time aliquots placed in freezer BIO13F AM / PM (Circle One) BIO13F_AMPM

ID NUMBER: FORM CODE: BIO Visit VERSION: 2.0 12/09/10 Number SEQ #
14. Tube 5 – Lavender Top 2 – Plasma/cell lysate-EDTA 10ml a. Time Processed: BIO14A AM / PM (Circle One) BIO14A_AMPM b. Problems Processing? 1 Yes 0 No BIO14B Broken Tube BIO14B1 Sample re-centrifuged BIO14B2 Clotted BIO14B3 Hemolyzed BIO14B4 Lipemic BIO14B5 Other BIO14B6 Specify: BIO14B6
c. Number of Aliquots: BIO14C d. Volume in last aliquot: µL BIO14D e. Freezer box number: BIO14E f. Time aliquots placed in freezer BIO14F AM / PM (Circle One) BIO14F_AMPM
a. Time Processed: BIO15A AM / PM (Circle One) BIO15A_AMPM b. Problems Processing? 1 Yes 0 No BIO15B Broken Tube BIO15B1 Sample re-centrifuged BIO15B2 Clotted BIO15B3 Hemolyzed BIO15B4 Lipemic BIO15B5 Other BIO15B6 Specify: BIO15B6
c. Number of Aliquots: BIO15C d. Volume in last aliquot: µL BIO15D e. Freezer box number: BIO15E f. Time aliquots placed in freezer BIO15F AM / PM (Circle One) BIO15F_AMPM

ID NUMBER: FORM CODE: BIO Visit VERSION: 2.0 12/09/10 Number SEQ #
16. Tube 7 – Lavender Top 4 – CBC 4ml a. Time sent to clinical center lab: BIO16A AM / PM (Circle One) BIO16A_AMPM
a. Time Processed: BIO17A AM / PM (Circle One) BIO17A AMPM b. Problems Processing? 1 Yes 0 No BIO17B Broken Tube BIO17B1 Sample re-centrifuged BIO17B2 Clotted BIO17B3 Hemolyzed BIO17B5 Other BIO17B6 Specify: BIO17B6
c. Number of Aliquots: BIO17C d. Volume in last aliquot: µL BIO17D e. Freezer box number: BIO17E f. Time aliquots placed in freezer BIO17F AM / PM (Circle One) BIO17F_AMPM
18. Tube 9 – PAX Gene – RNA a. Date placed in freezer: BIO18B AM / PM (Circle One) BIO18B_AMPM c. Problems Processing? 1'Yes 0'No BIO18C Broken Tube BIO18C1 Sample re-centrifuged BIO18C2 Clotted BIO18C3 Hemolyzed BIO18C4 Lipemic BIO18C5 Other BIO18C6 Specify: BIO18C6A d. Freezer box number: BIO18D

ID NUMBER: FORM CODE: BIO Visit VERSION: 2.0 12/09/10 Number SEQ #
Urine Sample 19. Was a urine sample collected? □¹Yes □⁰No BIO19
20. Date of urine sample:
21. Time urine sample collected:
22. Time urine sample was processed:
23. Number of aliquots with preservative: BIO23
24. Number of aliquots without preservative: BIO24
25. Time urine samples were placed in freezer: BIO24A AM / PM BIO24A_AMPM h h : m m (Circle One)
26. Is this patient able to become pregnant? 1Yes 19 No If yes, complete Item 27 BIO25
27. Pregnancy test requested?
27a. Was the participant pregnant? ☐¹Yes ☐⁰No BIO26A
28. Processor's code #:
29. Comments on blood processing, urine collection/processing, and CBC: BIO28



BIOSPECIMEN COLLECTION FORM

	ID NUMBER: BLINDID FORM CODE: BIO VISIT VISIT SEQ #
0a.	Form Completion Date
requi	<u>uctions:</u> This form should be completed during the participant's visit. Whenever numerical responses are ired, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to boxes.
Fa :	sting Blood Collection Information: Did you fast before today's appointment? BIO01 —— 1 Yes —— No
	At what time did you last eat? BIO02 AM PM BIO02_AMPM AM / PM Circle One)
Blo	ood Collection:
3.	Date of blood collection:
4.	Collection time: AM / PM BIO04_AMPM h h : m m (Circle One)
5.	Number of venipuncture attempts: BIO05
6.	Any blood drawing incidents or problems? 1Yes ONo If Yes, specify in Item 7 and/or Item 8
7.	Blood drawing incidents: Document problems with venipuncture below. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 8.
	a. Sample not drawn BIO07A1 BIO07A2 BIO07A3 BIO07A4 BIO07A5 BIO07A6 BIO07A7 BIO07A8 BIO07A8 b. Partial sample drawn BIO07C1 BIO07C2 BIO07C3 BIO07C4 BIO07C5 BIO07C6 BIO07C7 BIO07C8 BIO07C8 c. Tourniquet reapplied BIO07D1 BIO07D2 BIO07D3 BIO07D4 BIO07D5 BIO07D6 BIO07D7 BIO07D8 BIO07D8 e. Needle movement BIO07E1 BIO07E2 BIO07E3 BIO07E4 BIO07E5 BIO07E6 BIO07E7 BIO07E8 BIO07E8 f. Participant reclining BIO07F1 BIO07F2 BIO07F3 BIO07F4 BIO07F5 BIO07F6 BIO07F7 BIO07F8 BIO07F8 bio07F8 BIO07F9
8.	If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here: BIO08
9.	Phlebotomist's code number: BIO09

ID NUMBER:					FORM CODE: BIO VERSION: 1.0 10/26/10	Visit Number	SEQ#		
				_			_		

Blood Processing:

Indicate the time each tube was processed:

10. Tube 1 - Red/Gray Top 1 – Serum-SST
a. Time Processed: BIO10A AM / PM (Circle One) BIO10A_AMPM
b. Problems Processing?
c. Number of Aliquots: BIO10C
d. Volume in last four aliquots: μL BIO10D
e. Freezer box number: BIO10E
f. Time aliquots placed in freezer BIO10F AM / PM (Circle One) BIO10F_AMPM
11. Tube 2 - Red/Gray Top 2 – Serum-SST
a. Time Processed: BIO11A AM / PM (Circle One) BIO11A_AMPM
b. Problems Processing?
c. Number of Aliquots: BIO11C
d. Volume in last four aliquots: µL BIO11D
e. Freezer box number: BIO11E
f. Time aliquots placed in freezer BIO11F AM / PM (Circle One) BIO11F_AMPM

ID NUMBER: FORM CODE: BIO Visit VERSION: 1.0 10/26/10 Number SEQ #	
a. Time Processed: BIO12A AM / PM (Circle One) BIO12A_AMPM b. Problems Processing? 1'Yes 0'No BIO12B Broken Tube BIO12B1 Sample re-centrifuged BIO12B2 Clotted BIO12B3 Hemolyzed BIO12B4 Lipemic BIO12B5 Other BIO12B6 Specify: BIO12B6A	
c. Number of Aliquots: d. Volume in last four aliquots: e. Freezer box number: BIO12E f. Time aliquots placed in freezer BIO12F AM / PM (Circle One)	
a. Time Processed: BIO13A AM / PM (Circle One) BIO13A_AMPM b. Problems Processing? 1 Yes 0 No BIO13B Broken Tube BIO13B1 Sample re-centrifuged BIO13B2 Clotted BIO13B3 Hemolyzed BIO13B4 Lipemic BIO13B5 Other BIO13B6 Specify: BIO13B6A	
c. Number of Aliquots: d. Volume in last four aliquots: e. Freezer box number: BIO13C BIO13D BIO13E f. Time aliquots placed in freezer BIO13F AM / PM (Circle One) BIO13F_AMPM	

ID NUMBER: FORM CODE: BIO Visit VERSION: 1.0 10/26/10 Number SEQ #
14. Tube 5 – Lavender Top 2 – Plasma/cell lysate-EDTA 10ml a. Time Processed: BIO14A AM / PM (Circle One) BIO14A_AMPM b. Problems Processing? 1 Yes 0 No BIO14B Broken Tube BIO14B1 Sample re-centrifuged BIO14B2 Clotted BIO14B3 Hemolyzed BIO14B4 Lipemic BIO14B5 Other BIO14B6 Specify: BIO14B6
c. Number of Aliquots: d. Volume in last four aliquots: e. Freezer box number: BIO14E f. Time aliquots placed in freezer BIO14F AM / PM (Circle One) BIO14F_AMPM
a. Time Processed: BIO15A AM / PM (Circle One) BIO15A_AMPM b. Problems Processing? 'Yes One BIO15B Broken Tube BIO15B1 Sample re-centrifuged BIO15B2 Clotted BIO15B3 Hemolyzed BIO15B4 Lipemic BIO15B5 Other BIO15B6 Specify: BIO15B6
c. Number of Aliquots: d. Volume in last four aliquots: e. Freezer box number: BIO15E f. Time aliquots placed in freezer BIO15F AM / PM (Circle One) BIO15F AMPM

ID NUMBER: FORM CODE: BIO Visit VERSION: 1.0 10/26/10 Number SEQ #
16. Tube 7 – Lavender Top 4 – CBC 4ml a. Time sent to clinical center lab: BIO16A AM / PM (Circle One) BIO16A_AMPM
a. Time Processed: BIO17A AM / PM (Circle One)BIO17A_AMPM b. Problems Processing? 1 Yes 0 No BIO17B Broken Tube BIO17B1 Sample re-centrifuged BIO17B2 Clotted BIO17B3 Hemolyzed BIO17B5 Other BIO17B6 Specify: BIO17B6
c. Number of Aliquots: d. Volume in last four aliquots: pL BIO17D e. Freezer box number: BIO17E f. Time aliquots placed in freezer BIO17F AM / PM (Circle One) BIO17F_AMPM
18. Tube 9 – PAX Gene – RNA a. Date placed in freezer: BIO18B AM / PM (Circle One) BIO18B_AMPM c. Problems Processing? 1 Yes 0 No BIO18C Broken Tube BIO18C1 Sample re-centrifuged BIO18C2 Clotted BIO18C3 Hemolyzed BIO18C4 Lipemic BIO18C5 Other BIO18C6 Specify: BIO18C6A d. Freezer box number: BIO18D

ID NUMBER: FORM CODE: BIO Visit VERSION: 1.0 10/26/10 Number SEQ #												
Urine Sample 19. Was a urine sample collected?												
m m / d d / y y y y 21. Time urine sample collected: BIO21 AM / PM BIO21_AMPM												
h h : m m (Circle One) 22. Time urine sample was processed:												
23. Number of aliquots with preservative: BIO23 24. Number of aliquots without preservative: BIO24												
25. Is this patient able to become pregnant? 1Yes 0No If yes, complete Item 26 BIO25 26. Pregnancy test requested? 1Yes 0No BIO26												
26a. Was the participant pregnant?												
28. Comments on blood processing, urine collection/processing, and CBC: BIO28												



BRONCHITIS INDEX SCORING FORM

	ID NUMBER:	FORM CODE: BIS VERSION: 1.0 3/2/12	Visit Number VISIT SEQ#	
0a)	Form Date:	BISOA	0b) Code	BIS0B
	Instructions	: This form should be completed during the participant's vis	sit.	
1)	Erythema		BIS1	
		Normal0 Light Red1		
		Red 2		
		Beefy Red 3		
2)	Edema		BIS2	
		Normal airway0		
		Blunting of bifurcations1		
		Airway Narrowing2		
		Airway occluded 3		
3)	Secretions.		BIS3	
		Normal0		
		Strands of clear mucus1		
		Globules of mucus2		
		Airway occluded 3		
4)	Friability		BIS4	
		Normal0		
		Punctate submucosal hemorrhages1		
		Linear submucosal hemorrhages2		
		Frank bleeding3		



BASELINE MEDICAL HISTORY FORM

ID NU	JMBER: BLINDID FORM CODE: BMH Visit VERSION: 2.0 7/6/11 Number VISIT SEQ#	
0a) Forr	m Date	
	uctions: Whenever numerical responses are required, enter the number so that the last digit appears in the nost box. Enter leading zeroes where necessary to fill all boxes.	·
	uestionnaire includes a number of questions about your medical history. This will help us understand how various medical conditions relate to COPD.	
•	ve you had any hospitalizations with in the past 12 months? (Y/N)	MH01
If YES : 1a)	Describe: BMH01A	
	Approximate date: / / / BMH01A1	
1b)	Describe: BMH01B	
	Approximate date: / / / BMH01B1	
1c)	Describe: BMH01C	
	Approximate date: / / / BMH01C1	
1d)	Describe: BMH01D	
	Approximate date: / / / BMH01D1	
1e)	Describe: BMH01E	
	Approximate date: / / / BMH01E1	
1f)	Describe: BMH01F	
	Approximate date: / /	
1g)	Describe: BMH01G	
	Approximate date: / / / BMH01G1	
1h)	Describe: BMH01H	
	Approximate date: Market Marke	

	ID N	UMBER:									ORM CO				isit nber		SEQ#	ŧ		
	mon	e you visi ths? (Y/N						-			-				-				ВМ	H02
lf Y	'ES : 2a)	Describ	۵. [BM	H02	2A														
	Zaj	Approxi			г]/[E	змно	2A1						
	2b)	Describe				2B														
		Approxi			_]/[]/[E	ВМН0	2B1						
	2c)	Describ	e: _	BM	H02	2C														
		Approxi]/[]/[3MH0	2C1						
	2d)	Describ	e: _	BM	IH02	2D														
		Approxi	mate	e da	ıte: []/[]/[вмно)2D1]					
	2e)	Describ	e: _	BN	1H02	2E										 				
		Approxi	mate	e da	ıte: []/[]/[ВМНО)2E1]					
	2f)	Describ	e: _	BM	H02	2F														
		Approxi	mate	e da	ıte: []/[]/[3MH0	2F1						
	2g)	Describ	e: _	BM	H02	2G														
		Approxi	mate	e da	ıte: []/[]/[[ЗМН0	2G1						
	2h)	Describ	e: _	ВМ	H02	2H														
		Approxi	mate	e da	ıte: []/[]/[ЗМН0	2H1						
	2i)	Describ	e: _[BM	H02	21										 				
		Approxi	mate	e da	ıte: []/[]/[E	ЗМН0	2 1						
	2j)	Describ	e: _	BM	H02	2J										 				
		Approxi	mate	e da	ıte: []/[]/[E	ВМН0	2J1						
		e you eve	er ha	ad a	ny s	urgeri	es (l	lung	, hea	art, o	ther)?	Y/N	l)			 			ВМ	H03
If Y	'ES : 3a)	Describ	e: [ВМІ	- 103	Α														

	ID N	JMBER: FORM CODE: BMH Visit VERSION: 2.0 7/6/11 Number SEQ#	
		Approximate date: / /	
	3b)	Describe: BMH03B	
		Approximate date: / / / BMH03B1	
	3c)	Describe: BMH03C	
		Approximate date: / / / BMH03C1	
	3d)	Describe: BMH03D	
		Approximate date: / / / BMH03D1	
	3e)	Describe:	
		Approximate date: / / / BMH03E1	
	3f)	Describe: BMH03F	
		Approximate date: / / / BMH03F1	
	3g)	Describe: BMH03G	
		Approximate date: /	
	3h)	Describe: Approximate date: March March	
		Approximate date	
	3i)	Describe: BMH03I Approximate date: BMH03I1	
		RMH03 L	
	3j)	Describe:	
		, approximate date	
4)		ou get an influenza vaccination (flu shot) every year? BMH04 es →Go to 4b	
		get a flu shot some years→ <mark>Go to 4b</mark> ve never had a flu shot → <mark>Go to 5</mark>	
4h)		ou get an influenza vaccination (flu shot) in the last 12 months? BMH04B	
10)	Y	es	
	N	U	

	ID N	UMBER:								CODE: ON: 2.0 7		Visit Numb			SI	EQ#			
5)	□ v	n was yo lever had Vithin pas Nore than	l st 5 yea	ars		oneur	moni	a vac	cination	? (Pne	umova	ax) <mark>BM</mark>	H0:	5				·	
6)	_ Y _ N _ D	on't knov	N																
На	ve yo	u ever s	een a	phys	sicia			r med	_	ovider		-	e f	ollow	ing k	inds	of p	roble	ms?
- √	-			1		<u> 7</u>	<u>es</u>		<u>No</u>		Expla	<u>ain</u>							
7)	a) b) c) d) e)	o, ears, no Vision po Hearing Dizzines Ears rin Sinusitis	roblem probless BM ging B	ns Eems 1 1H07 MH0	BMH C	107B					BMH BMH BMH	07A1 07B1 07C1 07D1 07E1 07F1							
8)	Card a) b) c) d) e) f)	liovascula High blo Coronar Angina Heart at Murmur Palpitati heartbe Valve di Conges Blood cl	ood precent and pr	pain BMH 108E regul BM	sease) BM 08D lar B H08 ailure	MH08 HH08 MH0	H08		No	ļ.		08A1 08B1 08C1 08D1 08E1 08F1 08G1							
	j) k)	Poor cir (claudic Other	ation)	Р	MH)8J						08J1 108K1]						_

	ID N	NUMBER:	FORM CODE: VERSION: 2.0	1101		
9)	Gast	trointestinal <u>Yes</u>	<u>No</u>	<u>Explain</u>		
٥)	a)	Esophageal condition BMH09A		BMH09A1		
	a)	or disease				
	b)	Ulcers BMH09B		BMH09B1		
	c)	Hepatitis or jaundice BMH09C		BMH09C1		
	d)	Crohn's disease or colitis BMH09D		BMH09D1		
	e)	Gallstones BMH09E		BMH09E1		
	f)	Cirrhosis BMH09F		BMH09F1		
	g)	GERD (heart burn) BMH09G		BMH09G1		
	h)	Hiatal hernia BMH09H		BMH09H1		
	i)	Other BMH09I		BMH09I1		
10)	Puln	nonary/vascular <u>Yes</u>	<u>No</u>	<u>Explain</u>		
	a)	Intubation or respirator BMH10A		BMH10A1		
	b)	Pneumothorax [BMH10B] (collapsed lung)		BMH10B1		
	c)	Tuberculosis BMH10C		BMH10C1		
	d)	Pulmonary fibrosis BMH10D		BMH10D1		
	e)	Lung nodules BMH10E		BMH10E1		
	f)	Pulmonary embolism BMH10F		BMH10F1		
	g)	Other BMH10G		BMH10G1		
11)	11) Oncology/hematology <u>Yes</u> <u>No</u> <u>Explain</u>					
	a)	Cancer (except basal BMH11A cell skin cancer)		BMH11A1		
	b)	Anemia BMH11B		BMH11BEXP		
	c)	Other BMH11C		BMH11C1		
12)	Gen	itourinary and reproductive Yes	<u>No</u>	<u>Explain</u>		
	a)	Menstrual symptoms BMH12A (women)		BMH12A1		
	b)	Enlarged prostate or BPH BMH12B (men)		BMH12B1		
	c)	Bladder or kidney BMH12C problems/ kidney stones		BMH12C1		
	d)	Other BMH12D		BMH12DEXP		
13) Endocrine <u>Yes</u> <u>No</u> <u>Explain</u>						
	a)	Diabetes BMH13A		BMH13A1		
	b)	Thyroid BMH13B		BMH13B1		
	c)	Other BMH13C		BMH13CEXP		

	ID NUMBER:		FORM CODE: VERSION: 2.0 7	
14)	Neurology a) Stroke BMH14A b) Headaches BMH14B c) Seizure BMH14C d) Other BMH14D	Yes	<u>No</u>	Explain BMH14A1 BMH14B1 BMH14C1 BMH14D1
ŕ	Muscular/skeletal a) Rheumatoid arthritis BMH b) Gout BMH15B c) Osteoporosis BMH15C d) Fractures BMH15D e) Joint pain BMH15E f) Osteoarthritis BMH15F g) Other BMH15G	Yes 115A	No	Explain BMH15A1 BMH15B1 Explain BMH15C1 BMH15C1 BMH15D1 BMH15E1 BMH15F1 BMH15G1
ŕ	Dermatology a) Rashes/hives/eczema BM b) Psoriasis BMH16B c) Shingles BMH16C d) Other BMH16D	Yes H16A	<u>No</u>	Explain BMH16A1 BMH16BEXP BMH16C1 BMH16D1
17)	Infectious disease a) Atypical mycobacteria BN (MAC, MAI) b) Fungal disease BMH17B c) Other BMH17C		<u>No</u>	Explain BMH17A1 BMH17B1 BMH17C1
18)	Psychiatric a) Anxiety BMH18A b) Depression BMH18B c) Other BMH18C	Yes	<u>No</u>	Explain BMH18A1 BMH18B1 BMH18C1
19)	Other significant problems not reported in questions 2-18	<u>Yes</u> BMH19	k C	BMH19A b) BMH19B c) BMH19C d) BMH19D

	ID NUMBER:					FORM CODE: BMH VERSION: 2.0 7/6/11	Visit Number	SEQ#		
L		1		•				_		
The	ese next ques	stions	refer	to rec	ent illness	es or problems you	may have had.			
20)	In the last two	o weel	ks hav	e you	had any of	the following:				
20a	a) A fever, cold	d, flu, d	or sore	e throa	nt? (Y/N)				BMH20A	
20b	o) A urinary tra	act infe	ection	? (Y/N))				BMH20B	
20c	c) Seasonal al	lergies	s? (Y/I	N)					BMH20C	
20c	d) A sinus infe	ction c	r sinu	ısitis? ((Y/N)				BMH20D	
20∈	e) A tooth infed	ction?	(Y/N)						BMH20E	
20f)) A flare up of	gout?	(Y/N))					BMH20F	
20ე	g) A flare up of	f arthri	tis? (\	Y/N)				[BMH20G	
20h	n) Other? (Y/N	N)							ВМН20Н	
20i)) Please expla	ain:_B	MH20)I					_	
	Are you allerç	gic to a	any m	edicati	ons, latex, f	ood, or substances? (Y/N)		BMH	21
	substance:					Reaction				
a) _	BMH21A					BMH21A1				
b)	BMH21B					BMH21B1]			
c)	BMH21C					BMH21C1				
d)	BMH21D					BMH21D1				
e)	BMH21E					BMH21E1]			

	ID NUMBER:									FORM CODE: BMH VERSION: 2.0 7/6/11	Visit Number			SEQ#			
,	•	vine	COC	lers	, liq			•		onsumed any alcoho nks such as margar _		_		erage BN	ЛН2	22	
					Εv	ery	Day	′									
					4 t	0 6	day	s per w	vee	⊵k [
					2 t	о 3	day	s per w	vee	k							
					Or	nce	per '	week									
					1 t	о 3	time	es per r	mo	nth							
					Le	ss t	han	once p	per	month							
					No	alc	oho	I in the	e pa	ast 12 months	→Go to	29					
	When you dri sitting? (chec				cont	aini	ng b	everaç	ges	s, how many do you	usually di	rink	at c	one BMH	23		
					1 (or 2.											
					3 (or 4.				[
					5 (or 6.											
					Mo	ore t	han	6									
24)	What kind of	alco	holi	c be	ever	age	s do	you u	ısua	ally drink? (check a	ll that appl	ly)					
,						-		-									
					W	ine .					BMH24	1 2					
										quor	¬ <u> </u>]				
										_							
25)	How often do	you	ı ha	ve e	ight	or	mor	e drink	s c	n one occasion?	3MH25						
					Ne	ever											
					Le	ss t	han	month	ıly.								
					Mo	onth	ly										
					W	eekl	y										
					Da	aily o	or al	most d	daily	y							
26)	How often du	ring ore b	the eca	last iuse	t yea	ar ha	ave d be	you be een dri	een nki	unable to rememb	er what ha	appe	ened	BMH26	3		
					Ne	ever											
					Le	ss t	han	month	nly								
					Mo	onth	ly										
					W	eekl	y										
					Da	aily o	or al	most d	dail	y							

	ID NUMBER:							FORM CODE: BMH VERSION: 2.0 7/6/11	Visit Number		SEQ#			
27)	How often du of you becaus	ıring	the	last	t year h	ave y	ou fa	iled to do what was n	ormally ex	pected	BMH27			
,	or you becaus	5 C U	пуО	ui u	•									
						•		[
						-		aily[
					-			•						
28)	Has a relative drinking or su	e or igge	frie este	nd, a d yo	a doctor u cut do	or of own?	ther h	ealth worker been co	ncerned al	bout you	ır BMH2	8		
					No									
					Yes, t	out no	t in th	e last year[
					Yes in	the I	ast ye	ear[
If no	urticipant is M			in to	. 44									
	rticipant is M rticipant is Fl			•										
29) /	At what age o	did y	ou l	begi	n mont	hly m	enstrı	uation <i>(monthly perio</i>	d)?				yrs o	129 Id
30)	Have you rea	ıch r	nen	opa	use?							BN	/H30	
					Yes			\	Y					
31)	f you have re	each	ned i	men	opause	e, at v	vhat a	ge did that occur?					BMF yrs o	
													41.00	
32) ا	Did you ever	use	ora	l cor	ntracep	tive n	nedica	ations?				BI	/IH32	
					No			1	$N \rightarrow Go to 3$	33				100
33)	f you did use	ora	ıl co	ntra	ceptive	s, for	how	many years?					years	
34)	Did vou ever	IISA	hor	mon	ne renla	reme	ant the	erapy?			Г	BN	л Н 34	
57) 1	Dia you cver	use	1101	11101	•			\						
										35	_		, ВМІ	H35
35)	f you did use	hor	mo	ne re	eplacer	nent t	herap	y, for how many yea	rs?				year	S

	ID NUMBER:						FORM CODE: BMH VERSION: 2.0 7/6/11	Visit Number		SEQ#		
36)	Have you eve	er been	preg	gnant (i	nclude	mise	carriage, abortions)?				ВМ	- 136
				Yes			Y	′				
				No			N	$I \rightarrow Go to 4$	10			
37)	If you have b	een pre	egnai	nt, how	old we	ere yo	ou at the time of your	first pregr	nancy?			BMH37 yrs old
38)	How many tir	nes ha	ve yo	ou beer	pregr	nant?						BMH38
39)	Did you ever	breastl	eed?	?							ВМ	H39
				Yes			Y	,				
				No			N	l →Go to 4	11			
40)	If you did bre	astfeed	l, for	approx	imatel	y hov	w many total months	did you bre	eastfeed			BMH40
	(total for all p	regnan	cies))?								months
41)	Have you eve	er had a	an ov	/ary rer	noved'	?					ВМ	H41
				Yes			Y	,				
				No			N	\rightarrow Go to E	END			
42)	If you had an	ovary	remo	ved, w	as one	rem	oved or both?				ВМ	H42
				One			C)				
				Both.			E	3				
43)	At what age v	was yo	ur ov	ary or o	ovaries	rem	oved?					BMH43 yrs old



BASELINE MEDICAL HISTORY FORM

ID NUI	MBER: BLINDID FORM CODE: BMH Visit VERSION: 1.0 10/26/10 Number VISIT SEQ #	
0a) Forn	m Date	
	<u>ctions:</u> Whenever numerical responses are required, enter the number so that the last digit appears in ost box. Enter leading zeroes where necessary to fill all boxes.	the
	estionnaire includes a number of questions about your medical history. This will help understand how various medical conditions relate to COPD.	S
1) Have	e you had any hospitalizations with in the past 12 months? (Y/N)	BMH01
1a)	Describe: BMH01A	
	Approximate date: / / / BMH01A1	
1b)	Describe: BMH01B	
	Approximate date: / / / BMH01B1	
1c)	Describe: BMH01C	
	Approximate date: / / / BMH01C1	
1d)	Describe: BMH01D	
	Approximate date: / /	
1e)	Describe: BMH01E	
,	Approximate date: /	
1f)	Describe: BMH01F	
	Approximate date: / / / BMH01F1	
1g)	Describe: BMH01G	
	Approximate date: / / / BMH01G1	
1h)	Describe: BMH01H	
	Approximate date:	

	ID N	UMBER:								FORM CODE: BMH Visit VERSION: 1.0 10/26/10 Number SEQ #	
	mont	•				_	-	-		nt or urgent care center in the past 12	MH02
If Y	ES : 2a)	Describ	e: _	BM	H02	2A					
		Approxi			Г		/[_/[BMH02A1	
	2b)	Describ	e: _	BN	1H02	2B					
		Approxi			Г		/[_/[BMH02B1	
	2c)	Describ	e: _	BN	1H0	2C					
		Approxi	mat	e da	ate: [/[_/[BMH02C1	
	2d)	Describ	e: _	BN	1H0	2D					
		Approxi	mat	e da	ate:		_/[_/[BMH02D1	
	2e)	Describ	e: _	B۱	/H0	2E					
		Approxi			Г		/[]/[BMH02E1	
	2f)	Describ	e: _	BN	1H0	2F					
		Approxi	mat	e da	ate: [_/[_/[BMH02F1	
	2g)	Describ	e: _	BN	1H02	2G					
		Approxi	mat	e da	ate: [/[]/[BMH02G1	
	2h)	Describ	e: _	BN	1H0	2H					
		Approxi	mat	e da	ate:		_/[_/[BMH02H1	
	2i)	Describ	e: _	BN	IH02	21					
		Approxi			Г		/[_/[BMH02I1	
	2j)	Describ	e: _	BN	IH02	2J					
		Approxi	mat	e da	ate: [_/[]/[BMH02J1	
3)	Have	e you eve	er ha	ad a	ny s	urge	ries	(lung	, hea	eart, other)? (Y/N)B	MH03
If Y	ES : 3a)	Describ	e:	BM	H03	3A					

ID NUMBER: FORM CODE: BMH Visit VERSION: 1.0 10/26/10 Number SEQ #
Approximate date: /
3b) Describe: BMH03B
Approximate date: /
3c) Describe: BMH03C
Approximate date: / /
3d) Describe: BMH03D
Approximate date: /
3e) Describe: BMH03E
Approximate date:
3f) Describe: BMH03F Approximate date:
, approximate date:
3g) Describe: BMH03G Approximate date: MH03G1
BMH03H
Approximate date:
3i) Describe: BMH03I
Approximate date:
3j) Describe: BMH03J
Approximate date: /
Do you get an influenza vaccination (flu shot) every year? BMH04
☐ Yes☐ I get a flu shot some years
☐ I've never had a flu shot →Go to 5
4a) When was you most recent influenza vaccination? (month/year)

4)

	ID NI	JMBER:		FORM CODE: VERSION: 1.0 10		Visit Number		SEQ#		
5)	□ N	n was your most recent pner ever had /ithin past 5 years ore than 5 years ago	umonia vac	ccination? (Pne	eumovax)	BMH0	5			
6) La	□ Y □ N □ D	on't know			,	MH06	.ll ovvin o	ı kindo (of mus	ahlama S
па	ve yo	u ever seen a physician o	Yes	<u>No</u>	Explain		niowing	j kinas d	or pro	obiems?
7 \	Evoc	ooro nooo throot	165	<u>INO</u>	Explain					
7)		, ears, nose, throat	~		BMH07	7Δ1				
	a)	Vision problems BMH07/			BMH07					
	p)	Hearing problems BMH07	ᆔ							
	c)	Dizziness BMH07C			BMH07					
	d)	Ears ringing BMH07D			BMH07					
	e)	Sinusitis/rhinitis BMH07E] 🗌		BMH07					
	f)	Other BMH07F			BMH07	7F1				
8)	Card	iovascular	Voc	No	Explain					
0)		High blood pressure BMH	Yes	<u>No</u> □	BMH08					
	a)				BMH08					
	b)	Coronary artery disease B			BMH08					
	c)	Angina (chest pain) BMH0			BMH08					
	d)	Heart attack BMH08D			BMH08					
	e)	Murmur BMH08E			BMH08					
	f)	Palpitations, irregular BMH heartbeat	108F		БІЛІЦОО	<u> </u>				
	g)	Valve disease BMH08G			BMH08	3G1				
	h)	Congestive heart failure B	MH08H		BMH08	3H1				
	i)	Blood clots BMH08I		\Box	BMH08	311				
	j)	Poor circulation BMH08J	<u> </u>		BMH08					
		(claudication)			BMH08	8K1				
	k)	Other BMH08K								

	ID NUMBER:	FORM CODE: VERSION: 1.0 10	
9)	Gastrointestinal Yes a) Esophageal condition BMH09A or disease b) Ulcers BMH09B	<u>No</u>	Explain BMH09A1 BMH09B1
	c) Hepatitis or jaundice BMH09C		BMH09C1
	d) Crohn's disease or colitis BMH09D		BMH09D1
	e) Gallstones BMH09E		BMH09E1
	f) Cirrhosis <mark>BMH09F</mark>		BMH09F1
	g) GERD (heart burn)BMH09G		BMH09G1
	h) Hiatal hernia BMH09H		BMH09H1
	i) Other BMH09I		BMH09I1
10)	Pulmonary/vascular <u>Yes</u>	<u>No</u>	Explain
	a) Intubation or respirator BMH10A		BMH10A1
	b) Pneumothorax BMH10B (collapsed lung)		BMH10B1
	c) Tuberculosis BMH10C		BMH10C1
	d) Pulmonary fibrosis BMH10D		BMH10D1
	e) Lung nodules BMH10E		BMH10E1
	f) Pulmonary embolism BMH10F		BMH10F1
	g) Other BMH10G		BMH10G1
11)	Oncology/hematology <u>Yes</u>	<u>No</u>	<u>Explain</u>
	a) Cancer (except basal BMH11A cell skin cancer)		BMH11A1
	b) Anemia <mark>BMH11B</mark>		BMH11BEXP
	c) Other BMH11C		BMH11C1
12)	Genitourinary and reproductive Yes	<u>No</u>	<u>Explain</u>
	a) Menstrual symptoms BMH12A (women)		BMH12A1
	b) Enlarged prostate or BPH BMH12B (men)		BMH12B1
	c) Bladder or kidney BMH12C		BMH12C1
	problems/ kidney stones		BMH12DEXP
	d) Other BMH12D		<u> </u>
13)	Endocrine <u>Yes</u>	<u>No</u>	Explain
	a) Diabetes BMH13A		BMH13A1
	b) Thyroid BMH13B		BMH13B1
	c) Other BMH13C		BMH13CEXP

	ID N	IUMBER:		FORM CODE VERSION: 1.0	
·	Neui a) b) c) d)	rology Stroke BMH14A Headaches BMH14E Seizure BMH14C Other BMH14D	Yes	<u>No</u>	Explain BMH14A1 BMH14B1 BMH14C1 BMH14D1
ŕ	a)	cular/skeletal Rheumatoid arthritis	Yes BMH15A	<u>No</u>	Explain BMH15A1
	b)	Gout BMH15B	Yes	<u> </u>	Explain
	c) d)	Osteoporosis BMH1 Fractures BMH15D			BMH15C1 BMH15D1
	e)	Joint pain BMH15E	•		BMH15E1
	f)	Osteoarthritis BMH1	5F		BMH15F1
	g)	Other BMH15G			BMH15G1
16)	Derr	natology	<u>Yes</u>	<u>No</u>	Explain
	a)	Rashes/hives/eczem	a BMH16A		BMH16A1
	p)	Psoriasis BMH16B			BMH16BEXP
	۲) c)	Shingles BMH16C			BMH16C1 BMH16D1
	d)	Other BMH16D			INITIOD I
•		ctious disease	Yes	No	Explain
	a)	Atypical mycobacteri (MAC, MAI)	a BMH17A		BMH17A1
	b)	Fungal disease BMH	H17B		BMH17B1
	c)	Other BMH17C			BMH17C1
18)	Psyc	chiatric	<u>Yes</u>	<u>No</u>	<u>Explain</u>
	a)	Anxiety BMH18A			BMH18A1
	b)	Depression BMH18	В		BMH18B1
	c)	Other BMH18C			BMH18C1
19)	Othe	er significant problems	<u>Yes</u>	<u>No</u>	
	not r	eported in questions 2	2-18 BMH19		a) BMH19A
					b) BMH19B
					c) BMH19C d) BMH19D
					a) BMH19E

	ID NUMBER:								FORM CODE: BMH VERSION: 1.0 10/26/10	Visit Numbe	ır		SEQ#	!		
The	ese next que	stio	ns r	efer	to re	cent	t illn	ess	es or problems you	may ha	ve ha	d.				_
20)	In the last tw	o we	eks	hav	e you	hac	d any	of t	he following:							
20a	a) A fever, col	d, flı	u, or	sore	e throa	at? ((Y/N))		•••••				ВМН	20A	
20b	o) A urinary tra	act i	nfec	tion?	? (Y/N)								BMH	20B	
20c	c) Seasonal al	llerg	ies?	(Y/ľ	۷)									ВМН	20C	
20c	d) A sinus infe	ectio	n or	sinu	sitis?	(Y/N	(۱							ВМН	20D	
20e	e) A tooth infe	ctior	า? (`	Y/N)										BMH2	20E	
20f)) A flare up of	gou	ıt? (Y/N)						•••••				BMH2	20F	
2 0g	g) A flare up o	f art	hritis	s? (Y	′/N)									BMH2	20G	
20h	n) Other? (Y/ľ	N)												ВМН2	20H	
20i)) Please expla	ain:_	BM	H20)I											
•	Are you aller	gic t	o ar	ıy me	edicat	ions	, late	ex, f	ood, or substances? (Y/N)					BN	/IH21
List	substance:								Reaction							
a)	BMH21A								BMH21A1							
b)	BMH21B								BMH21B1]						
c)	BMH21C								BMH21C1	<u>-</u>						
d)	BMH21D								BMH21D1	<u>-</u> 1						
e)	BMH21E								BMH21F1	-						

	ID NUMBER:								FORM CODE: BMH Visit VERSION: 1.0 10/26/10 Number SEQ #	
22)		vine	COC	olers	s, lic ne)	luor,	, or r	mixed	drinks such as margaritas, martinis, or	
					Εv	ery	Day	·		
					4 t	0 6	days	s per v	week	
					2 t	o 3	days	s per v	week	
					Or	nce	per v	week.		
					1 t	o 3	time	s per	month	
					Le	ss t	han	once	per month	
					No	alc	oho	l in the	e past 12 months	
23)	When you dri sitting? (chec					aini	ng b	evera	ges, how many do you usually drink at one BMH23	
					1 (or 2.				
					3 (or 4.				
					5 (or 6.				
					Mo	ore t	han	6		
24)	What kind of	alco	holi	c be	ever	age	s do	you ı	usually drink? (check all that apply)	
,						-		-	BMH24_1	
					W	ine .			BMH24_2	
					Dr	inks	cor	ntainin	g liquor	
25)	How often do	you	ı ha	ve e	eigh	or	more	e drinl	ks on one occasion? BMH25	
					Ne	ever				
					Le	ss t	han	month	nly	
					Mo	onth	ly			
					W	eekl	y			
					Da	aily o	or alı	most (daily	
26)	How often du	ıring ore b	the oeca	las iuse	t ye	ar ha	ave d be	you b een dr	een unable to remember what happened BMH26 inking?	
					Ne	ever				
					Le	ss t	han	month	nly	
					Mo	onth	ly			
					W	eekl	y			
					Da	aily c	or alı	most (daily	

	ID NUMBER:							FORM CODE: BMH Visit VERSION: 1.0 10/26/10 Number SEQ #
27)	How often du						ou fa	ailed to do what was normally expected BMH27
	,		,		•			
					Less t	han r	nonth	nly
					Month	ıly		
					Week	ly		
					Daily	or aln	nost d	daily
28)	Has a relative drinking or su							nealth worker been concerned about your BMH28
					No			
					Yes, b	out no	t in th	he last year
					Yes in	the I	last ye	ear
	articipant is M articipant is FI			•	I .			
29)	At what age o	did y	ou l	begi	n mont	hly m	enstru	ruation (monthly period)?yrs old
30)	Have you rea	ch r	nen	onai	use?			BMH30
00)	riavo you rou			opu				Y
					No			
31)	If you have re	each	ied i	men	opause	e, at v	vhat a	age did that occur?
32)	Did you ever	use	ora	I cor	ntracep	tive n	nedica	eations?
,	·				Yes			Y
					No			N → <mark>Go to 33</mark>
33)	If you did use	ora	ıl co	ntra	ceptive	s, for	how i	many years?
34)	Did you ever	use	hor	mon	ne repla	iceme	ent the	erapy?BMH34
					Yes			Y
					No			N →Go to 35
35)	If you did use	hor	mai	na ra	anlacan	nant i	theran	ny for how many years?

	ID NUMBER:						FORM CODE: BMH VERSION: 1.0 10/26/10	Visit Number		SEQ#		
36)	Have you eve	er bee	n preç	gnant (include	mise	carriage, abortions)? .				ВМНЗ	6
				Yes			Y					
				No			N	→Go to 4	0			
37)	If you have b	een pr	regnaı	nt, how	old we	ere y	ou at the time of your	first pregn	ancy?.			MH37 old
38)	How many tir	nes ha	ave yo	ou beer	n pregr	nant?					BI	MH38
39)	Did you ever	breas	tfeed?	?							ВМН	39
				Yes			Y					
				No			N	→Go to 4	0			
40)	If you did bre	astfee	d, for	approx	imatel	y hov	v many total months o	lid you bre	eastfeed	d _	BI	MH40
	(total for all p	regna	ncies))?							mo	onths
41)	Have you eve	er had	an ov	/ary rer	noved	?					BMH ²	1 1
							Y					
				No			N	\rightarrow Go to 4	3			
42)	If you had an	ovary	remo	oved, w	as one	rem	oved or both?				ВМН4	2
				One			O)				
				Both.			B					
												MH43
43)	At what age v	was yo	our ov	ary or o	ovaries	rem	oved?				yrs	old



BLOOD PRESSURE FORM

	ID NUMBER: BLINDID FORM CODE: BPF Visit VERSION: 1.0 10/26/10 Number SEQ #
<u>Ir</u>) Form Date:
re	equired, enter the number so that the last digit appears in the rightmost box.
1)	Was blood pressure taken from right arm?BPF01
	Yes
2)	Arm circumference (cm)BPF02
3)	Cuff size: (arm circumference in brackets)
4)	Respiration Rate per minute
5)	Time first blood pressure taken: BPF05 AM / PM (circle one) BPF05_AMPM
	a) Systolic
	b) Diastolic
	c) Heart Rate beats/min BPF05C
6)	Time second blood pressure taken:BPF06 : AM / PM (circle one)BPF06_AMPM
	a) Systolic mm Hg BPF06A
	b) Diastolic mm Hg BPF06B
	a) Heart Pote

Blood Pressure Form, BPF Page 1 of 2

	ID NUMBER:							FORM CODE: BPF VERSION: 1.0 10/26/10	Visit Number		SEQ#				
7)	Time third blo	ood r	ores	sure t	aker	n:	 	BPF07		AM / PI	M <i>(circle</i>	one) <mark>B</mark>	BPF07	_AMP	M
										Hg BPF	-07A				
	b) Diastolic						 		mm l	Hg <mark>BPF</mark>	07B				
	c) Heart Rate	e					 		beats	s/min BI	PF07C				



BRONCHOSCOPY SPECIMEN PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: BPW Visit Number VISIT SEQ#
0a. Form Date
Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
BLOOD
1. Heparin Tube for Immunophenotyping
a. Time Processed: BPW1A AM / PM (Circle One) BPW1A1 b. Problems Processing? 1 Yes 0 No BPW1B Broken Tube BPW1B1 Sample re-centrifuged BPW1B2 Clotted BPW1B3 Hemolyzed BPW1B4 Lipemic BPW1B5 Other BPW1B6 Specify: BPW1B7 c. Number of pre-made blood assay antibody tubes used: BPW1C d. Time aliquots placed in refrigerator BPW1D AM / PM (Circle One) BPW1D1
ORAL SPECIMEN
2. Time Processed: BPW2 AM / PM (Circle One) BPW2A 3. Number of 15mL conical tubes: BPW3 4. Time 15mL conical tubes placed in refrigerator: BPW4 AM / PM (Circle One) BPW4A
5. Date 15mL conical tubes moved to freezer: BPW5
6. Time 15mL conical tubes placed in freezer: BPW6 AM / PM (Circle One) BPW6A

ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ #
SALINE SPECIMENS
7. Time Sterile Saline placed in freezer: BPW7_V3 AM / PM (Circle One) BPW7A_V3
8. Time Scope Saline placed in freezer: BPW8_V3 AM / PM (Circle One) BPW8A_V3
PROTECTED BRUSH SPECIMEN
9. Time Processed: BPW7 AM / PM (Circle One) BPW7A
10. Problems Processing? Yes No BPW8
Blood in the sample BPW8A Other BPW8B Specify: BPW8C
11. Time placed in refrigerator: BPW9 : AM / PM (Circle One) BPW9A
12. Date moved to freezer: BPW10
13. Time placed in freezer: BPW11 AM / PM (Circle One) BPW11A
INITIAL AIRWAY WASH
14. Was more than 8mL returned from the first 20 cc airway wash? (Y/N) BPW12 If No, skip to question 19 (Cell Count)
Microbiome sample in RNALater:
15. Time Processed: BPW13 AM / PM (Circle One) BPW13A
16. Time placed in refrigerator: BPW14 AM / PM (Circle One) BPW14A
17. Date moved to freezer: BPW15
18. Time placed in freezer: BPW16 AM / PM (Circle One) BPW16A
Cell count:
19. Time Processed: BPW17 AM / PM (Circle One) BPW17A

ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ#
20. Total volume returned:mL_BPW18
21. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4 = BPW19 cells/mL
22. Total cell count= # cells/mL x Wash returned = Cells BPW20
23. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x volume of wash in 10mL tube= cells in 10 mL tube BPW21
24. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6 = mL BPW22
25. Number of cytospin slides created: BPW23
Supernatant Aliquots
26. Time Processed: BPW24 AM / PM (Circle One) BPW24A
27. Number of 500ul aliquots created: BPW25
28. Time placed in freezer
QIAzol RNA prep of cell pellet
29. Time Processed: BPW27 AM / PM (Circle One) BPW27A
30. Time placed in freezer
BAL:
31. Time Processed: BPW29 AM / PM (Circle One) BPW29A
32. Total volume returned: mL BPW30
33. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4: BPW31 cells/mL
34. Total cell count= # cells/mL x BAL returned: cells BPW32
35. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x 10 mL:
36. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6:mL BPW34

	ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ#
Mic	robiome sample with RNA Later:
37a	a. Time Processed: BPW35 AM / PM (Circle One) BPW35A
37b	o. Time placed in refrigeratorBPW36 AM / PM (Circle One)BPW36A
38a	a. Date moved to freezer:
38b	o. Time placed in freezerBPW38 AM / PM (Circle One) BPW38A
Mic	robiome sample with no reagent:
39.	Time transferred to 15mL conical: BPW39_V3 AM / PM (Circle One) BPW39A_V3
40.	Time placed in freezer: BPW40_V3 AM / PM (Circle One) BPW40A_V3
<u>Su</u> p	pernatant sample:
41.	Time Processed: BPW39 AM / PM (Circle One) BPW39A
42.	Number of 500ul aliquots made: BPW40
42a	a. Number of 15mL aliquots made: BPW40A
43.	Time placed in freezerBPW41 AM / PM (Circle One) BPW41A
<u>Cyt</u>	ospin slide sample:
44.	Time Processed: BPW42 AM / PM (Circle One) BPW42A
45.	Number of cytospin slides: BPW43
46.	Time stained: BPW44 AM / PM (Circle One) BPW44A
Alv	eolar Macrophage Isolation
47.	Time Processed: BPW45A AM / PM (Circle One) (must be exactly 2 hours after collection)
	o. Volume of BAL remaining: mL BPW45B is is the volume after microbiome (if done), cell count, and cytospin samples are completed)
The	e total cell concentration remaining (volume of BAL remaining * Question 34 above)/10mL:

ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ#
48a. Is the time processed less than 2 hours after collection? (Y/N) BPW46A
b. Minutes since collection: BPW46B BPW46C
c. Reason processed before 2 hours:
49a. Is the time processed more than 2 hours after collection? (Y/N) BPW47A
b. Minutes since collection: BPW47B c. Reason processed after 2 hours: BPW47C
50. Time Processing Complete: BPW48 AM / PM (Circle One) BPW48A
51. Time Placed in freezer: BPW49 AM / PM (Circle One) BPW49A
Immunophenotyping BAL:
52. Time Processed: BPW50 AM / PM (Circle One) BPW50A
53. Number of pre-made BAL assay antibody tubes used: BPW51
54. Time placed in refrigerator: BPW52 AM / PM (Circle One) BPW52A
EPITHELIAL BRUSHES:
55. Problems Processing? 1 Yes 10 No BPW53
Blood in the sample BPW53A Other BPW53B Specify: BPW53C
Cytospin Slides:
56. Time Processed: BPW54 AM / PM (Circle One) BPW54A
57. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4:
58. Number of cytospin slides: BPW56
Epithelial RNA Extraction:
59. Time Processed: BPW57 AM / PM (Circle One) BPW57A

ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ#
60. Time placed in freezer: BPW58 AM / PM (Circle One) BPW58A
SMALL AIRWAYS EPITHELIAL BRUSHES (OPTIONAL):
61. Were small airways epithelial brushings collected? Yes No BPW61_V3
62. Problems Processing? Yes No BPW62_V3
Blood in the sample BPW62A_V3 Other BPW62B_V3 Specify: BPW62C_V3
Cytospin Slides:
63. Time Processed: BPW63 AM / PM (Circle One) BPW63A BPW64
64. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4:
65. Number of cytospin slides: BPW65
Epithelial RNA Extraction:
66. Time Processed: BPW66 AM / PM (Circle One) BPW66A
67. Time placed in freezer: BPW67 AM / PM (Circle One) BPW67A
BIOPSIES:
Snap Frozen Biopsies:
68. Time placed in freezer: BPW59 AM / PM (Circle One) BPW59A
Formalin Fixed Biopsies:
69. Time placed in cold 10% formalin: BPW60 AM / PM (Circle One) BPW60A
70. Time moved to fresh cold 10% formalin: BPW61 AM / PM (Circle One) BPW61A
71. Time placed in 70% alcohol at 4 degrees (after formalin fixation): BPW62 AM / PM (Circle One) BPW62A
72. Date biopsies placed in 70% alcohol (after formalin fixation):

	ID NUMBER: FORM CODE: BPW Visit VERSION: 3.0 06/10/14 Number SEQ#
73.	Number of biopsies moved to 70% alcohol: BPW73
	If biopsies were lost between collection and the final step of sample fixation, please describe how and why they were lost: BPW74
	Was subsequent biopsy processing and paraffin embedding completed by a core lab (Y/N)? BPW75 Date biopsies sent to pathology lab:
77.	Date paraffin block(s) returned from pathology lab:
78.	Number of paraffin block(s): BPW78



BRONCHOSCOPY SPECIMEN PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: BPW Visit VISIT SEQ#
0a. Form Completion Date
Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
BLOOD
1. Heparin Tube for Immunophenotyping
a. Time Processed: BPW1A
d. Time aliquots placed in refrigerator AM / PM (Circle One) BPW1D1
ORAL SPECIMEN
2. Time Processed: AM / PM (Circle One) BPW2A 3. Number of 15mL conical tubes: BPW3 4. Time 15mL conical tubes placed in refrigerator: BPW4: AM / PM (Circle One) BPW4A
5. Date 15mL conical tubes moved to freezer: BPW5
6. Time 15mL conical tubes placed in freezer: BPW6 AM / PM (Circle One)

ID NUMBER: FORM CODE: BPW Visit VERSION: 2.0 03/01/12 Number SEQ#
PROTECTED BRUSH SPECIMEN
7. Time Processed: BPW7 AM / PM (Circle One) BPW7A
8. Problems Processing?
Blood in the sample BPW8A Other BPW8B Specify: BPW8C
9. Time placed in refrigerator: BPW9 AM / PM (Circle One) BPW9A
10. Date moved to freezer: / / BPW10
11. Time placed in freezer: BPW11 AM / PM (Circle One) BPW11A
INITIAL AIRWAY WASH
12. Was more than 8mL returned from the first 20 cc airway wash? (Y/N) BPW12 If No, skip to question 17 (Cell Count)
Microbiome sample: 13. Time Processed: BPW13 AM / PM (Circle One) BPW13A
14. Time placed in refrigerator: BPW14 AM / PM (Circle One) BPW14A
15. Date moved to freezer: / /
16. Time placed in freezer: BPW16 AM / PM (Circle One) BPW16A
Cell count: 17. Time Processed: BPW17 AM / PM (Circle One) BPW17A
18. Total volume returned:mL BPW18
19. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4 = Cells/mL

ID NUMBER: FORM CODE: BPW Visit VERSION: 2.0 03/01/12 Number SEQ #
20. Total cell count= # cells/mL x Wash returned =
21. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x volume of wash in 10mL tube= Cells in 10 mL tube BPW21
22. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6 = mL BPW22
23. Number of cytospin slides created: BPW23
Supernatant Aliquots
24. Time Processed: BPW24 AM / PM (Circle One) BPW24A
25. Number of 500ul aliquots created: BPW25
26. Time placed in freezer
QIAzol RNA prep of cell pellet
27. Time Processed: BPW27 AM / PM (Circle One) BPW27A
28. Time placed in freezer
BAL:
29. Time Processed: BPW29 AM / PM (Circle One) BPW29A
30. Total volume returned: mL BPW30
31. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4:
32. Total cell count= # cells/mL x BAL returned: cells BPW32
33. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x 10 mL:
34. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6:mL BPW34

	ID NUMBER: FORM CODE: BPW Visit VERSION: 2.0 03/01/12 Number SEQ#										
Mic	robiome sample:										
35.	35. Time Processed: BPW35 AM / PM (Circle One) BPW35A										
36.	36. Time placed in refrigeratorBPW36 AM / PM (Circle One)BPW36A										
37.	37. Date moved to freezer:										
38.	38. Time placed in freezer										
<u>Sur</u>	pernatant sample:										
39.	Time Processed: BPW39 AM / PM (Circle One) BPW39A										
40.	40. Number of 500ul aliquots made: BPW40										
40a	. Number of 15mL aliquots made: BPW40A										
41.	Time placed in freezer										
<u>Cyt</u>	ospin slide sample:										
42.	Time Processed: BPW42 AM / PM (Circle One) BPW42A										
43.	Number of cytospin slides: BPW43										
44.	Time stained: BPW44 AM / PM (Circle One) BPW44A										
Alv	eolar Macrophage Isolation										
45.	Time Processed: BPW45A AM / PM (Circle One) (must be exactly 2 hours after collection)										
	o. Volume of BAL remaining: mL BPW45B is is the volume after microbiome (if done), cell count, and cytospin samples are completed)										
Tot	al cell concentration remaining (volume of BAL remaining * Question 32 above)/10mL:										
46a	46a. Is the time processed less than 2 hours after collection? (Y/N) BPW46A										
	b. Minutes since collection: BPW46B										
	c. Reason processed before 2 hours:										

ID NUMBER: FORM CODE: BPW Visit VERSION: 2.0 03/01/12 Number SEQ #
47a. Is the time processed more than 2 hours after collection? (Y/N) b. Minutes since collection: C. Reason processed after 2 hours: BPW47B BPW47C
48. Time Processing Complete: AM / PM (Circle One) BPW48A
49. Time Placed in freezer: AM / PM (Circle One) BPW49A
Immunophenotyping BAL:
50. Time Processed: BPW50 AM / PM (Circle One) BPW50A
51. Number of pre-made BAL assay antibody tubes used: BPW51
52. Time placed in refrigerator: BPW52 AM / PM (Circle One) BPW52A
EPITHELIAL BRUSHES:
53. Problems Processing? 1 Yes 10 No BPW53
Blood in the sample BPW53A Other BPW53B Specify: BPW53C
Cytospin Slides:
54. Time Processed: BPW54 AM / PM (Circle One) BPW54A
55. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4: Cells/mL BPW55
56. Number of cytospin slides: BPW56
Epithelial RNA Extraction:
57. Time Processed: BPW57 AM / PM (Circle One) BPW57A
58. Time placed in freezer: BPW58 AM / PM (Circle One) BPW58A

	ID NUMBER:									VERSION: 2.0 03/01/12	Visit Number		SEQ#		
BIOPSIES:															
Snap Frozen Biopsies:															
59.	59. Time placed in freezer: BPW59 AM / PM (Circle One) BPW59A														
For	Formalin Fixed Biopsies:														
60.	60. Time placed in cold 10% formalin: BPW60 AM / PM (Circle One) BPW60A														
61.	61. Time moved to fresh cold 10% formalin: BPW61 AM / PM (Circle One) BPW61A														
62.	Time placed in	1 70 ⁹	% ald	coho	ol at	4 de	egree	es: [3P\	M62 AM / PM (Ci	ircle One)	BPW6	2A		



BRONCHOSCOPY SPECIMEN PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: BPW Visit VISIT SEQ #
0a. Form Completion Date
Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
BLOOD
1. Heparin Tube for Immunophenotyping
a. Time Processed: AM / PM (Circle One) BPW1A1 h h : m m b. Problems Processing? 1 Yes 0 No BPW1B Broken Tube BPW1B1 Clotted BPW1B3 Hemolyzed BPW1B4 Lipemic BPW1B5 Other BPW1B6 Specify: BPW1B7
c. Number of pre-made blood assay antibody tubes used: BPW1D AM / PM (Circle One) BPW1D1
ORAL SPECIMEN
2. Time Processed: AM / PM (Circle One) BPW2A 3. Number of 15mL conical tubes: BPW3 4. Time 15mL conical tubes placed in refrigerator: BPW4 AM / PM (Circle One) BPW4A
5. Date 15mL conical tubes moved to freezer: BPW5
6. Time 15mL conical tubes placed in freezer: AM / PM (Circle One)

ID NUMBER: FORM CODE: BPW Visit VERSION: 1.0 10/27/11 Number SEQ#
PROTECTED BRUSH SPECIMEN
7. Time Processed: BPW7 AM / PM (Circle One) BPW7A
8. Problems Processing? 1 Yes 10 No BPW8
Blood in the sample BPW8A Other BPW8B Specify: BPW8C
9. Time placed in refrigerator: BPW9 : AM / PM (Circle One) BPW9A
10. Date moved to freezer: BPW10
11. Time placed in freezer: BPW11 AM / PM (Circle One) BPW11A
INITIAL AIRWAY WASH
12. Was more than 8mL returned from the first 20 cc airway wash? (Y/N) BPW12
Microbiome sample:
13. Time Processed: BPW13 AM / PM (Circle One) BPW13A
14. Time placed in refrigerator: BPW14 AM / PM (Circle One) BPW14A
15. Date moved to freezer: BPW15
16. Time placed in freezer: BPW16 AM / PM (Circle One) BPW16A
Cell count:
17. Time Processed: BPW17 AM / PM (Circle One) BPW17A
18. Total volume returned:mL BPW18
19. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4 = Cells/mL

ID NUMBER: FORM CODE: BPW Visit VERSION: 1.0 10/27/11 Number SEQ #									
20. Total cell count= # cells/mL x BAL returned = BPW20 cells									
21. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x 10 mL = BPV cells in 10 mL tube									
22. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6 = mL BPW22									
23. Number of cytospin slides created: BPW23									
Supernatant Aliquots									
24. Time Processed: BPW24 AM / PM (Circle One) BPW24A									
25. Number of aliquots created: BPW25									
26. Time placed in freezer									
QIAzol RNA prep of cell pellet									
27. Time Processed: BPW27 AM / PM (Circle One) BPW27A									
28. Time placed in freezer									
BAL:									
29. Time Processed: BPW29 AM / PM (Circle One) BPW29A									
30. Total volume returned: mL BPW30									
31. Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4: Cells/mL BPW31									
32. Total cell count= # cells/mL x BAL returned: cells BPW32									
33. Cytospin suspension= Total cells in 10 mL tube= # cells/mL x 10 mL: BPW33 cells in									
34. Volume to resuspend pellet in with PBS= # cells in tube/0.7 x 10^6:mL BPW34									
Microbiome sample:									

	ID NUMBER: FORM CODE: BPW Visit VERSION: 1.0 10/27/11 Number SEQ#
35.	Time Processed: BPW35 AM / PM (Circle One) BPW35A
36.	Time placed in refrigeratorBPW36 AM / PM (Circle One)BPW36A
37.	Date moved to freezer:
38.	Time placed in freezer
-	Time Processed: BPW39 AM / PM (Circle One) BPW39A
40.	Number of aliquots made: BPW40
41.	Time placed in freezer
Cyt	ospin slide sample:
42.	Time Processed: BPW42 AM / PM (Circle One) BPW42A
43.	Number of cytospin slides: BPW43
44.	Time stained: BPW44 AM / PM (Circle One) BPW44A
Alv	eolar Macrophage Isolation
45.	Time Processed: BPW45A AM / PM (Circle One) (must be exactly 2 hours after collection)
462	a. Is the time processed less than 2 hours after collection? (Y/N)
100	BDWAER
	b. Minutes since collection. BPW46C
	c. Reason processed before 2 hours:
47a	a. Is the time processed more than 2 hours after collection? (Y/N) BPW47A
	b. Minutes since collection: BPW47B BPW47C
	c. Reason processed after 2 hours:
48	Time Processing Complete: BPW48 AM / PM (Circle One) BPW48A

	ID NUMBER: FORM CODE: BPW Visit VERSION: 1.0 10/27/11 Number SEQ #									
49.	Time Placed in freezer: AM / PM (Circle One) BPW49A									
Immunophenotyping BAL:										
50. Time Processed: BPW50 AM / PM (Circle One) BPW50A										
51. Number of pre-made BAL assay antibody tubes used: BPW51										
52.	52. Time placed in refrigerator: BPW52 AM / PM (Circle One) BPW52A									
	ITHELIAL BRUSHES:									
53.	Problems Processing? 1 Yes 10 No BPW53									
	Blood in the sample BPW53A Other BPW53B Specify: BPW53C									
<u>Cyt</u>	ospin Slides:									
54.	Time Processed: BPW54 AM / PM (Circle One) BPW54A									
55.	Cell count= # cells/mL= (# cells in 4 squares/4) x 2 x 10^4: Cells/mL cells/mL cells/mL									
56.	Number of cytospin slides: BPW56									
<u>Epi</u>	thelial RNA Extraction:									
57.	Time Processed: BPW57 AM / PM (Circle One) BPW57A									
58.	58. Time placed in refrigerator: AM / PM (Circle One) BPW58A									
BIC	OPSIES:									
Sna	ap Frozen Biopsies:									
59.	Time placed in freezer: AM / PM (Circle One) BPW59A									

Formalin Fixed Biopsies:

	NUMBER: FORM CODE: BPW Visit VERSION: 1.0 10/27/11 Number SEQ#	
60.	e placed in cold 10% formalin: BPW60 AM / PM (Circle One) BPW60A	
	e moved to fresh cold 10% formalin: BPW61 AM / PM (Circle One) BPW61A	
	e placed in 70% alcohol at 4 degrees: BPW62 AM / PM (Circle One) BPW62A	



BERLIN SLEEP QUESTIONNAIRE

	ID NUMBER:	BLINDID		FORM CODE: BSQ VERSION: 1.0 10/26/10	Visit Number VISIT	SEQ#	
0a)	a) Form Date			BSQ0A	0b) Initials		
			•	ing the participant's vis before recording an ans	•	estions exactly	y as
		ire assess breat e best response		e while sleeping. I vecach question.	vill read you all t	he respons	e choices.
<u>Ca</u>	ategory 1						
1)	Do you snore	?					BSQ01
	`	/es			Y		
	1	No			N → Go to \$	5	
	I	Don't know			U → <mark>Go to \$</mark>	5	
If y	you snore:						
2)	Your snoring	is:					BSQ02
	(Slightly louder tha	n breathing		A		
	,	As loud as talking			B		
	l	ouder than talkin	ıg		C		
	\	√ery loud—can be	e heard in ad	jacent rooms	D		
3)	How often do	vou snore?					BSQ03
0,		-					
		, , ,					
4١		•					BSQ04
4)				le?			2040+
		Jon't know			U		

The Berlin Questionnaire: Netzer NC. "Using the Berlin questionnaire to identify patients at risk for the sleep apnea syndrome. Ann. Int. Med; 131(7): 488 © American College of Physicians. October 5, 1999.

	ID NUMBER:									FORM CODE: BSQ VERSION: 1.0 10/26/10		'isit mber			SEQ#		
5)	Has anvone	notio	ced [·]	that	vou	ı au	it brea	ıthir	na	during your sleep?						BS	Q05
-,																	
			-		•	•											
Ca	tegory 2	INCV	ei u	1110	arry	116	v C I		•••			∟					
6)	How often d	0 1/01	, for	~! + : _	d	r fo	tiana	4 of	٠.,	vyour aloon?					ſ	BS	Q06
6)	now often a	-					_			your sleep?			•••••			عا ا	QUU
			•		•	•											
		Nev	er o	r ne	early	ne	ver					E					
7)	During your	waki	ng t	ime	, do	you	ı feel	irec	d, 1	atigued or not up to p	ar?.				[BS	Q07
		Nea	ırly e	ever	y da	ay						A					
		3-4	time	es a	wee	ek						B					
		1-2	time	es a	wee	ek						C					
		1-2	time	es a	moi	nth						D					
		Nev	er o	r ne	early	ne	ver					E					
8)	Have you ev	er no	odde	ed o	off or	· fall	len as	lee	o v	vhile driving a vehicle	?				[BS	Q08
		Yes										Y					
		No.										N –	Go	to 1	0		
If y	es:																
9)	How often d	oes t	his	occı	ur? .											BS	Q09
		Nea	ırly e	ever	y da	ау						A					
		3-4	time	es a	wee	ek						B					
		1-2	time	es a	wee	ek						C					
		1-2	time	es a	moi	nth						D					
		Nev	er o	r ne	arly	ne	ver					E					
<u>Ca</u>	tegory 3																
10)) Do you have	e high	n blo	ood	pres	ssur	e?									BS	Q10
,	÷	•			•										_	•	

The Berlin Questionnaire: Netzer NC. "Using the Berlin questionnaire to identify patients at risk for the sleep apnea syndrome. Ann. Int. Med; 131(7): 488 © American College of Physicians. October 5, 1999.



BRONCHOSCOPY SPUTUM PROCESSING WORKSHEET

	ID NUMBER: BLINDID FORM CODE: BSW Visit VERSION: 2.0 03/06/12 Number SEQ #
0a)) Form Date
	<u>Instructions:</u> Complete this form while processing the sputum sample. Carefully record all data in the space provided. When entering times mark them as hours, minutes, and circle AM or PM.
1.	Time processing began: AM / PM BSW1A h h : m m (Circle One)
2.	Color and Description of Sample:
	a. Salivary Contamination: Minimal BSW3A1 Mild BSW3A2 Moderate BSW3A3 Excessive BSW3A4 D. Consistency: Watery BSW3B1 Mucoid BSW3B2 Purulent (puss) BSW3B3 Nucus "plugs": Numerous BSW3C1 Moderate number BSW3C2 Sparse BSW3C3 Large BSW3C4 Small BSW3C5 Dense/floculent BSW3C5 Diffuse opacity BSW3C7 Clear BSW3D1 White BSW3D2 Yellow/Tan BSW3D3 Brown BSW3D4 Green BSW3D5

ID NUMBER: FORM CODE: BSW Visit VERSION: 2.0 03/06/12 Number SEQ #
3. General Notes/Comments: BSW4
4. Time immunophenotyping processing began: BSW5 : BSW5A AM/PM (circle 1)
5. Weight of the 50mL Centrifuge tube: grams BSW6
Remember to zero the balance.
6. Weight of the sputum: grams BSW7
Make up 1x Sputolysin: combine 1 ml of sputolysin with 9 mls of distilled water and swirl gently to dissolve crystals
7. Volume of Sputolysin to add (weight of sputum x2): mL BSW8
8. Time placed in 37°C water bath: BSW10: AM/PM (circle 1)
Leave in bath approximately 20 minutes or until the sputum appears viscous with vortexing every 5 minutes.
9. Number of times vortexed:BSW11
10. Time removed from water bath: BSW12 AM/PM (circle 1)
11. Volume of PBS added: mL BSW13
Centrifuge at 300 x g for 5 mins, then decant supernatant. Resuspend cells in 1.0 ml Stain Buffer. Briefly centrifuge immunophenotyping sputum assay antibody tubes (supplied by immunophenotyping core) at 300 x g for 2 mins and uncap tubes
12. Time pre-made sputum assay antibody tubes placed in centrifuge:BSW14 AM/PM (circle 1)
Add 100 µl of sputum sample to each tube. Wrap rack with tinfoil to protect from light.
13. Number of pre-made sputum assay antibody tubes used:

ID NUMBER:							FORM CODE: BSW VERSION: 2.0 03/06/12	Visit Number		SEQ#			
Incubate tubes	for 2	5 minu	ıtes a	t roo	m te	mpe	rature, with shaking or ro	cking.		BS	W16A		
14. Time incub	14. Time incubation begin: AM/PM (circle BSW17A)												
15. Time incubation end: BSW17: AM/PM (circle 1)													
Add 2 mls of Stain Buffer to each tube. Centrifuge at 300 x g for 5 mins. Decant supernatant. Prepare 2% formaldehyde solution: Combine 0.2 mls 20% formaldehyde with 1.8 mls Stain Buffer. Add 200 µl of 2% formaldehyde to each tube. Replace caps on tubes; they should snap firmly into place. Wrap rack in a new sheet of tinfoil. Store at 4°C until ready to be shipped													
BSW18A											W18A PM (circle 1)		
17. Problems p	roces	ssing:	BSW	/19									



BRONCHOSCOPY SPUTUM PROCESSING WORKSHEET

	ID NUMBER: BLINDID FORM CODE: BSW Visit VERSION: 1.0 10/27/11 Number SEQ#
0a	n) Form Date
	<u>Instructions:</u> Complete this form while processing the sputum sample. Carefully record all data in the space provided. When entering times mark them as hours, minutes, and circle AM or PM.
1.	Time processing began:
2.	Weight of Entire Samplegsw2
3.	Color and Description of Sample:
	a. Salivary Contamination: Minimal BSW3A1 Mild BSW3A2 Moderate BSW3A3 Excessive BSW3A4 b. Consistency: Watery BSW3B1 Mucoid BSW3B2 Purulent (puss) BSW3B3 c. Mucus "plugs": Numerous BSW3C1 Moderate number BSW3C2 Sparse BSW3C3 Large BSW3C4 Small BSW3C5 Dense/flocculent BSW3C7 d. Color of plugs:
	☐ Clear BSW3D1 ☐ White BSW3D2 ☐ Yellow/Tan BSW3D3 ☐ Brown BSW3D4 ☐ Green BSW3D5

ID NUMBER: FORM CODE: BSW Visit VERSION: 1.0 10/27/11 Number SEQ #	
4. General Notes/Comments: BSW4	
5. Time processing began: BSW5 AM/P	M (circle 1)
6. Weight of the 50mL Centrifuge tube:	rams BSW6
Remember to zero the balance.	
7. Weight of the sputum:	rams BSW7
Make up 1x Sputolysin: combine 1 ml of sputolysin with 9 mls of distilled water and swirl gently to c crystals	lissolve
8. Volume of Sputolysin to add (weight of sputum x2):	nL BSW8
9. Total volume of sputum plus sputolysin:	nL BSW9
10. Time placed in 37°C water bath: AM/P	BSW10A M (circle 1)
Leave in bath approximately 20 minutes or until the sputum appears viscous with vortexing every 5	minutes.
11. Number of times vortexed:BSW11	
12. Time removed from water bath: BSW12 AM/P	M (circle 1)
13. Volume of PBS added: n	nL BSW13
Centrifuge at $300 \times g$ for 5 mins, then decant supernatant. Resuspend cells in 1.0 ml Stain Buffer. It centrifuge immunophenotyping sputum assay antibody tubes (supplied by immunophenotyping cong for 2 mins and uncap tubes	•
14. Time pre-made sputum assay antibody tubes placed in centrifuge:BSW14: AM/P	<mark>/14A</mark> M (circle 1)
Add 100 μ l of sputum sample to each tube. Wrap rack with tinfoil to protect from light.	
15. Number of pre-made sputum assay antibody tubes used: BSW15	

ID NUMBER:									FORM CODE: BSW VERSION: 1.0 10/27/11	Visit Numbe	r		SEQ#		
16. Time incuba	atior	ı be	gin:						erature, with shaking or i	BSV	/16 : /17 -		AN E	SW.	(circle 1)
17. Time incubation end: AM/PM (circle 1)															
formaldehyde s formaldehyde t sheet of tinfoil.	solut o ea Sto	ion: ch t re a	Coi tube at 4°	mbii e. R ℃ u	ne (eplantil	0.2 r ace read	nls 2 caps dy to	20% s or be		mls Stain	Buffe	er. A	dd 200 Nrap ra	μl or ack ir BSW	f 2% n a new 18A
18. Time place	a in	4°C	Sto	rage	e:						ا•ا		AIN	/I/PIVI	(circle 1)
19. Problems p	roce	ssir	ng:	BS	W1	9									



SPIROMICS CANCER ABSTRACTION FORM (CAF)

ID NUMBER: SUBJID FORM CODE: CAF Visit Number SEQ #										
0a. Completion Date: / / / / CAFOA Ob. Staff ID: CAFOB Month/Day/Year										
0c. Event ID: CAFOC Od.Event Date: CAFOC										
Instructions: Answers are derived from the medical records received. Do not complete this form until all records are received or classified as unobtainable as indicated on the Medical Record Shipping Form.										
A. GENERAL INFORMATION 1. Was the event (choose one): CAF1										
1= In hospital only 2= Emergency Dept. visit only (ED) 3= Both ED and in hospital										
2. Date of admission: (mm/dd/yyyy)										
3. Date of discharge: (mm/dd/yyyy)										
4. What was the primary admitting diagnosis code? CAF4										
5. What was the primary discharge diagnosis code? CAF5										
B. CANCER OUTCOMES										
6. Has the patient been diagnosed with a primary cancer? Yes No CAF6										
7. Date of diagnosis: (mm/dd/yyyy)										
8. Type of cancer (Mark only one) CAF8										
Accessory sinuses										
Other, specify: CAF8A										

ID NUMBER:									CODE: CAF ON: A 2/16/2015	Visit Numb	er		SEQ#		
9. Tumor be			•		-	´									
a. 🔲 Inva	sive	; ma	align	ant;	infilt	rating;	micro-i	nvasiv	е						
b. 🗌 In sit	tu; ir	ntrae	epith	nelia	l; no	n-infiltr	ating; n	on-inv	asive; intraduc	tal					
c. 🗌 Bord	lerlir	ne m	nalig	nan	cy; lo	ow mal	ignant p	ootenti	al; uncertain if	benign (or ma	lignar	nt		
d. 🗌 Unkr	nowr	1													
10. Diagnostic confirmation status: (Mark only one. If more than one applies, mark the first applicable category)											CAF10				
a. Positive histology (pathology)															
b. Positive cytology, no positive histology															
c. Positive histology (pathology), regional or distant metastatic site only															
d. Positive microscopic confirmation, method not specified															
e. Clinical diagnosis only															
f. Unknown															
11. Laterality	/: (M	ark d	only	one)	C	4F11									
a. Not a paired site															
b. Right origin of primary															
c. 🗌 Left	origi	n of	prir	nary	,										
d. 🗌 One	side	inv	olve	d, ri	ight (or left o	rigin ur	specif	ied						
e. 🗌 Bilate	eral	invo	lver	men	t, lat	eral ori	gin unk	nown;	stated to be a	single p	rimar	У			
f. Paire	ed si	te b	ut n	o inf	form	ation o	- n latera	lity; mi	dline tumor	•		-			
_								•							
12. Summar	y sta	age:	(Ma	rk oı	nly oi	ne) C	AF12								
a. 🗌 In sit	tu														
b. 🗌 Loca	alize	d													
c. 🗌 Regi	ional														
d. 🗌 Dista	ant														
e. 🗌 Unkr	nowr	1													
		.													
C. LUNG CAN		-	_				_		□ N. □ ///		0.4-		E40		
13. Is lung ca	ncer	tne	prii	nary	/ dia	gnosed	i cance	r: Yes	□ No □ (<i>If I</i>	Vo, skip t	o Q17)	CA	F13		
14. Site of the	14. Site of the lung cancer (Mark one only) CAF14														
Trachea				M	ain b	ronchus	6		Upper lobe bro	onchus		Midd	lle lobe bron	chus	
Lower lobe bro	nchu	IS			ther onch	parts of lus			Overlapping le bronchus or lu				chus or lung ecified	J	
Parietal pleura				Vi	iscer	al pleura	а		Other site, plea	ura		Pleu	ra, unspecifi	ed	

D NUMBER:						FORM CODE: CAF VERSION: A 2/16/2015	Visit Number		SEQ#
15. Type of	lung ca	ncer (M	fark on	ly one)	CAI	F15			
	Non-sma								
a. 🔲 1		denoca	•						
	_				vid oor	oinomo			
		-		•		cinoma			
		arge ce		JIIIOIII	1				
h □ c		Jnspeci		_					
	Small ce	•	cance	ſ					
	ype unl					ı	0.0545.0		
a. Otne	er, spec	шу					CAF15A		
16. Treatr	ments (/l	Mark all t	that ap	ply)					
a. 🗌 S	Surgery	CAF1	6A						
b. 🗌 (Chemoth	nerapy	CAF	16B]				
	1. 🔲 N				6B1				
		djuvan							
c. 🗌 F	Radiatio								
d. 🔲 T	argeted	d drug t	reatm	ent C	AF16	D			
	1. 🗌 B	Bevaciz	umab	(Avast	tin) C	AF16D1			
		Crizotini		_					
	3. 🗌 E	rlotinib	(Tarc	eva)	CAF1	6D3			
17. Smokin									
a. Forr	ner smo	oker C	AF17	'A1					
					s 🗌	10 to 20 🔲 20 or	more 🗌 Un	known []
b. Curi	rent smo	oker: Y	′es [] No	U	Jnknown ☐ CAF1	7B		
18. Did pati	ent rece	eive a lu	ung tra	ansplai	nt? Y	∕es □ No □ Unk	nown 🔲 🖸	AF18	
a. 🗌 S	Single R	ight	CAF1	A8					
b. 🗌 S	Single L	eft							
с. 🗌 Е	Bilateral								



COPD ASSESSMENT TEST

ID NUMBER: BLINDID	FORM CODE: CAT VERSION: 1.0 10/26/10	Visit Number VISIT SEQ#
0a) Form Date	CAT0A	0b) Initials
Instructions: This form should be completed departicipant select the number that best describe		sit. For each item below, have the

This questionnaire will help us measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. For each item below, tell me the number that best describes you currently. Be sure to only select one response for each question

1)	I never cough	0 1 2 3 4 5	I cough all the time CAT01
2)	I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full CAT02 of phlegm (mucus)
3)	My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight CAT03
4)	When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very CAT04 breathless
5)	I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing CAT05 activities at home
6)	I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because CAT06 of my lung condition
7)	I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition CAT07
8)	I have lots of energy	0 1 2 3 4 5	I have no energy at all CAT08

SCORE



CBC RESULTS FORM

ID NUMBER: BLINDID FORM CODE: CBC Visit Number VISIT SEQ #
0a. Form Completion Date: / / CBC0A 0b. Initials:
Instructions: Input the results of your local lab into this form.
1. Date Blood Submitted to Lab: CBC01
2. Date Results Received: CBC02
RED BLOOD CELLS
3. Total Red Blood Cellsx10 ¹² L CBC03
4. Hemoglobin
5. Hemacrit
6. Mean corpuscular volume fl_CBC06
7. Red blood cell distribution width
WHITE BLOOD CELLS (ABSOLUTE VALUES)
8. Total white blood cells
9. Neutrophil granulocyte x10 ⁹ /L
9a. Neutrophil granulocyte %
10. Lymphocytes x10 ⁹ /L
10a. Lymphocyte %
11. Monocytes
11a. Monocyte %

ID NUMBER: FORM CODE: LAB Visit VERSION: 1.0 10/26/10 Number SEQ#
12. Eosinophil granulocytesx10 ⁹ /L
12a. Eosinophil granulocyte %
13. Basophil granulocytesx10 ⁹ /L
13a. Basophil granulocyte %
PLATELETS
14. Platelet Count
15. Mean Platelet Volume
16. Comments: CBC16



CBC RESULTS FORM

ID NUMBER: BLINDID FORM CODE: CBC Visit Number VISIT SEQ #
0a. Form Completion Date:///
1. Date Blood Submitted to Lab:///CBC01
2. Date Results Received: CBC02
RED BLOOD CELLS
3. Total Red Blood Cellsx10 ¹² L CBC03
4. Hemoglobin
5. Hemacrit
6. Mean corpuscular volume
7. Red blood cell distribution width
WHITE BLOOD CELLS (ABSOLUTE VALUES)
8. Total white blood cells
9. Neutrophil granulocyte
10. Lymphocytes x10°/L
11. Monocytes
12. Eosinophil granulocytes
13. Basophil grapulocytes

	ID NUMBER:				VERSION: 1	Number	SEQ#			
PL.	ATELETS									
14.	. Platelet Coι	ınt		 		 			x10 ⁹ /L	CBC1
15.	. Mean Platel	et Volur	me].	fL C	BC15
16.	. Comments:	CBC16	6	 						_
										_



COORDINATOR EXACERBATION ASSESSMENT FORM (Wave 1)

ID NUMBER: BLINDID FORM CODE: CEA Visit VERSION: 1.0 05/27/14 Number SEQ#
0a) Form Completion Date / CEA0a 0b) Staff Code CEA0b
<u>Instructions:</u> This form should be completed any time the participant calls the clinical center with a possible exacerbation event.
Administrative
Date of contact: CEA0c
1. Why did you contact the SPIROMICS center today? (Do not read responses. Check all that apply)
1a. Participant felt they were having an exacerbation (Y/N)
Review of Symptoms
2. Since the start or worsening of your symptoms, have you experienced any of the following for at least 2 or more consecutive days?
a. Increase or Worsening in Shortness of Breath (Dyspnea)

ID NUMBER:					FORM CODE VERSION: 1.		Visit Number		SE	Q #		
•	start or wo	•	•	sympton	ns, have you e	xperienced :	any of the f	ollowi	ng for at			
b. c. d.	Increase Sore through	or worse ator worse	ening of v	wheeze					Yes M		EA3a EA3b EA3c EA3c	
_	contacted	your pri			or gone to the e			nt care		pital		
Yes					1			_				
No					0	→ Skip to 4d	ł					
4a. D care v		tact with	physicia	an or em	ergency room							
	hy did you s change			imary pł	nysician or go	to the emerç	jency room	, urge	ent care,	or ho	spita	I
									<u>Ye</u>	<u>s</u> <u>N</u>	<u> 10</u>	
1	l. Sputun	n color c	hange: t	he docto	or told me to ca	all if my sput	um change	s cold	or _			EA4b1
2	2. Though	•			tment							EA4b2
3		needed		ent							_ =	EA4b3
		d or nerv										EA4b4
		d to cato	•								_ =	EA4b5
6	S. Someo	ne (spo	use/child	d) told m	e to call							EA4b6
7	7. Other 7a. Spe	cify: CE	A4b7a]			_] <u>[C</u>	EA4b
4c. Di	Yes				e emergency r 1 0	oom or hosp	oital?	CE	A4c			

ID NUMBEI	R:									FORM CODE: CEA VERSION: 1.0 05/27/14	Visit Number			SEQ#		
	4d. Why didn't you contact your primary physician or go to the emergency room, urgent of hospital regarding this change in symptoms?														r	<u></u>
HO	nospital regarding this change in symptoms?															
															<u>No</u>	
	1. Inconvenient															CEA4c
EA ems 2-9 ot used	3. 4. 5. 6. 7. 8.	b. c. d. Co I ha I di I kr I do	Oth e) S st (co ave t dn't ough new i on't I on't I	ce nuld ner Speceo-pacereat feel ht it was ike t	ot maify_ ny, m mer sick wou asn't	CEAnedicate at the control of the co	hom ough o awa roble · my	e to cay seem (production)	ledu take all. oon. oast	e when I feel worse						CEA4c CEA4c CEA4d
	!	9a. (Spec	cify:_												
hospital w Ye No	as th	ere	a ch	ange	e in 	your 	med	dical	trea	nysician or going to the ematment (e.g., changed your 1 0 → Skip to 7		ns)?	_		or CEA5]
in your syr Ye No	mpto	ms (e.g.,	, fille	ed a	pres	cript	ion o	of ar	treatment as directed by y ntibiotics)? 1 0	· ′—	CE	A6a]	e chai	nge
Drovious	Ever	.4/\/:	a : 4 F	2010			/ F)	~ 4 =	and to participant						
										ead to participant)						
	•	-			-				••	ered exacerbation AND co	· —	1 ——	y vis	•		
										1			-A/	J		
No.								•••••		 0 -> Skin to 0						

ID NUMBER: FORM CODE: CEA Visit VERSION: 1.0 05/27/14 Number	SEQ#	
8. Has the participant had at least three previous events AND completed study visits for these e		
Yes1 →END (Participant ineligible for ar	nother	visit)
No 0		
Visit Eligibility Determination (Do not read to participant)		
9. Is this participant eligible for an exacerbation clinic visit?		
No 0 → End		
Eligibility Criteria:		
4) No bistory of any invastigate 11011 and on the firm visit (07 - N) and 0.4 an 00 - V (11011 Ever and a firm	- 1 <i>0</i> - 10	
1) No history of previous HCU exacerbation visit (Q7 = N) and Q4 or Q6 = Y (HCU Exacerbation	า VISIT)	
10. Was the participant scheduled for a study visit?		
Yes1 → End		
No 0		
11. Reason participant was not scheduled for an exacerbation visit:		
	<u>Yes</u>	<u>No</u>
a. Too far		☐ CEA11a
b. Participant didn't have time to come in		☐ CEA11b
c. Too sick to come in		CEA11c
d. Lack of transportation		CEA11d
e. Unable to schedule visit within 72 hours (participant)		CEA11e
f. Unable to accommodate visit within 72 hours (clinic)		CEA11f
g. Other		☐ CEA11g
g1. Specify CEA11g1	_	
3 6600.) [<u>3.</u>]		

					_			_	
ID NUMBER:					FORM CODE: CEA VERSION: 1.0 05/27/14	Visit Number		SEQ#	

Call Conclusion Prompt:

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL NOT be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment."

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment. The SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."

If the participant has already contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. As a reminder, the SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."



COORDINATOR EXACERBATION ASSESSMENT FORM (Wave 2)

ID NUMBER: BLINDID FORM CODE: CEF Visit Number SEQ #
0a) Form Completion Date / / / CEF0a 0b) Staff Code CEF0b
<u>Instructions:</u> This form should be completed any time the participant calls the clinical center with a possible exacerbation event.
Administrative
Date of contact: CEF0c
Why did you contact the SPIROMICS center today? (Do not read responses. Check all that apply)
1a. Participant felt they were having an exacerbation (Y/N)
Review of Symptoms
2. Since the start or worsening of your symptoms, have you experienced any of the following for at least 2 or more consecutive days?
a. Increase or Worsening in Shortness of Breath (Dyspnea)

ID NUMBER:					FORM CODE: VERSION: 1.0		Visit Number			SEQ#		
3) Since the	start or worse	ening of y	our symp	otoms	s, have you ex	perienced	any of the fo	ollowi	ng fo	r at		
least 2 o	r more conse	cutive day	/s?									
									<u>Yes</u>			_
a.	Runny Nose	/Nasal dis	scharge.								EF3a	=
b.	Increase or v	vorsening	of whee	eze							EF3k)
C.	Sore throat										EF3	С
d.	Increase or v	vorsening	of coug	h							EF3	d
e.	Fever										EF3	Э
HCU Event	Determinatio	n										
4. Have you	contacted you	ur primary	y physicia	an or	gone to the er	mergency i	room, urgen	٦		nospital		
egarding th	is change in y	our symp	toms?					CEI	F4			
Yes					1							
No					0 →	Skip to 4	t					
4a. [Date of contac	t with phy	sician or	eme	rgency room/u	ırgent						
care	visit:	/			CEF4a]						
	•	•	•	y phy	sician or go to	the emer	gency room	, urge	nt ca	re, or h	ospita	ıl
101 11	nis change in s	symptoms	o :									
										Yes I	<u> </u>	
	Sputum co	olor chan	ge: the d	loctor	told me to cal	I if my sput	tum change	s colo	or			EF4b1
	2. Thought I	might ne	ed extra	treati	ment							F4b2
	3. Knew I ne	eded trea	atment									EF4b3
	Scared or	nervous										EF4b4
	5. Wanted to	catch it	early									EF4b5
	6. Someone	(spouse/	child) tol	d me	to call							EF4b6
	7. Other											EF4b7
	7a. Specify	CEF4	o7a									
	ra. Opcony	•										
4с. Г	oid the particin	ant repor	t goina t	o the	emergency ro	om or hosi	oital?	CE	F4c			
.0. 2		-			1					ı		
					0							

ID NUMBER:									FORM CODE: CEF VERSION: 1.0 8/13/15	Visit Number	r		SEQ#			
	•		-		•		•	•	physician or go to the em	ergency r	oom	, urgen	t care, o	r		
nos	pitai	regard	ing t	nis c	cnan	ge in	sym	ptor	ns?							
													<u>Yes</u>	No		
	1.	Inconv	enie	ent									$\overline{\Box}$		CEF	4d1
	a. Too far															
	b. Office not open															1d1a
					•	an a	appoi	ntm	ent							4d1c
		d. Oth		cify_	CE	F4d	1e									4d1d
EF	2.	Cost (d	со-ра	ay, r	nedio	catio	ns, de	edu	ctible)							
ems 2-9	3.	I have	trea	tmer	nt at	hom	e to t	ake	when I feel worse							
ot used	4.	I didn't	fee	l sick	c end	ugh	to ca	II.								
	5.	I thoug	jht it	wou	ıld go	o aw	ay so	on.								
	6.	I knew	it w	asn'	t a pi	oble	em (pa	ast	experience)							
	7.	I don't	like	to be	other	my	docto	or								
	8.	I don't	like	or p	refer	not	to tak	e e	xtra medications							
	9.	Other														
	ç	a. Spe	cify:													
5 /1 6	O 4\	A	10			- (!		1.								
							-	-	ysician or going to the er			-		CEF	5]	
_			_		•				tment (e.g., changed you 1	ir medica	lions) ?		<u> </u>	<u> </u>	
No.									0 → Skip to 7							
5a.	Date	of cha	nge	in m	nedic	al tre	eatme	ent:			C	EF5a]			
6. (If no to	Q4)	Have y	ou c	hang	ged y	our/	medi	cal	reatment as directed by	your phys	siciar	becau	use of the	e cha	ange	
in your sym	ptor	ns (e.g	., fille	ed a	pres	cript	tion o	f ar	tibiotics)?		(CEF6				
									1							
No.						•••••			0			.==-	7			
6a.	Date	of cha	inge	in m	nedic	al tre	eatme	ent:				EF6a	_			
Previous E	ven	t/Visit	Dete	ermi	natio	on ([Do no	t re	ead to participant)							
7. Has the	oarti	cipant I	nad :	at le:	ast tl	ree	previ	OUS	events AND completed	studv visi	ts for	r these	events?		CE	F7
•		-					•		1 →END (Par	•						
No									0							

							-									
ID NUMBER:							FORM CO VERSION				isit mber			SEQ#		
Visit Eligibility	y Detern	ninatio	n (Do	not	reac	d to	participa	nt)								
							clinic visit?	. 1				C	EF8			
1) Fewer than	three pro	evious	visits	(Q7)	and											
2) Participant r	reports a	chang	e in n	nedic	al tre	eatn	nent (Q4 c	r Q6 = Y) OR a	n EX	ACT	trigg	er (Q	1 <i>c</i> =Y)		
3) Participant I physician (CEI										•		c1), c	contac	cting his	s or I	ner
							t?	. 1 → En				C	EF9			
10. Reason pa	rticipant	was no	ot sch	edule	ed fo	r an	exacerba	tion visit	:							
														<u>Yes</u>	<u>Nc</u>	<u>)</u>
a.	Too far	٢														CEF10a
b.	Particip	oant dic	ln't ha	ave ti	me to	o cc	ome in									CEF10b
C.	Too sid	ck to co	me in													CEF10c
d.	Lack of	f transp	ortati	on												CEF10d
e.	Unable	to sch	edule	visit	with	in 7	2 hours (p	articipan	t)							CEF10e
f.	Unable	to acc	ommo	odate	visit	t wit	thin 72 hou	urs (clinic	c)							CEF10f
g.	Other															CEF10g
	g1. Spe	cify C	F10	g1												_

ID NUMBER:	FORM CODE: CEF Visit VERSION: 1.0 8/13/15 Number	SEQ#	
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Call Conclusion Prompt:

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL NOT be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment."

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment. The SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."

If the participant has already contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. As a reminder, the SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."



DEATH CERTIFICATE FORM

ID NUMBER: SUBJID FORM CODE: DCF Visit Number VISIT SEQ #	
0a. Form Completion Date DCF0A	B
Instructions: The Death Certificate Form is completed for each death reported from the Quarterly Follow-up Form. A Death Certificate must be requested and obtained prior to completing this form.	
1. Was a death certificate obtained?Y	
No	
3. Time of death: DCF3A AM / PM (Circle One)	
4. Did the decedent die in a hospital?	
5. Was the death classified as: (select one) DCF5 Dead on Arrival (DOA) 1 Emergency Dept. (ED) 2 Outpatient 3 Inpatient 4 None of the above 5 Not recorded 6	
6. Was this a coroner's or medical examiner's case? Yes	
7. Was the name and address of the Coroner or Medical Examiner recorded?	

	ID NUMBER:								ODE: DCF 1.0 12/15/2014	Visit Number		SEQ#		
		Rem	1006	ed froi	m Bli	nde	ed Data	set						
8.	Name:													
					Rem	ove	d from	Blinded Da	taset					
9.	Address:	a. St	reet	Remo	ved f	rom	n Blinde	ed Dataset	Remo	oved from	Blind	ded Datas	et	
		b. Ci							c. State	c	I. Zip d	code		
		e. Co	ount	ry	Rer	nov	ed fron	n Blinded D	ataset					
10	Was an auto	nnsv r	nerfc	nrmed	?							DC	F10	
10											•••••			l
11	. Was the und	derlyir	ng c	ause d	of dea	ath r	ecorde	d using ICD	or ICD10 co	des?		DC	F11	
	I	CD9						1→ G o	to Item 11a					
	I	CD10						2→ G o	to Item 11b					
	١	№ Со	des	Availa	able			3→ Go	to Item 13					
	11a. ICD-9 (Code	for !	UNDE	RLY	ING	cause	of death:					[DCF11A
	445 ICD 40	Ol	- 4	LIMB		ZINIA	0						٦г	DCF11E
	11b. ICD-10	Coa	е тог	UND	EKL	YING	cause <u>ح</u>	e or death:					•L	DCITIE
12	Were the ac	ldition)ا اد	CD co	dae r	ഹവ	rdad usi	ing ICD9 or	ICD10?			DCF	- 12	
12								_	to Item 12a					
									to Item 12b					
								2→ <u>G0</u> 3→ G 0						
							<u> </u>		to item 13					
	12a. All list			Code	s for	dea	ın.	F12A	Б	DOE4040	П			
	1. DC	F12A	1			5.	DCF	12A5	9.	DCF12A9	<u>'</u>			
	2. DC	F12/	\2			6.	DCF	12A6	10.].	item no	t col	lected
	3.	CF12	A3			7.	DCF	12A7	11.].	item no	t coll	ected
	₄ DC	F12 <i>F</i>	\4			8	DCF	12A8	12			item no	t coll	ected

ID NUMBER: FORM CODE: DCF Visit VERSION: 1.0 12/15/2014 Number SEQ#	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
13d. Due to or as a consequence of (3) DCF13E	
14. Are there other significant conditions recorded on the death certificate?	 -
Five minutes or less]



DEMOGRAPHIC INFORMATION FORM

ID NUMBER: BLINDID FORM CODE: DEM Visit Number VISIT SEQ#	
0a) Form Date:	<u> </u>
written.	
This questionnaire gathers demographic information. Please select the answer that is most acc for you.	 curate
1) What is your birth year? DEM01 1a) What is your age? DI	EM01A
2) What is the highest grade you completed in school? Eighth grade or below	
3) What is your current marital status?	

	ID NUMBER:										DE: DEN 3.0 7/08/1		Vis Numl				SEQ#	#		
4١	What is you	r tot	ol v	,	vrlvi bo		shal	d in	omo?						Г	7 [DEMO	4		
4)	,		-		-											ے ل	LIVIO	<u></u>		
	•																			
	•																			
	. ,																			
	Declines	5 10	ans	we	3 1		•••••			О										
5a	ı) Are you of H Hispanio	•						_	 ire or orig									DE	M05]
	•				•	•				•			•		\GL	in F	i h			
	ινοι πισμ	Jarii	C OI	Lc	aliiio .									∠−	→ OK	ip s	טט			
	5b) Which o	f the	e fol	llov	wing l	oes	t de	scri	es your H	ispan	ic/Latino	o her	itage?	(se	lect	only	one)	DE	EM05/	4
	Which of the heck all that a Caucasian/\ A person h Black or Afri A person h	<i>ppl</i> y Whit avir	y): te ng c . Am	orio	Cuba Mexi Puer Sout Dom More Othe If g cate	an c car to - h A inic that f oth gor	or C n or Rice mer an c an c ner, ies	uba Mexican cicar or D one plea wou	e original	ent Rican Ameri descei to de	descent ican desent EM05A escribe your ples of DEM06E	tescent 1 yourse Euro	elf? Y							
	Asian										DEM060									
	A person h the Philippi	avir	ng c									the F	ar Ea	ast, :	Sou	the	ast A	sia	includ	ling
	American In A person h who mainta	avir	ng c	ori	gins i	n a	ny (of th	e original	l peop		_ Nortl	h, Ceı	ntral	l, or	So	uth A	me	rica, a	and
	Native Hawa	aiiar	າ ດr	()t	ther F	Paci	fic I	slar	ler		EM06E	1								
	A person h Islands.								'			_	aii, G	uam	ı, Sa	amo	oa, or	oth	ner Pa	cific
	Participant r	efus	sed	to	answ	er.					DEM06I	Ē								



DEMOGRAPHIC INFORMATION FORM

ID NUMBER: BLINDID FORM CODE: DEM Visit Number VISIT SEQ#	
0a) Form Date:	ractly as
This questionnaire gathers demographic information. Please select the answer that is m for you.	ost accurate
1) What is your birth year? DEM01 1a) What is your age?	DEM01A
2) What is the highest grade you completed in school? Eighth grade or below	//02
3) What is your current marital status? Never Married]

	ID NUMBER:								FORM CODE: DEM VERSION: 1.0 10/26/10	Visit Number		SEQ#		
												7		
4)									e?			DEM04		
	Under \$	•												
	\$15,000		-											
	\$35,000													
	\$50,000		•											
	\$75,000													
	Declines	s to	ans	wer					6					
													<u> </u>	1
5a							_					⊔⊔	EM05	J
	•			•	-				or origin regardless of ra	•				
	Not Hisp	oani	c or	Latino	o					2-	→Sk	ip 5b		
												. اح	<u> </u>	$\overline{}$
	5b) Which c	of the	e fol	llowing	g bes	t des	scri	bes y	your Hispanic/Latino her	itage? (se	elect o	only one) <mark>D</mark>	EMU5/	7
				Ce	ntral	Ame	erica	an or	· Central American desc	ent 🗍				
						_			scent					
									descent					
									uerto Rican descent					
									South American descent nican descent					
								herita		H				
				Oth	nor.									
					If ot	her,	plea	ase s	specify: DEM05A1					
-	Which of the			ing ca	tego	ies v	wou	ıld yo	ou use to describe yours	elf? You	may	select more	than o	ne.
	Caucasian/\	Whit	te						DEM06A					
									riginal peoples of Euro	pe, the N	Middl	e East. or l	North /	Africa
				- · · · · · · · · · · · · · · · · · · ·										
	Black or Afr	ican	Δπ	nerical	n				DEM06B					
									lack racial groups of A	frica				
	71 201001111		.9	,,,g,,,,		y \	J. (.		iaon raoiai groupo or 7	iiioa.				
	Asian								DEM06C					
								he o	riginal peoples of the I	ar East,	Sout	theast Asia	includ	ding
	the Philippi	ine	Isla	nds, (or th	e İnd	diar	n suk	bcontinent.					
	American In	ndiar	n or	Alask	a Na	tive .			DEM06D					
	A person h	avii	ng c	origins	s in a	any c	of th	he o	riginal peoples of Nort	h, Centra	al, or	South Ame	erica, a	and
	who mainta	ains	trik	oal aff	iliati	ons	or o	comr	munity attachment.					
	Native Haw	aiiaı	n or	Other	Pac	ific Is	slan	nder.	DEM06E					
	A person h	avii	ng c	origins	s in a	any o	of th	he o	riginal peoples of Haw	aii, Guar	n, Sa	amoa, or ot	her Pa	cific
	Islands.													
	Participant ı	refu	sed	to ans	swer				DEM06F					



DEMOGRAPHIC INFORMATION FORM

	ID NUMBER: BLINDID FORM CODE: DEM VISIT Number VISIT SEQ #
0a) Form Date:
	Instructions: This form should be completed during the participant's visit. Please read all questions exactly as written.
	is questionnaire gathers demographic information. Please select the answer that is most accurate ryou.
1)	What is your birth year? DEM01 1a) What is your age? DEM01A
2)	What is the highest grade you completed in school? Eighth grade or below
3)	What is your current marital status? DEM03 Never Married 1 Married 2 Widowed 3 Separated 4 Divorced 5 Declines to answer 6
4)	What is your total yearly household income? DEM04 Under \$15,000 1 \$15,000 - \$34,999 2 \$35,000 - \$49,999 3 \$50,000 - \$74,999 4 \$75,000 or more 5 Declines to answer 6

_		
	ID NUMBER: FORM CODE: DEM Vi VERSION: 1.0 10/26/10 Num	sit nber SEQ#
5)	5) Are you of Hispanic or Latino heritage? Hispanic or Latino (of Spanish culture or origin regardless of race) Not Hispanic or Latino	1
-	6) Which of the following categories would you use to describe yourself? `(check all that apply):	You may select more than one.
	Caucasian/White	he Middle East, or North Africa
	Black or African American	
	Asian	ast, Southeast Asia including
	American Indian or Alaska Native	entral, or South America, and
	Native Hawaiian or Other Pacific Islander DEM06E A person having origins in any of the original peoples of Hawaii, GIslands.	Guam, Samoa, or other Pacific



SPIROMICS DIABETES ABSTRACTION FORM (DMF)

ID NUMBER: SUBJID FORM CODE: DMF VERSION:A 2/19/2015 VISIT SEQ #
0a. Completion Date://
structions: Answers are derived from the medical records received. Do not complete this form until all records received or classified as unobtainable as indicated on the Medical Record Shipping Form.
A. GENERAL INFORMATION
1. Was the event <i>(choose one)</i> : DMF1
1= In hospital only
2. Date of admission: (mm/dd/yyyy)
3. Date of discharge: (mm/dd/yyyy)
4. What was the primary admitting diagnosis code? DMF4
5. What was the primary discharge diagnosis code? DMF5
B. DIAGNOSIS AND VALUES
 6. Type of Diabetes Mellitus diagnosed: (Mark only one) a. ☐ Type 1 b. ☐ Type 2
7. First measured weight available: DMF7 1= Lbs 2= Kgs: DMF7A
8. Height: DMF8 1= Inches 2= Centimeters: DMF8A
9. BMI: DMF9
10. Most recent A1c test result: (Mark only one; may use pre-hospitalization value recorded by a physician) DMF10
a.

ID NUMBE	R:								FORM CODE: DMF VERSION: A 2/19/2015	Visit Numb			SEQ	#				
11. Most recent fasting glucose test result: (Mark only one; may use pre-hospitalization value recorded by a physician)															_			
a.															Į.	DMF	-	
C. CONT	RIBUTI	NG I	HIST	OR	Y													
12. Patient			_				Mark a	any	that apply)									
a. Pancreatitis DMF12A b. Pancreatic carcinoma DMF12B c. Pancreatectomy DMF12C d. Endocrinopathy (Cushing's disease, pheochromocytoma) DMF12D e. None/Not Recorded DMF12E f. Other, specify																		
D. SEQU	ELAE (OF D	IABE	ETE	S													
13. Health	impact	s fro	m Di	iabe	tes:	(Mark a	II that	t app	oly)									
a. Diabetic nephropathy DMF13A 1. Diagnosis of renal failure of any severity 2. Patient is on dialysis DMF13A2 b. Peripheral Neuropathy DMF13B1 2. Lower extremity amputation (toe, forefoot, heel, below the knee) DMF13B2 3. Charcot joint DMF13B3 c. Eye complications DMF13C1 2. Glaucoma DMF13C1 2. Glaucoma DMF13C2 3. Cataracts DMF13C3 4. Macular edema DMF13C4 d. Gastrointestinal complications DMF13D1 2. Diabetic diarrheal DMF13D1 2. Diabetic diarrheal DMF13D2 3. Candidiasis DMF13D3 e. Cardiovascular / Atherosclerotic complications DMF13E 1. Cardiovascular disease DMF13E1 2. Peripheral vascular disease DMF13E3 3. Cerebrovascular disease DMF13E3																		
E. TREA																		
14. Medica	itions:	(Mark	k <u>all</u> ti	hat a	apply,)				Admi	ssion	-4 4 5 4	_	char <u>c</u>				
a. [b. [c. [d. [e. [Oral Oral Oral Oral Oral Oral	Glin DDF	ides P-4 in ana formi	(Glu nhibi alogs in	ucoN itors	ipizide lorm, { (Janu ctoza,	Starlix via, C	x) Ongl	ide,Glimepiride) lyza)		DMF	14A1 14B1 14C1 14D1 14E1	₹		DM DM DM	1F14 ИF14 ИF14 ИF14 ИF14	4B2 4C2 4D2 4E2	



EXACERBATION ASSESSMENT FORM

ID NUMBER: BLINDID FORM CODE: EAF Visit Number SEQ #
0a) Form Completion Date / / EAF0a 0b) Staff Code EAF0b
<u>Instructions:</u> This form should be completed when a participant comes to the clinical center for an exacerbation study visit. This form should be completed before proceeding with the rest of the study visit.
Administrative Information
1) Date of clinic visit: FAF1
2) What type of Event is this?
Examination (completed by Coordinator):
3) Temperature C EAF3
4) Weight kg EAF4
5) Pulse min ⁻¹ EAF5
6) Sp02 % EAF6
7) Notes: EAF7

ID NUMBER: FORM CODE: EAF	Visit	SEQ#
Participant Interview (completed by Coordinator):	3 Number	
Farticipant interview (completed by Coordinator).		
8) Have you had any changes to your respiratory medications	,	includes new
prescriptions or self-medication)?	EAF8	
Yes 1		
No0→ Go to	12	
Please specify type of medication for this event by checking the	e appropriate box:	
9) MEDICATION	Date Prescribed	Duration (Days)
a1) Antibiotic 1: EAF9a1	□□/□□/□ <mark>EAF9a1a</mark>	□□□ <mark>EAF9a1b</mark>
a2) Antibiotic 2: EAF9a2	□□/□□/□ <mark>EAF9a2a</mark>	□□□ <mark>EAF9a2b</mark>
b1) Inhaled corticosteroids: EAF9b1	□□/□□/□ <mark>EAF9b1a</mark>	EAF9b1b
c1) Inhaled corticosteroids w/long-acting EAF9c1	□□/□□/□ <mark>EAF9c1a</mark>	EAF9c1b
d1) Aminophyllines: EAF9d1	□□/□□/□ <mark>EAF9d1a</mark>	EAF9d1b
e1) ß₂-agonists Short-Acting: EAF9e1	□□/□□/□ <mark>EAF9e1a</mark>	□□□ EAF9e1b
f1) ß₂-agonists Long-Acting: EAF9f1	□□/□□/□ <mark>EAF9f1a</mark>	□□□ EAF9f1b
g1) Short-acting anticholinergic <u>EAF9g1</u>	□□/□□/□ <mark>EAF9g1a</mark>	□□□ EAF9g1b
h1) Long-acting anticholinergic EAF9h1	□□/□□/□ <mark>EAF9h1a</mark>	□□□ EAF9h1b
i1)Short-acting β_2 - agonists/anticholinergic: EAF9i1	□□/□□/□ <mark>EAF9i1a</mark>	□□□ EAF9i1b
j1) Long-acting β₂- agonists/anticholinergic: <u>EAF9j1</u>	□□/□□/□ <mark>EAF9j1a</mark>	□□□ EAF9j1b
k1) Roflumilast (Daxas, Daliresp) (Y/N): EAF9k1	□□/□□/□ <mark>EAF9k1a</mark>	□□□ EAF9k1b
I1) Leukotriene antagonists: EAF9I1	□□/□□/□ <mark>EAF9I1a</mark>	□□□ EAF9l1b
m1) Other Medications: (Y/N): EAF9m1		_
Specify: EAF9m1a	Carried Control Contro	EAF9m1c
		Duration
10) TREATMENTS	Date Prescribed	Duration (Days)
a) Pulmonary Rehabilitation (Y/N): 🗌 EAF10a	□□/□□/[EAF10a1	□□□ EAF10a2
b) Supplemental Oxygen (Y/N): EAF10b	/_ <mark>EAF10b1</mark>	EAF10b2
c) Other Clinical Treatments (Y/N): EAF10c		
Specify: EAF10c1	//_EAF10c2	□□□ EAF10c3

ID NUMBER:						RM CODE: EAF RSION: 1.0 5/23/13	Visit Numbe	r	SEQ#	
11) Have you	had a	new or	changed	prescri	ption for	oral steroids as a r	esult of the	change i	 n your resp	irator
symptoms?									EAF11	
	Yes					1				
	No					0→ Go to 1	12			
						EAE110				
11a) V	Vhat typ	oe of o	ral steroi	ds were	prescrib	ped? EAF11a				
	11a1)	Specif	fy: EAF	11a1						
11b) V	Vhat da	te wer	e the ora	l steroic	ls prescr	ibed?		AF11b		
11c) V	Vhat is	the du	ration of	this pres	scription	? □□□ days <mark>EA</mark>	F11c			
11d) V	Vhat wa	as the t	total dosa	age of o	ral steroi	ids prescribed?	□□ mg E	AF11d		
40) 11	(al.a.a.					and the American	T. I 1		EAF12	
12) Have you						spirin, Advil, Aleve,	or Tylenol	?		
	No					0→ <mark>Go to 1</mark>	13			
12a) F	Pain me	dicine	1: EAF1	2a						
3, :		Specif		12a1						
	1201)	Орсси	y				-			
	Date	Starte	ed		Taken ng)	Times per day or >6)	(1-6 [Duration	(Days)	
]/[<mark>E</mark> A	F12a2		-12a3	EAF12a4			EAF12	а5
12b) F	ain me	dicine	2: EAF1	2b						
	12b1)	Specif	_{fy:} EAF	12b1						
	_	_	_	Dose	Taken	Times per day	(1-6			
	Date	Starte	ed		ng)	or >6)	· · · [Duration	(Days)	
]/[<mark>E</mark> A	F12b2	EAI	-12b3	EAF12b4			EAF12b	ე5
			-							
12c) F	ain me	dicine	3 EAF1	2c						

ID NUMBI	ER: 12c1) Specify: EAF1	VER		Visit umber	SEQ#
	Date Started	Dose Taken (mg)	Times per day (1-6 or >6)	Duration (Days	s)
	//[EAF12c2	EAF12c3	EAF12c4		AF12c5
1:	2d) Pain medicine 4: EAF	12d - 12d1			
	Date Started	Dose Taken (mg)	Times per day (1-6 or >6)	Duration (Days	s)
	//[EAF12d2	EAF12d3	EAF12d4		AF12d5
Review o	of Symptoms (Completed	by Coordinator)			
13) How	serious is this flare-up/e	exacerbation com	npared to previous flare	ups/exacerbatic	ons? EAF1
	More serious		1		
	As serious		2		
	Less serious		3		
	Never had an exac	erbation before	4		
•	e the start or worsening of y 2 or more consecutive day	• •	ave you experienced any	of the following fo	r at
				<u>Yes</u>	No
	,		Breath (Dyspnea)	⊔	EAF14a
	, .	,			EAF14b
	c) Increase in sputum vo	lume		Ц	EAF14c
,	e the start or worsening of y 2 or more consecutive day		ave you experienced any	of the following fo	r at
				<u>Yes</u>	<u>No</u>
	a) Runny Nose/Nasal dis	charge			☐ EAF15a
	b) Increase or worsening	of Wheeze			EAF15b
	c) Sore throat				EAF15c
	d) Increase or worsening	of Cough			EAF15d
	e) Fever		<u></u>		☐ EAF15e
16) Have	you had any OTHER new	Symptoms <u>relate</u>	d to this event?	EAF16	

ID NUI	MBER:							FORM CODE: EAF VERSION: 1.0 5/23/13	3 N	Visit Iumber		SEQ#		
	Yes							1				•	•	
	No0→[to 17				
a)	Symptom 1:	EAF							-					
b)	Symptom 2:	EAF	16b						_					
c)	Symptom 3:	EAF	16c											
d)	Symptom 4:	EAF	16d											
e)	Symptom 5:	EAF	16e						-					
f)	Symptom 6:	EAF	16f						_					
g)	Symptom 7:	EAF	16g											
h)	Symptom 8:	EAF	16h						_					
i)	Symptom 9:	EAF	16i						_					
j)	Symptom 10:	EAF	16j						_					

ID NUMBER:	FORM CODE: EAF Visit VERSION: 1.0 5/23/13 Number
Physician Assessment	
17) Wheezes: EAF17 □ Yes □ No	18) Crackles: EAF18 19) Gallop: EAF19 20) Edema: EAF20 □ Yes □ Yes □ Yes □ No □ No □ No
21) Were other conditions p	resent at the time of this event? (Y/N) → If no skip to 23 EAF21
 22) If yes, please specify the a) Pneumonia: EAF22a ☐ Yes ☐ No→Go to 22c 	b) Pneumonia confirmed by: Chest film Clinical examination Both
d) Other: EAF22d Yes No Specify: EAF22d1	e) Other: EAF22e
23) Diagnosis of a COPD exacerbation: EAF23 ☐ Yes ☐ No → Skip to Q29	24) Exacerbation severity: EAF24 Mild 1-2 Days Moderate Severe 1 Week Very Severe Unknown
26) Potential Etiology EA Infectious (answer Q27) Weather Treatment Non-Compliance Air pollution Unknown	28) Participant to proceed with Etiology: EAF27 □ Viral □ Bacterial □ Unknown □ Other (specify): □ AF27 □ Other Specify: EAF28 □ Yes → END □ No □ Outside of visit window (> 72 hrs) □ Other Specify: EAF28a → END (Do not proceed to Q29 or 30)
29) If not a COPD exacerbed Lack of symptomatic Department of Change in comorbid Company Other Specify: [criteria — Cardiovascular (Angina, CHF, etc)



eCigarette Use Assessment

ID BLINDID NUMBER:	FORM CODE: ECA Visit VISIT SEQ #
ADMINISTRATIVE INFORMATION 0a. Completion Date: Month D	ECA0A Ob. Staff Code: ECA0B
	questionnaire during one of the study annual visits. This version of ed the first time the questionnaire is administered.
Have you ever used an electro	onic cigarette or eCigarette?ECA1
	Yes
2. When you did start smoking e	Cigarettes?//ECA2
3a. Usually, were the eCigarettes	you smoke/smoked with
flavorings?	ECA3A
	Yes
3b. If yes, what flavor was it?	ECA3B
	Menthol
4. Do you still smoke eCigarettes	s?ECA4
	Yes
5a. Do you still smoke regular tok	pacco cigarettes?ECA5A
	Yes1
	No $0 \rightarrow $ Go to Q6

	ID NUMBER:							FORM CODE: ECA VERSION: 1.0 6/11/14	Visit Number		SEQ #				
	5b. If Y	es,	how	mar	ny re	gular	Ci	garettes do you	smoke a	day:		ECA	45B		
	5c. Has	s yo	ur us	se of	f eCi	garet	tes	s decreased the	number	of					
	regular	cig	arett	es y	ou s	moke	е	ach day?				 		EC	A5C
										to Q6					
	5c	1. If	Yes	, ab	out h	ow n	nar	ny <i>fewer</i> cigaret	tes a day	do do					
	you	u no	ow sn	noke	e? [ECA5C1							
6.	How often of	do y	ou s	mok	ke eC	igare	ette	es?				 		EC	A6
						Mos Som Less	t da e d s th	dayays (4+ days a wo days (1-3 days a wo nan once a week . nan once a month	eek) 2 week) 3 4						
7. \	When did y	ou l	last s	mol	ke ar	eCi	gaı	rette?				 		EC	A7
						S Y W	om est /ith /ith	nin the last hour netime today terday nin the last week . nin the last month e than a month ag	2 						
8.	In the last	24 ł	nours	s, hc	w m	any t	im	es have you sm	oked an						
eС	igarette?											 			ECA8 times
9.	What bran	d of	· eCiç	gare	tte d	o yoı	ı n	ow smoke?				 		EC	A9A
						H Jo N V O	en JO 2	ley PY Pr cify: FCA9B	.2 .3 .4 .5						

	ID NUMBER:						FORM CODE: I VERSION: 1. 6/11/14		Visit Number			SEQ #						
10.	What car	tridge	siz	e do	you	use r	most often with	n yo	ur									
eCi	garettes?																ECA	10A
11	In one we	ook b	0.14	many	, oC	6-8 9-1 13- Do Oth Spe	ng		2 3 4 5 6 CA10B	, [Cont	rida	oc [FC	A11		
11.	in one we	eek, n	OW	шапу	, ec	igare	ne cannages	uo y	ou use:		_ _	can	nag	es		<u> </u>		
12.	Did you s	tart sı	mok	ing e	eCig	arette	es because yo	u wa	anted to	cut								
dov	vn or stop	smoki	ing	regul	lar c	igare	tte?										ECA	12
							S											
13.	Did you s	start sı	mok	king e	eCig	arette	es because yo	u wa	anted to									
imp	rove your	health	า?														ECA	13
							3											
An: 4=		ollowin	ng q	uesti	ions	only	if you no long	er sı	moke e(Ciga	ret	tes (i.e	e., G	ues	stio	n		
14.	If No , for	how I A14A days	<u>. </u>	_	ECA	smok 14B onths	e eCigarettes' ECA14C years	?										
15.		has it CA15A days	<u> </u>	_	ECA	you s 15B onths	moked an eC ECA15C years	igar]	ette?									
16.	When you	ı did s	mol	ke e0	Ciga	rettes	, how often di	d yo	u smok	е								
eCi	garettes?																ECA	16
						Mo 4+	ery dayst daysdays a week		2 3									

	ID NUMBER:								RM COI VERSIC 6/11			Visit Numbe			SE #	Q				
										e a we e a mo										
17.	What bra	nd o	f eCi	igar	ette	did	you	usu	ually s	moke'	?						 	[ECA	17
							Hen Joye NJC V2. Othe	ley 9)Y er		17A_	.2 .3 .4 .5				-					
18.	What car	tridg	e siz	e d	id y	ou u	se n	nost	t often	with y	ou/	r								
eС	igarettes?																 	[ECA	184
							6-8 9-12 13-1 Do r	mg 2 mg 16 m not k er	 ng know] mg[[.2 .3 .4 .5	A18B	3							
19.	On avera	ge, i	n on	e w	eek	, ho	w ma	any	eCiga	arette	car	tridge	es c	did						
yοι	ı use?		cartr	idge	es E	CA	19													



eCigarette Use Assessment for Follow-up

NUMBER:	FORM CODE: ECF Visit VISIT SEQ #
ADMINISTRATIVE INFORMATION Oa. Completion Date: Month Month	ON Code: ECFOB
	usly completed the ECA – eCigarrette
Use Assessment form?	Yes
1. Have you used electronic of	igarettes or eCigarettes since your
last visit?	ECF1
	Yes
2. When did you start smokin	g eCigarettes? / / / ECF2
3a. Usually were the eCigarett	tes you smoke/smoked with flavorings?ECF3A
	Yes
3b. If yes, what flavor was	it? ECF3B Menthol

	ID NUMBER:	FORM CODE: ECA VERSION: 1.0 6/11/14 Visit Number #	
4.	Do you still smoke eCigarette	es?	ECF4
		Yes	
5.	Do you still smoke regular tob	pacco cigarettes?	ECF5A
		Yes1 No0 → Go to Q6	
	5b. If Yes, how many regu	ular cigarettes do you smoke a day: ECF5	В
	5c. Has your use of eCiga	arettes decreased the number of	
	regular cigarettes you sm	oke each day?	ECF5C
		Yes1 No0 → Go to Q6	
	5c1. If Yes , about ho	w many <i>fewer</i> cigarettes a day do	
	you now smoke?	ECF5C1	
6.	How often do you smoke eCiç	garettes?	ECF6
		Every day	
7. \	When did you last smoke an	eCigarette?	ECF7
		Within the last hour	

8. In the last 24 hours, how many times have you smoked an

ID NUMBER:	FORM CODE: ECA Visit VERSION: 1.0 Number # SEQ #
eCigarette?	time
9. What brand of eCigarette do	you now smoke?ECF9A
	blu
10. What cartridge size do you ι	use most often with your
eCigarettes?	ECF10A
11. In one week, how many eCiç	0 mg
,	rettes because you wanted to cut
	garettes?ECF12
down or stop smoking regular eig	Yes1 No0
13. Did you start smoking eCiga	rettes because you wanted to
improve your health?	ECF13
	Yes1 No0
Answer the following questions of	only if you no longer smoke eCigarettes (i.e., Question

14. If **No**, for how long did you smoke eCigarettes?

ID NUMBER: ECF14A ECF14		SEQ #	
days mont	ns years		
15. How long has it been since yo	u smoked an eCigarette?		
ECF15A ECF15 mont			
16. When you did smoke eCigaret	tes, how often did you smoke		
eCigarettes?			ECF16
	Every day 1 Most days 2 4+ days a week 3 1-3 days a week 4 Less than once a week 5 Less than once a month 6		
17. What brand of eCigarette did	you usually smoke?		ECF17
	blu		
18. What cartridge size did you us	se most often with your		
eCigarettes?			ECF18A
	0 mg		
19. On average, in one week, how	v many eCigarette cartridges	did	
you use? cartridges ECF1	<u> </u>		



EXACERBATION RESOLUTION FORM

ID NUMBER: BLI	NDID	FORM CODE: ERF Visit VERSION: 1.0 08/9/13 Number	SEQ#
0a) Form Date:		/ EEF0a 0b) Initia	ılsEEF0b
whether exacerbation in seven days. Rep since the HCU exac	on symptoms have re eat contacts every se erbation visit. When	e HCU exacerbation visit in Wave 1, contactesolved. If the symptoms have not resolved, even days until symptoms resolve OR more the participant reports his/her symptoms had must be updated to allow symptom-drive	contact the participant again than 56 days have elapsed ve resolved or more than 56
A. Date of contact	B. Result Code	C. Prompt: Have you recovered from your exacerbation/flare-up?	D. If no: Date of next scheduled call
1) EEF1a	EEF1b	Yes No EEF1c	/EEF1d
2) EEF2a	EEF2b	Yes No EEF2c	/EEF2d
3) EEF3a	EEF3b	Yes No EEF3c	/EEF3d
4) EEF4a	EEF4b	Yes No EEF4c	
5) EEF5a	EEF5b	Yes No EEF5c	//EEF5d
6) EEF6a	EEF6b	Yes No EEF6c	/EEF6d
7) EEF7a	EEF7b	Yes No EEF7c	//EEF7d
8) EEF8a	EEF8b	Yes No EEF8c	//EEF8d
Result codes:	Contacted, aske Reported alive, r Reported alive, t Reported alive, p	complete	



EMPLOYMENT HISTORY FORM – ANNUAL VISITS

ID NUMBER: BLINDID FORM CODE: EHA VISIT SEQ # VERSION: 1.0 9/21/2011 Number
0a) Form Date
<u>Instructions:</u> This form should be interviewer administered, and completed during the participant's visit. Carefully answer each question regarding employment in the last 12 months. For check box questions please select "Yes" or "No" on all items. Please answer all questions.
The following questions concern employment.
1) Has your employment status changed in the last 12 months?
YesY
No
No AnswerU → Go to Item 18
2) How has your employment situation changed in the last 12 months?
Have you (<i>Please read all options before recording an answer</i>):
Started a new job
On leave but still employed
Temporarily laid off
Unemployed and looking for work4 → Go to Item 9
Unable to work
Going to school
Keeping house
Retired8 →Go to Item 9
Other9 →Go to Item 9
No answer0 →Go to Item 18
3) In your new job, what kind of work do you do? That is, what is your occupation? Occupation: EHA3
4) In this job, what are your usual activities or duties?
Job Duties: EHA4
5) What is your business or industry? (If necessary: what do they make or do in this business?)
Business: EHA5

ID NUMBER: FORM CODE: EHA Visit VERSION: 1.0 9/21/11 Number SEQ #	
oproximately what date did you begin working in this job?	EHA6
on average, how many hours per week do you work? EHA7	
oes your current job expose you to vapors, gas, dust, or fumes?	
YesY	
NoN	
Don't knowU	
ow going to ask you a few questions about the last job you had.	
id you leave your last job because of breathing or lung problems? EHA9	
YesY	
NoN	
No Answer/Don't knowU	
id your last job expose you to vapors, gas, dust or fumes?	
YesY	
NoN	
Don't knowU	
re you no longer working at your last job at least in part to avoid the things that caused you difficulty	
reathing, such as air quality, temperature, or physical exertion?	
YesY	
NoN	
Don't knowU	
hinking back to where you were last employed, did you stop working there, at least in part,	
ecause of missed time due to illness ?	
YesY	
NoN	
Don't knowU	

	ID	NUMBER:] ,	FORM (VERSION				Visit Number		SEC	Q #				
L			l				l			_					'				<u> </u>		<u> </u>	
		w going to e answered																				
Orn	y De	answered	и Бу	μαιι	истрати	.S VV	110	aris	SWEI	c u c	Start e u	ane	w job i	II U	ι ο μαδι	12 111011	u 13 11	ı Qu	iesti	JII Z	.]	
13)	Do	you now v	vork	(:									Υ	es/		No	Н	ow r	man	y ma	onths?	•
,		in a cottor			hemp	mill	?					EH.						Г	1 .	-	EHA1	
		in a found																			EHA1	3B1
	-	in a glass	-																		EHA′	13C1
		in a mine?																			EHA ²	13D1
	e)	in a potter	ry?.									EH	A13E								EHA′	
	f)	in a powe	-																		EHA ²	13F1
	g)	in a quarr	y?									.EH	A13G								EHA	
		in a refine	ry?									.EH	A13H][].		EHA	
	i)	or with as]		EHA	
	j)	in synthet	ic fil	bers	or fabr	ic n	nan	ufa	acturi	ng?	·	EH	A13J]		EHA	13J1
	k)	in a paper	r mil	ll?								EH	A13K]		EHA	
	l)	in building	g or	high	way co	nst	ruct	tior	า?			EH.	A13L								EHA	
	m)	in an alum	ninu	m fa	ctory?							·EH	A13M][].			13M1
	n)	in a rubbe	er tir	e pla	ant?							·EH	A13N][].			13N1
	o)	in HVAC?	·									EH	413O][].			1301
	p)	in demolit	ioní	?								EH	A13P][].			13P1
	q)	in remode																				13Q1
	r)	in profess	iona	al cle	eaning?	·						EH	413R								EHA	13R1
	s)	in beauty	care	e?								EH	A13S][].			13S1
	t)	in agricult	ure	?								EH	A13T][].			13T1
	u)	in the floo	ring	indu	ustry?							·EH.	A13U									13U1
11)	Do	you now v	work										\ \	′es		No	المنا	v ma	י אמר	mon	ths?	
,		a boilerma										EΗ	A14A				1100	V 1116	י עווג ררך		EHA1	4A1
	b)	a carpente											A14B								EHA1	4B1
	,	a chemica										`=	A14C	П							EHA1	4C1
	,	an electric										•	A14D							. — ا	EHA1	
	,	an elevato											A14E	П						ر ب.	EHA1	
	f)	an insulat		•									A14F	П				F		. ب	EHA1	
	g)	a lather?										-	A14G							-Ш	EHA1	
		a machini											A14H					F			EHA′	
	,	a mechan											A14I							\Box	EHA′	
	′	a millwrigi										`	414J	\Box				F		\Box	EHA′	
	• /	a pipefitte										_	A14K							$\overline{\square}$	EHA ²	
	l)	a plastere											A14L							\Box	EHA	
	,	a plumber												\Box][]	$\vec{\Box}$		14M1
	-	a sander?											414N							_ 		14N1

Employment History Form - Annual Follow-up, EHA

Page 3 of 8

	ID	NUMBER:									CODE: EHA N: 1.0 9/21/11	Visit Number		SEQ#				
	l				1			l l				Yes	No	How	man	v mo	onths?	
	o)	a sheet m	neta	l wo	rker?						EHA14O			Г			EHA14	101
	p)	a steelwo									EHA14P		\Box	Ē		\Box	EHA14	
	q)	a welder?									EHA14Q		\Box	Ē		$\overline{\Box}$	EHA14	
	r)	a pig farm											\Box	Ē		. \Box	EHA14	#R1
	s)	a rigger?									EHA14S		$\overline{\Box}$	Ē	 	$\overline{\Box}$	EHA14	4S1
	t)	a roofer?									EHA14T					$\overline{\Box}$	EHA14	4T1
	u)	a painter?	?								EHA14U					$\overline{\Box}$	EHA14	1 U1
	v)	a mason?															EHA14	1V1
15)	•	your job, damples of v	•				_			ct with a	ny of the fol	•						
	۵)	luuitant na			ah aa a	س ما ما				. m.i.a	EHA15A	Yes l⊏	No	How	man ¬—		onths? EHA15	A1
	a)	Irritant ga		-							EHA15B			L	IJ <u></u>	ا ا	EHA15	
	b)	Fire, smo Incinerato						•			EHA15C	<u>.</u>			_ 	إلا	EHA15	
	q)	Coal dust			•						EHA15D					. — ا	EHA15	
	d)			•							EHA15E	<u> </u>				 	EHA15	
	e) f)	Indoor fue	anic al no	1, UI	rod mo	tore	COR	oni, i	CCO	re or or	ngines.EHA	<u> </u> 15F				· 	EHA15	
	΄.	Diesel en									EHA15G						EHA15	
	g) h)	Wheat flo	•								E1144E11					=	EHA15	
	i)	Animal fe			•							<u>」</u> └─]				_	EHA15	
	i) j)										EHA15J					\Box	EHA15	
	k)										EHA15K	<u> </u>		_		\Box	EHA15	
	l)	Cadmium												_		\Box	EHA15	
	-		-				-				EHA15M						EHA15	
	n)										EHA15N	-				\Box	EHA15	
	0)										EHA150						EHA15	
	p)										EHA15P	<u>.</u>				Ä	EHA15	
	Ρ)	LAPIOSIVO	,5 01	Dia	oung re	11110	<i></i>			• • • • • • • • • • • • • • • • • • • •	ET I/ CTOT	<u>j</u>		L	<u> </u>	· Ш	EHAIS)P I
If C	Ques	stion 13d =	= Y ((that	t is, his	tory	of w	orkii	ng i	n a mine	e) answer qu	uestions 16	-17)					
In d	aues	stion 13 yo	ou in	dica	ated vo	u wo	ork iı	nan	nine) .								
		,			, ,													
16)	Wh	ny type of r	mine	e is i	it?							. EHA	16					
		(Оре	n pi	t							1						
			Unc	lergi	round							2						
												3						
		(Sna	cify.	EHA1	бΑ												

	ID NUMBER:							FORM CODE: EHA VERSION: 1.0 9/21/11	Visit Number		SEQ#	
17)	What is mine	ed?							EHA	17		
		Hard ro	ck (e	.g., le	ad, z	zinc,	silve	er, gold, etc)	1			
		Uraniur	n						2			
		Coal							3			
									4			
		Specify	EH.	A17A	\							

	ID NUMBER:									N: 1.0 9/21/11	N	Visit Number		SEQ#			
	Ouring your l s you worked									READ: If nor	locat ne ar	tion(s).	ed ski	p to quest	ion 1	19]	•
											Yes		No	How	man		
а) in a cotto	n, flax	or	hem	o mill	?				EHA18A						اِلـــا٠	EHA18A1
b	,	-														اب.	EHA18B1
С) in a glass	work	s?.							EHA18C							EHA18C1
d) in a mine	?														\Box	EHA18D1
е) in a potte	ry?								EHA18E							EHA18E1
f)	in a powe	er plan	nt? .							EHA18F							EHA18F1
g) in a quarr	y?														\Box	EHA18G1
h) in a refine	ery?								EHA18H						\Box	EHA18H1
i)	or with as	sbesto	s?							EHA18I						\Box	EHA18I1
j)	in synthet	tic fibe	ers	or fat	oric n	nanı	ufact	urir	ng?	EHA18J						\Box	EHA18J1
k) in a pape	r mill?	·							EHA18K						\Box	EHA18K1
I)	in building	g or hi	igh	way c	onst	ruct	ion?			EHA18L							EHA18L1
n	n) in an alun	ninum	ı fa	ctory	?					EHA18M	 					\Box	EHA18M1
n) in a rubbe	er tire	pla	ınt?						EHA18N							EHA18N1
O) in HVAC?	?								EHA18O							EHA18O1
р) in demolit	tion? .								EHA18P]						EHA18P1
q) in remode	eling?								EHA18Q						$. \square$	EHA18Q1
r)	in profess	sional	cle	aning	j?					EHA18R	\Box					\Box	EHA18R1
S) in beauty	care?	?							EHA18S						\Box	EHA18S1
t)	in agricult	ture?.								EHA18T							EHA18T1
u) in the floo	oring i	ndı	ustry?						EHA18U							EHA18U1
	Ouring your I y years you									O NOT REA	AD: I Yes			arked skip	to q	ues	tion 20] ears?
а) a boilerm	aker?														الا	EHA19A1
b) a carpent	er?											Ш	L		.∐	EHA19B1
С) a chemica	al wor	ker	?										L		.∐	EHA19C1
d	,																EHA19D1
е) an elevat	or ope	erat	tor?						EHA19E							EHA19E1
f)	an insulat	tor?															EHA19F1
g) a lather?																EHA19G1
h	•									EHA19H						\Box	EHA19H1
i)										EHA19I							EHA19I1
j)	_									EHA19J							EHA19J1
k										EHA19K							EHA19K1
I)	a plastere	er?								EHA19L	=						EHA19L1
n	n) a plumbe	r?								EHA19M						. \Box	EHA19M1

	ID	NUMBER:								_	ODE: EHA DN: 1.0 9/21/11	Vis Num	-	SEQ	#			
L	\	o oondor	·	1				1			EHA19N						EH/	419N ²
	`	a sander?									ELIA400	· 🗀						4190°
	o)	a sheet ma steelwo									EHA19P	· 🗀						419P1
	p)										EHA19Q	· 🗀						419Q
		a welder?									ELLA 40D	· 🗀						A19R
	r)	a pig farm										· 🗀						A19S
	s)	a rigger?										· 🗀						A19T
	t)	a roofer?										·∐ I⊏						A191 A19U
											EHA19U							
	V)	a mason?	'	•••••					•••••		EHA19V						EHA	419V
the	foll										i job you reg fumes. [DO		EAD: If none	e are n	narked	d ski	p to	
	٥)	Irritant aa	000	011	oh oo	oblor	ina	or o	mma	nio	EHA20A	r es □	No □	ПΟ\	w man ┌─ा			20A1
	a) b)	Irritant ga									EHA20B	· 🗀						20B1
	p)	Fire, smo						•			EHA20C	· 🗀						20C1
	۲) C)	Incinerato									EHA20D	· 🗀						20D1
	d)	Coal dust	OI	JOW	uei	······		t		a alk duas	EHA20E							20E1
	e) f)	Indoor fue	odiio ol na	ı, OI	. col ici	ete, i	em	mnr.	01 10	ro or or	nginga EHA	20F						20F1
	f) ~\	Diesel en	aina aina	wei	eu m	Olors	CO	при	2880	is, or er	ngines.EHA EHA20G	<u></u>						\20G1
	g)		_								ELIAGOLI							\20H1
	h)	Wheat flo			•						EHA20I							12011
	I)	Animal fe									ELLA COL	· 🗀						\20J1
	j)	Cotton du						_			EHA20K	· 🗀						12051 120K1
	k)	Wood dus																
	l)										EHA20L EHA20M	·				\vdash	_	\20L1
	m)	Other me									ELLACONI	·∐						120M
	n)	Welding of				•						·∐						\20N1
	0)	Fiberglas									EU A GOD	·∐						\200°
	p)	Explosive	s or	· bia	sting	rume	S		•••••		EHA20P	· 🔲					EHA	420P
If Q	ues	stion 18d =	= Y ((that	is, hi	story	of v	vork	ing ii	n a mine	e) answer qu	estions	s 21-22)					
In q	ues	stion 18 yo	u in	dica	ited y	ou ha	ve '	work	ked i	n a mine	€.							
21)	Wh	ny type of r	mine	e wa	ıs it? .							E	HA21					
		(Оре	n pi	t								1					
				_														
		(Oth	er			1						3					
		9	Spe	cifv:	EH/	121A	4											

	ID NUMBER:									FORM CODE: EHA VERSION: 1.0 9/21/11	/isit ımber		SEQ#		
22)	What was mi	ned?									EHA	22			
		Hard	rock	(е	.g.,	lead	, zind	c, s	ilve	er, gold, etc)	 1				
		Uran	ium .								 2				
		Coal									 3				
											 4				
		Spec	ify:	EH	A22	2A									



EMPLOYMENT HISTORY FORM

ID NUMBER: BLINDID FORM CODE: EHF Visit Number VISIT SEQ #	
0a) Form Date	
<u>Instructions:</u> This form should be completed during the participant's visit. Carefully answer each question regarding current and past employment. For check box questions please select "Yes" or "No" on all items. Please answer all questions.	
The following questions concern employment.	
1) Have you ever been employed for a wage or salary, either part-time or full-time? EHF01	
YesY	
No	
No AnswerU → Go to Item 18	
2) Which of the following best describes your current employment situation?	
2) Which of the following Boot describes your dariest employment distances:	
Are you currently:	
Working	
On leave but still employed2 → Go to Item 13	
Temporarily laid off	
Unemployed and looking for work4	
Unable to work5	
Going to school6	
Keeping house7	
Retired 8	
Other9	
No answer 0 → Go to Item 18	
3) In your last job, what kind of work did you do? That is, what was your occupation?	
Occupation : EHF3	
4) In this job, what were your usual activities or duties?	
Job Duties: EHF04	
5) What was your business or industry? (If necessary: what did they make or do in this business?) Business: EHF05	
	ഒ
6) What year did you begin working in this job?	~

								FORM CODE: EI	HF	Visit]			
	ID NUMBER:							VERSION: 2.1 5/8	/11	Number		SEQ#			
												ſ			1507
7)	How many y	ears,	altoge	ethe	er, did	l you	work	in this job?							HF07
7a\) On average	how	many	hoi	irs ne	er we	≥k did	you work in this	ioh?					EF	HF07
ru,	, On average,	110 00	illally	1100	uro pe) WC	on ala	you work in this	job:						
												Г			
8)	Did you leave	e you	ır last	job	beca	use o	f brea	athing or lung prol	blem	s?				EHF08	3
		Yes.								Y					
		No								N					
		No A	nswe	r/Do	on't kr	now .				U					
9)	Are you not w	vorkin	ng at le	east	in pa	rt to a	void t	he things that cau	sed y	ou difficul	ty	r			_
	breathing, su	ch as	air qu	uality	y, tem	perat	ure, o	r physical exertion	ı?				[[EHF09	9
		Yes.								Y					
		No								N					
		Don'	t knov	٧						U					
10)) Thinking bacl	k to w	hen y	ou v	were I	ast er	nploy	ed, did you stop w	orkin	g, at least	in part,	r			
	because of m	issec	time	due	to illr	ness ?	·							EHF1	0
		Yes.								Y					
		No								N					
		Don'	t knov	٧						U					
11)) Did this job e	xpose	e you t	to va	apors.	, gas,	dust o	or fumes?						EHF1	1
,	,					_						L			_
		Don'	t knov	v						U					
												Г			_
12)) Was this wor	k the	longe	est j	ob tha	at you	ı have	e ever held?						EHF12	2
		Yes.								Y →	Go to It	em 18			
		Don'	t knov	٧						U –	Go to It	tem 18			
	a) In your lo	ngest	t held	job,	what	kind (of wor	k did you do? Tha	at is,	what was	your oc	cupation	1?		
			upatio						_			·			
	b) In this job	, wha	at were	e yo	ur usı	ual ac	tivities	s or duties?							
	•		Duties	-											
		JUDI	Julies). <u> </u>					_						
	-\ \A/I					ء الم	.0 //		: 4 0		male ! d	ala le contra	^		
	•	-	r busir ness:				/	necessary: what d	ia the	ву таке о	r ao in tr	nis dusir	iess?)	
		HUSIR	UESS.		11 12	ノ									

	ID	NUMBER:						ODE: EHF l: 2.1 5/8/11	Visit Number		SEQ#		
	d)	Did this jo	•	•	•	. •		es?				EH	F12D
	e)	What ye	ear did	you beg	jin workir	ng in this	job?						EHF12
	f)	How ma	ny ye	ars, alto	gether, di	id you w	ork in this	job?	•••••	•••••			EHF12F
	g)	On avera	age, h	ow many	hours p	er week	did you w	ork in this	job?				EHF12G
If C	Ques	stion 2 = 1	1, 2, 0	r 3 (that	is, currer	ntly empl	oyed) ans	swer questi	ons 13-17	")			
13)		his job, w Occupati						is your occı	upation?				
14)		nis job, wh		•	ual activit	ies or du	ties?						
15)	Wh	at is your Business			dustry? (If	necessa	ary: what o	do they mak	ke or do in	this busi	ness?)		
16)	Ηον	w many y	ears,	altogethe	er, have y	ou work	ed in this	job?					EHF16
17)	On	average,	how i	many ho	urs per w	reek do y	ou work?	·					EHF17

	ID NUMBER:											ODE: EHF I : 2.1 5/8/11	Visit Number		SEQ#					
18)	Have you e	ver w	orke	ed:					•			,	Yes	No	How r	nan	v ve	ars?		
•	a) in a cot					o mill	?					EHF18A				1			-18A1	٦
	b) in a fou				•							EHF18B		\Box		<u>.</u>		EHF	-18B1	i
	,	•										EHF18C		$\overline{\Box}$		īП.	.	EHF	18C1	ī
												EHF18D		$\overline{\Box}$		īП.	—,		-18D1	4
	-											EHF18E		$\overline{\Box}$		ī.		EHF	18E1	ī
	f) in a pov											EHF18F		$\overline{\Box}$		īĦ.	 	EHF	18F1	┪
	g) in a qua	-										EHF18G		$\overline{\Box}$		ĪП.	. 🗔	EHF	18G1	ī
	h) in a refi										'	EHF18H		$\overline{\Box}$		ī.		EHF	18H1	┪
	i) or with	•										EHF18I		$\overline{\Box}$		ĪĪ.		EHF	18 1	ĺ
	i) in synth	etic f	ibers	s or	r fab	oric n	าลทเ	ufa	acturi	ng	?	EHF18J				\Box	∏	EHF	-18J1	٦
	k) in a pap											EHF18K				\Box		EHF	18K1	Ī
) in buildi	ng or	high	าพล	ay c	onsti	ructi	ior	n?			EHF18L]	. 🔲 โ	EHF	18L1	٦
		-	_									EHF18M]		EHF	18M1	Ñ
												EHF18N][.	. 🗌	EHF	-18N1	ń
												EHF18O][.		EHF	1801	ī
	p) in demo	lition	?									EHF18P][.	. 🔲 İ	EHF	-18P1	1
	q) in remo	delin	g?									EHF18Q][.	 	EHF	18Q1	Ī
												EHF18R]		EHF	18R1	i
	s) in beau	y car	e?									EHF18S]		EHF	18S1	Ī
	t) in agric	ulture	?									EHF18T]	. 🔲	EHF	18T1	↿
	u) in the fl	orin	g ind	lust	try?							EHF18U]	.□[EHF	-18U1	Ī
																				_
•	Have you e											EHF19A	∕es □	No	How	mar	· · ·			7
	a) a boiler							• • • •				EHF19B			L	┈.	∟∟'		19A1 19B1	_
	b) a carpe											EHF19C			L	<u> </u> -	ا_ا			=
	c) a chem											EHF19D			L	<u> </u> -	ـاس'		19C1 19D1	4
	d) an elec														L	<u>.</u>	ــِـــــــــــــــــــــــــــــــــــ			┥
	e) an elev		-									EHF19E EHF19F				<u>.</u>	ــا		19E1 19F1	┥
	f) an insu														L	<u> </u> -	ـاِسا			=
	g) a lather											EHF19G EHF19H			L	<u> </u> -	ــالــــــــــــــــــــــــــــــــــ		19G1	┙.
	h) a mach											EHF19H				<u>.</u>	ـإــــا،		19H1 19I1	┥
	i) a mech											EHF19J			L	<u> </u> -	₊الـــا∙		-19J1	┥
	i) a millwr	•										EHF19K			L	<u> </u> -	اِ لـــا٠		1951 19K1	┥
	k) a pipefi											EHF19L				<u> </u> -	-إلــــا'		19K1	4
	l) a plaste											EHF19M				╢.	اِس			H
	m) a plumb											EHF19M				<u> </u> -	۳ ا		19M1	4
	n) a sande	r?										FILL ISIA		Ш		JLJ.	. 🔲		-19N1	

	ID	NUMBER:									CODE: EHF N: 2.1 5/8/11	Visit Number		SEQ) #			
					•		•					Yes	No	_ Hc	w mai	nv ve	ars?	
	0)	a sheet m	etal	l wo	rker?						EHF190	_						1901
	p)	a steelwo		_	_						EHF19P	<u> </u>]. 	EHF	19P1
	q)	a welder?									EHF19Q).].[]	EHF	19Q1
	r)	a pig farm									EHF19R					1. 	EHF	19R1
	s)	a rigger?									EHF19S	Ī]. 	EHF	19 S 1
	t)	a roofer?									EHF19T	1 -	\Box			1.II	EHF	19T1
	u)	a painter?	·								EHF19U					1.II	EHF	-19U1
	v)	a mason?									EHF19V].	EHF	-19V1
20)		your job, do amples of v		•				_		ntact with		e following	•				•	
	۵)	luuitont no			-h	س م ا مام	:			ni.	EHF20A	Yes ⊓⊏⊓	No	HC	w mai			20A1
	a)	Irritant ga										<u> </u>				J·∐_ 1 ┌──		20B1
	b)	Fire, smol						•			EHF20C					J·└──┃]		20C1
	c)	Incinerato Coal dust	•		-						EHF20D]·∐[-20D1
	d)		-								EHF20E	⊒—]. ∐		20E1
	e) f)										gines.EHF] 		20E1
	΄.	Diesel en	-					-		-	EHF20G]. ∐		20G1
	g) h)	Wheat flo	•] 		20G1
	i)	Animal fe			_							<u>'</u>]. 		2011
	i) j)	Cotton du		_								-] 		-20J1
	k)	Wood dus									EHF20K] []].		20K1
	l)	Cadmium] 		20L1
	•											_				1.		20M1
	n)										EHF20N	<u></u>				1. 		-20N1
	0)										EHF20C					1. 		2001
	p)	_									EHF20P].		-20P1
		stion 18d = estion 18 y	•						J	,	,	uestions 21	1-22)					
21)	Wł	nat type of	min	ie w	as it?							EHF	21					
		(Оре	n pi	t							1						
		1	Und	lergi	round	I						2						
		;	Spe	cify:	EHF	-21A												

	ID NUMBER	R:						FORM CODE: VERSION: 2.1		Visit Number		SEQ#			
22)	What was	mined	?						[EHF2	22				
		Hard	d rock (e	e.g., lea	ad, z	zinc, silv	ver,	gold, etc)		1					
		Ura	nium							2					
		Coa	I							3					
		Othe	er <u></u>		<u></u>					4					
		Spe	cify: El	1F22A	\										
If G	Question 2 =	= 1, 2,	or 3 (tha	nt is, cu	ırrer	ntly emp	oloy	ed) answer	· questic	on 23)					
The	e following	g ques	tions re	late ei	ther	to you	ır c	urrent job	or youı	r longest l	held jo	b.			
23)	Does your	current	job exp	ose yo	u to	vapors,	ga	s, dust or fu	mes?				E	HF23	
,	Ĭ			•		•	•	<i>'</i>							
		No.								N					
24)	ls vour cui	rent w	ork the l	onaesi	ioh	that vo	u h	ave ever he	7ld?			Γ	E	HF24	
_ ')	io your our			•	•	•									
											LIIG				
											End				
	a) In your		t held jo upation:				rk d	id you do?	That is,	what was	your oc	ccupation	?		
	b) In this	job, wh	at were	your us	sual	activitie	s or	duties?							
	•	Job	Duties:_	EHF2	24B										
	c) What v		r busine			stry? (If ı	nec	essary: wha	nt did the	ey make oi	r do in t	his busine	ess?)		
	d) Did this	•	•		•			or fumes?					E	HF24D	
		Yes								Y					
		No.								N					
		Don	't know .							U					
	e) What	year d	d you b	egin w	orkiı	ng in thi	is jo	b?						Ē	HF24E
	f) How r	many y	ears, alt	ogethe	er, d	id you v	worl	c in this job	?					EHF	24F
	g) On ave	erage. I	now mai	ny hou	rs p	er week	k die	d you work	in this i	ob?		Γ		EHF	24G



EMPLOYMENT HISTORY FORM

ID NUMBER: BLINDID FORM CODE: EHF VISIT SEQ # VISIT SEQ #
0a) Form Date
<u>Instructions:</u> This form should be completed during the participant's visit. Carefully answer each question regarding current and past employment. For check box questions please select "Yes" or "No" on all items. Please answer all questions.
The following questions concern employment.
1) Have you ever been employed for a wage or salary, either part-time or full-time? EHF01
YesY
NoN → Go to Item 18
No AnswerU → Go to Item 18
2) Which of the following best describes your current employment situation?
Are you currently:
Working
On leave but still employed2 → Go to Item 13
Temporarily laid off
Unemployed and looking for work4
Unable to work5
Going to school6
Keeping house7
Retired8
Other9
No answer0 →Go to Item 18
3) In your last job, what kind of work did you do? That is, what was your occupation? Occupation: EHF3
4) In this job, what were your usual activities or duties? Job Duties: EHF04
5) What was your business or industry? (If necessary: what did they make or do in this business?) Business: EHF05
6) What year did you begin working in this job?

	ID NUMBER:						FORM CODE: EH VERSION: 2.0 9/21		Visit Number		SEQ#			
				<u> </u>]		Number					_
7)	How many y	ears,	altoge	ther, did	you v	vork i	in this job?						EHFO)7 —
7a)) On average,	how	many I	nours p	er wee	k did	l you work in this j	ob?					EHFO)7
8)	Did you leav	e you	r last jo	ob beca	use of	brea	athing or lung prob	lem	s?				EHF08	
		Yes							Y					
		No							N					
		No A	nswer	/Don't k	now				U					
9)	Are vou not v	vorkin	a at lea	ast in pa	art to av	oid t	he things that caus	ed v	vou difficu	ıltv				
-,	•		•	•			r physical exertion	•	•	•			EHF09	
	breating, 30		•	•	•							'		
		_												
		Don	. KIIOW		•••••			•••••						
10)) Thinking bacl	k to w	hen yo	u were	last em	ploy	ed, did you stop wo	orkir	ng, at leas	st in part,	, -			
	because of m	nissed	time c	lue to illi	ness?								EHF10	
		Yes							Y		_			
		No							N					
		Don't	know						U					
											Г			
11)) Did this job e	xpose	you to	vapors	s, gas, o	dust (or fumes?						EHF11	
		Yes							Y					
		No							N					
		Don't	know						U					
12) Was this wo	k the	longes	st ioh th	at vou	have	e ever held?				Γ		EHF12	
,	,		-	-	-						_			
										<u> </u>	tem ro			
										→Go to I	tem 18			
	a) In your lo	ngest	held jo	b, what	kind o	f wor	k did you do? Tha	t is,	what was	s your oc	cupation	?		
		Occu	pation	EHF	12A									
						ivities	s or duties?							
		Job [Outies:	EHF'	12B									
	c) What was	s your	busine	ess or in	ndustry	? (If r	necessary: what di	d the	ey make o	or do in t	his busin	ess?)	
		Busir	ness:_	EHF12	C]									

ID NUMBER: FORM CODE: EHF Visit VERSION: 2.0 9/21/11 Number SEQ#	
d) Did this job expose you to vapors, gas, dust or fumes?	
YesY	
NoN	
Don't knowU	
e) What year did you begin working in this job? EHF12E	
f) How many years, altogether, did you work in this job? EHF12F	
g) On average, how many hours per week did you work in this job?	
If Question 2 = 1, 2, or 3 (that is, currently employed) answer questions 13-17) 13) At this job, what kind of work do you do? That is, what is your occupation? Occupation: EHF13	
14) In this job, what are your usual activities or duties? Job Duties: EHF14	
15) What is your business or industry? (If necessary: what do they make or do in this business?) Business: EHF15	
16) How many years, altogether, have you worked in this job?	
17) On average, how many hours per week do you work?	

Ī	ID NUMBER:										ODE: EHF I: 2.0 9/21/11		Visit Number		SEQ#					
40\\						<u> </u>						,		.	J]	
΄.	ave you eve					_					EHF18A	Yes ¬¬		No	How	man ¬□				\neg
a)				-							EHF18E	= ─			L		اب		F18A1	_
b)		•													L		. ب		F18B1	=
c)	J										EHF18C			Ш	Ĺ		—		F18C1	_
d)	in a mine?						••••				EHF18D			Ш	L		ا ب		F18D1	_
e)	in a pottery	y?									EHF18E						—		-18E1	_
f)	in a power	pla	nt?								EHF18F						\Box	EHI	F18F1	╛
g)	in a quarry	⁄?									EHF18G						.[EHI	-18G1	
h)	in a refiner	ry?.									EHF18H							ΕHI	F18H1	
i)	or with ask	est	os?								EHF18I						\Box	EHI	F18I1	
j)	in syntheti	c fib	ers	or fabr	ric n	nar	nuf	actu	ring	?	EHF18J						. \Box	ΕH	F18J1	
k)	in a paper	mill	?								EHF18K	$]\Box$						EHI	-18K1	
I)	in building	or I	nigh	way co	nst	ruc	ctio	n?			EHF18L							ΕH	F18L1	٦
m	ı) in an alum	inur	n fa	ctory?							EHF18N	1					\Box	EHI	F18M′	ī.
n)	·			•							EHF18N	Ī		$\overline{\Box}$	Ī		\Box	ΕH	F18N1	٦Ţ.
0)			-								EHF18C			$\overline{\Box}$	Γ		.	EHI	F18O1	กี
p)											EHF18F			$\overline{\Box}$	Ī				F18P1	_
q)											EHF18C			\Box	_		_		-18Q1	=
r)	in professi	•									EHF18F						_		F18R1	_
s)				•										\Box			=		-18S1	_
t)	in agricultu										EHF18T	_					=		F18T1	_
u)											EHF18L								F18U1	_
u)		iiig	iiiuc	и з п у :		••••	••••								L		·Ш		100	<u>'</u>
19) H	ave you eve	r wc	rke	d as:								Yes		No	How	ma	, ,			_
a)	a boilerma	ker	?								EHF19/						\Box		F19A1	_
b)	a carpente	er? .									EHF19E	3						ΕH	F19B1	
c)	a chemica	l wc	rkei	r?							EHF190						. \Box	ΕHI	F19C1	
d)	an electric	ian′	?								EHF19						. \Box	ΕH	F19D1	
e)																		EHI	-19E1	
f)	an insulato										EHF19F							ΕH	F19F1	
g)	a lather?										EHF190	<u> </u>					. 🗌	EHI	-19G1	ī
h)											EHF19h	_		$\overline{\Box}$	Ī		. 🗔	ΕHI	F19H1	Π̈́
i)	a mechani	c?.									EHF19I			$\overline{\Box}$	Ī		\Box	ΕHI	F19I1	٦
j)	a millwrigh	nt?									EHF19J			\Box	Ī		$\overline{\Box}$	EΗ	F19J1	٦
k)											EHF19k			\Box	Ĺ		\Box	EHI	-19K1	Ī
l)	a plasterer										EHF19L				Γ		_ 	ΕH	F19L1	1
m																				_
111) a plumber	?									EHF19N			$\overline{\Box}$	Γ	丽	.	EHI	F19M ²	1

	ID	NUMBER:										ODE: EHF I: 2.0 9/21/11	Visit Number		SE	Q#			
•													Yes	No	_ H	ow ma	any ye	ears?	,
	0)	a sheet m	eta	l wo	rker	?						EHF190					اً.ا⊤		-1901
	p)	a steelwo	rker	·?								EHF19P					ī.	EHI	F19P1
	q)	a welder?										EHF19Q					ī.	EHF	-19Q1
	r)	a pig farm	ner?									EHF19R					<u> </u>	EH	-19R1
	s)	a rigger?										EHF19S					<u> </u>	EHF	-19S1
	t)	a roofer?										EHF19T					<u>.</u>	EHF	-19T1
	u)	a painter?	·									EHF19U					□.□	EHI	F19U1
	v)	a mason?	·									EHF19V	<u>′</u>					EHI	F19V1
20)		your job, do amples of v		•					_		ntact with	•	e following	specific					
													Yes	No	Н	ow ma	any ye		
	a)	_										EHF20A	<u>-</u>				_ -		-20A1
	b)											EHF20B							F20B1
	c)											EHF20C					⊒ -∐	—	-20C1
	d)											EHF20D	_				Ц.Ш		F20D
	e)											EHF20E	<u></u>				Ц.∐		-20E1
	f)		-						•			gines. EHF						EHF	-20F1
	g)											EHF20G	<u>-l</u>						-20G1
	h)					-						EHF20H							-20H1
	i)	Animal fe																	-20I1
	j)											EHF20J							-20J1
	k)											EHF20K							-20K1
	l)											EHF20L	_				⊒ .∐	EHF	-20L1
	m)	Other me																EHF	-20M1
	n)	_				_						EHF20N						EH	F20N1
	o)	Fiberglass	s or	oth	er m	an-	-mad	de n	niner	al f	ibers	EHF20O						EHF	-2001
	p)	Explosive	s or	bla	stin	g fu	mes	·				EHF20P						EH	-20P1
		stion 18d =					-				•	·	uestions 23	3-2 <i>4)</i>					
21)	Wł	nat type of	min	e w	as it	?							EH	F21					
- •)		• •																	
			•	-															
				_															
			- 1	,															

	ID NUMBER:								FORM CODE: E VERSION: 2.0 9/2		Visit Number		SEQ#			
22)	What was r	nined	?							[EHF22	[
		Har	d rock	c (e.a.	. lea	d. z	zinc. sil	ve	er, gold, etc)		1	_				
				. •												
											_					
						_										
		Spe	cliy					_			 					
If G	Question 2 =	1, 2,	or 3 (that is	s, CU	rrer	ntly em	plo	oyed) answer qu	uestic	on 23)					
The	e following	ques	tions	relate	e eit	her	to yo	ur	current job or	your	longest he	ld jol	b.			
23)	Does your c	urren	t job e	expose	you	ı to	vapors	, <u>c</u>	gas, dust or fume	es?				E	HF2	3
		Yes							•••••		Y					
		No.									N					
24)	Is your curr	ent w	ork th	e long	gest	job	that yo	ou	have ever held	?				E	HF2	4
,	,				•	•	•									
												ad				
		DOI	I L KIIC	, vv	•••••			•••			∪ →⊑	iu				
	a) In your l	onges	st held	l job, v	what	kin	d of wo	rk	did you do? Th	at is,	what was yo	ur oc	cupation	1?		
		Occ	upatio	on:_E	HF2	24A	\			_						
							_									
	b) In this jo	h wh	at wa	ro vou	ırııcı	اديا	activitie	00	or duties?							
	•			•				, 0	or duties:							
		Job	Dutie	s:_E	HF2	48				_						
	c) What wa	as voi	ır hus	iness	or in	dus	trv? (If	ne	ecessary: what o	lid the	v make or d	o in th	nis husin	ess?)		
	o) what we	-		:_EH			otiy: (ii	110	ocosary. What c	aid tile	y make or a	0 111 11	iio basii i	1000:)		
		Bus	iness	:_ <u> </u>	11 2-					_						
	d) Did this	iob ex	coose	vou to	o var	oors	s. gas. o	du	st or fumes?					E	HF2	24D
	.,	-	•	•	•											
		ווטט	I L KIIO	w				• • •			0		_			
	e) What y	ear d	id you	ı begi	n wo	orkir	ng in th	nis	job?				[EHF24E
	f) How m	any y	ears,	altoge	ethe	r, di	id you	wc	ork in this job? .				[E	HF24F
	g) On aver	age.	how r	nany l	hour	s p	er wee	k (did you work in	this ic	b?				E	HF24G



EMPLOYMENT HISTORY FORM

	ID NUMBER: BLINDID FORM CODE: EHF Visit Number VISIT SEQ #
0a	Form Date
	<u>Instructions:</u> This form should be completed during the participant's visit. Carefully answer each question regarding current and past employment. For check box questions please select "Yes" or "No" on all items. Please answer all questions.
Th	e following questions concern employment.
1)	Have you ever been employed for a wage or salary, either part-time or full-time?
•	YesY
	No
	No AnswerU →Go to Item 18
2)	Which of the following best describes your current employment situation?
	Working1 → Go to Item 13
	On leave but still employed2 → Go to Item 13
	Temporarily laid off
	Unemployed and looking for work4
	Unable to work5
	Going to school6
	Keeping house7
	Retired8
	Other9
	No answer
3)	In your last job, what kind of work did you do? That is, what was your occupation? Occupation: EHF3
4)	In this job, what were your usual activities or duties? Job Duties: EHF04
5)	What was your business or industry? (If necessary: what did they make or do in this business?) Business: EHF05
6)	What year did you begin working in this job?

	ID NUMBER:					FORM CODE: ERSION: 1.0 1		Visit Number		SEC	2 #	
7 \	How many year	ro oltog	othor dia	l vou wor	ele in th	oio iob?						EHF0
1)	How many year	rs, allog	etner, aid	ı you wor	K III U	11S JOD?					[
8)	,		•			0.						EHF08
9)	Are you not wor	king at le	east in pa	rt to avoid	d the t	hings that ca	aused y	ou difficu	ılty			
	breathing, such	-	•	•	•	-						EHF09
	Di	OII (KIIO)	/V					0				
10)) Thinking back to	o when y	ou were	ast emplo	oyed, (did you stop	working	g, at leas	st in par	t,		
	because of miss	sed time	due to illr	ness ?								EHF10
	Do	on't knov	N					U				
11)) Did this job expo	ose you	to vapors	, gas, dus	st or fu	ımes?						EHF11
,		-	-	-								
	No	o						N				
	Do	on't knov	N					U				
12)	2) Was this work t	_										EHF12
									→Go to	Item 18	3	
									0 - 1 -	11 40	a	
	Do	on't Knov	N					U –	→Go to	Item 18	3	
	a) In your long Oo		job, what n:_ <mark>EHF</mark>		ork di	d you do? 1	Γhat is, v —	what was	s your c	occupati	ion?	
	b) In this job, w	vhat were			ies or	duties?						
	Jo	b Duties	EHF1	ZB								
	c) What was y	our husir	ness or in	dustry? (If nece	essarv what	t did the	v make d	or do in	this hu	siness?	P)
	•		EHF12	• .				,αο (J 1000 i	• ,

	ID NUMBER:						FORM CODE: EHF VERSION: 1.0 10/26/10	Visit Number		SEQ#		
	d) Did this is	oh ovr	2000	rou to vor	oro do	۰ ۵	unt or fumos?	_		Γ		F12D
	a) Dia triis j	-	-	-	_		ust or fumes?			·····L		1 120
		וווטם	LKIIOW	v		••••		0				
If C	Question 2 =	1, 2, 0	or 3 (th	nat is, cu	rrently e	emp	oloyed) answer question	ns 13-17)				
13)) At this job, w Occupat				ou do?	Th	at is, what is your occup	pation?				
14)) In this job, wl		•		ctivities	or d	uties?					
15)) What is your Business			r industry	? (If ned	ess	sary: what do they make	or do in th	nis busine	ess?)		
16)	How many y	ears,	altoge	ether, ha	ve you	now	ked in this job?			[EHF16
17)) On average,	how	many	hours pe	er week	do	you work?			[EHF17
18)) Have you ev	er wo	rked:				Ye	es		No _		_
	a) in a cotto	on, fla	x or h	emp mill	?						HF18/	1
	b) in a foun	dry?									EHF18E	3
	c) in a glas	s worl	ks?								HF180	2
	d) in a mine	e?									EHF18[5
	e) in a potte	ery?									HF18E	
		•						_			HF18F	7
	•	•						_			HF180	3
	•	•						_			HF18h	ᆌ
	,	•									HF18I	Ī
	,						ng?				HF18	ı̈̄
											HF18k	₹
											HF18L	
	-	_	-	•				_			HF18N	=
	•			•				_			HF181	
	o) in HVAC		-					<u> </u>			HF180	=

	ID	NUMBER:							FORM CODE: EHF VERSION: 1.0 10/26/10	Visit Number			SEQ#		
!		I .			1				Ύ				No	ı	l
	p)	in demolition	า?							_			_	HF18	3P
	q)									_			□ EF	1F18	3Q
	r)		•										□ Ei	1 F18	3R
	s)				_					_				1F18	3S
	t)	-											□ EI	HF18	3 T
	u)	· ·								_			⊢ Ei	HF18	3U
	- /		3		,					_					
19)	Ha	ve you ever v	vorke	ed a	s:				Ye	es			No	IE46	24
	a)	a boilermake	er?											HF19	
	b)	a carpenter?	?											HF19	
	c)	a chemical v	vorke	er?										HF19	
	d)	an electricia	n?											HF19	_
	e)	an elevator	opera	ator	?									HF19	
	f)	an insulator	?											HF19	
	g)	a lather?												1F19	
	h)	a machinist?	?											HF19	
	i)	a mechanic	?											HF19	
	j)	a millwright?	·										<u> </u>	HF19	
	k)	a pipefitter?												1F19	
	I)	a plasterer?												HF19	9L
	m)	a plumber?												HF19	
	n)	a sander?												HF19	9N
	o)	a sheet met	al wo	rker	·?									HF19	9 O
	p)	a steelworke	er?											HF1	9P
	q)	a welder?												HF19	9Q
	r)	a pig farmer	?											HF1	9R
	s)	a rigger?												HF19	9 S
	t)	a roofer?												HF1	9T
	u)	a painter?												HF1	9U
	v)	a mason?												HF1	9V
20)		your job, do/c amples of var							ontact with any of the form $Y\epsilon$		specif	fic	No		
	a)	Irritant nase	5 511	ch a	ıs ch	ıl∩ri	ne or	amm	onia				_	HF2(I AC
	b)	-							cts					HF2	
	c)									_				HF2	_
	d)													HF20	
	e)		•						ust					HF20	
	f)								ors, or engines	_				HF2	<u> </u>
	٠,					٠. ٥,	υυρ	. 5550	,g∪	_					٠. ا

ID	ID NUMBER:									VERSION: 1.0 10/26/10	Visit Number			SEQ#			
										<u>Ye</u>	<u>es</u>			<u>No</u>			
g)																	
h)	· — — — — — — — — — — — — — — — — — — —																
i)	i) Animal feeds or fodder																
j)	EHF201																
k)	Wood dus	st or	·sav	w du	ıst										HF2	0K	
I)	Cadmium	fun	nes	or b	atte	ries	or	slive	er sc	older					HF2	:0L	
m)	Other me	tal c	dust	s or	me	tal f	ume	s							HF2	:0M	
n)	FUESON																
o)	b) Fiberglass or other man-made mineral fibers																
(q	EHF20P																



EVENT REVIEW FORM

IC) NUI	MBER:					FORM CO VERSION			Visit Number	VIS	SIT SE	EQ#	
		rm Completion	Date]/[_	 <mark>E</mark> \	VENTID	ERFO 0d.	0b.	Reviewer	Code		<u>_</u>	RF0
		A: Administra	Origina Adjudio	 I ation .				1 2			[ER	F1	
PΑ	RT	B: Review of	Sympto	ms										
2.		rticipant experi		n incre	ease ir	the fo	ollowing "n	najor" s	ymptoms	for at lea	st 2 or			
	a. b. c.	Dyspnea Sputum purule Sputum volun	ence									No/NR	Yes ERF ERF	2B
3.		rticipant experi		n incre	ease ir	the fo	ollowing "n	ninor" s	ymptoms	for at leas	st 2 or	more		
	a. b. c. d.	Nasal dischare Wheeze Sore throat Cough										No/NR	Yes ERF3 ERF3 ERF3	BB BC
	e.	Fever											□ ERF	<u>=</u> 3E

ERF v1.0 Page 1 of 4

10	O NUMBER:									FORM CODE: ERF Visit VERSION: 1.0 1/30/15 Number	er SEQ#
4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		:		:			4:1	.: _ 4: _	a fan thia na animatann a canto	ERF4
4.	vvas tne pa	aπιc								s for this respiratory event? 1	
										0	
5.	Was the pa	artic	ipan	t pre	scrib	oed r	new	ster	oids 1	or this respiratory event?	ERF5
			-	-						1	
			ı	No/N	IR					0	
6.	Did the sul	bject	t hav	e ra	diog	raph	ic e	/ider	nce s	uggestive of pneumonia?	ERF6
										1	
			I	No/N	IR			•••••		0	
7.	Did the pa	rticip								ure with no known cause?	ERF7
										1	
			ı	NO/IN	IK					0	
PA	ART C: Clas	ssific	catio	on of	f Eve	ent					
) ov	0001	hotic	n 2	nain message] ERF8
Ο.	Did trie pa	rticip	Jani	IIave	ac	OPL	Jex	acei	Dalic	n?[display cl	nain messagej
										(Click to run exacerba	tion eligibility)
9.	Do vou ag	ree v	with	the s	svmr	otom	atic	clas	sifica	ition?	ERF9
	, 3									1	
			ı	Nο						0	
_	. If no, provi	ide r	easc	n ar	nd ci	te ar	ny re	leva	nt ca	se law	
	\Mag (b)-	•	ا- ـــا								ERF11
11	. vvas this e	vent								1	
										0 → Skip to Q19	

ID NUMBER:							FORM CODE: ERF VERSION: 1.0 1/30/15	Visit Number			SEQ#		
12. What was	the i	orimary	v caus	e of d	eath?	(ente	r one cause here, then pro	oceed to th	e ane	estio	n indicate	a) [_
72. What was		a. b. c. d.	Respir Cardic Cance Other,	atory vascu r Know	 lar n		$ \begin{array}{lll} & 1 \rightarrow \text{Skip to Q13} \\ & 2 \rightarrow \text{Skip to Q14} \\ & 3 \rightarrow \text{Skip to Q15} \\ & 4 \rightarrow \text{Skip to Q16} \\ & 5 \rightarrow \text{Skip to Q17} \end{array} $	occu to th	o qui	55110	ERF1		
13. Respirator	y (se	elect o	nly one	e)							ERF1	3	
		CC	OPD E	xacerl ithout	ation exace ry	withouthouthouthouthouthouthouthouthouthou	pneumonia 1 put pneumonia 2 pn 3 4 13A						
14. Cardiovas	cula	r (seled	ct only	one)							ERF14	4	
		He Sti DV	eart fail oke/ai /T/PE. her he	lure neurys	m		1345						
14b. T		1. "Su	dden [Death,	" defir	ed a	ct only one)s death that occurs within 2 at evidence of a deterioration	24 hours o	f beir	_] ERF14		
	14b						efined as death that occur tt evidence of a deterioration				•	2	
	14h	3 Neit	ther of	the al	OVE						•	3	

ID NUMBER:						FORM CODE: ERF VERSION: 1.0 1/30/15	Visit Number	SEQ#
15. Cancer (se	elect onl	y one)						ERF15
		Other car				1 2 A		
16. Other, Kno	own	Spec	cify: ER	F16				
17. Reason fo	r Unkno	wn cause	of dea	th (se	lect	only one)		ERF17
				-		available but cause unc		
Please answe	r for any	type of c	leath:					
18. Do you be	elieve th	at a diagr	nosis of	COPI	D cc	ontributed to the death of	this individual	?ERF18
		Yes No						
19. Should thi	s case b	e reviewe	ed by th	e Con	nmit	itee?		ERF19
		Yes No						
		Note: Ques	stion 19	must b	e an	swered for the form to be co	onsidered comple	ete
Comments: ERF19A								_
								-
								_
								End form



Event Tracking Form

EVENT ID NUMBER:	FORM CODE: ETF Visit VISIT SEQ #
0a. Form Date	ETF0A 0b. Code ETF0B
0c. Participant ID: ETF0C	0d. Event Date: / / / ETF0D
Instructions: This form is completed to document the stage	ges in the records acquisition process.

*RESULT CODES for Records Processing

- 0 Pending records request
- 1 Release of Information requested from Participant
- 2 Release of Information obtained from Participant
- 3 Participant refused to release information → END
- 4 Discharge Summary, Admission and Physical History, and/or Visit Summary Requested
- 5 Discharge Summary, Admission and Physical History, and/or Visit Summary Received → Go to Question 25a
- 6 Full Event Record requested (Attempt 1)
- 7 Full Event Record requested (Attempt 2)
- 8 Full Event Record requested (Attempt 3)
- 9 Event Record requested (Continuing attempts)
- 10 Confirmed, no events to investigate → **END**
- 11 Confirmed, duplicate event, no further investigation under this ID→ END
- 12 Confirmed, Records Not Available → END
- 13 Medical records received for event (for Full Event Requests) → Go to Question 25a
- 14 Supplemental records requested
- 15 Requested Death Certificate
- 16 Received Death Certificate
- 17 Unable to obtain Death Certificate
- 18 Transfer records to Coordinating Center [cover sheet for shipping produced] → Go to Question 28

	Date (MM/DD/YYYY)	Result Code*	Staff Code	Notes
1	ETF1A / /	ETF1C	ETF1D	ETF1B
2	ETF2A / /	ETF2C	ETF2D	ETF2B
3	ETF3A / /	ETF3C	ETF3D	ETF3B
4	ETF4A / /	ETF4C	ETF4D	ETF4B
5	ETF5A / /	ETF5C	ETF5D	ETF5B
6	ETF6A / /	ETF6C	ETF6D	ETF6B

Event Tracking From, ETF Page 1 of 2

ID NUMBER:									FORM CODE: ETF VERSION: 1.0 12/15/14	Visit Number			SEQ#			
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7	ETF7A / /	ETF7C	ETF7D	ETF7B	
8	ETF8A / /	ETF8C	ETF8D	ETF8B	
9	ETF9A / /	ETF9C	ETF9D	ETF9B	
10	ETF10A / /	ETF10C	ETF10D	ETF10B	
11	ETF11A / /	ETF11C	ETF11D	ETF11B	
12	ETF12A / /	ETF12C	ETF12D	ETF12B	
13	ETF13A / /	ETF13C	ETF13D	ETF13B	
14	ETF14A / /	ETF14C	ETF14D	ETF14B	
15	ETF15A / /	ETF15C	ETF15D	ETF15B	
16	ETF16A / /	ETF16C	ETF16D	ETF16B	
17	ETF17A /	ETF17C	ETF17D	ETF17B	
18	ETF18A / /	ETF18C	ETF18D	ETF18B	
19	ETF19A / /	ETF19C	ETF19D	ETF19B	
20	ETF20A / /	ETF20C	ETF20D	ETF20B	
21	ETF21A / /	ETF21C	ETF21D	ETF21B	
22	ETF22A / /	ETF22C	ETF22D	ETF22B	
23	ETF23A / /	ETF23C	ETF23D	ETF23B	
24	ETF24A / /	ETF24C	ETF24D	ETF24B	

Event Tracking From, ETF Page 2 of 6

ID NUMBER:									FORM CODE: ETF VERSION: 1.0 12/15/14	Visit Number			SEQ#			
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Please indicate whether any of the following ICD9 codes are listed on the Discharge Summary, Admission and Physical History, and/or Visit Summary:

25a. Were ICD9 Codes used? (Y/N) ETF25A

Diagnagas	ICD0	Diagnagas	ICD0	
Diagnoses	ICD9	Diagnoses	ICD9	
Acute upper respiratory infection	465.X □ ETF25	Pulmonary congestion and hypostasis (includes pulmonary edema NOS chronic)	514.X	□ETF25B2
Acute bronchitis	466.X	Other diseases of lung	518.X	□ETF25B4
Viral Pneumonia	480.X	Heart Failure	428.X	ETF25B6
Pneumococcal pneumonia	481.X	Lung cancer	162.X	□ETF25B8
Other bacterial pneumonia	482.X	Lung cancer	163.X	ETF25B10
Pneumonia due to other specified organism		Diabetes	249.X	ETF25B12
Bronchopneumonia, organism unspecified	485.X	iabetes 5B13	250.X	ETF25B14
Pneumonia, organism unspecified	486 X D	— unomoosis venous unomoosis	453.X	ETF25B16
Influenza	107 V -	(DVT)	415.X	(ETEOED40)
		Acute pulmonary heart disease		ETF25B18
Influenza due to certain identified influenza viruses	488.X □ ETF25	Pulmonary embolus	415.1	ETF25B20
Bronchitis	490.X D	Osteoporosis	733.X	ETF25B22
Chronic bronchitis	491.X		820.X	ETF25B24
Emphysema	492.X	Hip Fracture	821.X	ETF25B26
Asthma	493.X	Acute Myocardial Infarction	410.X	ETF25B28
Bronchiectasis	494.X □	Other acute and sub-acute forms of ischemic heart disease Myocardial	411.X	ETF25B30
COPD	496. <mark>X □</mark>	Infarction Other forms of chronic ischemic heart disease Myocardial Infarction	414.X	ETF25B32
Pneumonitis due to solids and liquids	507.X D	Occlusion and stenosis of pre-	433.X	ETF25B34
Empyema	510.X	Occlusion of cerebral arteries	434.X	ETF25B36
Pleurisy	511.X	Transient cerebral ischemia	435.X	ETF25B38
Pneumothorax and air leak	512.X D	Abscess of lung and mediastinum	513.X	ETF25B40

Event Tracking From, ETF Page 3 of 6

ID NUMBER:					FORM CODE: ETF VERSION: 1.0 12/15/14	Visit Number		SEQ#		

Please indicate whether any of the following ICD10 codes are listed on the Discharge Summary, Admission and Physical History, and/or Visit Summary:

26a. Were ICD10 Codes used? (Y/N) ETF26A

20a. Were ICD10 Codes used? (1/N)				
Diagnoses	ICD10	Diagnoses	ICD10	
Acute upper respiratory infections of multiple and unspecified sites	J06.XETF26E	Pleural effusion, not elsewhere classified	J90.X E	TF26B2
Influenza due to identified novel influenza A virus	J09.X □ ETF26B	Pleural effusion in conditions classified elsewhere	J91.X	TF26B4
Influenza due to other identified influenza virus	J10.X	Pneumothorax and air leak	J93.X E	TF26B6
Influenza, due to unidentified influenza virus	J11.X		J94.X	TF26B8
Viral pneumonia, not elsewhere classified	J12.X	Intraoperative and post-procedural complications and disorders of respiratory system, not elsewhere classified	J95.X 🖹	Γ F26B10
Pneumonia due to Streptococcus pneumonia	J13.X DETF26B	Respiratory failure, not elsewhere classified	J96.X E	ΓF26B12
Pneumonia due to Haemophilus influenzae	J14.X	Other respiratory disorders	J98.X E7	F26B14
Bacterial pneumonia, not elsewhere classified	J15.X	Heart Failure	I50.X E7	ΓF26B16
Pneumonia due to other infectious organisms, not elsewhere classified	J16.X	Malignant neoplasm of trachea	C33.X E7	F26B18
Pneumonia in diseases classified elsewhere	J17.X	Malignant neoplasm of bronchus and lung	C34.X E	
Pneumonia, unspecified organism	J18.XETF26B	21 Malignant neoplasm of pleura		ΓF26B22
Acute bronchitis	J20.X _{ETF26B}	Diabetes mellitus, Type 1	E10.X E	
Acute bronchiolitis Unspecified acute lower respiratory	JZ1.ZETF26B	Diabetes mellitus, Type 2		TF26B26
infection	J22.X	Phlebitis and thrombophlebitis	I80.X ET	F26B28
Bronchitis, not specified as acute or chronic	J40.XETF26B	Portal vein thrombosis	I81.X E	ΓF26B30
Simple and mucopurulent chronic bronchitis	J41.X	Other venous embolism and thrombosis	I82.X E7	F26B32
Unspecified chronic bronchitis	J42.X ETF26B	Pulmonary embolism	I26.X E	ΓF26B34
Emphysema	I/13 Y \Box	Osteoporosis with current pathological fracture	M80.X	ΓF26B36
Other chronic obstructive pulmonary disease	J44.X ETF26B	Osteoporosis without current pathological fracture	M81.X E	ΓF26B38
Asthma	J45.X _{ETF26E}	Osteoporosis in diseases classified lisewhere	M82.X E	Γ F 26B40
Status asthmaticus (acute severe asthma) Bronchiectasis		⁴¹ Fracture of femur	S72.X E1	F26B42 FF26B44

Event Tracking From, ETF Page 4 of 6

ID NUMBER:					FORM CODE: ETF VERSION: 1.0 12/15/14	Visit Number		SEQ#		

Diagnoses	ICD10	Diagnoses	ICD10
Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	J68.X	ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	I21.X ETF26B46
Pneumonitis due to solids and liquids	J69.X ETF26B4	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	I22.X ETF26B48
Respiratory conditions due to other external agents	J70.X	Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)	I23.X ETF26B50
Adult respiratory distress syndrome	J80.XETF26B	Other acute ischemic heart diseases	I24.X ETF26B52
Pulmonary edema	J81.Y _{ETF26B5}	Cerebral infarction	I63 ETF26B54
Abscess of lung and mediastinum	J85.X	Stroke, not specified as hemorrhage or infarction	I64 ETF26B56
Pyothorax	J86.XETF26B	Transient cerebral ischemic attacks and related syndromes	G45.X ETF26B58
Chronic ischemic heart disease	I25.X ETF26	B59	

27a. Were additional diagnoses or procedures listed on coding summary requiring full medical records request? (Y/N) ETF27A

Mechanical Ventilation not in the setting of a surgical procedure

| ETF27B1

Report of other respiratory problem treated

Event Tracking From, ETF Page 5 of 6

ID NUMBER:									FORM CODE: ETF VERSION: 1.0 12/15/14	Visit Number			SEQ#			
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28. For each of the items below, please indicate if the record is included in the packet to the GIC:

Medical Record	Status	
ICD-9 or -10 Coding Summary	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28A
Admission History and Physical	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28B
Discharge Summary	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28C
Emergency Department Report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28D
General labs	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28E
Microbiology labs	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28F
Procedure or surgical reports	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28G
Spirometry report	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28H
Echo report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28I
RVG or MUGA report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28J
Doppler Flow Study report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28K
Pulse oximetry reports	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28L
Arterial blood gas report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28M
Discharge medication report	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28N
Chest X-ray reports	$\hfill\Box$ Included $\hfill\Box$ Available, not included $\hfill\Box$ Unavailable $\hfill\Box$ Not collected	ETF28O
Chest CT scan reports	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28P
Pulmonary angiography report	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28Q
V/Q Lung scan	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28R
Autopsy or Medical examiner report	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28S
Death Certificate	□ Included □ Available, not included □ Unavailable □ Not collected	ETF28T

Event Tracking From, ETF Page 6 of 6

EVT – GIC Event Packet Tracking

			V1 20150109	
0a.	Event ID:)	0b. Event Date:	EVT0E
Oσ	Last Accessed Date:		0d. Staff Code:	
UC.	Last Accessed Date.		od. Starr Code	
1. 2. 3. 4.	Date Packet Received: Initials of check-in process Number of pages in the pa Diagnosis codes used: ICE	cket: E	Г2 VT3	
	[2 1000 C		10010.0	1
	3a. ICD9 Codes	3b.	ICD10 Codes	
	EVT4A1 .	<u> </u>	EVT4B1	
	EVT4A2		EVT4B2 .	
	EVT4A3		EVT4B3	
	EVT4A4		EVT4B4 .	
	EVT4A5		EVT4B5 .	
	EVT4A6 .		EVT4B6 .	
	EVT4A7 .		EVT4B7 .	
	EVT4A8 .		EVT4B8	
	EVT4A9 .		EVT4B9 .	
	EVT4A10		EVT4B10	
	EVT4A11		EVT4B11 .	
	EVT4A12		FVT4B12	
	EVT4A13		EVT4B13	
	EVT4A14.		FVT4B14	
	EVT4A15		EVT4B15	
	EVT4A16		EVT4B16	
	FVT4A17		FVT4B17	
	FVT4A18		FVT4B18	
	EVT4A19		EVT4B19 .	
	EVT4A20		FVT4B20	
			<u> </u>	I
5.	Initial Packet Event Asses Eligible Event		5	
6.	Initial Packet Review State Complete Incomplete	l (skip 6a)	mplete EVT6 sing items and rest of form	skipped)
	6a. Select missing items th	at apply		
	ICD Coding Summar Admission History ar Discharge Summary Emergency Departme General labs	d Physical	Y/N EVT6A1	

	Microbiology labs Procedure or surgical reports Spirometry report Echo report Pulse oximetry reports Arterial blood gas report Discharge medication report Chest X-ray reports Chest CT scan reports Pulmonary angiography report V/Q Lung scan Autopsy or Medical examiner report Death certificate Improperly blinded Improperly labeled Other	EVT6A6 EVT6A7 EVT6A8 EVT6A9 EVT6A10 EVT6A11 EVT6A12 EVT6A13 EVT6A14 EVT6A15 EVT6A16 EVT6A17 EVT6A18 EVT6A19 EVT6A20 EVT6A21
	6b) Specify other: EVT6B	<u> </u>
7.	Abstractor Packet Review Status: Complete1 (skip 7a) Incomplete0 (specify missing 7a. Select missing items that apply	
	ICD Coding Summary Admission History and Physical Discharge Summary Emergency Department Report General labs Microbiology labs Procedure or surgical reports Spirometry report Echo report Pulse oximetry reports Arterial blood gas report Discharge medication report Chest X-ray reports Chest CT scan reports Pulmonary angiography report V/Q Lung scan Autopsy or Medical examiner report Death certificate Improperly blinded Improperly labeled Other	Y/N EVT7A1
8.	7b) Specify other: EVT7B Event eligible for abstraction? EVT8 Yes1	
	No0	

9. Abstraction Status : EVT9

Complete......1
In-progress......0



FACIT-F (Version 4)

ID NUMBER: BLINDID	FORM CODE: FCT VERSION: 1.0 10/26/10	Visit Number VISIT SEQ#	
0a) Form Date	FCT0A	0b) Initials	
Instructions: Form is to be completed during t	he study visit. Read all q	uestions exactly as written.	

Below is a list of statements that other people with your illness have said are important. Please indicate your response as it applies to the <u>past 7 days</u>.

ĺ		PHYSICAL WELL-BEING	Not at all	A little bit	Some -what	Quite a bit	Very much
	1	I have a lack of energy	0	1	2	3	4 FCT01
	2	I have nausea	0	1	2	3	4 FCT02
	3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4 FCT03
	4	I have pain	0	1	2	3	4 FCT04
	5	I am bothered by side effects of treatment	0	1	2	3	4 FCT05
	6	I feel ill	0	1	2	3	4 FCT06
	7	I am forced to spend time in bed	0	1	2	3	4 FCT07

FACIT-F Form, FCT Page 1 of 4

ID NUMBER:					FORM CODE: FCT VERSION: 1.0 10/26/10	Visit Number		SEQ#		
					VERTORIA 110 10/20/10	Mannaci				

	SOCIAL/FAMILY WELL-BEING	Not at all	A little bit	Some -what	Quite a bit	Very much
8	I feel close to my friends	0	1	2	3	4 FCT08
9	I get emotional support from my family	0	1	2	3	4 FCT09
10	I get support from my friends	0	1	2	3	4 FCT10
11	My family has accepted my illness	0	1	2	3	4 FCT11
12	I am satisfied with family communication about my illness	0	1	2	3	4 FCT12
13	I feel close to my partner (or the person who is my main support)	0	1	2	3	4 FCT13
14	Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.	.]				
15	I am satisfied with my sex life	0	1	2	3	4 FCT15

ID NUMBER:									FORM CODE: FCT VERSION: 1.0 10/26/10	Visit Number		SEQ#			
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Please indicate your response as it applies to the past 7 days.

		EMOTIONAL WELL-BEING	Not at all	A little bit	Some -what	Quite a bit	Very much
1	16	I feel sad	0	1	2	3	4 FCT16
1	17	I am satisfied with how I am coping with my illness	0	1	2	3	4 FCT17
1	18	I am losing hope in the fight against my illness	0	1	2	3	4 FCT18
1	19	I feel nervous	0	1	2	3	4 FCT19
2	20	I worry about dying	0	1	2	3	4 FCT20
2	21	I worry that my condition will get worse	0	1	2	3	4 FCT21
		FUNCTIONAL WELL-BEING	Not at all	A little bit	Some -what	Quite a bit	Very much
2	22	Lam able to work (include work at home)	0	1	2	3	₄ FCT22

	FUNCTIONAL WELL-BEING	Not at all	A little bit	Some -what	Quite a bit	Very much
22	I am able to work (include work at home)	0	1	2	3	4 FCT22
23	My work (include work at home) is fulfilling	0	1	2	3	4 FCT23
24	I am able to enjoy life	0	1	2	3	4 FCT24
2	I have accepted my illness	0	1	2	3	4 FCT25
26	I am sleeping well	0	1	2	3	4 FCT26
27	I am enjoying the things I usually do for fun	0	1	2	3	4 FCT27
28	I am content with the quality of my life right now	0	1	2	3	4 FCT28

ID NUMBER:									FORM CODE: FCT VERSION: 1.0 10/26/10	Visit Number		SEQ#			
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Please indicate your response as it applies to the past 7 days.

Г		ADDITIONAL CONCERNS	Not at all	A little bit	Some -what	Quite a bit	Very much
	29	I feel fatigued	0	1	2	3	4 FCT29
	30	I feel weak all over	0	1	2	3	4 FCT30
	31	I feel listless ("washed out")	0	1	2	3	4 FCT31
	32	I feel tired	0	1	2	3	4 FCT32
	33	I have trouble starting things because I am tired	0	1	2	3	4 FCT33
	34	I have trouble finishing things because I am tired	0	1	2	3	4 FCT34
	35	I have energy	0	1	2	3	4 FCT35
	36	I am able to do my usual activities	0	1	2	3	4 FCT36
	37	I need to sleep during the day	0	1	2	3	4 FCT37
	38	I am too tired to eat	0	1	2	3	4 FCT38
	39	I need help doing my usual activities	0	1	2	3	4 FCT39
	40	I am frustrated by being too tired to do the things I want to do	0	1	2	3	₄ FCT40
	41	I have to limit my social activity because I am tired	0	1	2	3	4 FCT41
L							



FOLLOW-UP QUESTIONNAIRE

ID NUMBER: BLINDID FORM CODE: FUQ Visit Number VISIT SEQ#
0a) Form Date
INTERVIEWER: Hello, my name is <i>(interviewer name)</i> , and I am calling to follow up with <i>(participant name)</i> about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he available?
No ———▶ When would it be convenient to call back?Thank you. I will call again.
Yes — Hello, (participant name), this is (interviewer name) with the SPIROMICS study. I'm calling to see how you have been since your last (visit to our center or telephone contact). Do you have a few minutes to speak on the phone?
No When would it be convenient to call back?Thank you. I will call again.
Yes We'd like to gather information about your general health and about specific medical conditions that you may have had since your last (visit to our center or telephone contact). I will ask you some questions about your health since your last (visit to our center or telephone contact) on (date of contact).
INTERVIEWER: I want you to focus on what happened from (date of contact) until today.
1) (Do not ask participant) Participant status (choose one): FUQ01 Contacted and alive 1 → Go to Item 2 Contacted and refused interview 2 → End Call Not contacted, reported alive 3 → End Call Not contacted, reported deceased 4 → Go to Item 1a Unknown 5 → End Call
1a) What was the date of death?
1c) Do you know if (insert decedent's name) was hospitalized or visited an emergency room for any reason since (date of last contact) and his/her death? Yes 1 Record date and name of hospitalization in question 21a. No 0 End interview

II	NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#
(If n	SPITALIZATIONS on-COPD participant, skip to question 20)
(For	COPD Participants Only):
,	Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you had a flare-up of your chest trouble? (Y/N)
If Ye	9S:
2	2a) How many episodes of chest trouble flare ups have you had since (date)?
(was/were the episode(s) of breathing problem(s) treated? Please answer for each episode (if more than one) by checking all relevant treatments given for each episode. Starting with the first episode since (date):
3) F	or the first episode of breathing problems you had since (date):
3a)	Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)
3b)	Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)
3c)	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ3C
3d)	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) FUQ3D
3e)	Were you evaluated in a physician's office or urgent care? (Y/N)
	3e1) An additional antibiotic
	3e2) Additional steroids
	3e3) Don't know
	3e4) Don't remember
3f)	Were you evaluated in an Emergency Department?
	3f1) An additional antibiotic
	3f2) Additional steroids
	3f3) Don't know
	3f4) Don't remember
3g) \	Were you admitted to the hospital?
If pa	articipant was admitted to hospital:
•	4a) What was the date of this event?

	ID NUMBER:					FORM CODE: VERSION: 1.0	-	Visit Number		SEQ#			
	4b) What is	s the name	e of the	medical f	acility?	Removed	from Blin	ded Datas	set				
	4c) What is		ess of t	his medic	-	Pomovo	d from B	linded Da	taset				
	•	rification c	Dan			at name is thi ded Dataset	-						
	4d2) S	econd Na	me: R	emoved	from E	Blinded Datas	et						
		ast Name:				nded Dataset							
	4d4) M	laternal La	ast Nam	ne: Rem	oved	from Blinded	Dataset						
5) (do not ask)) Did the p	articipa	ant have a	secon	d episode? (if	'No', go t	o 20)				FUQ0	5
6) For the seco	ond episod	de of br	reathing p	roblem	s you had sind	ce (date):						
6	, ,					ntacting your h		•		hone		FUQ06	6A
6	(sb) Did you t	ake additi	onal or	al steroids	after	contacting you	ır healthca	are provide	er by			FUO	0.0
	telephon	e or email	? (Y/N)									FUQ0	öΒ
6	c) Did you t	ake additi	onal an	ntibiotics b	ut with	out contacting	a health	care provid	er? (Y/	N)		FUQ06	6C
6	d) Did you t	ake additi	onal or	al steroids	but w	ithout contacti	ng a heal	thcare prov	/ider? (Y/N)		FUQ0	6D
6			-	•		or urgent car	e? (Y/N)					FUQ0	6E
	•		-	•		all that apply):			FU	Q06E1	7		
		•							FL	JQ06E2			
		6e3) Don	't know						FL	JQ06E3	3		
		6e4) Don	't remei	mber					FL	JQ06E4	<u>. </u>		
6	of) Were you	u evaluate	d in an	Emergen	су Dep	artment?						FUQ0	6F
	During	that visit v	were yo	ou given (d	heck a	all that apply):					7		
		6f1) An a	dditiona	al antibioti	c					Q06F1	_		
		6f2) Addit	tional st	teroids						JQ06F2	_		
		6f3) Don'	t know						느늗	JQ06F3	=		
		,								JQ06F4	ŀ		
lf	g) Who f participant w				spital	FUQ06G							
	7a) What w	vas the da	te of thi	is event?							FUC	Q07A	

	ID NUMBER:			FORM CODE: FUQ VERSION: 1.0 11/2/10	Visit Number	SEQ#	
	7b) What is the r	name of the m	edical facility?	Removed from Blir	nded Dataset		
	7c) What is the a		s medical facili	ty? Removed from E	Blinded Dataset		
	7d) For clarificati 7d1) First Na	D 0 000 0		nat name is this record	?		
	7d2) Second	Por	noved from E	Blinded Dataset			
	7d3) Last Na	Dom	oved from Bli	nded Dataset			
	•	al Last Name:	Removed f	rom Blinded Dataset			
8	8) (do not ask) Did t	he participant	have a third e	episode? (if 'No', go to	20)		FUQ08
9	9) For the third epison	ode of breathi	ng problems y	ou had since <i>(date)</i> :			
9	,			ntacting your healthcar		hone	FUQ09A
9	`	,		contacting your healtho			
	telephone or e	mail? (Y/N)					FUQ09B
9	9c) Did you take a	dditional antib	oiotics but with	out contacting a health	ncare provider? (Y/I	۷)	FUQ09C
9	9d) Did you take a	dditional oral	steroids but w	ithout contacting a hea	althcare provider? (Y/N)	FUQ09D
9	•			or urgent care? (Y/N) all that apply):			FUQ09E
	_		•		FU	Q09E1	
	9e2) ·	Additional ste	roids			Q09E2	
	9e3)	Don't know				Q09E3	
	9e4)	Don't rememb	oer		[_] <mark>FU</mark>	Q09E4	
9	,			partment?			FUQ09F
	•		given (check a			Q09F1	
	•						
	•					Q09F2	
	,					Q09F3 Q09F4	
_	,						FUQ09G
9	eg) vvere you admitt	ea to the hosp	oitai?				. 00000

If participant was admitted to hospital:

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #	
	10a) What was the date of this event?	
	10b) What is the name of the medical facility? Removed from Blinded Dataset	
	10c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
	10d) For clarification of our records, under what name is this record? 10d1) First Name: Removed from Blinded Dataset	
	10d2) Second Name: Removed from Blinded Dataset	
	10d3) Last Name: Removed from Blinded Dataset	
	10d4) Maternal Last Name: Removed from Blinded Dataset	
1	11) (do not ask) Did the participant have a fourth episode? (if 'No', go to 20)]
1	12) For the fourth episode of breathing problems you had since (date):	
1	12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	۸l
1	12b) Did you take additional oral steroids after contacting your healthcare provider by	ت
•	telephone or email? (Y/N)	В
1	12c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ120	C
1	12d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) FUQ12I	D
1	12e) Were you evaluated in a physician's office or urgent care? (Y/N)	E
	During that visit were you given (check all that apply):	
	12e1) An additional antibiotic	
	12e2) Additional steroids	
	12e3) Don't know	
	12e4) Don't remember	
1	12f) Were you evaluated in an Emergency Department?	F
	During that visit were you given (check all that apply):	
	12f1) An additional antibiotic	
	12f2) Additional steroids	
	12f3) Don't know	
	12f4) Don't remember	
1	12g) Were you admitted to the hospital?	G

I	NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number	SEQ#		
If pa	rticipant was admitted to hospital:			
	13a) What was the date of this event?		-UC	Q13A
	13b) What is the name of the medical facility? Removed from Blinded Data	aset		
	13c) What is the address of this medical facility? Removed from Blinded D (Leave blank if unknown)	ataset		
•	13d) For clarification of our records, under what name is this record? 13d1) First Name: Removed from Blinded Dataset			
	13d2) Second Name: Removed from Blinded Dataset			
	13d3) Last Name: Removed from Blinded Dataset			
	13d4) Maternal Last Name: Removed from Blinded Dataset			
14)	(do not ask) Did the participant have a fifth episode? (if 'No', go to 20)			FUQ14
15)	For the fifth episode of breathing problems you had since (date):			
15a)	Did you take additional antibiotics after contacting your healthcare provider b	y telephone		
,	or email? (Y/N)	•		FUQ15A
15b)	Did you take additional oral steroids after contacting your healthcare provide telephone or email? (Y/N)			FUQ15B
15c)	Did you take additional antibiotics but without contacting a healthcare provide			FUQ15C
15d)	Did you take additional oral steroids but without contacting a healthcare prov	ider? (Y/N)	,	FUQ15D
	Were you evaluated in a physician's office or urgent care? (Y/N)			FUQ15E
136	During that visit were you given (check all that apply):			
	15e1) An additional antibiotic	FUQ15E1		
	15e2) Additional steroids	FUQ15E2	j	
	15e3) Don't know	FUQ15E3	ĺ	
	15e4) Don't remember	FUQ15E4	ĺ	
15f)	Were you evaluated in an Emergency Department?		_	FUQ15F
,	During that visit were you given (check all that apply):			
	15f1) An additional antibiotic	FUQ15F1		
	15f2) Additional steroids	FUQ15F2		
	15f3) Don't know	FUQ15F3]	
	15f4) Don't remember	FUQ15F4	j	
			-	

ID	NUMBER:						FORM CODE: FUQ VERSION: 1.0 11/2/10	Visit Number	SEQ	#	
15g)	Were you	u admit	tted to	the h	ospital	?					FUQ15G
	rticipant w										
										FUC	Q16A
1	6b) What	is the	name	of the	medic	al fac	ility? Removed from	n Blinded Da	ataset		
1	6c) What (Leave				his me	dical	facility? Removed f	rom Blinded	Dataset		
1	6d) For c	larificat	tion o				<u>r what name is thi</u> s re	ecord?			
	16d1)	First N	lame:	Rem	oved	from	Blinded Dataset				
	16d2)			11C. <u></u>			om Blinded Dataset]			
							Blinded Dataset				
	16d4)	Materr	nal La	st Nar	ne: Re	emov	ed from Blinded Dat	aset			
17) (do not asł	k) Did t	he pa	rticipa	nt have	e a six	th episode? (if 'No', g	jo to 20)			FUQ17
18) F	or the six	th epis	ode o	f breat	thing p	robler	ns you had since <i>(dat</i>	te):			
18a)	•						contacting your health	•			FUQ18A
18b)	Did you t	ake ad	ldition	al oral	steroid	ds afte	er contacting your hea	althcare provid	der by		
	telephon	e or en	nail? ((Y/N)							FUQ18B
18c)	Did you t	ake ad	ldition	al anti	biotics	but w	ithout contacting a he	althcare prov	ider? (Y/N)		FUQ18C
18d)	Did you t	ake ad	ldition	al oral	steroi	ds but	without contacting a	healthcare pr	ovider? (Y/N).		FUQ18D
18e)	Were you	ı evalu	ated i	in a ph	ysiciar	n's offi	ce or urgent care? (Y	/N)			FUQ18E
·	During	that vis	sit we	re you	given	(chec	k all that apply):	,			
		18e1)	An ac	dition	al antib	iotic .			FUQ18	≣1	
		18e2)	Additi	ional s	teroids	·			FUQ18I	= 2	
		18e3)	Don't	know					FUQ18	E3	
		18e4)	Don't	remer	mber				FUQ18	E4	
18f)	Were you	ı evalu	ated i	in an E	merge	ncy D	epartment?				FUQ18F
•	During	that vis	sit we	re you	given	(chec	k all that apply):				
		18f1) A	An ad	ditiona	ıl antib	iotic			FUQ18F	- 1	
		18f2) A	Additio	onal st	eroids				FUQ18	- 2	
		18f3) [Don't	know					FUQ18	F3	

ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #								
18f4) Don't remember								
18g) Were you admitted to the hospital?	8							
If participant was admitted to hospital:								
19a) What was the date of this event?								
19b) What is the name of the medical facility? Removed from Blinded Dataset								
19c) What is the address of this medical facility? (Leave blank if unknown)								
19d) For clarification of our records, under what name is this record? 19d1) First Name: Removed from Blinded Dataset								
19d1) First Name: Removed from Billided Dataset								
19d2) Second Name: Removed from Blinded Dataset								
19d3) Last Name: Removed from Blinded Dataset								
19d4) Maternal Last Name: Removed from Blinded Dataset								
 INTERVIEWER: (For non-COPD participants only) "The following questions are about any hospitalizations you may have had since your last (center visit or telephone contact) on (date)." 20) Since your last (center visit or telephone contact) on (date), have you at any time been admitted to a hospital (For COPD Participants: for any reason other than a chest flare up)? FUQ20 No 0 → Go to Item 27 Yes 1 □ Unsure 9 → Go to Item 27 								
20a) How many hospitalizations have you had since (date)?								
INTERVIEWER: The next few questions are about one event. If there were more than one we would like to talk about each one separately. Let's start with the first event after your (visit or teleconference) on (date)."								
21a) What was the date of this event?								
21b) What is the name of the medical facility? Removed from Blinded Dataset								
21c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)								
21d) For clarification of our records, under what name is this record?								
21d1)First Name: Removed from Blinded Dataset								
21d2) Second Name: Removed from Blinded Dataset								
21d3) Last Name: Removed from Blinded Dataset								

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #	
	21d4) Maternal Last Name: Removed from Blinded Dataset	
2	(e) Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>) No 0 → Go to Item 27 FUQ21E Yes 1 □	<u>f</u>)?
	Pa) What was the date of this event?	
2	2b) What is the name of the medical facility? Removed from Blinded Dataset	
2	Pc) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
2	2d) For clarification of our records, under what name is this record?	
	22d1)First Name: Removed from Blinded Dataset	
	22d2) Second Name: Removed from Blinded Dataset	
	22d3) Last Name: Removed from Blinded Dataset	
	22d4) Maternal Last Name: Removed from Blinded Dataset	
2	No 0 ☐→ Go to Item 27 FUQ22E Yes 1 ☐	<u>f</u>)?
2	Ba) What was the date of this event?	
2	Bb) What is the name of the medical facility? Removed from Blinded Dataset	
2	Removed from Blinded Dataset (Leave blank if unknown)	
2	3d) For clarification of our records, under what name is this record?	
	23d1)First Name: Removed from Blinded Dataset	
	23d2) Second Name: Removed from Blinded Dataset	
	23d3) Last Name: Removed from Blinded Dataset	
	23d4) Maternal Last Name: Removed from Blinded Dataset	
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>) No 0 → Go to Item 27 FUQ23E Yes 1 □	<u>f</u>)?
2	(a) What was the date of this event?	

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#									
2	4b) What is the name of the medical facility? Removed from Blinded Dataset									
2	24c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)									
2	24d) For clarification of our records, under what name is this record?									
	24d1)First Name: Removed from Blinded Dataset									
	24d2) Second Name: Removed from Blinded Dataset									
	24d3) Last Name: Removed from Blinded Dataset									
	24d4) Maternal Last Name: Removed from Blinded Dataset									
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 ☐→ Go to Item 27 FUQ24E Yes 1 ☐									
2	5a) What was the date of this event?									
2	5b) What is the name of the medical facility? Removed from Blinded Dataset									
2	5c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)									
2	5d) For clarification of our records, under what name is this record?									
	25d1)First Name: Removed from Blinded Dataset									
	25d2) Second Name: Removed from Blinded Dataset									
	25d3) Last Name: Removed from Blinded Dataset									
	25d4) Maternal Last Name: Removed from Blinded Dataset									
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 ☐→ Go to Item 27 FUQ25E Yes 1 ☐									
2	26a) What was the date of this event?									
2	26b) What is the name of the medical facility? Removed from Blinded Dataset									
2	26c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset									
2	6d) For clarification of our records, under what name is this record?									
	26d1)First Name: Removed from Blinded Dataset									

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #
	26d2) Second Name: Removed from Blinded Dataset
	26d3) Last Name: Removed from Blinded Dataset
	26d4) Maternal Last Name: Removed from Blinded Dataset
((ITERVIEWER: I'd now like to ask you some other questions about your health since your last (clinic isit or telephone contact) on (date). Questions 27-28 are for COPD participants only.) ince your last (clinic visit or telephone contact) on (date)
2	7) Did your doctor put you on oxygen? (Y/N)
2	B) Have you been listed for or received a lung transplant? (Y/N)
2	9) Are you currently smoking cigarettes? (Y/N)
3	0) Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you been diagnosed with other medical problems or been injured? (Y/ N)
	answered 'Yes' to question 30
3	1) Were you diagnosed with:
	31a)Lung cancer (Y/N)
	31b)Other type of cancer (Y/N)
	31c) Diabetes (Y/N)
	31d)Blood Clots (Y/N)
	31e)Osteoporosis (Y/N)
	31f) Broken Hip (Y/N)
	31g)Heart attack or myocardial infarction (Y/N)
	31h)Stroke (Y/N)
	31i) Coronary artery disease (atherosclerosis) (Y/N)
y	ITERVIEWER: "Thank you very much for your participation in the SPIROMICS study. I'd like to ask ou just a few more questions to make sure our contact information for you is up-to-date. All formation you provide us is strictly confidential and will not be shared with anyone else."
3	2) Current home address: Address line 1:

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#									
	Address line 2: Removed from Blinded Dataset									
	City: Removed from Blinded Dataset State: Removed from Blinded Dataset									
	Zip Code: Removed from Blinded Dataset									
	a) When did you begin living here?									
33	B) Primary Phone Number: (Removed from Blinded Dataset									
34	4) What is the best time of day to reach you at this number?									
	Morning [FUQ34A]									
	Afternoon									
	Evening FUQ34C									
35	5) Secondary Phone Number:									
36	6) What is the best time of day to reach you at this number?									
<u> </u>	Morning									
	Afternoon									
	Evening FUQ36C									
IN	ITERVIEWER: Thank you for answering these questions.									
	f the next contact is by telephone): We'll be contacting you again around (date) for another telephone ontact.									
	f next contact is a clinic visit): We'll be contacting you around (date) to schedule an in-person visit at (insert estitution) to take place around (date).									
TI	nank you again for your time and participation.									
(e	end call)									



FOLLOW-UP QUESTIONNAIRE

ID NUMBER: BLINDID FORM CODE: FUQ Visit Number VISIT SEQ#	
0a) Form Date Month and Day Removed from Blinded Dataset Initials Removed from Blinded Dataset	t
<u>Instructions:</u> This form should be completed during the follow up phone conversations with study participants. Read the form carefully to familiarize yourself with the script as well as questions and skip patterns.	
INTERVIEWER: Hello, my name is (interviewer name), and I am calling to follow up with (participant name) about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he available?	
No — → When would it be convenient to call back?Thank you. I will call again.	
Yes — Hello, (participant name), this is (interviewer name) with the SPIROMICS study. I'm calling to see how you have been since your last (visit to our center or telephone contact). Do you have a few minutes to speak on the phone?	
No When would it be convenient to call back?Thank you. I will call again.	
Yes — We'd like to gather information about your general health and about specific medical conditions that you may have had since your last (visit to our center or telephone contact). I will ask you some questions about your health since your last (visit to our center or telephone contact) on (date of contact).	
INTERVIEWER: I want you to focus on what happened from (date of contact) until today.	
1) (Do not ask participant) Participant status (choose one): FUQ01	
Contacted and alive $\square \rightarrow \text{Go to Item 2}$	
Contacted and refused interview ☐ → End Call	
Not contacted, reported alive	
Not contacted, reported deceased	
Not contacted, left message	
Not contacted, unable to leave message	
Not contacted, phone line disconnected	
OTIKITOWIT 7 ETIU CAII	
1a) What was the date of death?Month and Day Removed from Blinded Dataset	
1b) What city, state, and country did the death occur?Removed from Blinded Dataset	
1c) Do you know if (<i>insert decedent's name</i>) was hospitalized or visited an emergency room for any reason since (<i>date of last contact</i>) and his/her death? Yes 1 Record date and name of hospitalization in question 21a. No 0 End interview	

	ID NUMBER:							FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #	!	
HC	SPITALIZA	TIONS								
2)	Since your	last (cli	nic \	visit	or tele	ohor	ne c	contact) on (date), have you had a flare-up of		
	your chest to			/N)	•••••					FUQ02
lf Y	'es:									
	2a) How m	nany epi	isod	les c	of ches	t trou	ıble	e flare ups have you had since (date)?		FUQ02A
Ho		ın one) l	by c	hec	king all			roblem(s) treated? Please answer for each episod nt treatments given for each episode. Starting with		
3)	For the first o	episode	of b	brea	thing p	robl	ems	s you had since (date):		
3a)								contacting your healthcare provider by telephone		FUQ3A
3b)	•							ter contacting your healthcare provider by		FUQ3B
3c)	Did you ta	ake add	itior	nal a	ntibioti	cs b	ut v	without contacting a healthcare provider? (Y/N)		FUQ3C
3d)) Did you ta	ake add	itior	nal o	ral ste	roids	bu	ut without contacting a healthcare provider? (Y/N)		FUQ3D
3e)	•							fice or urgent care? (Y/N)ck all that apply):		FUQ3E
	•			•	•	•			3E1	
	;	3e2) Ad	lditio	onal	steroic	ds			3E2	
	;	3e3) Do	n't l	knov	N				3E3	
	;	3e4) Do	n't i	rem	ember				3E4	
3f)	Were you	ı evalua	ted	in a	n Emei	rgen	су [Department?		FUQ03F
	During t	that visi	t we	ere y	ou give	en (d	hec	ck all that apply):		
	;	3f1) An	add	litior	nal anti	bioti	с	FUQ03	3F1	
	;	3f2) Add	ditio	nal	steroid	s		FUQ03	F2	
	;	3f3) Do	n't k	now	<i>/</i>			FUQ03	F3	
	;	3f4) Do	n't r	eme	mber .			FUQ03	F4	
3g)) Were you a	admitted	l to t	the h	nospita	l?				FUQ03G
lf n	articipant wa	as admi	tted	l to k	nospita	l:				
·· ۲	4a) What was the date of this event?									
								lity? —Removed from Blinded Dataset —		

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #	
	4c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)	
	4d) For clarification of our records, under what name is this record? 4d1) First Name: Removed from Blinded Dataset	
	4d2) Second Name: Removed from Blinded Dataset	
	4d3) Last Name: Removed from Blinded Dataset	
	4d4) Maternal Last Name: Removed from Blinded Dataset	
	(do not ask) Did the participant have a second episode? (if 'No', go to 20)	FUQ05
6)	For the second episode of breathing problems you had since (date):	
6a		FUQ06A
6b	or email? (Y/N)] [
	telephone or email? (Y/N)	FUQ06B
6c	c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)	FUQ06C
6d	d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	FUQ06D
6e	During that visit were you given (check all that apply):	FUQ06E
	6e1) An additional antibiotic	
	6e2) Additional steroids	
	6e4) Don't remember	
6f)	, , , , , , , , , , , , , , , , , , , ,	FUQ06F
	During that visit were you given (check all that apply): 6f1) An additional antibiotic	
	6f2) Additional steroids	
	6f3) Don't know	
	6f4) Don't remember	
lf _l	participant was admitted to hospital:	
	7a) What was the date of this event? Month and Day Removed from Blinded Dataset	
	7b) What is the name of the medical facility? Removed from Blinded Dataset	

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
	7c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
	7d) For clarification of our records, under what name is this record? 7d1) First Name: Removed from Blinded Dataset
	Domoved from Plinded Detect
	7d2) Second Name: Removed from Blinded Dataset
	7d3) Last Name: Removed from Blinded Dataset
	7d4) Maternal Last Name: Removed from Blinded Dataset
8	3) (do not ask) Did the participant have a third episode? (if 'No', go to 20)
9	9) For the third episode of breathing problems you had since (date):
9	(a) Did you take additional antibiotics after contacting your healthcare provider by telephone
	or email? (Y/N)
9	Db) Did you take additional oral steroids after contacting your healthcare provider by
	telephone or email? (Y/N)
9	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)
9	Od) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)
9	e) Were you evaluated in a physician's office or urgent care? (Y/N)
	During that visit were you given (check all that apply):
	9e1) An additional antibiotic
	9e2) Additional steroids
	9e3) Don't know
	9e4) Don't remember
9	of) Were you evaluated in an Emergency Department?
	During that visit were you given (check all that apply):
	9f1) An additional antibiotic
	9f2) Additional steroids
	9f3) Don't know
	9f4) Don't remember
9	Pg) Were you admitted to the hospital?
lf	f participant was admitted to hospital:
	10a) What was the date of this event?Month and Day Removed from Blinded Dataset

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ#	
	10b) What is the name of the medical facility? Removed from Blinded Dataset	
	10c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
	10d) For clarification of our records, under what name is this record?	
	10d1) First Name: Removed from Blinded Dataset	
	10d2) Second Name: Removed from Blinded Dataset	
	10d3) Last Name: Removed from Blinded Dataset	
	10d4) Maternal Last Name: Removed from Blinded Dataset	
1	11) (do not ask) Did the participant have a fourth episode? (if 'No', go to 20)	1
1	12) For the fourth episode of breathing problems you had since (date):	
1	12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	12A
1	12b) Did you take additional oral steroids after contacting your healthcare provider by	
	telephone or email? (Y/N)	I2B
1	12c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)	12C
1	12d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	12D
1	12e) Were you evaluated in a physician's office or urgent care? (Y/N)	I2E
	During that visit were you given (check all that apply):	
	12e1) An additional antibiotic	
	12e2) Additional steroids	
	12e3) Don't know	
	12e4) Don't remember	
1	12f) Were you evaluated in an Emergency Department?	2F
	During that visit were you given (check all that apply):	
	12f1) An additional antibiotic	
	12f2) Additional steroids	
	12f3) Don't know	
	12f4) Don't remember	
1	12g) Were you admitted to the hospital?	I2G
f	f participant was admitted to hospital:	
	13a) What was the date of this event? Month and Day Removed from Blinded Dataset	

ID NUMBER: FORM CODE: FUQ VERSION: 2.0 8/1/2016 VERSION: 2.0 8/1/2016 VERSION: 2.0 8/1/2016	
13b) What is the name of the medical facility? Removed from Blinded Dataset	
13c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)	
13d) For clarification of our records, under what name is this record?	
13d1) First Name: Removed from Blinded Dataset	
13d2) Second Name: Removed from Blinded Dataset	
13d3) Last Name: Removed from Blinded Dataset	
13d4) Maternal Last Name: Removed from Blinded Dataset	
14) (do not ask) Did the participant have a fifth episode? (if 'No', go to 20)]
15) For the fifth episode of breathing problems you had since (date):	
15a) Did you take additional antibiotics after contacting your healthcare provider by telephone	
or email? (Y/N)	4
15b) Did you take additional oral steroids after contacting your healthcare provider by	
telephone or email? (Y/N)	В
15c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ15	C
15d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	D
15e) Were you evaluated in a physician's office or urgent care? (Y/N)	E
During that visit were you given (check all that apply):	
15e1) An additional antibiotic	
15e2) Additional steroids	
15e3) Don't know	
15e4) Don't remember	
15f) Were you evaluated in an Emergency Department?	=
During that visit were you given (check all that apply):	
15f1) An additional antibiotic	
15f2) Additional steroids	
15f3) Don't know	
15f4) Don't remember	
15g) Were you admitted to the hospital?	3
f participant was admitted to hospital:	_
16a) What was the date of this event? Month and Day Removed from Blinded Dataset	

ID	IUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
10	b) What is the name of the medical facility? Removed from Blinded Dataset
10	c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
10	d) For clarification of our records, under what name is this record? 16d1) First Name: Removed from Blinded Dataset
	16d2) Second Name: Removed from Blinded Dataset
	16d3) Last Name: Removed from Blinded Dataset
	16d4) Maternal Last Name: Removed from Blinded Dataset
17) (o not ask) Did the participant have a sixth episode? (if 'No', go to 20)
18) F	or the sixth episode of breathing problems you had since (date):
18a)	Did you take additional antibiotics after contacting your healthcare provider by telephone
	or email? (Y/N)
•	Did you take additional oral steroids after contacting your healthcare provider by
	elephone or email? (Y/N)
18c)	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ180
18d)	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)
18e)	Were you evaluated in a physician's office or urgent care? (Y/N)
-	During that visit were you given (check all that apply):
	18e1) An additional antibiotic
	18e2) Additional steroids
	18e3) Don't know
	18e4) Don't remember
18f)	Vere you evaluated in an Emergency Department?
,	During that visit were you given (check all that apply):
	18f1) An additional antibiotic
	18f2) Additional steroids
	18f3) Don't know
	18f4) Don't remember
18g)	Vere you admitted to the hospital?

	ID NUMBER							FORM CODE: FUQ VERSION: 2.0 8/1/2016	Visit Number			SEQ#			
lf	participant	was a	admi	tted to I	nosp	oital:									
	19a) Wh	at wa	s the	date o	f this	s even	t?	Month and Day Remo	oved fror	n B —	lind	ed Data	set ——		
	19b) Wh	at is t	he n	ame of	the	medic	al fa	cility? Removed from B	linded D	atas	set	_			
	19c) Wh (Leav			ddress unknov		nis me	dical	facility? Removed from	Blinded	Dat	ase	t			
	19d) For	clarif	icatio	on of ou	ır re	cords,	und	er what name is this record	l?						
	19d1				_			om Blinded Dataset	_						
	19d2	Sec	ond	Name:	R	emov	ed f	rom Blinded Dataset							
	19d3	Las	t Na	me:	Re	emove	ed fr	om Blinded Dataset							
	19d4	Mat	terna	al Last I	Nam	e: Re	emov	ed from Blinded Datase	t						
	NTERVIEW our last <i>(ce</i>				•			e about any other hospitaliz n <i>(date)."</i>	zations yo	ou m	nay	have had	l sin	ce	
2(l for a			to It	than tem 27	a ch	<i>contact)</i> on <i>(date),</i> have yo	ou at any	time	∍ be	en admit	ted t	О	
	20a)	How	man	y hospi	taliza	ations	have	e you had since (date)?				E	UQ:	20A]
to					•			about one event. If there we with the first event after yo							
2 ⁻	1a) What w	as th	e da	te of thi	s ev	ent?	[Nonth and Day Removed	d from Bl	inde	ed [Dataset			
2	1b) What is	the r	name	e of the	med	dical fa	cility	? Removed from Blind	ed Data	set		_			
2 ⁻	1c) What is (Leave			ess of th		nedica	l fac	lity? Removed from Blir	nded Dat	tase	∍t	-			
2	1d) For cla	ificati	on o	of our re	corc	ds, und	der w	hat name is this record?							
	21d1) F	rst N	ame	Re	emo	ved fr	om	Blinded Dataset							
	21d2) S	econo	l Na	me: _	Ren	noved	fror	n Blinded Dataset							
	21d3) L	ast Na	ame:	F	Rem	oved	from	Blinded Dataset							
	21d4) N	atern	al La	ast Nam	ie:	Remo	ovec	from Blinded Dataset							

ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
21e) Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 ☐→ Go to Item 27 FUQ21E Yes 1 ☐
22a) What was the date of this event?
22b) What is the name of the medical facility? Removed from Blinded Dataset
22c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
22d) For clarification of our records, under what name is this record?
22d1) First Name: Removed from Blinded Dataset
22d2) Second Name: Removed from Blinded Dataset
22d3) Last Name: Removed from Blinded Dataset
22d4) Maternal Last Name: Removed from Blinded Dataset
Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to Item 27 FUQ22E Yes 1
23a) What was the date of this event?
23b) What is the name of the medical facility? Removed from Blinded Dataset
23c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
23d) For clarification of our records, under what name is this record?
23d1) First Name: Removed from Blinded Dataset
23d2) Second Name: Removed from Blinded Dataset
23d3) Last Name: Removed from Blinded Dataset
23d4) Maternal Last Name: Removed from Blinded Dataset
Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to Item 27 FUQ23E Yes 1 □
24a) What was the date of this event? Month and Day Removed from Blinded Dataset
24b) What is the name of the medical facility? Removed from Blinded Dataset
24c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)

ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
24d) For clarification of our records, under what name is this record?
24d1) First Name: Removed from Blinded Dataset
24d2) Second Name: Removed from Blinded Dataset
24d3) Last Name:Removed from Blinded Dataset
24d4) Maternal Last Name: _Removed from Blinded Dataset _
Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to Item 27 FUQ24E Yes 1 □
25a) What was the date of this event? Month and Day Removed from Blinded Dataset
25b) What is the name of the medical facility? Removed from Blinded Dataset
25c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
25d) For clarification of our records, under what name is this record?
25d1)First Name: Removed from Blinded Dataset
25d2) Second Name: Removed from Blinded Dataset
25d3) Last Name: Removed from Blinded Dataset
25d4) Maternal Last Name: Removed from Blinded Dataset
Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to Item 27 FUQ25E Yes 1 □
26a) What was the date of this event? Month and Day Removed from Blinded Dataset
26b) What is the name of the medical facility?Removed from Blinded Dataset
26c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
26d) For clarification of our records, under what name is this record?
26d1)First Name: Removed from Blinded Dataset
26d2) Second Name: Removed from Blinded Dataset
26d3) Last Name:Removed from Blinded Dataset
26d4) Maternal Last Name: Removed from Blinded Dataset

ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
INTERVIEWER: I'd now like to ask you some other questions about your health since your last (clinic visit or telephone contact) on (date).
Since your last (clinic visit or telephone contact) on (date)
27) Did your doctor put you on oxygen? (Y/N)
28) Have you been listed for or received a lung transplant? (Y/N)
29) Are you currently smoking cigarettes? (Y/N)
30) Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you been diagnosed
with other medical problems or been injured? (Y/ N)
If answered 'Yes' to question 30
31) Were you diagnosed with:
31a)Lung cancer (Y/N)
31b)Other type of cancer (Y/N)
31c) Diabetes (Y/N)
31d)Blood Clots (Y/N)
31e)Osteoporosis (Y/N)
31f) Broken Hip (Y/N)
31g)Heart attack or myocardial infarction (Y/N)
31h)Stroke (Y/N)
31i) Coronary artery disease (atherosclerosis) (Y/N)

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #	
as ha be	NTERVIEWER: "Thank you very much for your participation in the SPIROMICS study. I am going to sk you for your current address, phone numbers, and email addresses. This is both to make sure we ave the most current contact information for you as well as to help us examine the relationship etween place of residence and COPD. Please remember that all information that you give us is onfidential, and only certified SPIROMICS personnel will have access to this information."	
32	2) Current home address: Address line 1: Removed from Blinded Dataset	
	Address line 2: Removed from Blinded Dataset	
	City: Removed from Blinded Dataset State: Removed from Blinded Dataset	
	Zip Code: Removed from Blinded Dataset	
	a) When did you begin living here?	
3:	3) Primary Phone Number: Removed from Blinded Dataset	
	a) Where does this number reach you (select only one)?	•
	Home1	
	Cell / Mobile2	
	Work3	
34	4) What is the best time of day to reach you at this number?	
	Morning	
	Afternoon	
	Evening FUQ34C	
3!	5) Secondary Phone Number: Removed from Blinded Dataset	
•	a) Where does this number reach you (select only one)?	J
	Home	
	Cell / Mobile2	
	Work3	
36	6) What is the best time of day to reach you at this number?	
	Morning [FUQ36A]	
	Afternoon	
	Evening TFUQ36C	
3	7) May we contact you via email in the future? (Y/N)Removed from Blinded Dataset	
	a) What is the best email address at which to reach you?	
	Email: Removed from Blinded Dataset	
	b) What is another email address we could try?	
	Email:Removed from Blinded Dataset	

ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEC	Q#
LOCAL CONTACT 1	
38) a) Title: Removed b) First Name: Removed from Blinded Dataset	
c) Middle/Second Name:	
d) Last Name:Removed from Blinded Dataset	
e) Maternal Last Name:Removed from Blinded Dataset	
39) Relationship:Removed from Blinded Dataset	
40) Current home address of local contact:	
a) Address line 1: Removed from Blinded Dataset	
b) Address line 2:Removed from Blinded Dataset	
c) City: Removed d) State: Removed from Blinded Dataset	
e) Zip Code: Removed from Blinded Dataset	
41) Telephone: (Removed from Blinded Dataset)	
42) Secondary Phone Number: (Removed from Blinded Dataset)	
43) May we contact you via email in the future? (Y/N)	Dataset
LOCAL CONTACT 2	
44) a) Title: Removed b) First Name: Removed from Blinded Dataset	
c) Middle/Second Name: Removed from Blinded Dataset	
d) Last Name: Removed from Blinded Dataset	
e) Maternal Last Name:Removed from Blinded Dataset	
45) Relationship: Removed from Blinded Dataset	
46) Current home address of local contact: a) Address line 1: Removed from Blinded Dataset	
b) Address line 2: Removed from Blinded Dataset	
c) City: Removed d) State: Removed from Blinded Dataset	
e) Zip Code: Removed from Blinded Dataset Follow-Up Questionnaire, FUQ	Page 13 of 1

ID NUMBER: FORM CODE: FUQ Visit VERSION: 2.0 8/1/2016 Number SEQ #
47) Telephone: (Removed from Blinded Dataset)
48) Secondary Phone Number: (Removed from Blinded Dataset)
49) May we contact you via email in the future? (Y/N)
Additional local contacts can be entered on the CIF. INTERVIEWER: "I would now like to ask you some questions related to potential future research studies including, potentially, studies of children of SPIROMICS participants."
50) Do you have any adult children whom we could contact?Removed from Blinded Dataset Yes
51) Do you have any adult grandchildren whom we could contact Removed from Blinded Dataset Yes
52) Would you be interested in possibly joining a future study to test a new medication for COPD? Yes
INTERVIEWER: Thank you for answering these questions.
(If the next contact is by telephone): We'll be contacting you again around (date) for another telephone contact.
(If next contact is a clinic visit): We'll be contacting you around (<i>date</i>) to schedule an in-person visit at (<i>insert institution</i>) to take place around (<i>date</i>).
Thank you again for your time and participation.
(end call)



FOLLOW-UP QUESTIONNAIRE

ID NUMBER: BLINDID FORM CODE: FUQ Visit Number VISIT SEQ#
0a) Form Date
INTERVIEWER: Hello, my name is <i>(interviewer name)</i> , and I am calling to follow up with <i>(participant name)</i> about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he available?
No ——→ When would it be convenient to call back?Thank you. I will call again.
Yes — Hello, (participant name), this is (interviewer name) with the SPIROMICS study. I'm calling to see how you have been since your last (visit to our center or telephone contact). Do you have a few minutes to speak on the phone?
No When would it be convenient to call back?Thank you. I will call again.
Yes We'd like to gather information about your general health and about specific medical conditions that you may have had since your last (visit to our center or telephone contact). I will ask you some questions about your health since your last (visit to our center or telephone contact) on (date of contact).
INTERVIEWER: I want you to focus on what happened from (date of contact) until today.
1) (Do not ask participant) Participant status (choose one): FUQ01 Contacted and alive 1 → Go to Item 2 Contacted and refused interview 2 → End Call Not contacted, reported alive 3 → End Call Not contacted, reported deceased 4 → Go to Item 1a Unknown 5 → End Call
1a) What was the date of death?
1c) Do you know if (<i>insert decedent's name</i>) was hospitalized or visited an emergency room for any reason since (<i>date of last contact</i>) and his/her death? Yes 1 Record date and name of hospitalization in question 21a. No 0 End interview

II	NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#
(If n	SPITALIZATIONS on-COPD participant, skip to question 20)
(For	COPD Participants Only):
,	Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you had a flare-up of your chest trouble? (Y/N)
If Ye	9S:
2	2a) How many episodes of chest trouble flare ups have you had since (date)?
(was/were the episode(s) of breathing problem(s) treated? Please answer for each episode (if more than one) by checking all relevant treatments given for each episode. Starting with the first episode since (date):
3) F	or the first episode of breathing problems you had since (date):
3a)	Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)
3b)	Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)
3c)	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ3C
3d)	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) FUQ3D
3e)	Were you evaluated in a physician's office or urgent care? (Y/N)
	3e1) An additional antibiotic
	3e2) Additional steroids
	3e3) Don't know
	3e4) Don't remember
3f)	Were you evaluated in an Emergency Department?
	3f1) An additional antibiotic
	3f2) Additional steroids
	3f3) Don't know
	3f4) Don't remember
3g) \	Were you admitted to the hospital?
If pa	articipant was admitted to hospital:
•	4a) What was the date of this event?

	ID NUMBER:					FORM CODE: VERSION: 1.0	-	Visit Number		SEQ#			
	4b) What is	s the name	e of the	medical f	acility?	Removed	from Blin	ded Datas	set				
	4c) What is		ess of t	his medic	-	Pomovo	d from B	linded Da	taset				
	•	rification c	Dan			at name is thi ded Dataset	-						
	4d2) S	econd Na	me: R	emoved	from E	Blinded Datas	et						
		ast Name:				nded Dataset							
	4d4) M	laternal La	ast Nam	ne: Rem	oved	from Blinded	Dataset						
5) (do not ask)) Did the p	articipa	ant have a	secon	d episode? (if	'No', go t	o 20)				FUQ0	5
6) For the seco	ond episod	de of br	reathing p	roblem	s you had sind	ce (date):						
6	, ,					ntacting your h		•		hone		FUQ06	6A
6	(sb) Did you t	ake additi	onal or	al steroids	after	contacting you	ır healthca	are provide	er by			FUO	0.0
	telephon	e or email	? (Y/N)									FUQ0	öΒ
6	c) Did you t	ake additi	onal an	ntibiotics b	ut with	out contacting	a health	care provid	er? (Y/	N)		FUQ06	6C
6	d) Did you t	ake additi	onal or	al steroids	but w	ithout contacti	ng a heal	thcare prov	/ider? (Y/N)		FUQ0	6D
6			-	•		or urgent car	e? (Y/N)					FUQ0	6E
	•		-	•		all that apply):			FU	Q06E1	7		
		•							FL	JQ06E2			
		6e3) Don	't know						FL	JQ06E3	3		
		6e4) Don	't remei	mber					FL	JQ06E4	<u>. </u>		
6	of) Were you	u evaluate	d in an	Emergen	су Dep	artment?						FUQ0	6F
	During	that visit v	were yo	ou given (d	heck a	all that apply):					7		
		6f1) An a	dditiona	al antibioti	c					Q06F1	_		
		6f2) Addit	tional st	teroids						JQ06F2	_		
		6f3) Don'	t know						느늗	JQ06F3	=		
		,								JQ06F4	ŀ		
lf	g) Whe f participant w				spital	FUQ06G							
	7a) What w	vas the da	te of thi	is event?							FUC	Q07A	

	ID NUMBER:			FORM CODE: FUQ VERSION: 1.0 11/2/10	Visit Number	SEQ#	
	7b) What is the r	name of the m	edical facility?	Removed from Blir	nded Dataset		
	7c) What is the a		s medical facili	ty? Removed from E	Blinded Dataset		
	7d) For clarificati 7d1) First Na	D 0 000 0		nat name is this record	?		
	7d2) Second	Por	noved from E	Blinded Dataset			
	7d3) Last Na	Dom	oved from Bli	nded Dataset			
	•	al Last Name:	Removed f	rom Blinded Dataset			
8	8) (do not ask) Did t	he participant	have a third e	episode? (if 'No', go to	20)		FUQ08
9	9) For the third epison	ode of breathi	ng problems y	ou had since <i>(date)</i> :			
9	,			ntacting your healthcar		hone	FUQ09A
9	`	,		contacting your healtho			
	telephone or e	mail? (Y/N)					FUQ09B
9	9c) Did you take a	dditional antib	oiotics but with	out contacting a health	ncare provider? (Y/I	۷)	FUQ09C
9	9d) Did you take a	dditional oral	steroids but w	ithout contacting a hea	althcare provider? (Y/N)	FUQ09D
9	•			or urgent care? (Y/N) all that apply):			FUQ09E
	_		•		FU	Q09E1	
	9e2)	Additional ste	roids			Q09E2	
	9e3)	Don't know				Q09E3	
	9e4)	Don't rememb	oer		[_] <mark>FU</mark>	Q09E4	
9	,			partment?			FUQ09F
	•		given (check a			Q09F1	
	•						
	•					Q09F2	
	,					Q09F3 Q09F4	
_	,						FUQ09G
9	eg) vvere you admitt	ea to the hosp	oitai?				. 00000

If participant was admitted to hospital:

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #	
	10a) What was the date of this event?	
	10b) What is the name of the medical facility? Removed from Blinded Dataset	
	10c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
	10d) For clarification of our records, under what name is this record? 10d1) First Name: Removed from Blinded Dataset	
	10d2) Second Name: Removed from Blinded Dataset	
	10d3) Last Name: Removed from Blinded Dataset	
	10d4) Maternal Last Name: Removed from Blinded Dataset	
1	11) (do not ask) Did the participant have a fourth episode? (if 'No', go to 20)]
1	12) For the fourth episode of breathing problems you had since (date):	
1	12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	۸l
1	12b) Did you take additional oral steroids after contacting your healthcare provider by	ت
•	telephone or email? (Y/N)	В
1	12c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ120	C
1	12d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) FUQ12I	D
1	12e) Were you evaluated in a physician's office or urgent care? (Y/N)	E
	During that visit were you given (check all that apply):	
	12e1) An additional antibiotic	
	12e2) Additional steroids	
	12e3) Don't know	
	12e4) Don't remember	
1	12f) Were you evaluated in an Emergency Department?	F
	During that visit were you given (check all that apply):	
	12f1) An additional antibiotic	
	12f2) Additional steroids	
	12f3) Don't know	
	12f4) Don't remember	
1	12g) Were you admitted to the hospital?	G

I	O NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number	SEQ#		
If pa	rticipant was admitted to hospital:			
,	13a) What was the date of this event?		FUC	Q13A
,	13b) What is the name of the medical facility? Removed from Blinded Data	aset		
,	13c) What is the address of this medical facility? Removed from Blinded D (Leave blank if unknown)	ataset		
,	13d) For clarification of our records, under what name is this record? 13d1) First Name: Removed from Blinded Dataset			
	13d2) Second Name: Removed from Blinded Dataset			
	13d3) Last Name: Removed from Blinded Dataset			
	13d4) Maternal Last Name: Removed from Blinded Dataset			
14) ((do not ask) Did the participant have a fifth episode? (if 'No', go to 20)			FUQ14
15) l	For the fifth episode of breathing problems you had since (date):			
15a)	Did you take additional antibiotics after contacting your healthcare provider b	y telephone		
,	or email? (Y/N)			FUQ15A
15b)	Did you take additional oral steroids after contacting your healthcare provide telephone or email? (Y/N)			FUQ15B
15c\	Did you take additional antibiotics but without contacting a healthcare provide			FUQ15C
•		` ,		
15d)	Did you take additional oral steroids but without contacting a healthcare prov	ider? (Y/N)		FUQ15D
15e)	Were you evaluated in a physician's office or urgent care? (Y/N)			FUQ15E
	During that visit were you given (check all that apply):		_	
	15e1) An additional antibiotic		<u> </u>	
	15e2) Additional steroids	FUQ15E2	_	
	15e3) Don't know	FUQ15E3]	
	15e4) Don't remember	FUQ15E4		
15f)	Were you evaluated in an Emergency Department?			FUQ15F
,	During that visit were you given (check all that apply):	l		
	15f1) An additional antibiotic	FUQ15F1]	
	15f2) Additional steroids	FUQ15F2]	
	15f3) Don't know	FUQ15F3	Ī	
	15f4) Don't remember	FUQ15F4	j	
	,		_	

ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #
15g) Were you admitted to the hospital? If participant was admitted to hospital: 16a) What was the date of this event? 16b) What is the name of the medical facility? Removed from Blinded Dataset 16c) What is the address of this medical facility? (Leave blank if unknown) 16d) For clarification of our records, under what name is this record? 16d1) First Name: Removed from Blinded Dataset 16d2) Second Name: Removed from Blinded Dataset
16d3) Last Name: Removed from Blinded Dataset 16d4) Maternal Last Name: Removed from Blinded Dataset
17) (do not ask) Did the participant have a sixth episode? (if 'No', go to 20)
18) For the sixth episode of breathing problems you had since (date):
18a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)
18b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)
18c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) FUQ18C
18d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) FUQ18E
18e) Were you evaluated in a physician's office or urgent care? (Y/N) During that visit were you given (check all that apply): 18e1) An additional antibiotic 18e2) Additional steroids 18e3) Don't know 18e4) Don't remember FUQ18E1 FUQ18E3 FUQ18E3
18f) Were you evaluated in an Emergency Department? During that visit were you given (check all that apply): 18f1) An additional antibiotic

ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #
18f4) Don't remember
18g) Were you admitted to the hospital?
If participant was admitted to hospital:
19a) What was the date of this event?
19b) What is the name of the medical facility? Removed from Blinded Dataset
19c) What is the address of this medical facility? (Leave blank if unknown)
19d) For clarification of our records, under what name is this record? 19d1) First Name: Removed from Blinded Dataset
19d1) First Name: Removed from Blinded Dataset
19d2) Second Name: Removed from Blinded Dataset
19d3) Last Name: Removed from Blinded Dataset
19d4) Maternal Last Name: Removed from Blinded Dataset
 INTERVIEWER: (For non-COPD participants only) "The following questions are about any hospitalizations you may have had since your last (center visit or telephone contact) on (date)." 20) Since your last (center visit or telephone contact) on (date), have you at any time been admitted to a hospital (For COPD Participants: for any reason other than a chest flare up)? FUQ20 No 0 → Go to Item 27 Yes 1 □ Unsure 9 → Go to Item 27
20a) How many hospitalizations have you had since (date)?
20a) Flow many hospitalizations have you had since (date):
INTERVIEWER: The next few questions are about one event. If there were more than one we would like to talk about each one separately. Let's start with the first event after your (visit or teleconference) on (date)."
21a) What was the date of this event?
21b) What is the name of the medical facility? Removed from Blinded Dataset
21c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
21d) For clarification of our records, under what name is this record?
21d1)First Name: Removed from Blinded Dataset
21d2) Second Name: Removed from Blinded Dataset
21d3) Last Name: Removed from Blinded Dataset

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ #	
	21d4) Maternal Last Name: Removed from Blinded Dataset	
2	(e) Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>) No 0 → Go to Item 27 FUQ21E Yes 1 □	<u>f</u>)?
	Pa) What was the date of this event?	
2	2b) What is the name of the medical facility? Removed from Blinded Dataset	
2	Pc) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
2	2d) For clarification of our records, under what name is this record?	
	22d1)First Name: Removed from Blinded Dataset	
	22d2) Second Name: Removed from Blinded Dataset	
	22d3) Last Name: Removed from Blinded Dataset	
	22d4) Maternal Last Name: Removed from Blinded Dataset	
2	No 0 ☐→ Go to Item 27 FUQ22E Yes 1 ☐	<u>f</u>)?
2	Ba) What was the date of this event?	
2	Bb) What is the name of the medical facility? Removed from Blinded Dataset	
2	Removed from Blinded Dataset (Leave blank if unknown)	
2	3d) For clarification of our records, under what name is this record?	
	23d1)First Name: Removed from Blinded Dataset	
	23d2) Second Name: Removed from Blinded Dataset	
	23d3) Last Name: Removed from Blinded Dataset	
	23d4) Maternal Last Name: Removed from Blinded Dataset	
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>) No 0 → Go to Item 27 FUQ23E Yes 1 □	<u>f</u>)?
2	(a) What was the date of this event?	

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#
2	4b) What is the name of the medical facility? Removed from Blinded Dataset
2	4c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
2	4d) For clarification of our records, under what name is this record?
	24d1)First Name: Removed from Blinded Dataset
	24d2) Second Name: Removed from Blinded Dataset
	24d3) Last Name: Removed from Blinded Dataset
	24d4) Maternal Last Name: Removed from Blinded Dataset
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 ☐→ Go to Item 27 FUQ24E Yes 1 ☐
2	5a) What was the date of this event?
2	5b) What is the name of the medical facility? Removed from Blinded Dataset
2	5c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)
2	5d) For clarification of our records, under what name is this record?
	25d1)First Name: Removed from Blinded Dataset
	25d2) Second Name: Removed from Blinded Dataset
	25d3) Last Name: Removed from Blinded Dataset
	25d4) Maternal Last Name: Removed from Blinded Dataset
2	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 ☐→ Go to Item 27 FUQ25E Yes 1 ☐
2	6a) What was the date of this event?
2	6b) What is the name of the medical facility? Removed from Blinded Dataset
2	6c) What is the address of this medical facility? (Leave blank if unknown)
2	6d) For clarification of our records, under what name is this record?
	26d1)First Name: Removed from Blinded Dataset

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#
	26d2) Second Name: Removed from Blinded Dataset
	26d3) Last Name: Removed from Blinded Dataset
	26d4) Maternal Last Name: Removed from Blinded Dataset
(C	ITERVIEWER: I'd now like to ask you some other questions about your health since your last (clinic sit or telephone contact) on (date). Questions 27-28 are for COPD participants only.) ince your last (clinic visit or telephone contact) on (date)
2	7) Did your doctor put you on oxygen? (Y/N)
2	B) Have you been listed for or received a lung transplant? (Y/N)
2	9) Are you currently smoking cigarettes? (Y/N)
3	O) Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you been diagnosed with other medical problems or been injured? (Y/ N)
	answered 'Yes' to question 30
3	1) Were you diagnosed with:
	31a)Lung cancer (Y/N)
	31b)Other type of cancer (Y/N)
	31c) Diabetes (Y/N)
	31d)Blood Clots (Y/N)
	31e)Osteoporosis (Y/N)
	31f) Broken Hip (Y/N)
	31g)Heart attack or myocardial infarction (Y/N)
	31h)Stroke (Y/N)FUQ31H
	31i) Coronary artery disease (atherosclerosis) (Y/N)
y	ITERVIEWER: "Thank you very much for your participation in the SPIROMICS study. I'd like to ask ou just a few more questions to make sure our contact information for you is up-to-date. All formation you provide us is strictly confidential and will not be shared with anyone else."
3	2) Current home address: Address line 1:

	ID NUMBER: FORM CODE: FUQ Visit VERSION: 1.0 11/2/10 Number SEQ#
	Address line 2: Removed from Blinded Dataset City: Removed from Blinded Dataset State: Removed from Blinded Dataset
	Zip Code: Removed from Blinded Dataset
	a) When did you begin living here?
33	3) Primary Phone Number: Removed from Blinded Dataset
34	4) What is the best time of day to reach you at this number?
	Morning
	Afternoon
	Evening FUQ34C
35	5) Secondary Phone Number: (Removed from Blinded Dataset
36	6) What is the best time of day to reach you at this number?
	Morning
	Afternoon
	Evening FUQ36C
IN	ITERVIEWER: Thank you for answering these questions.
	the next contact is by telephone): We'll be contacting you again around (date) for another telephone ontact.
-	next contact is a clinic visit): We'll be contacting you around (date) to schedule an in-person visit at (insert stitution) to take place around (date).
Τŀ	nank you again for your time and participation.
(e	and call)



SPIROMICS HOSPITAL ANXIETY AND DEPRESSION SCALE

D NUMBER: BLINDID FORM CODE: HDS Visit VERSION: 1.0 10/26/10 Number SEQ #	
Form Date	
each of the questions, choose the one best response. For each question answer immediate nout thinking too long about the answers.	ely
I feel tense or 'wound up'	S01
Most of the time	
A lot of the time2	
From time to time, occasionally1	
Not at all0	
I still enjoy the things I used to enjoy	
I get a sort of frightened feeling as if something awful is about to happen	S03
Very definitely and quite badly3	
Yes, but not too badly2	
A little, but it doesn't worry me1	
Not at all0	
I can laugh and see the funny side of things	304
Not at all3	

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	ID NUMBER:								FORM C ERSION		HDS 10/26/10	Visit Numbe	er	SE	Q #			
E \	Mounting 4h	o	ا مام													ш)S0	5
5)	Worrying the													 				
		•																
		Very I	ittle .			•••••				•••••		 0						
6)	I feel cheerf	[:] ul										 		 		ΗГ)S0	6
		Never										 3						
		Not of	ften .									 2						
		Most	of th	e time								 0						
7)	I can site at	ease a	ınd fo	eel rela	axed							 		 		ΗГ	S0 ⁻	7
,		Defini	telv .									 0						
			•															
			•															
8)	I feel as if I	am slov	hav	down												HE)S0	8
Ο,	11001 43 11 11													 	•			
		•																
		-																
		INOL a	l all									 0						
9)	I get a sort of	of fright	ene	d feelir	ng lik	e 'but	terfl	lies'	in the	stor	nach	 		 		ΗГ)S0	9
		Not at	t all									 0						
		Occas	siona	ally								 1						
		Quite	Ofte	n								 2						
		Very (Ofter	າ								 3						
10)) I have lost in	nterest	in m	y appe	earan	nce						 		 		Н	OS1	0
																		_
			•															
		-		-														

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Road, London W4 5TF. GL Assessment is part of the Granada Group

ID NUMBER:		FORM CODE: HDS	Visit	SEQ#
		VERSION: 1.0 10/26/10	Number	
11) I feel restle	ss as I have to be on the move			HDS11
,	Very much indeed			
	Quite a lot			
	Not very much			
	Not at all			
				HDS12
12) I look forwa	ard with enjoyment to things			
	As much as I ever did		0	
	Rather less than I used to		1	
	Definitely less than I used to		2	
	Hardly at all		3	
13) I get sudde	n feelings of panic			HDS13
	Very often indeed		3	
	Quite often		2	
	Not very often		1	
	Not at all			
				[UDO44]
14) I can enjoy	a good book or radio or TV prog	gram		HDS14
	Often		0	
	Sometimes		1	
	Not often		2	
	Verv seldom		3	

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Road, London W4 5TF. GL Assessment is part of the Granada Group



SPIROMICS HOSPITALIZATIONS AND EXACERBATIONS

I	ID NUMBER: BLINDID FORM CODE: HEF VISIT SEQ #	
0a)	Form Date	ip
(If n	SPITALIZATIONS non-COPD participant, skip to question 19) r COPD Participants Only):	
Í	Since your last (<i>clinic visit</i> or <i>telephone contact</i>) on (<i>date</i>), have you had a flare-up of your chest trouble? (Y/N)	HEF1
If Ye	es:	
	1a) How many episodes of chest trouble flare ups have you had since (<i>date</i>)?	HEF1A
	w was/were the episode(s) of breathing problem(s) treated? Please answer for each episode (if more than one) by checking all relevant treatments given for each episode. Starting with the first episode since (<i>date</i>):	
2) F	For the first episode of breathing problems you had since (date):	
2a)	Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	HEF2A
2b)	Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)	HEF2B
2c)	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)	HEF2C
2d)	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	HEF2D
2e)	Were you evaluated in a physician's office or urgent care? (Y/N)	HEF2E
	2e1) An additional antibiotic	
	2e2) Additional steroids	
	2e3) Don't know	
	2e4) Don't remember	
2f)	Were you evaluated in an Emergency Department?	HEF2F

	ID NUMBER: FORM CODE: HEF Visit VERSION: 1.0 9/21/11 Number SEQ #
	During that visit were you given (check all that apply):
	2f1) An additional antibiotic
	2f2) Additional steroids
	2f3) Don't know
	2f4) Don't remember
2) Were you admitted to the hospital?
lf	participant was admitted to hospital:
	3a) What was the date of this event?
	3c) What is the address of this medical facility? HEF3C (Leave blank if unknown)
	3d) For clarification of our records, under what name is this record? 3d1) First Name: HEF3D1
	3d2) Second Name: HEF3D2
	3d3) Last Name: HEF3D3
	3d4) Maternal Last Name: HEF3D4
4)	(do not ask) Did the participant have a second episode? (if 'No', go to 19)
5)	For the second episode of breathing problems you had since (date):
5	Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)
5	, , , , <u> </u>
	telephone or email? (Y/N)
5	Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) HEF5C
5	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)
5	Were you evaluated in a physician's office or urgent care? (Y/N)
	During that visit were you given (check all that apply):
	5e1) An additional antibiotic
	5e2) Additional steroids HEF5E2
	5e3) Don't know HEF5E3
	5e4) Don't remember

	ID NUMBER:								FORM CODE: HEF VERSION: 1.0 9/21/11	Visit Number			SEQ#			
5f)	Were vou	eva	luated	l in a	n Er	mer	aencv	De	partment?						HE	F5F
0.,	-								all that apply):					Ш.		
	J			•	`	•	•				🔲	HE	F5F1			
	5	5f2)	Additio	onal	ster	oids	·				\Box	HE	F5F2			
	5	5f3)	Don't l	know	٧						$\overline{}$	HE	F5F3			
	5	5f4)	Don't	reme	emb	er					🔲	HE	F5F4			
5g)	Were you a	dmit	tted to	the I	hosp	oital	?								HE	F5G
If p	articipant wa	ıs a	dmitted	d to h	nosp	oital:	:									
	6a) What wa 6b) What is								? [HEF6B]					HEF	6A	
	6c) What is (Leave b	the olan	addres k if unl	ss of know	this	s me	edical f	aci	lity? HEF6C							
	6d) For clari				recc F6[, unde	r w	hat name is this record	?						
	6d2) Se			ne: [HEF	6D	2									
	6d3) La	st N	lame:	HE	F6I	D3										
	6d4) Ma	aterr	nal Las	st Na	ıme:	H	EF6D)4								
7) ((do not ask) l	Did	the pa	rticip	ant	hav	e a th	ird (episode? (if 'No', go to	19)					HEF	-7
8) F	For the third	epis	sode of	f bre	athiı	ng p	robler	ns <u>y</u>	you had since (date):							
8a)	•								ontacting your healthcar	•	•	•			HE	F8A
8b)		`	,						contacting your health				•••••			
OD)															HE	F8B
8c)	Did you ta	ıke a	additio	nal a	antib	iotic	s but	with	nout contacting a health	ncare provi	ider?	Y/	N)		HE	F8C
8d)	Did you ta	ıke a	additio	nal c	orals	ster	oids b	ut v	vithout contacting a hea	llthcare pro	ovide	er? ((Y/N)		HE	F8D
8e)	•								e or urgent care? (Y/N)						ΗE	F8E
	•			•	•	•	•		all that apply):			100		ı		
		•									一		EF8E1			
		,									\equiv		EF8E2	 		
	3	3e3)	Don't	kno۱	W						🔲		EF8E3			

ID NUMBER: FORM CODE: HEF Visit VERSION: 1.0 9/21/11 Number SEQ #
8e4) Don't remember
8f) Were you evaluated in an Emergency Department?
During that visit were you given (check all that apply):
8f1) An additional antibiotic
8f2) Additional steroids
8f2) Don't know HEF8F3
8f4) Don't remember HEF8F4
8g) Were you admitted to the hospital?
If participant was admitted to hospital:
9a) What was the date of this event?
9c) What is the address of this medical facility? HEF9C (Leave blank if unknown)
9d) For clarification of our records, under what name is this record? 9d1) First Name: HEF9D1
9d2) Second Name: HEF9D2
9d3) Last Name: HEF9D3
9d4) Maternal Last Name: HEF9D4
10) (do not ask) Did the participant have a fourth episode? (if 'No', go to 19)
11) For the fourth episode of breathing problems you had since (date):
11a) Did you take additional antibiotics after contacting your healthcare provider by telephone
or email? (Y/N) HEF11A
11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)
11c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) HEF11C
11d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) HEF11D
11e) Were you evaluated in a physician's office or urgent care? (Y/N)
During that visit were you given (check all that apply):
11e1) An additional antibiotic
11e2) Additional steroids HFF11F2

ID	NUMBER:							FORM CODE: HEF VERSION: 1.0 9/21/11	Visit Number		SEQ#		
		11e3) Don't	t kno	ow .					ПН	EF11E3]	
			,						·	H	EF11E4	j	
11f)	Were vou	ı eval	uated	in aı	n Er	nerae	ncv E	epartment?					HEF11F
,	•					•	•	k all that apply):					
	_	11f1)	An ad	lditic	nal	antibi	otic .			Н	EF11F1]	
		11f2)	Additi	ona	l ste	roids				H	EF11F2]	
		11f3)	Don't	kno	w					Н	EF11F3]	
		11f4)	Don't	rem	eml	oer					IEF11F4]	
11g)	Were you	ı adm	nitted to	o the	e ho	spital'	?						HEF11G
If pa	rticipant w	as ad	lmitted	to h	nosp	ital:							
	,							_ / _ lity? _ <mark>HEF12B</mark>			[HEF	12A
1	2c) What (Leave	is the blank	addre cif unk	ess c	of thi	s med	dical 1	acility? HEF12C			_		
1	2d) For cla 12d1) F						unde	r what name is this record	?				
	12d2) S	Secon	nd Nam	ne:	HE	F12D	2						
	12d3) L	.ast N	lame:	HE	F12	2D3							
	12d4) N	/later	nal Las	st Na	ame	HE	F12	D4	_				
13) (do not ask	x) Did	the pa	artici	pan	t have	e a fif	h episode? (if 'No', go to 1	9)				HEF13
14) F	or the fifth	n epis	ode of	bre	athi	ng pro	oblem	s you had since (date):					
14a)								contacting your healthcare					HEF14A
14b)	•							er contacting your healthca	•	•			HEF14B
140)	-							ithout contacting a healtho					HEF14C
													HEF14D
	-							without contacting a healt	-				
14e)	•							ce or urgent care? (Y/N)					HEF14E
	•			•	•		•	k all that apply):	1			1	
		140 I) An a	uuill	ona	anub	IOUC					l	

Hospitalization and Exacerbation, HEF

Page 5 of 10

ID NUMBER: FORM CODE: HEF Visit VERSION: 1.0 9/21/11 Number SEQ #	
14e2) Additional steroids	
14e3) Don't know	
14e4) Don't remember HEF14E4	
14f) Were you evaluated in an Emergency Department?	4F
During that visit were you given (check all that apply):	
14f1) An additional antibiotic	
14f2) Additional steroidsHEF14F2	
14f3) Don't knowHEF14F3	
14f4) Don't remember HEF14F4	
14g) Were you admitted to the hospital?	4G
If participant was admitted to hospital:	
15a) What was the date of this event?	
15c) What is the address of this medical facility? HEF15C (Leave blank if unknown)	
15d) For clarification of our records, under what name is this record? 15d1) First Name: HEF15D1	
15d2) Second Name: HEF15D2	
15d3) Last Name: HEF15D3	
15d4) Maternal Last Name: HEF15D4	
16) (do not ask) Did the participant have a sixth episode? (if 'No', go to 19)	3
17) For the sixth episode of breathing problems you had since (date):	
17a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	7A
17b) Did you take additional oral steroids after contacting your healthcare provider by	
telephone or email? (Y/N)	7B
17c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) HEF1	7C
17d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N) HEF1	7D
17e) Were you evaluated in a physician's office or urgent care? (Y/N)	7E

	ID NUMBER:							FORM CODE: HEF VERSION: 1.0 9/21/11	Visit Number	SEQ#		
		17e′	1) An	additi	ona	ıl an	tibiotic			HEF17E1		
			,							HEF17E2		
			•									
			,							- UEE43E4		
17	f) Were you	I eva	í duate	d in a	n Fı	mer	nency [Department?		HEF17F		
	,						,	k all that apply):				
	•			•		•	•			HEF17F1		
		17f2) Add	itiona	l ste	eroic	ls			HEF17F2		
		17f3) Don	't kno	w .							
		17f4) Don	't rem	nem	ber				HEF17F4		
17	'g) Were you	adn	nitted	to the	e ho	spita	al?			HEF170		
lf i	participant wa	as a	dmitte	ed to h	าดรเ	oital:	•					
	· •				•					HEF18A		
	•							ility? _HEF18B				
	18c) What is the address of this medical facility? HEF18C (Leave blank if unknown)											
	18d) For cla							er what name is this recor	rd?			
	18d2) S						3D2					
	18d3) L	.ast I	Name	HE	F1	8D3	3					
	18d4) N	/late	rnal L	ast N	ame	e: [HEF18	D4				
ar	y hospitaliza	tions	s you	may l	nave	e ha	d since	D participants only) "The your last (center visit or contact) on (date), have y	telephone	contact) on (date)."		
18		For (COPE O - I -		icip to E	ants E nd	: for ar	y reason other than a ch				
20) How many	hos	pitaliz	ations	s ha	ıve y	ou hac	since (date)?		HEF20		
lik								about one event. If there start with the first event at				

ID	JMBER: FORM CODE: HEF Visit VERSION: 1.0 9/21/11 Number SEQ#
21a)	/hat was the date of this event?
21b)	/hat is the name of the medical facility? HEF21B
21c)	/hat is the address of this medical facility? HEF21C Leave blank if unknown)
21d)	or clarification of our records, under what name is this record?
2	I1) First Name: HEF21D1
2	(2) Second Name: HEF21D2
2	3) Last Name: HEF21D3
2	I4) Maternal Last Name: HEF21D4
21e)	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to End HEF21E Yes 1 □
22a)	/hat was the date of this event?
22b)	/hat is the name of the medical facility? HEF22B
22c)	/hat is the address of this medical facility? HEF22C Leave blank if unknown)
22d)	or clarification of our records, under what name is this record?
2	I1) First Name: HEF22D1
2	(2) Second Name: HEF22D2
2	3) Last Name: HEF22D3
2	I4) Maternal Last Name: HEF22D4
22e)	Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone contact</i>)? No 0 → Go to End HEF22E Yes 1 □
·	/hat was the date of this event?
23b)	/hat is the name of the medical facility? HEF23C
23c)	/hat is the address of this medical facility?

ID NUMBER:	FORM CODE: HEF VERSION: 1.0 9/21/11	Visit Number		SEQ#	
23d) For clarification of our records, under v	what name is this record?				
23d1) First Name: HEF23D1					
23d2) Second Name: HEF23D2					
23d3) Last Name: HEF23D3					
23d4) Maternal Last Name: HEF23D	04				
23e) Were you admitted to a hospital at an No $0 \longrightarrow Go$ to End HE		st (<i>center</i>	visit or	telephon	e contact)?
24a) What was the date of this event?	/			HEF24	A
24b) What is the name of the medical facility	y? HEF24B			_	
24c) What is the address of this medical fac (Leave blank if unknown)	cility? HEF24C			_	
24d) For clarification of our records, under v	what name is this record?				
24d1) First Name: HEF24D1					
24d2) Second Name: HEF24D2					
24d3) Last Name: HEF24D3					
24d4) Maternal Last Name: HEF24D	04				
24e) Were you admitted to a hospital at an No 0 → Go to End HE	ny other time since your la	st (<i>center</i>	<i>visit</i> or	telephon	e contact)?
25a) What was the date of this event?				HEF25	A
25b) What is the name of the medical facility	y? HEF25B			_	
25c) What is the address of this medical fac (Leave blank if unknown)	eility? HEF25C			_	
25d) For clarification of our records, under v	what name is this record?				
25d1) First Name: HEF25D1					
25d2) Second Name: HEF25D2					
25d3) Last Name: HEF25D3					
25d4) Maternal Last Name: HEF25D	04				

ID NUMBER:			FORM CODE: HEF VERSION: 1.0 9/21/11	Visit Number	SEQ#	
		pital at any ot	her time since your l	last (<i>center vi</i> s	it or telephone	contact)?
26a) What was	s the date of this eve	nt?			HEF26A	
26b) What is th	ne name of the medi	cal facility? <u>[</u>	HEF26B			
•	ne address of this m ank if unknown)	edical facility?	HEF26C			
26d) For clarific	cation of our records	s, under what	name is this record?			
26d1) First	t Name: HEF26D	1				
26d2) Sec	ond Name: HEF2	6D2				
26d3) Last	t Name: HEF26D	03				
26d4) Mate	ernal Last Name:	HEF26D4				



SPIROMICS HIP FRACTURE ABSTRACTION FORM (HFF)

ID NUMBER: SUBJID FORM CODE: HFF Visit VERSION: A 2/12/2015 Number VISIT SEQ #
0a. Completion Date: / / / / HFF0A 0b. Staff ID: HFF0B Month/Day/Year
0c. Event ID: HFF0C 0d. Event Date: HFF0C Date:
Instructions: Answers are derived from the medical records received. Do not complete this form until all records are received or classified as unobtainable as indicated on the Medical Record Shipping Form.
A. GENERAL INFORMATION
1. Was the event (choose one): HFF1
1= In hospital only 2= Emergency Dept. visit only (ED) 3= Both ED and in hospital
2. Date of admission: (mm/dd/yyyy)
3. Date of discharge: (mm/dd/yyyy)
4. What was the primary admitting diagnosis code? HFF4
5. What was the primary discharge diagnosis code? HFF5
B. HIP FRACTURE
6. Is a hip fracture confirmed? Yes ☐ No ☐ [skip to 10] HFF6
7. What was the fracture site? (Mark the one that applies best) HFF7
 a. Neck of femur (transcervical, cervical) b. Greater trochanter c. Intertrochanteric fracture d. Unspecified part of the proximal femur
8. Side of the hip fracture? (Mark the one that applies best) HFF8
a. Right b. Left c. Both d. Unknown
9. Hip fracture based on: (Mark the one category that applies best)
a. A written radiology report read by a radiologist which identifies the presence of a new, acute, or healing fracture of the proximal femur (femoral neck, intertrochanteric region, or the greater trochanter region) also documented on the discharge summary. HFF9A

ID NUMBER:						FORM CODE: HHF VERSION: A 2/12/20		isit umber		SEQ#			
						_							
						g a proximal femur fr equivocal or missing.			spital dis	scharge s	summ	ary	
c. 🗌 <u>/</u>	All of t	the follo	owin	g: <mark>HF</mark>	F9C								
		2. 3.	fract equi "sus a wr	ture, into vocal was pected' itten ra	ertroch ritten r hip fra diologis	le summary listing franteric fracture, greated adiology report of the acture; and street and the acture or healing fracture or healing	ater trocha e hip (i.e. bone sca	anteric fra "possible an, MRI, d	acture, on "proper or CT so	or hip fra obably" c	cture; or		
				_		mented in the dischadiograph is not read	•	-	other wr HFF9D	_	ort bu	t no	
	heses	s, or su	irgica	al manip	oulation	e resulting from bon? Osteoporotic fract Yes No		conside		thologic		ıre.	
C. OSTEOP			a mag	ss/bone	loss in	this patient? (Mark t	he one tha	t annlies h	nast) H	FF11			
_		w bone penia	illa			steoporosis		lot Docur	· <u> </u>				
		-	Y۸۰			sults? (Mark the one th	_						
				lower		T-Score of 1.0 – 2.5				d			
_						ne patient on any of	_				l that a	vlage)
a. Ora b. IV b c. Der d. Ral e. Oth f. Calc g. Vita	Il bisp bispho nosum oxifen er (Ca cium s imin E	hospho sphona nab (Xg ne (Evis alcitonin supplen) suppl	onate ate (geva, sta) o n, Ter nenta leme	e (Acton Reclast, Prolia) i or Estrog iparatide ation ntation	el, Fosa Zometa for bon gen the	ımax, Boniva, Atelvia) a)	A	dmit HFF13/ HFF13/ HFF13/ HFF13/ HFF13/ HFF13/ HFF13/	Dischar A1	rge NF -F13A2	HFF13 HFF13 HFF13 HFF13 HFF13 HFF13	BA3 BB3 BC3 BD3 BE3 BF3	٦
	`	•		'	,			•		_ _		_	HFF1



HOSPITAL RECORD ABSTRACTION FORM

ID NUMBER: SUBJID FORM CODE: HRA Visit VERSION: A 10/23/2015 Number VISIT SEQ #
0a. Form Completion Date
0c. Event ID: HRA0C 0d. Event Date: // HRA0D
estructions: Answers are derived from the medical records received. Do not complete this form until all records are exceived (or classified as unobtainable) as indicated on the Medical Record Shipping Form.
A. GENERAL INFORMATION
1. Was the event (choose one): ————————————————————————————————————
2. Was the hospital stay less than 24 hours? Yes No/ NR HRA2
3. Date of arrival: (mm/dd/yyyy)
a. Date of admission HRA3A
4. Date of discharge:(mm/dd/yyyy)
5. What was the primary admitting diagnosis code?
6. What was the primary discharge diagnosis code?
Yes No/NR
7. Did an emergency medical service unit transport patient to this hospital?
9. Was the patient's code status ever "no-code" or "DNR" (do not resuscitate)?
10. Was the patient alive at discharge? HRA10

VERSION: A 2/11/2015 Number	ID NUMBER:									FORM CODE: HRA VERSION: A 2/11/2015	Visit Number		SEQ#		
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B. SIGNS AND SYMPTOMS

I. Signs and Symptoms

Did the patient have any of the following signs or symptoms at the time of the duration of each before seeking acute care:	e ev	ent and	d what was th	e
3	Yes	<u> </u>	<u>No</u>	<u>N</u> R
11. New onset or increase in dyspnea?	. 🔲			☐ HRA11
a. Duration of new or increased dyspnea		days	HRA11A	
12. New onset or increase in sputum production or volume?				HRA12
a. Duration of new or increased sputum production or volume		days	HRA12A	
13. New onset or increase in sputum purulence?	. 🔲			☐ HRA13
Duration of new or increased sputum purulence		days	HRA13A	
14. New onset or increase in wheezing?				☐ HRA14
a. Duration of new or increased wheezing		days	HRA14A	
15. New onset or increase in cough?				HRA15
a. Duration of new or increased cough		days	HRA15A	
16. New onset or increase in sore throat?				☐ HRA16
a. Duration of new or increased sore throat		days	HRA16A	
17. New onset or increase of fever?	. 🔲			HRA17
a. Duration of new or increased fever		days	HRA17A	
18. New onset or increase in use of rescue bronchodilator?	. 🔲			☐HRA18
a. Duration of new or increased bronchodilator		days	HRA18A	
19. New onset or increase in chest tightness or chest pain?				☐ HRA19
a. Duration of new or increased chest tightness or pain		days	HRA19A	
20. New onset or increase in leg edema (unilateral or bilateral)?				HRA20
a. Duration of new or increased leg edema		days	HRA20A	
20b. New onset or increase in nasal discharge?				HRA20B
20.b.1. Duration of new or increased nasal discharge		days	HRA20B1	

ID N	NUMBER:								FORM CODE: HRA VERSION: A 2/11/2015	Visit Number		SEQ#	
			u.	<u> </u>	l.	•	1		-	_	<u> </u>		
II. Evi	dence in I	Phys	sici	ans	' No	otes	of R	easo	on for Event				
										<u>Yes</u>	No/NR		
			_						t the reason for this event ronchitis, or emphysema?	_		HRA21	
											ш <u>г</u>	11 (7 (2 1	
									t the reason for this event			HRA22]
									t the reason for this event				
												HRA23	
24. Die	d the patien	t hav	e n	ew (onse	t or p	rogre	essiv	e signs/symptoms of any		_		-
of	these condi	tions	aft	er p	rese	ntatio	on to	the E	ED or hospital?			HRA24]
				. =									
C. MI	EDICAL H	ISTC	יאכ	Y									
25. Pri	or to this ev	ent v	was	the	re a	histo	ry of	any	of the following:		<u>Yes</u>	No/N	<u>R</u>
a.	Asthma												RA25A
b.	Chronic bi	ronch	nitis									□Н	RA25B
C.	Emphyser	na											RA25C
d.	Chronic ol	ostru	ctiv	е рі	ılmo	nary	disea	ase (COPD)				RA25D
e.	Pulmonary	y fibr	osis	3									RA25E
f.	Sarcoidos	is											RA25F
g.	Lung cand	er											RA25G
h.	Lung rese	ction	or	lobe	ecton	ny							IRA25H
i.	•	-											RA25I
j.	•	•	•					,					IRA25J
k.													IRA25K
I.	•	•											RA25L
m.													IRA25M
n.			-	-	-		-					<u> </u>	RA25N
0.	•		•										IRA25O
p.													IRA25P
q.													IRA25Q
r.												<u> </u>	IRA25R
S.	Pulmonar	y Tuk	perc	culos	SIS							U I►	IRA25S

ID NUMBER:								FORM CODE: HRA VERSION: A 2/11/2015	Visit Number		SEQ#	
25. Prior to th	s event	was	s the	ere a	a histo	orv of	any	of the following:	•	Yes	No/NR	
						•	•				HRA	25T
2.0												
26. Were Pul FEV1?	nonary	Fur	nctio	n Te	est re	sults	prior	to this event provided? If so, v	vhat was	the perc	ent predicte	:d
a. Pre	bronch	odila	ator			HRA26	<u>A</u>]_9	b. Post-bronchodilator	HE	RA26B	%	
27 If prior PF	result	s we	ere r	nrovi	ided	what	is th	e FEV1/FVC ratio				
27. II piloi 1 1	resun	.5 ***) O F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HR	A27	۱3 un 4					
	bronch							units HRA27A1	prodicted fo	r the retie	.\	
Ull	is. 1–pr	opoi	lion	or ae	HI	2-ρε	'R	(If percent, then assure not percent	predicted to	or the ratio))	
b. Pos	-bronc	hodi	lator	r 🖳	7		֡֡֓֞֓֓֞֞֓֓֓֡֓֞֜֞֜֓֡֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	units HRA27B1				
Un	ts: 1=pr	opor	tion	or de	ecima	1 2=pe	ercent	(If percent, then assure not percent	predicted fo	or the ratio))	
D. HOSPITA	L CO	URS	SE									
28. Current or	Active	Prol	olem	ns ai	nytim	e dur	ing th	nis visit		<u>Yes</u>	No/NR	
a. Upper	Respira	atory	/ Infe	ectic	on (si	nusiti	s, na	sopharyngitis, pharyngitis,		. 🔲	HRA	28A
epiglo	itis, lar	yngi	itis, I	laryr	ngotra	achei	tis, a	cute bronchitis)				
b. Pneun	onia									. 🗌	HRA	.28B
c. Pulmo	nary en	nbol	us								HRA	28C
d. Myoca	dial inf	farct	ion .								☐ HRA	28D
e. Heart	ailure e	exac	erba	ation						. 🔲	☐ HRA	28E
f. Atrial f	brillatio	n/at	rial 1	flutte	er					. 🗌	☐ HRA	28F
g. Supra	entricu	ılar 🛚	Гасh	іуса	rdia (SVT)	or m	ultifocal atrial tachycardia (MA	λT)	. 🗌	HRA	28G
h. Cardia	Surge	ery –	- CA	BG	or Va	alvula	r Sur	gery		. 🔲	HRA	28H
i. Non-c	rdiac s	urge	ery							. 🗌	HRA	28I
j. Acute	espirat	tory	failu	re w	ith n	o kno	wn c	ause (NOS)		. 🗌	HRA	.28J
k. Mecha	nical ve	entila	ation	n for	resp	irator	y fail	ure only		. 🗌	HRA	28K
i. W	as the	mec	hani	ical	ventil	ation			HRA28K	(1		
	Non-	-inva	asive	e (no	n-rel	oreatl	ner m	nask, bipap)1				
				•				2				
			`		,			3				
I. Lung t	anspla	ntati	ion .							. 🔲	HR	A28L
i. W	as the	lung	trar	nspla	ant:				HRA28L	_1		

ID NUMBER:					FORM CODE: HRA Visit VERSION: A 2/11/2015 Number SEQ #	
	Single Ri	ght				•
Ş	Single Le	eft			2	
E	Bilateral.				3	
E. PHYSICAL E	XAM					
29. Vital Signs at	arrival to	hospita	al or E	D (or at	t onset of event if began after arrival)	
a. Heart rate.					bpm HRA29A	
b. Respiration	rate				per minute HRA29B	
c. Oxygen Sa	turation ((SpO ₂ /p	ulse o	ximetry	y)	
1. Oxyger	Sats on	room a	ıir?	Į.	HRA29C1 Yes Skip to 29d No No NR Skip to 29d	
2. If not or	n room a	ir, what	level o	oxygen?	? 1 = Liters 2 = Percent HRA290	C2A
d. Weight						
30. Did the patier	it have a	ny of th	e follov	wing sig	gns (at the time of the event)? Yes No NR	
a. Use of acc	essorv m	nuscles.				A30A
	•					A30E
c. Clubbing						A300
d. Jugular vei	nous dist	tention (JVD) (or dister	ended neck veins	A30E
e. Crackles /	rales					A30E
f. Wheezing	or rhoncl	hi				A30F
g. Decreased	unilatera	<u>al</u> breatl	n soun	ds		A300
h. Decreased	<u>bilateral</u>	breath	sound	s		A30F
i. Prolonged	expirato	ry time .				RA30
j. Egophony						A30
k. Lower extr	emity ed	ema (ur	nilatera	ıl or bila	ateral)	A30K
F. DIAGNOSTIC	CTEST	S				
31. Was a chest 2	K-ray per	formed	during	this ev	vent? Yes No/NR Skip to 33 HRA31	
32. Did the patier	t have a	ny of th	e follov	wing sig	gns on chest x-ray at any time during this event?	
a Hyner	inflation				<u>Yes</u> <u>No/NR</u> □ □ HRA32A	
	•	•				

ID N	UMBER: FORM CODE: HRA Visit VERSION: A 2/11/2015 Number	SEQ#
	d. Scarring	☐ HRA32D
	e. Nodule(s) > 8mm	☐ HRA32E
	f. Mass(es) > 3cm	
	<u>Ye</u> :	s <u>No/NR</u>
	g. Pulmonary edema, pulmonary vascular congestion (alveolar, interstitial).	HRA32G
	h. Bilateral pleural effusion	☐ HRA32H
	i. Unilateral pleural effusion	☐ HRA32I
	j. Emphysema	HRA32J
	k. Cardiomegaly	☐ HRA32K
33 \\/	s a chest CT scan or CT angiogram (CTA) performed during this event? Yes	
JJ. VV	s a cliest C1 scar of C1 anglogram (C1A) performed during this event? 1es	No/NR
24 Dia	the nations have any of the following signs on CT seen at any time during this s	
34. DI	the patient have any of the following signs on CT scan at any time during this e	
	Yes —	
a.	Emphysema	
b.	Nodule(s) > 8mm	
C.	Mass(es) > 3cm	
d.	Lymphadenopathy	
e.	Ground glass changes	
f.	Pneumonia	HRA34F
g.	Fibrosis or honeycombing	
h.	Filling defect—vascular (PE)	
i.	Filling defect—mucus plug	HRA34I
j.	Cysts or blebs	☐ HRA34J
k.	Atelectasis	☐ HRA34K
l.	Calcifications	☐ HRA34L
m.	Pulmonary embolus	HRA34M
n.	Enlarged pulmonary artery	☐ HRA34N
0.	Bronchiectasis	☐ HRA34O
p.	Pulmonary edema or pulmonary vascular congestion	☐ HRA34P
q.	Cardiomegaly	☐ HRA34Q
r.	Bilateral pleural effusion	☐ HRA34R
S.	Unilateral pleural effusion	HRA34S
t.	Airway wall thickening	☐ HRA34T

35. Was spirometry (lung function testing) performed during this hospitalization?

ID NUMBER: FORM CODE: HRA Visit VERSION: A 2/11/2015 Number SEQ#	
Yes ☐ No/NR ☐ Skip to 36 HRA35]
a1 FEV ₁ b1. FVC C1. FEV ₁ /FVC ratio HRA35A1 a2. FEV ₁ Percent Predicted b2. FVC Percent Predicted HRA35B1 b2. FVC Percent Predicted HRA35C1 c3. upits 1 = prepertion or decimal HRA35C2	_
2 = percent (If percent, then assure not percent predicted for the ratio)	_
36. Was post-bronchodilator spirometry measured? Yes No/NR Skip to 37 HRA364	
a1. FEV ₁ a2. FEV ₁ Percent Predicted	
b1. FVC b2. FVC Percent Predicted	
c1. FEV ₁ /FVC units 1 = proportion or decimal HRA36C2 2 = percent (If percent, then assure not percent predicted for the ratio)	
37. Was peak expiratory flow rate (PEFR or PEF) obtained at the time of event? Yes No/NR Skip to 38 a. Date of first PEF(R) taken at time of event: (mm/dd/yyyy)	
b. First PEF recording HRA37B	
c. Worst or lowest PEF recording (anytime during hospitalization) HRA37C	
38. Was peak expiratory flow rate (PEFR or PEF) obtained at discharge? HRA38 Yes No/NR Skip to 39	
a. Date of last PEF(R) taken at discharge: (mm/dd/yyyy)	
b. Last PEF recording HRA38B	
39. Was a ventilation perfusion scan (VQ Scan) done? Yes Mo/NR Mo/NR Mo/NR HRA	39
a. Ventilation perfusion scan results (record number of answer) 1. High probability 2. Intermediate probability 3. Low probability 4. No evidence of Pulmonary Embolus 5. Indeterminate 6. Not Recorded	
40. Was an echocardiogram (TTE or TEE) performed? Yes \(\text{Yes} \) \(\text{No/NR} \) \(\text{Skip to 41} \)	<u>4U</u>
If more than one ECHO performed, then use the worst value for each question Page 7 of 11	

ID NUMBER:						FORM (VERSION	CODE: H : A 2/11/20		Visit lumber	SEQ#	
a. Ejection fra	action:			% HF	RA40A]					
b. RVSP (right	ventricul	ar syst	tolic pre	ssure) [mmHg	HRA40	В		
Record the followi	_					<u>None</u>	Presen	t Mild	Mod	<u>Severe</u>	<u>NR</u>
c. Right Ventri						_					HRA40C HRA40D
d. Impaired R\ e. Pulmonary I	•					_					HRA40E
f. Tricuspid reg	• -					_					HRA40F
g. Diastolic dy	sfunctio	n				. 🗆					HRA40G
G. BIOCHEMIC	AL TE	STS									
41. White Blood C	ell Cou	nt (hiç	ghest)].	HRA41					
				First (at even	<u>t)</u>					
42. Hemoglobin (g	ŋ/dL)][HRA42					
43. Hematocrit (%)].	HRA43					
44. Sodium (mEq/	L)					HRA44					
45. Serum creatin	ine (mg	/dL)].	HRA4	5				
46. BUN (mg/dL).].[HRA46					
47. Bicarbonate (te	otal CO	2)].	HRA47					
			<u>First</u>	(at eve	ent)		ļ	Upper lin	nit norma	a <u>l</u>	
48. BNP (pg/mL)		a. [HRA4	8 b. [HRA48	BA
49. ProBNP (pg/m	ıL)	a. [HRA49	b. []	HRA49	PA
50. Were Arterial I	Blood G	ases	(ABG	s) obtai	ned?		<u>,</u>	<u>Yes</u> □	<u>No</u>	/NR Skip	to 51 HRA50
First bloo	d gas (at tim	ne of e	vent)			<u>Last</u>	blood ga	<u>s</u>		
рН	a1.				HRA50)A1	b1.		HRA	\50B1	
PaCO2	a2.]mmH	g HRA	50A2	b2.	r		RA50B2	
PaO2	а3.]m	mHg <mark>H</mark>	RA50A3	b3.		mmHg	HRA50B3	

ID NUMBER:	FORM CODE: HRA VERSION: A 2/11/2015	Visit Number SI	EQ#
O ₂ Saturation a4.	% HRA50A4 b4.	. HRA50B4]
 -			
First blood one on one of 0	Var Doi: 4 Ed		· · · · · · · · · · · · · · · · · · ·
c. First blood gas on room air?		<u>NR</u>	kip to 51 HRA50C
1. If not on room air, what leve	el oxygen?	1 = Liters 2 = Perce	nt HRA50C1A
51. Was a sputum culture done? Ye	es No/NR Skip to 52	HRA51	LIDAEAA
a. Culture Results Po	Neg Skip to 52	Not Recorded	HRA51A Skip to 52
b. If positive, were any of the fo	ollowing reported in the sputum culture	? <u>Yes No</u>	<u>NR</u>
, , ,	zae		— ☐ HRA51B1
	3		☐ HRA51B2
3. Streptococcus pneum	noniae		☐ HRA51B3
·	staphylococcus Aureus (MRSA)		☐ HRA51B4
	us (not MRSA)		☐ HRA51B5
• •	oniae		☐ HRA51B6
	inosa		☐ HRA51B7
8. Chlamydophila (or Ch	nlamydia) pneumoniae		☐ HRA51B8
9. Oropharyngeal flora			HRA51B9
10. Klebsiella pneumoni	iae		☐HRA51B10
11. Other			☐HRA51B11
SpecifyHRA	\51B11A		
52. Was a bronchoscopy culture done?	? Yes No/NR Skip to	53 HRA52	
a. Culture Results	Pos Neg Skip to	53 Not Recorded	Skip to 53 HRA52A
b. If positive, were any of the fo	ollowing reported in the bronchoscopy of	culture? Yes No	<u>NR</u>
1. Haemophilus Influenz	zae		☐HRA52B1
2. Moraxella Catarrhalis	3		HRA52B2
3. Streptococcus pneum	noniae		☐HRA52B3
4. Methicillin-resistant S	staphylococcus Aureus (MRSA)		☐HRA52B4
5. Staphylococcus aureu	us (not MRSA)		☐ HRA52B5
6. Mycoplasma pneumo	oniae		☐ HRA52B6
7. Pseudomonas Auregi	inosa		☐ HRA52B7
8. Chlamydophila (or Ch	nlamydia) pneumoniae		HRA52B8
9. Oropharyngeal flora			☐ HRA52B9

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ID NUMBER:			FORM CODE: HRA VERSION: A 2/11/2015	Visit Number	SEQ#
10.	Klebsiella pneu	moniae	-	 П	HRA52B
	•				☐ ☐ HRA52B
	Specify	HRA52B11A		_	
		-!			
53. Was a blood c	ulture done?	<u>Yes</u>	No/NR Skip to	54 HRA53	
a. Culture	Results	<u>Pos</u>	Neg Skip to	54 Not Recor	ded Skip to 54 HRA53A
b. If positiv	e, were any of t	he following re	ported in the blood culture?	<u>Yes</u>	No NR
1. l	Haemophilus Inf	luenzae			HRA53
2. M	Moraxella Catarı	halis			HRA53
3. 8	Streptococcus p	neumoniae			HRA53E
4. N	Methicillin-resista	ant Staphyloco	ccus Aureus (MRSA)		☐ HRA53
5. 9	Staphylococcus	aureus (not Mi	RSA)		☐ ☐HRA53E
6. 0	Other			HRA53B6 H	RA53B6A
54. Influenza swal		Pos	<u>Neg</u>	Not Reco	rded HRA54
H. TREATMEN	15/MEDICAT	ION5		<u>Yes</u>	No/NR
55. CPAP or BiPA	⊾P (non-invasive	mechanical ve	entilation)		HRA55
	•		, 		HRA56
57. Inhaled short-a	acting beta-agor	nists (ie,albuter	ol, xopenex)		HRA57
58. Inhaled short-a	acting anticholin	ergics (ie, atro	vent, ipratropium)		HRA58
59. Inhaled long-a	cting anticholine	ergics (ie, spiriv	va, tudorza pressair)		☐ HRA59
60. Inhaled long-a	cting beta-agon	ists (ie: sereve	nt)		HRA60
61. Inhaled Cortico	osteroid for resp	iratory event			HRA61
62. Oxygen (conti	nuous or prn)				HRA62
63. Antibiotics for	respiratory ever	nt (IV or PO)			HRA63
64. Systemic Cort	icosteroid for res	spiratory event	(IV or PO)		HRA64
65. IV Lasix or Fu	rosemide				☐ HRA65
66. Leukotriene ar	ntagonist (ie. sin	gulair, accolate	e)		HRA66
67. Home oxygen					HRA67

ID NU	JMBER:								ODE: HRA A 2/11/2015	Visit Number		SEQ#	
I. EX	ACERI	BATIO	N EV	'ALU <i>A</i>	ATIO	N							
68. Did	this ho	spitaliz	Yes.					criteria for a (1	bation?	HR	A68	
69. Did	this ho	spitaliz	Yes.					criteria for inf	1	onia?	HRA	\69	
70. Do y	you agı		Yes					ssification?	1		HRA	70	
71. If no	· <u>· </u>	nin: RA71											
72. Sho	ould this		Yes					y and Morbidit	1	?	HRA	.72	
73. Are	other o	conditio	n abs	tractio	ns ne	eded	for th	nis case?		Yes	<u> </u>	<u>No</u>	
	a.	MI / Co	oronar	y Arte	ry Dis	sease						HRA	73A
	b.	Venou	s Thro	ombosi	is Dis	ease	/ Stro	oke				HRA	73B
	C.	Cance	r									HRA	173C
	d.	Hip Fra	acture	/ Oste	opor	osis						HRA	\73D

e. Diabetes.....

☐ HRA73E



INFORMANT INTERVIEW

ID NUMBER: FORM CODE: IFI Visit Number VISIT SEQ #								
0a. Form Date:								
<u>Instructions:</u> The informant interview form is completed for each informant for an eligible death as determined by the SPIROMICS event investigation protocol.								
Decedent's name: Removed from Blinded Dataset Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name: Informant name:								
Age at death: IFI0F								
Date of birth: Removed from Blinded Dataset Place of death: Removed from Blinded Dataset								
Informant Interview Attempt for the: Primary Informant1 Secondary Informant2 Additional Informant3								

"Hello, my name is (interviewer's name) with the SPIROMICS study. I'm calling (name of informant) regarding (name of decedent)'s involvement with the SPIROMICS study, a medical study in which (name of decedent) was enrolled.

[Once it is established you are speaking with the informant, continue with the script below. If the informant is not available determine a time to call back. If the interviewer determines that the person they are speaking with is knowledgeable of the circumstances surrounding the decedent's death, the interview with this person should continue. See procedure manual for more details.]

Informant Interview (IFI) Page 1 of 9

ID NUMBER: FORM CODE: IFI Visit VERSION: 1.0 06/20/2014 Number SEQ #
"I'm sorry for your loss. We understand that you might be able to help us complete our documents for (decedent), particularly the circumstances surrounding (his/her) death. Is now a good time to talk?"
No answer IFIOJ1
First attempt
Second attempt
Third attempt
Fourth attempt
Fifth attempt
No → When would be convenient to call back? IFI0J2
No → Do not contact again Skip to 19
Yes ── Thank you. If you have any questions, please ask me.
1. Before we get started could you please tell me what was your relationship with (insert name of decedent)? (Respondent was deceased's) Spouse Daughter/Son Parent
Friend
Workmate
Other relative
Other
Specify relationship of other:IFI1A
A. CIRCUMSTANCES SURROUNDING DEATH "I'd like to ask you a few questions about (decedent's name)"s medical history and the events leading up to (his/her) death."
2. Please tell me about his/her general health, health on the day s/he died, and about the death itself.
Record a brief synopsis of the events surrounding the death as related by the informant: Removed from Blinded Dataset

Informant Interview (IFI) Page 2 of 9

"Some of the remaining questions may repeat information you already provided, but it helps us to ask these items specifically." 3. How long was it between the time (decedent's name) was last known to be alive and the time (he/st was found dead? Fi3		ID NUMBER: FORM CODE: IFI Visit VERSION: 1.0 06/20/2014 Number SEQ #
Less than 5 minutes		
5 minutes to 1 hour	3.	,
1 to 24 hours		Less than 5 minutes
Longer than 24 hours		5 minutes to 1 hour
Unknown		1 to 24 hours
4. Please tell me who was present. (Mark all that apply.) Self		Longer than 24 hours
Self No Yes Skip to Item 6 IFI4A Health care person(s) No Yes IFI4B Other person(s) No Yes IFI4C 5. When was the last time you saw (decedent's name) prior to (his/her) death? IFI5 Less than 5 minutes 5 minutes to 1 hour 1 to 24 hours Longer than 24 hours Unknown B. MEDICAL HISTORY 1'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		Unknown
Health care person(s) No Yes IFI4B Other person(s) No Yes IFI4C 5. When was the last time you saw (decedent's name) prior to (his/her) death? IFI5 Less than 5 minutes 5 minutes to 1 hour 1 to 24 hours Longer than 24 hours Unknown B. MEDICAL HISTORY "I'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes	4.	Please tell me who was present. (Mark all that apply.)
Other person(s) No Yes IFI4C 5. When was the last time you saw (decedent's name) prior to (his/her) death? IFI5 Less than 5 minutes 5 minutes to 1 hour 1 to 24 hours Longer than 24 hours Unknown White to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes Was (he/she) Skip to Item 10		Self No Yes Skip to Item 6
5. When was the last time you saw (decedent's name) prior to (his/her) death? IFI5 Less than 5 minutes 5 minutes to 1 hour 1 to 24 hours Longer than 24 hours Unknown B. MEDICAL HISTORY "I'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		Health care person(s) No 🗌 Yes 🔲 IFI4B
Less than 5 minutes		Other person(s) No Yes IFI4C
5 minutes to 1 hour	5.	. When was the last time you saw (decedent's name) prior to (his/her) death? IFI5
1 to 24 hours		Less than 5 minutes
Longer than 24 hours Unknown B. MEDICAL HISTORY "I'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		5 minutes to 1 hour
Unknown B. MEDICAL HISTORY "I'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		1 to 24 hours
B. MEDICAL HISTORY "I'd now like to ask you a few questions about (decedent's name) medical history." 6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		Longer than 24 hours
"I'd now like to ask you a few questions about (<i>decedent's name</i>) medical history." 6. Was (<i>he/she</i>) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes		Unknown
6. Was (he/she) hospitalized within the four weeks prior to death? IFI6 No Skip to Item 10 Yes	В	. MEDICAL HISTORY
No Skip to Item 10 Yes	"]	'd now like to ask you a few questions about (decedent's name) medical history."
Yes	6.	. Was (he/she) hospitalized within the four weeks prior to death? IFI6
_		No Skip to Item 10
Unknown Skip to Item 10		Yes
		Unknown Skip to Item 10

Informant Interview (IFI) Page 3 of 9

	ID NUMBER:							FORM (VERSION:				'isit mber		SE	.Q#		
7.	7. What was the reason for the hospitalization							ion? (Selec	t a	ll that ap	oply.)						
	a. Unkr	nowr	1					Ye	S		No		IFI7A				
	b. Resp	oirate	ory					Ye	S		No		IFI7B				
	b1. E	Emp	hys	ema, C	hron	nic Br	onchi	tis, Ye	S		No		IFI7B	1			
	or ch	roni	ic c	bstruct	ive p	oulmo	onary										
	disea	ase	(CC	PD)													
	b2. F	nec	ımo	nia				Ye	S		No		IFI7E	32			
	b3. (Othe	r re	spirato	ry			Ye	S		No		IFI7E	33			
	c. Card	iac						Ye	S		No		IF170				
	c1. H	lear	t At	tack				Ye	S		No		IFI7C	21			
	c2. H	lear	t Fa	ailure				Ye	S		No		IFI7C	2			
	c3. C	Othe	r he	eart pro	blem	1 <u> </u>		Ye	S		No		IFI7C	23			
	8	Spec	cify:_	IF	I7C3	3A		_									
	d. Canc	er						Ye	S		No		IFI7D				
	d1. Lu	ung						Ye	S		No		IFI7D	=_			
	d2. O	ther	car	ncer				Ye	S		No		IFI7D		-17D	2A	
	e. Othe	r co	ndit	ion	_			Ye	3		No		IFI7E				
	Spe	cify	: _[IFI7E1			_										
8.	. What was t	he c	date	of the	hosp	oitaliz	ation		<u> </u>	<u> </u>							
		Mc	onth]/ [Day	/ [Y	ear [<u>FI8</u>	<u>)</u>							
9.	. What was t	he r	nam	e and I	ocat	ion o	f the I	nospital? _	R	emove	d from	Blin	ded D	atase	et		
10	0. Was (inser	t de	cede	ent's na	ame)	seei	า by a	doctor any	ot/	her time	in the	last f	our we	eeks p	orior 1	_	ath?
	No			Skip	to It	em 1	2									_	
	Yes]													
	Unknov	vn		Skip	to It	em 1	2										
11. What was the name and address of this doctor?																	
	Remo	ved	fro	m Blin	ded	Data	aset										

Informant Interview (IFI) Page 4 of 9

ID NUMBER:				FORM CODE: IFI VERSION: 1.0 06/20/2014	Visit Number	SEQ#
C. SYMPTOMS						
"Now I'd like to talk (his/her) death."	about:	specific	symptom	s (<i>decedent's name</i>) mig	ht have experie	enced just prior to
12. Did (he/she) ex	perienc	e an ind	crease in	shortness of breath? IFI	12	
No						
Yes						
Unknown						
13. Did (he/she) ex	perienc	e increa	ased coug	hing? IFI13		
No						
Yes						
Unknown						
14. Did (he/she) ex	perienc	e increa	ased muc	us or sputum production?	IFI14	
No						
Yes						
Unknown						

Informant Interview (IFI) Page 5 of 9

IE	NUMBER: FORM CODE: IFI Visit VERSION: 1.0 06/20/2014 Number SEQ #
"I no prio que spe	emergency medical care (insert decedent's name) may have received or to or at the time of death. You may have already given this information in an answer to an earlier estion, and I apologize if these questions seem repetitive, but it is important to obtain information edifically on emergency medical care." Was a physician, ambulance or other emergency medical team called? IFI15
	No Skip to Item 16 Yes Unknown Skip to Item 16
	15a. How long was it from the time the last episode of symptoms started to the time that medical assistance was called for? IFI15A 5 minutes or less
16.	Were resuscitation measures, such as CPR attempted? IFI16 No
17.	Was (<i>decedent's name</i>) taken to the hospital, emergency room or any other emergency care IFI17 facility? No

Informant Interview (IFI) Page 6 of 9

	FORM COE SION: 1.0	DE: IFI 06/20/2014		risit SEQ#
E. CAUSE OF DEATH				
18. To the best of your knowledge, what was the	reason	for the d	leath?	(Select all that apply.)
a. Unknown	Yes		No	☐ IFI18A
b. Respiratory	Yes		No	☐ IFI18B
b1. Emphysema, Chronic Bronchitis,	Yes		No	☐ IFI18B1
or chronic obstructive pulmonary				
disease (COPD)				
b2. Pneumonia	Yes		No	☐ IFI18B2
b3. Other respiratory cause	Yes		No	☐ IFI18B3
c. Cardiac	Yes		No	☐ IFI18C
c1. Heart Attack	Yes		No	☐ IFI18C1
c2. Heart Failure	Yes		No	☐ IFI18C2
c3. Other heart problem	Yes		No	IFI18C3
Specify: IFI18C3A				
d. Cancer	Yes		No	☐ IFI18D
d1. Lung	Yes		No	☐ IFI18D1
d2. Other	Yes		No	☐ IFI18D2 IFI18D2A
e. Other condition	Yes		No	☐ IFI18E
Specify: IFI18E1				
F. ADDITIONAL INFORMANTS				
19. Is there anyone else we could contact who m circumstances surrounding (decedent's name				
No Skip to Closing Script				
Yes				
Unknown Skip to Closing Script				

Informant Interview (IFI) Page 7 of 9

I	NUMBER: FORM CODE: IFI Visit VERSION: 1.0 06/20/2014 Number SEQ #
20.	How is (he/she) related to (decedent's name)? IFI20
	Spouse
	Daughter/Son
	Parent
	Friend
	Workmate
	Other relative
	Other
	Specify relationship of other:
	Removed from Blinded Dataset
G.	CLOSING SCRIPT
	ank you very much for your assistance in this study. This information is very important for advancing understanding of lung disease. Do you have any questions? Thanks again for your help."
Н.	RELIABILITY (To be completed after the interview)
22.	On the basis of these questions, give your rating of reliability of the interview. IFI22
	Poor Fair Good

Informant Interview (IFI) Page 8 of 9

	ID NUMBER:						FORM CODE: IFI VERSION: 1.0 06/20/2014	Visit Number		SEQ#		
	COORDINA	TOR	SUMN	MARY								
2	pertinent c	details in de	that retermin	may no ning ar	ot have b ny circum	eei ista	the conversation with the captured by this form to the captured by this form to the condensity of the ultimate the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the condensity of the conversation of the conversation with the conversation with the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of the conversation of	hat will aid [.] nditions tha	the act	djudicatio have	-	
	Removed f	rom l	Blinde	ed Dat	taset							
_												

Informant Interview (IFI) Page 9 of 9



For post albuterol FEV₁ <50% Predicted

	ID NUME	BER: BLINDID	FORM CODE: ISP VERSION: 2.0 6/12/13 Visit Number VISIT SEQ #	
C	oc) Date C	Date:	ISPOA 0b) Initials	В
		ructions: This form should be complete required, enter the number so that the la	ted during the participant's visit. Whenever numerical responses last digit appears in the rightmost box.	
1	,	all from ISP01A is ISP0 after the first 7 min. (use best post a	- use this value to determine if saline is to be increased albuterol FEV ₁ to calculate)	d
2	,	all from ISP02A is ISP0 is ontinue tests, give albuterol. Perform	(use best post albuterol FEV ₁) n PFTs at 10 minutes)	
3	Ye	e participant given albuterol prior to esY		
		this a re-dosing (e.g., >165 minutes	s after initial bronchodilator dose for PFTs)? ISP03A	
	No			
	3b) How	many puffs of albuterol was the part	rticipant given?ISP03B	
			FEV ₁	
	4)	Baseline #1	a) ISP04A	
	5)	Baseline #2	a) ISP05A	
	6)	Baseline #3	a) ISP06A	
	7)	Baseline spirometry reviewed by:	Removed from Blinded Dataset	

	ID NUME	BER:										FORM CODE: ISP Visit VERSION: 2.0 6/12/13 Number SEC) #					
Γ	8)	Spiro	me	try (ok t	0 CC	ntir	nue	?			☐ Yes ☐ No ISP08						
					10	0 m	in p	ost	albu	utero	ol	a) ISP09A						
	9)	trial #*																
	10)	trial #2										a) ISP10A						
	11)								tri	al #3	3	a) ISP11A						
	12)	1 min at 0.9% NaCl If FEV ₁ <20% drop, continue										a) ISP12A						
	13)	2 min at 0.9% NaCl										a) ISP13A						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	14)	5 mir	n at	0.9	% N	NaC	I					a) ISP14A						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	15)	7 mir	n at	0.9	% N	NaC	I					a) ISP15A						
L																		
	16)	First induc			tes	con	nple	te, o	cont	tinue	9	\square Yes \square No \rightarrow Go to Item 27 ISP16						
	17)	If yes	s, %	Na	CI ı	use	d:					☐ 0.9% NaCL ☐ 3% NaCL ISP17						
		NOT increscolled contine >20% proces	ase ctec nue 6 dr	to id. If at op,	3% FE .9%	Na(:V ₁ = :Na	Cl a =11 CL.	fter -199 If I	sam % th =EV	nple ien '1								
	18)	1 mir	1									a) [SP18A]						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	19)	2 mir	1									a) [SP19A]						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	20)	5 mir	1									a) ISP20A						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	21)	7 mir	1									a) ISP21A						
L		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	22)	Seco conti						ple	te,			$\square \text{ Yes } \square \text{ No } \rightarrow \square \text{ Go to Item 27} $						
		NOT saline					_	se s	sam	e								
Ī	23)	1 mir	1									a) ISP23A						
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									
	24)	2 mir	า							_		a) ISP24A	_					
		If FE	V ₁ <	<20°	% d	rop	, co	ntin	ue									

SEQ#

	ID NUME	BER:									FORM CODE: ISP Visit VERSION: 2.0 6/12/13 Number SEQ #
Γ	25)	5 mi	n								3) [[0][0][0]
	20)	If FE		-20	% d	ron	cc	ntir	111E		a) ISP25A
F	26)	7 mi		~	70 G	ТОР	, 00	J11611	140		a) ICD26A
	20)	Thir		min	uto	c cc	mr	alatí	`		a) ISP26A
		Indu						JIER	. .		
D D	lear thro eep cou O NOT I 7) Was t Ye	at, so gh fro HOCk	rapi om c C Of	ing thes R S(pan	t an CRA	at a ld sp APE	nd pit i wh	rod	of of respundance spundance noutum lucir		
_											[LODGO
2											
		s									Y N → <mark>Go to End</mark>
	INC	,		•••••	•••••	•••••					N → GO to End
2	9) Reaso	n teri	mina	atec	l ea	rly .					ISP29
	•	V1 d				•					
	Pa	rticip	ant	requ	uest	ed t	to s	stop			2
		her									3
	Specif	y Oth	er:	IS	P29)A					
3	0) Did th	e part	ticip	ant	req	uire	ad	diti	onal	albu	iterol?ISP30
		s									
	No										$N \rightarrow Go \text{ to Item 33}$
											seline and/or if a 2 nd dose of albuterol was required, ord values here:
											FEV ₁
	31)					-	Tria	al #	1 [5	P3	1A
	32) Trial #2 ISP36A										
	33)					-	Γria	al #3	3 [[SP3	3A
3	4) Note r	easor	n an	ıd tir	ne i	poir	nt o	bta	ined:	IS	P34
	·									<u></u>	· · · · ·



For post albuterol FEV₁ <50% Predicted

	ID N	UMBI	ER: BLINDID	FORM CODE: ISP Visit VISIT SEQ #
0	a) For	rm C	Date:	ISP0A 0b) Initials
			uctions: This form should be completed equired, enter the number so that the las	d during the participant's visit. Whenever numerical responses st digit appears in the rightmost box.
1	,		ISP01A is ISP01 is after the first 7 min. (use best post al	- use this value to determine if saline is to be increased
2	,		ISP02A is ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A is of ISP02A i	(use best post albuterol FEV ₁) PFTs at 10 minutes)
3	Í	Ye: No	sY	putum induction?
			sY	
	3b) H	OW I	many puffs of albuterol was the parti	cipant given?
				FEV ₁
		4)	Baseline #1	a) ISP04A
	!	5)	Baseline #2	a) ISP05A
	(6)	Baseline #3	a) ISP06A
	•	7)	Baseline spirometry reviewed by: V	
	:	8)	Spirometry ok to continue?	☐ Yes ☐ No ISP08
			10 min post albuterol	a) ISP09A
	9	9)	trial #1	
	10	0)	trial #2	a) ISP10A
	1	1)	trial #3	a) ISP11A

ID NUME	BER:	FORM CODE: ISP Visit VERSION: 1.0 10/26/10 Number SEQ					
12)	1 min at 0.9% NaCl	a) [CD12A]					
12)	If FEV ₁ <20% drop, continue	a) ISP12A					
40\	• *	a) IODAOA					
13)	2 min at 0.9% NaCl	a) ISP13A					
4.4	If FEV ₁ <20% drop, continue	\					
14)	5 min at 0.9% NaCl	a) ISP14A					
	If FEV ₁ <20% drop, continue						
15)	7 min at 0.9% NaCl	a) ISP15A					
16)	First 7 minutes complete, continue induction?						
17)	If yes, % NaCl used:	☐ 0.9% NaCL ☐ 3% NaCL ISP17					
	NOTE: If FEV $_1$ <10% drop, then increase to 3% NaCl after sample collected. If FEV $_1$ =11-19% then continue at .9% NaCL. If FEV $_1$ >20% drop, then stop induction procedure.						
18)	1 min	a) ISP18A					
	If FEV ₁ <20% drop, continue						
19)	2 min	a) ISP19A					
	If FEV ₁ <20% drop, continue						
20)	5 min	a) ISP20A					
,	If FEV ₁ <20% drop, continue						
21)	• '	a) ISP21A					
,	If FEV ₁ <20% drop, continue	,					
22)	Second 7 minutes complete, continue induction?	Yes □ No → Go to Item 27					
	NOTE: if continuing, use same saline concentration						
23)	1 min	a) ISP23A					
,	If FEV ₁ <20% drop, continue	37 101 2071					
24)	2 min	a) ISP24A					
21)	If FEV ₁ <20% drop, continue	S/ [ISI 27/1]					
25)	5 min	3) ICD354					
20)		a) ISP25A					
20)	If FEV ₁ <20% drop, continue	6)					
26)	7 min	a) ISP26A					
	Third 7 minutes complete. Induction Complete.						

ID NUMBER:		FORM CODE: ISP VERSION: 1.0 10/26/10	Visit Number	SEQ#
Remind subject to rinse Clear throat, scraping th Deep cough from chest DO NOT HOCK OR SCI	roat and roof of mouth and spit into sputum sa	 spit into sink. Blow no ample cup. 	se – discard	it into the cup!
27) Was the participant	able to produce sputum	ı?	ISP27	
Yes	Υ			
No	N			
28) Was the induction te	erminated early?		ISP28	
•	Y		_	
No	N	→ Go to End		
29) Reason terminated e	early		ISP29	
•	20%1		J ———	
	ested to stop2			
	3			
Specify Other:	29A		_	
			_	
30) Did the participant re	equire additional albute	rol?	ISP30	
	Υ			
No	N	→ Go to Item 33		
If participant's FEV1 dro conduct a post-induction	• •		of albuterol was i	required,
	, F	EV ₁		
31)	Trial #1 ISP31A	N.		
32)	Trial #2 ISP36A	A		
33)	Trial #3 ISP33A	A		
34) Note reason and time	e point obtained: ISP3	34		



For post albuterol FEV₁ >50% Predicted

ID NUI	MBER: BLINDID	FORM CODE: ISW Visit VISIT SEQ#
0c) Date	n Date:	/ ISW0A 0b) Initials ISW0E / ISW0C AM/PM (circle one) ISW0D_AMPM
		completed during the participant's visit. Whenever numerical number so that the last digit appears in the rightmost box.
,	fall from ISW01A is e concentration (use best post	- Continue at present concentration – do not increase albuterol FEV ₁ to calculate)
,	fall from ISW02A is continue tests, give albuterol. F	(use best post albuterol FEV ₁) Perform PFTs at 10 minutes post administration)
3) Was t	:he participant given albuterol բ	orior to sputum induction?
`	res	Y
1	No	N
3a) Wa	as this a re-dosing (e.g., >165 r	minutes after initial bronchodilator dose for PFTs)? ISW03A
_	/es No	
3b) Ho	w many puffs of albuterol was	the participant given?
		FEV ₁
4)	Baseline #1	a) ISW04A
5)	Baseline #2	a) ISW05A
6)	Baseline #3	a) ISW06A
7)	Baseline spirometry reviewe	7
8	Spirometry ok to continue?	☐ Yes ☐ No ISW08

ID NUME	BER:									FORM CODE: ISW Visit VERSION: 2.0 6/12/13 Number SEQ							
				1() m	in n	net :	alhı	utero	I a) ISW09A							
9)					J 1111	III P	001		al #	SV ISWOODA							
10)									al #2								
11)									al #3	a) ISW11A							
12)	2 mi	n at	3%	Na	CI					a) ISW12A							
,	If FE	V ₁ ·	<20	% d	rop.	CO	ntinı	ле		3, 1011.21							
13)	•									a) ISW13A							
14)	First 7 minutes complete, continue induction?								tinue	Yes No → Go to Item 22 ISW14							
15)	If ye	s, %	ώ Na	aCl u	use	:t				☐ 3% NaCL ☐ 4% NaCL ISW15							
	NOTE: If FEV ₁ <10% drop, then increase to 4% NaCl after sample collected. If FEV ₁ =11-19% then continue at 3% NaCL. If FEV ₁ >20% drop, then stop induction procedure.								nple ien								
16)	2 min at 4% NaCl									a) ISW16A							
	If FEV₁ <20% drop, continue																
17)	7 min at 4% NaCl									a) ISW17A							
18)	Secont						plet	e,		☐ Yes ☐ No → Go to Item 22 ISW18							
19)	If ye	s, %	δ Na	CI u	used	d:				☐ 3% NaCL ☐ 4% NaCL ☐ 5% NaCL							
	NOTE: If you did not increase % NaCL in step 15, then continue at 3% unless FEV1 >20% drop.					en	con	tinu		ISW19							
	If you did increase NaCL to 4% and FEV $_1$ <10% drop, then increase to 5%. If FEV $_1$ =11-19% then continue at 4% NaCL.								%								
								tinu	e at								
	If FEV ₁ >20% drop, then stop induction procedure.							top									
20)	2 mi	n at	5%	Na	CI		_		_	a) ISW20A							
	If FE	V ₁ ·	<20	% d	rop,	CO	ntinı	Je									
21)	7 mi	n at	5%	Na	CI		_		_	a) ISW21A							
	Indu	ctio	n cc	mp	lete												

ID NUMBER:							FORM CO VERSION: 2		Visit Number			SEQ#		
Deep cough fr													,	
DO NOT HOC	K O	R SC	CRAPE	when p	orodu	cing sa	imple. Pa	assively br	ing it past ti	ne tr	nroa	t into the	cup	
22) Was the p	artic	ipant	able to	o produ	ce sp	utum?			ISW22]				
Yes						Y								
No						N								
23) Was the ir	nduct	tion t	ermina	ited earl	lv?				ISW23					
•					•									
							Go to 25							
24) Reason te	rmin	hate	early						ISW24					
,			•											
	-	•		to stop.										
	•	-												
Specify Of														
Opcony O														
25) Did the pa	rticip	ant	require	additio	nal al	butero	l?		ISW25					
Yes						Y								
No						N →	Go to En	li li						
If participant's									se of albute	rol w	as r	equired,		
conduct a pos	t-ınd	uctio	n spiro	metry a	ind re	ecord v	alues her	e:						
						FE\	V ₁							
26)			-	Trial #1	ISV	V26A								
27)			-	Trial #2	ISV	N27A								
28)			-	Trial #3	IS\	N28A								
29) Note reaso	on ar	nd tir	ne poir	nt obtain	ed. [ISMOC	ភា							
						134428	<u>'</u>							_
														-



For post albuterol FEV₁ >50% Predicted

	ID NI	UMB	ER: BLINDID	FORM CODE: ISW Visit VISIT SEQ #
(0a) For	m [Date:	ISW0A 0b) Initials
				ed during the participant's visit. Whenever numerical o that the last digit appears in the rightmost box.
1	,		all from ISW01A is ISW0 concentration (use best post albutero	- Continue at present concentration – do not increase of FEV ₁ to calculate)
2	,		all from ISW02A is ISW0. ntinue tests, give albuterol. Perform F	(use best post albuterol FEV ₁) PFTs at 10 minutes post administration)
3	,	Ye No	sN	putum induction?
			sY	
	3b) H	ow	many puffs of albuterol was the partic	cipant given?
				FEV ₁
		4)	Baseline #1	a) ISW04A
		5)	Baseline #2	a) ISW05A
	(6)	Baseline #3	a) ISW06A
		7)	Baseline spirometry reviewed by: V	ariable Removed
	;	8)	Spirometry ok to continue?	☐ Yes ☐ No ISW08
			10 min post albuterol	a) ISW09A
		9)	trial #1	1004404
		0)	trial #2	a) ISW10A
	1 1	1)	trial #3	a) ISW11A

ID NUME	BER:	VERSION: 1.0 10/26/10 Number SEQ #					
12)	2 min at 3% NaCl	a) ISW12A					
	If FEV ₁ <20% drop, continue						
13)	7 min at 3% NaCl	a) ISW13A					
14)	First 7 minutes complete, continue induction?						
15)	If yes, % NaCl used:	☐ 3% NaCL ☐ 4% NaCL ISW15					
	NOTE: If FEV ₁ <10% drop, then increase to 4% NaCl after sample collected. If FEV ₁ =11-19% then continue at 3% NaCL. If FEV ₁ >20% drop, then stop induction procedure.						
16)	2 min at 4% NaCl	a) ISW16A					
	If FEV_1 <20% drop, continue						
17)	7 min at 4% NaCl	a) ISW17A					
18)	Second 7 minutes complete, continue induction?						
19)	If yes, % NaCl used:	☐ 3% NaCL ☐ 4% NaCL ☐ 5% NaCL					
	NOTE: If you did not increase % NaCL in step 15, then continue at 3% unless FEV1 >20% drop.	ISW19					
	If you did increase NaCL to 4% and FEV_1 <10% drop, then increase to 5%.						
	If $FEV_1 = 11-19\%$ then continue at 4% NaCL.						
	If $FEV_1 > 20\%$ drop, then stop induction procedure.						
20)	2 min at 5% NaCl	a) ISW20A					
	If $FEV_1 < 20\%$ drop, continue						
21)	7 min at 5% NaCl	a) ISW21A					
	Induction complete.						

Remind subject to rinse mouth and cheeks thoroughly, gargle - spit into sink.

Clear throat, scraping throat and roof of mouth - spit into sink. Blow nose - discard

Deep cough from chest and spit into sputum sample cup.

DO NOT HOCK OR SCRAPE when producing sample. Passively bring it past the throat into the cup!

Yes	ID NUMBER:			FORM CODE: ISW VERSION: 1.0 10/26/10	Visit Number	SEQ#	
No	22) Was the partici	pant able to produc	e sputum	?	ISW22		
23) Was the induction terminated early? Yes	Yes		Y				
Yes	No		N				
No	23) Was the inducti	on terminated early	/?		ISW23		
Participant require additional albuterol? Yes	Yes		Y				
FEV1 dropped >10%	No		N –	→ Go to 23			
Participant requested to stop	24) Reason termina	ated early			ISW24		
Other	FEV1 dropp	ed >10%	1				
Specify Other: ISW24A 25) Did the participant require additional albuterol?	Participant ı	equested to stop	2				
25) Did the participant require additional albuterol?			3				
Yes	Specify Other:	ISW24A					
Yes	25) Did the particing	ant require addition	al alhuter	rol?	ISW25		
No		·					
f participant's FEV1 dropped >20% from baseline and/or if a 2 nd dose of albuterol was required, conduct a post-induction spirometry and record values here: FEV1 26) Trial #1 ISW26A 27) Trial #2 ISW27A 28) Trial #3 ISW28A				→ Go to End			
FEV ₁ 26) Trial #1 ISW26A 27) Trial #2 ISW27A 28) Trial #3 ISW28A				, <u> </u>			
FEV ₁ 26) Trial #1 ISW26A 27) Trial #2 ISW27A 28) Trial #3 ISW28A					se of albutero	l was required	,
26) Trial #1 ISW26A 27) Trial #2 ISW27A 28) Trial #3 ISW28A	conduct a post-indu	iction spirometry ar	na recora	values nere:			
27) Trial #2 ISW27A 28) Trial #3 ISW28A			F	EV ₁			
28) Trial #3 ISW28A	26)	Trial #1	ISW26A	4			
	27)	Trial #2	ISW27	4			
Note reason and time point obtained: ISW29	28)	Trial #3	ISW28A	4			
	29) Note reason an	d time point obtaine	ed: ISW2	29			



MONTHLY CONTACT FORM

ID NUMBER: BLINDID FORM CODE: MCF Visit Number Visit Number SEQ#
0a) Form Date
INTERVIEWER: Hello, my name is <i>(interviewer name)</i> , and I am calling to follow up with <i>(participant name)</i> about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he available?
No — → When would it be convenient to call back?Thank you. I will call again.
Yes — Hello, (participant name), this is (interviewer name) with the SPIROMICS study. I'm calling to see how you have been since your last (visit to our center or telephone contact). Do you have a few minutes to speak on the phone?
No ───► When would it be convenient to call back?Thank you. I will call again.
Yes — We'd like to gather information about your general health and about specific medical conditions that you may have had since your last (visit to our center or telephone contact). I will ask you some questions about your health since your last (visit to our center or telephone contact) on (date of contact).
INTERVIEWER: I want you to focus on what happened from (date of contact) until today.
1) (Do not ask participant) Participant status (choose one): MCF1 Contacted and alive 1 → Go to Item 2 Contacted and refused interview 2 → End Call Not contacted, reported alive 3 → End Call Not contacted, reported deceased 4 → Go to Item 1a Unknown 5 → End Call
1a) What was the date of death?
1c) Do you know if (insert decedent's name) was hospitalized or visited an emergency room for any reason since (date of last contact) and his/her death? Yes 1 Record date and name of hospitalization in question 21a. No 0 End interview

	ID NUMBER:							M CODE: MC DN: 1.0 06/17		Visit Iumber			SEQ#			
Н	OSPITALIZ <i>I</i>	ATIONS														
2)	Since your	· last (<i>cli</i>	inic visi	it or te	eleph	none c	ontact) on	(<i>date</i>), ha	ve you h	ad a fla	are-u	ıp ot	f			
,	your chest	trouble'	? (Y/N)		•		•	, ,	•			•			MC	F2
	(if 'No' go	to item 2	20)													
lf `	Yes:														1	
	2a) How r	nany ep	isodes	of ch	est t	rouble	flare ups	have you l	nad since	e (date)?				MC	F2a
Ho	ow was/were (if more that the first ep	an one)	by che	cking												
3)	For the first	episode	e of bre	eathing	g pro	blems	you had	since (date	e):							
За	a) Did you t	take add	ditional	antibi	iotics	s after	contacting	g your heal	thcare p	rovider	by t	eler	hone			
	or email	? (Y/N) .													MC	CF3a
3b) Did you	ake add	ditional	oral s	tero	ids aft	er contact	ing your he	ealthcare	provid	der b	y			-	
	telephon	e or em	ail? (Y/	/N)											MC	F3b
Зс	c) Did you	take add	ditional	antibi	iotics	s but w	vithout cor	ntacting a h	nealthcar	e provi	ider?	Y/	N)		MC	F3c
Зс	d) Did you	ake ado	ditional	oral s	tero	ids bu	t without o	contacting a	a healtho	are pro	ovide	er? (Y/N)		MC	F3d
3е	e) Were yo) Were you evaluated in a physician's office or urgent care? (Y/N)													MC	F3e
	During	that vis	it were	you g	jiver	n (chec	k all that	apply):							_	
		3e1) Ar	n additi	ional a	antib	iotic						M	CF3e1]		
		3e2) Ad	dditiona	al ster	oids							M	CF3e2]		
		3e3) Do	on't kno	ow								M	CF3e3			
		3e4) Do	on't rer	nemb	er							M	CF3e4			
3 f)	f) Were you evaluated in an Emergency Department?														MC	F3f
	During that visit were you given (check all that apply):															
		3f1) An	additio	onal a	ntibi	otic						MC	CF3f1			
		3f2) Ad	lditiona	l sterc	oids							M	CF3f2			
		3f3) Do	n't kno	w								M	CF3f3			
		3f4) Do	n't rem	nembe	er							M	CF3f4			
	3g) Wha	at was th	ne date	of thi	is ev	ent?								MC	F3g]
	3h) Wha	at is the	name	of the	med	dical fa	cility? Re	emoved fr	om Bline	ded Da	atas	et				
	3i) Wha		addres	ss of th	his n		I facility?	Remove					et			

IE	D NUMBER: FORM CODE: MCF Visit VERSION: 1.0 06/17/13 Number SEQ #	
	3j1) First Name: Removed from Blinded Dataset 3j2) Second Name: Removed from Blinded Dataset 3j3) Last Name: Removed from Blinded Dataset 3j4) Maternal Last Name: Removed from Blinded Dataset	
3k) \	Were you admitted to the hospital?	MCF3k
2	articipant was admitted to hospital: 4a) What was the date of this event?	MCF4a
2	4d) For clarification of our records, under what name is this record? 4d1) First Name: Removed from Blinded Dataset 4d2) Second Name: Removed from Blinded Dataset 4d3) Last Name: Removed from Blinded Dataset 4d4) Maternal Last Name: Removed from Blinded Dataset	
5) (d	do not ask) Did the participant have a second episode? (if 'No', go to 20)	MCF5
6) F	or the second episode of breathing problems you had since (date):	
6a) 6b)	Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)	MCF6a
6c)	telephone or email? (Y/N)	MCF6b
6d)	Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	MCF6d
6e)	Were you evaluated in a physician's office or urgent care? (Y/N)	MCF6e
	6e2) Additional steroids	
	6e3) Don't know	

	ID NUMBER:								FORM CODE: MCF VERSION: 1.0 06/17/13	Visit Number			SEQ#		
		6e4)) Don'	t rem	emb	er						M	ICF6e4		
6f) Were you	1 6//2	aluate	d in a	n Fr	mara	ancv	ח	epartment?						MCF6f
Oi	•								all that apply):						
	J			•		-	•				🗀	M	CF6f1		
		•									$\overline{}$	М	CF6f2		
		,										M	CF6f3		
		6f4)	Don't	reme	embe	er					🔲	M	CF6f4		
	6g) Wha	t wa	s the	date (of th	is e	vent?		ility? Removed from E	Slinded D	atası	et		MCF	6g
	6h) vvna	t is t	ne na	me o	the	me	dical	tac	sility? Itemoved nom E	5III Idea D	atas	<u> </u>			
	6i) Wha (Lea	t is t ve b	he ad lank if	dress unkr	of t	his เ า)	medic	al	facility? Removed from	n Blinded	Dat	ase	et		
	6j) For (6j1)	clarif First	ication	n of o e: R	emo	ove	d fron	n E	er what name is this reco	rd? 					
	6j2)	Sec	ond N	ame:	Re	emo	oved f	fro	m Blinded Dataset						
	6i3)	l ast	: Nam	e. R	emo	ove	d fron	n E	Blinded Dataset						
					Jam	 [Remo	νe	ed from Blinded Datase	et					
	O j 1,	mac	orriar i		t airi	o. <u>=</u>							_		
6k	k) Were you a	admi	tted to	the	hosp	oital'	?						[N	//CF6k
lf	participant w	as a	dmitte	d to l	nosp	ital:									
	7a) What w	as tl	he dat	e of t	his e	ever	nt?							MCF	7a
	7b) What is	the	name	of th	e m	edic	al fac	ilit	Removed from Blin	ded Data	set				
	7c) What is (Leave					me	dical	fac	ility? Removed from E	Blinded D	atase	et			
	7d) For cla	rifica	tion o						what name is this record?	?					
	7d1) Fi	rst N	lame:	Re	mo۱	/ed	trom	BI	inded Dataset						
	7d2) S	ecor	nd Nar	ne:	Rem	ove	ed fro	m	Blinded Dataset						
	7d3) La	ast N	lame:	Re	emo	ved	from	В	linded Dataset						
	7d4) M	ater	nal La	st Na	me:	R	emov	ec	I from Blinded Dataset]_					
8)	(do not ask)	Did	the pa	articip	ant	hav	e a th	ird	episode? (if 'No', go to 2	20)			[MCF8

9) For the third episode of breathing problems you had since (date):

II	D NUM	BER:							FORM CO :VERSION	ODE: MC 10 06/17		Visit Number		S	EQ#	1		
									VERSION.	1.0 00/17	/13	Number						
9a)	Did	you ta	ake ad	ditiona	al ant	tibiotic	s after o	con	tacting y	our hea	Ithcar	e provide	er by te	elepho	one			
,															Γ		MCF	-9a
9b)	Did	you ta	ke ad	ditiona	al ora	al stero	oids afte	er co	ontacting	your he	ealthc	are prov	ider by	/	_			
,		•										-	•		[MCF	-9b
9c)	Did	you ta	ake ad	ditiona	al ant	tibiotic	s but w	itho	ut conta	cting a h	nealth	care pro	vider?	(Y/N)	[[MCF	9c
9d)	Did	you ta	ake ad	ditiona	al ora	al stero	oids but	wit	hout con	ntacting	a heal	thcare p	rovide	r? (Y/	N)[MCF	9d
9e)	We	re you	evalu	ated ii	nap	hysicia	an's offi	ice (or urgen	t care? ((Y/N).						MCF	[:] 9e
	D	uring t	that vis	sit wer	e yo	u give	n (checl	k al	l that app	ply):								
		9	9e1) A	n add	litiona	al antik	oiotic							MCF	-9e1			
		,	9e2) A	dditio	nal st	teroids	3							MCF	⁻ 9e2			
		9	9e3) D	on't k	now									MCF	- 9e3			
		9	9e4) D	on't re	emen	nber								MCF	⁻ 9e4			
9f)	We	re you	evalu	ated ii	n an	Emerg	gency D)epa	artment?						[MCF	9f
	D	uring t	that vis	sit wer	e yo	u give	n (checl	k al	l that app	ply):					_			
		9	9f1) Ar	n addi	tiona	l antib	iotic							MCF	9f1			
		9	9f2) Ad	ddition	nal st	eroids								MCF	9f2			
		9	9f3) Do	on't kr	now .									MCF	9f3			
		9	9f4) Do	on't re	mem	ber								MCF	9f4			
	9g)	What	t was t	he da	te of	this ev	vent?		<u></u>		/[_					MCF	9g	
	9h)	What	t is the	name	e of tl	he me	dical fac	cility	y? Rem	noved fr	om B	linded [Datase	et				
	9i)		t is the ve blar				medical	l fac	cility?	Remove	d froi	m Blinde	ed Da	taset]			
	9j)	For c	larifica	ation o	of our	recor	ds, und	ler v	vhat nam	ne is this	reco	rd?						
	•,		First N						nded Da									
		9j2) :	Secon	d Nan	ne: [Remo	oved fro	om	Blinded	Datase	et							
		• ,	Last N						nded Da									
		9j4) l	Matern	al La	st Na	me: E	Remove	ed f	from Bli	nded D	atase	t						
9k) \	Vere	you a	dmitte	d to th	ne ho	spital′	?								[MCF	9k
If pa	rticip	ant wa	as adm	nitted	to ho	spital:									,			_
	10a)	What	was th	e date	e of t	his ev	ent?				/	/				MCF	10a	

	ID NUMBER: FORM CODE: MCF VERSION: 1.0 06/17/13	Visit SEQ #
	10b) What is the name of the medical facility? Removed from Blir	nded Dataset
	Democratic from L	Dinded Dataset
	10c) What is the address of this medical facility? Removed from I (Leave blank if unknown)	Billided Dataset
	10d) For clarification of our records, under what name is this record	?
	10d1) First Name: Removed from Blinded Dataset	_
	10d2) Second Name: Removed from Blinded Dataset	_
	10d3) Last Name: Removed from Blinded Dataset	_
	10d4) Maternal Last Name: Removed from Blinded Dataset	
1	11) (do not ask) Did the participant have a fourth episode? (if 'No', go to	20)MCF11
12	12) For the fourth episode of breathing problems you had since <i>(date)</i> :	
4	40a) Pid vov taka additional antibiation after a set ation vove bealth and	n novidou by toloubou o
14	12a) Did you take additional antibiotics after contacting your healthcare or email? (Y/N)	
12	12b) Did you take additional oral steroids after contacting your healthca	re provider by
	telephone or email? (Y/N)	MCF12b
12	12c) Did you take additional antibiotics but without contacting a healthc	are provider? (Y/N)MCF12c
12	12d) Did you take additional oral steroids but without contacting a healt	hcare provider? (Y/N) MCF12d
12	12e) Were you evaluated in a physician's office or urgent care? (Y/N)	MCF12e
	During that visit were you given (check all that apply):	
	12e1) An additional antibiotic	MCF12e1
	12e2) Additional steroids	MCF12e2
	12e3) Don't know	MCF12e3
	12e4) Don't remember	MCF12e4
12	12f) Were you evaluated in an Emergency Department?	MCF12f
	During that visit were you given (check all that apply):	
	12f1) An additional antibiotic	MCF12f1
	12f2) Additional steroids	
	12f3) Don't know	
	12f4) Don't remember	MCF12f4
	12g)What was the date of this event?	MCF12g
	12h)What is the name of the medical facility? Removed from Bli	inded Dataset

ID NUMBER: FORM CODE: MCF Visit VERSION: 1.0 06/17/13 Number SEQ #	
12i) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)	
12j) For clarification of our records, under what name is this record?	
12j1) First Name: Removed from Blinded Dataset	
12j2) Second Name: Removed from Blinded Dataset	
12j3) Last Name: Removed from Blinded Dataset	
12j4) Maternal Last Name: Removed from Blinded Dataset	
12k) Were you admitted to the hospital?	MCF12k
13a) What was the date of this event?	MCF13a
13b) What is the name of the medical facility? Removed from Blinded Dataset	
13c) What is the address of this medical facility? Removed from Blinded Dataset (Leave blank if unknown)	
13d) For clarification of our records, under what name is this record? 13d1) First Name: Removed from Blinded Dataset	
13d2) Second Name: Removed from Blinded Dataset	
13d3) Last Name: Removed from Blinded Dataset	
13d4) Maternal Last Name: Removed from Blinded Dataset	
14) (do not ask) Did the participant have a fifth episode? (if 'No', go to 20)	MCF14
15) For the fifth episode of breathing problems you had since (date):	
15a) Did you take additional antibiotics after contacting your healthcare provider by telephone	MOEAF
or email? (Y/N)	MCF15a
15b) Did you take additional oral steroids after contacting your healthcare provider by	MCF15b
telephone or email? (Y/N)	
15c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)	MCF15c
15d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)	MCF15d
15e) Were you evaluated in a physician's office or urgent care? (Y/N)	MCF15e
During that visit were you given (check all that apply):	

IC	NUMBER:								FORM C :VERSION			Vi: Num				SEQ#			
								_					•		MC	F15e1	 n		
			,											·-			<u>'</u> ี		
			•											·- <u> </u>	_	F15e	=		
			•													F15e	=		
		15e4	l) Don'i	t rer	nem	ber.									IVIC	F15e	<u>+</u>]	10.00	
15f)	Were you	ı eva	luated	in a	n Ei	merg	gency [Depa	artment?									<u>IMC</u>	F15f
	•			-		•	•		I that ap						<u> </u>	E4 E (4	7		
			•											·-		F15f1	_		
																F15f2	=		
			•											ــــــــــــــــــــــــــــــــــــــ		F15f3	=		
		15f4)) Don't	rem	nem	ber									MC	F15f4	·]		
	15g)Wha												_]/[MC	F15	g
	15h)Wha	t is th	ne nam	ie of	f the	me	dical fa	acility	y? Rem	noved	from E	Blinde	ed Da	atas	et				
	15i) Wha	t is th		ress	of t	his r			□ □		ed fror					t			
	15j) For (clarifi	cation	of <u>o</u>	ur r	ecor	ds, una	der v	vhat nan	ne is th	is reco	rd?							
	15j1)) Firs	t Name	e: [Rem	ove	d from	n Bli	nded D	ataset									
	15j2)) Sec	ond Na	ame	R	emo	ved fr	om	Blinded	Datas	et								
	15j3)) Las	t Name	e:	Rer	nove	ed froi	m Bl	linded D	atase	t								
	15j4)) Mat	ernal L	.ast	Nar	ne: [Remo	ved	from B	linded	Datas	et							
15k)	Were you	ı adn	nitted to	o the	e ho	spita	al?											MC	F15k
If pa	rticipant wa	as ac	dmitted	to h	nosp	oital:							– .–			——			
1	6a) What	was	the da	te o	f thi	s eve	ent?						_]/_				MC	F16	a
1	6b) What	is th	e name	e of	the	med	ical fa	cility	·		from B					_			
1	6c) What (Leave					nis m	edical	faci	lity? <u>R</u>	emove	ed from	n Blin	nded	Dat	aset —				
1	6d) For cl 16d1)			□					hat nam nded Da		s recor	d? —							
	16d2)	Seco	ond Na	me:	R	lemo	oved f	rom	Blinded	Data	set								
	16d3)	Last	Name:	R	em				nded Da										
	16d4)	Mate	ernal La	ast N	Nam	e: R	emov	ed f	rom Blir	nded D	atase	t]							

II	O NUMBER:						FORM CODE: MCF VERSION: 1.0 06/17/1	Visit 3 Number		SEQ#			
17) ((do not ask) Did th	ne pa	ırticipa	ant have	a si	kth episode? (if 'No', ر	no to 20)			_	MCF17	7
,		,					(, ,	, ,					_
18) l	For the sixt	h episc	ode c	of brea	thing pr	roble	ms you had since <i>(da</i>	te):					
18a)	Did you ta	ake ado	dition	al ant	ibiotics	after	contacting your health	ncare provide	r by te	elephone			
	or email?	(Y/N) .										MCF18	3a
18b)	Did you ta	ake ado	dition	al ora	l steroic	ds aft	er contacting your hea	althcare provi	der by	,			
	telephone	or em	ail? ((Y/N)							N	MCF18	3b
18c)	Did you ta	ake ado	dition	al anti	ibiotics	but w	rithout contacting a he	ealthcare prov	/ider?	(Y/N)	N	/ICF18	С
18d)	Did you ta	ake add	dition	al ora	l steroic	ds bu	t without contacting a	healthcare p	rovide	r? (Y/N)		/ICF18	
18e)	•			•	•		ice or urgent care? (Y	/N)			N	/ICF18	le
	•			•	•	•	k all that apply):			MOE40a4	I		
		-								MCF18e1]]		
		,								MCF18e2	=		
		,								MCF18e3 MCF18e4	=		
		,										10540	<u> </u>
18f)	•				•	•	Department?					/ICF18	iT _
	•			-	-	-	k all that apply):			MCF18f1			
		•									1		
		•								MCF18f2 MCF18f3] 1		
		,								MCF18f4]]		
		1014) D	OII t	remer	iibei						1		
	18g)Wha	t was th	ne da	ate of t	this eve	nt?	Do no o vo d free		20100	<u></u>	MCF1	8g	
	18h)Wha	t is the	nam	e of th	ne medi	cal fa							
	18i) Wha (Lea	t is the ve blan				edica	I facility? Removed	I from Blinde	ed Dat	aset			
	18j) For c	larifica	tion (of our	records	s, unc	ler what name is this i	record?					
	18j1)	First N	lame	Re	moved	fron	Blinded Dataset						
	18j2)	Secon	nd Na	ame: [Remov	ed fr	om Blinded Dataset]					
	18j3)	Last N	lame	Re	moved	fron	Blinded Dataset						
	18j4)	Materi	nal L	ast Na	ame: R	emo	ved from Blinded Da	ataset					
18k)	Were vou	ı admitt	ted to	the h	ospital	?					<u> </u>	MCF18	3k

ID NUMBER	:					FORM CODE: MCF VERSION: 1.0 06/17/13	Visit Number		SEQ#		
If participant	was a	admitt	ed to l	nospi	tal:						
,										MCF	19a
19b) Wh	at is th	he na	me of	the n	nedical f	acility? Removed from B	linded Da	itaset	_		
19c) Wh	at is th	he ad	dress ınknov	of thi	s medic	al facility? Removed from	Blinded	Datase	t		
19d) For	clarifi	catio	_			der what name is this reco	rd?				
19d1	Firs	t Nan	ne: _	Remo	oved fro	om Blinded Dataset					
19d2	Sec	ond I	Name:	Re	moved	from Blinded Dataset					
19d3	Las	t Nan	ne: _	Rem	oved fro	om Blinded Dataset					
19d4) Mat	ernal	Last N	Name	Ren	noved from Blinded Data	set				
a hospita No Yes Unsu 20a)	l for a re How ı	ny re 0	ason o → Go hospi	to Ite	than a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command and a command a command and a command and a command and a command and a command	e contact) on (date), have you hest flare up)? MCF20			<u>M</u>	CF20	
				•		re about one event. If there is start with the first event af					
21a) What v	as the	e date	e of thi	s eve	ent?				MCF2	la	
21b) What is	the n	ame	of the	medi	ical facili	·			_		
21c) What is (Leave					edical fa	ecility? Removed from BI	inded Da	taset	_		
21d) For cla	rificati	on of	our re	cords	s, under	what name is this record?					
21d1)Fir	st Nan	ne: 🖺	Remo	ved f	rom Bli	nded Dataset					
21d2) S	econd	l Nam	ne: R	lemo	ved fro	m Blinded Dataset					
21d3) L	ast Na	ame:	Rem	oved	I from B	linded Dataset					
21d4) M	aterna	al Las	st Nam	ne:	Remove	ed from Blinded Dataset					
21e) Were	you a No Yes	0	_		spital at a	any other time since your la	ast (<i>center</i>	visit or	telephon	e con	tact)?

П	D NUMBER:							FORM CODE: MCF VERSION: 1.0 06/17/13	Visit Number		SEQ#		
22a)) What was	the	dat	e of this	s ev	ent?					MCF2	2a	
22b)) What is th	ne na	ame	of the	med	lical fac	ility?				-		
22c)	What is the (Leave bl					nedical	facilit	ty? Removed from I	Blinded Da	itaset	-		
22d)) For clarifi	catio	on of					at name is this record	?				
2	22d1)First f	Nam	e: _					ed Dataset					
2	22d2) Sec	ond	Nar	ne: Re	emo	ved fro	m B	linded Dataset					
2	22d3) Last	t Na	me:	Rem	ove	d from	Blin	ded Dataset					
2	22d4) Mat	erna	ıl La	st Nam	e: -	Remov	/ed f	rom Blinded Dataset					
22e)		ou a No Yes	dmit C 1) □→		spital at o Item 2		other time since your MCF22e	last (<i>centei</i>	rvisit or	telephone	e contact	t)?
23a)) What was	the	dat	e of this	s ev	ent?					MCF23	3a	
23b)) What is th	ne na	ame	of the	med	lical fac	ility?	Removed from Blir	nded Datas	set	-		
23c)	What is the (Leave bl					nedical	facilit	Removed from E	Blinded Da	taset	-		
23d)) For clarifi	catio	on of	f our re	cord	s, unde	er wh	at name is this record?	?				
2	23d1)First I	Nam	e: _					ed Dataset					
2	23d2) Sec	ond	Nar	ne: Re	emo	ved fro	om B	linded Dataset					
2	23d3) Last	t Na	me:	Remo	ovec	d from	Blind	ded Dataset					
4	23d4) Mat	erna	ıl La	st Nam	e: [Remov	ved f	rom Blinded Dataset	: <u> </u>				
23e)		ou a No Yes	dmit C 1			spital at o Item 2		other time since your MCF23e	last (<i>center</i>	visit or			t)?
24a)) What was	the	dat	e of this	s ev	ent?			_//		MCF2	l a	
24b)) What is th	ne na	ame	of the	med	lical fac	ility?				-		
24c)	What is the (Leave bl					nedical	facilit	Removed from E	Blinded Da	taset	-		

24d) For clarification of our records, under what name is this record?

ID NUMBER: FORM CODE: MCF Visit VERSION: 1.0 06/17/13 Number SEQ #	
24d1)First Name: Removed from Blinded Dataset	
2401)1 115t Name.	
24d2) Second Name: Removed from Blinded Dataset	
24d3) Last Name: Removed from Blinded Dataset	
24d4) Maternal Last Name: Removed from Blinded Dataset	
Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone cor</i> No 0 → Go to Item 27 MCF24e Yes 1 □	ıtact)?
25a) What was the date of this event?	
25b) What is the name of the medical facility? Removed from Blinded Dataset	
25c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
25d) For clarification of our records, under what name is this record?	
25d1) First Name: Removed from Blinded Dataset	
25d2) Second Name: Removed from Blinded Dataset	
25d3) Last Name: Removed from Blinded Dataset	
25d4) Maternal Last Name: Removed from Blinded Dataset	
25e) Were you admitted to a hospital at any other time since your last (<i>center visit</i> or <i>telephone cor</i> No 0 ☐→ Go to Item 27 MCF25e Yes 1 ☐	ntact)?
26a) What was the date of this event?	
26b) What is the name of the medical facility? Removed from Blinded Dataset	
26c) What is the address of this medical facility? (Leave blank if unknown) Removed from Blinded Dataset	
26d) For clarification of our records, under what name is this record?	
26d1)First Name: Removed from Blinded Dataset	
26d2) Second Name: Removed from Blinded Dataset	
26d3) Last Name: Removed from Blinded Dataset	
26d4) Maternal Last Name: Removed from Blinded Dataset	

		Visit umber		SEQ#		
INTERVIEWER: I'd now like to ask you some other <i>visit</i> or <i>telephone contact</i>) on (<i>date</i>).	questions about your l	healt	h since y	our last	(clinic	c
Since your last (clinic visit or telephone contact) on (date)					
27) Did your doctor put you on oxygen? (Y/N)						MCF27
28) Have you been listed for or received a lung trans	plant? (Y/N)					MCF28
29) Are you currently smoking cigarettes? (Y/N)						MCF29
30) Since your last (<i>clinic visit</i> or <i>telephone contact</i>) with other medical problems or been injured? (Y/	, , , ,		Ū			MCF30
If answered 'Yes' to question 30						
31) Were you diagnosed with:						
31a)Lung cancer (Y/N)			MCF31	a		
31b)Other type of cancer (Y/N)			MCF31	b		
31c) Diabetes (Y/N)			MCF31	С		
31d)Blood Clots (Y/N)			MCF32	?		
31e)Osteoporosis (Y/N)			MCF33	3		
31f) Broken Hip (Y/N)			MCF34	4		
31g)Heart attack or myocardial infarction (Y/N)			MCF35	5		
31h)Stroke (Y/N)			MCF36	5		
31i) Coronary artery disease (atherosclerosis) (Y	1		MCF37	7		



QUESTIONNAIRE FOR EASE OF COUGH AND SPUTUM CLEARANCE

FORM CODE: MCQ Visit VERSION: 1.0 10/26/10 Number VISIT SEQ#	
Form Date:	
<u>Instructions:</u> This form should be completed during the participant's visit.	
now going to ask you a few questions about your coughing, sputum production, and chest comfort.	
not read]Cough Episodes: Frequency:	
How frequently are you coughing today?	Q01
None: Unaware of coughing	
How frequently were you coughing last night?	Q02
None: Unaware of coughing1	
Rare: Cough in the morning, but I don't waken from sleep2	
Occasional: Wake a few times but I fall back asleep right away3	
Frequent: Waken many times through the night with fits of coughing4	
Almost constant: up all night with coughing5	

Rubin BK, Ramirez O, & Ohar JA. Iodinated glycerol has no effect on sputum properties, pulmonary function, or symptom score in patients with stable chronic bronchitis. *Chest* 1996;109;348-352

	ID NUMBER:								FORM CODE: MCQ VERSION: 1.0 10/26/10	Visit Number		SEQ	#	
[D	o not read]Co	ough	г Ері	isod	es: Se	erit _y	y on	Aris	ing and Throughout the Da	У				
3)	How severe	we	re yo	our c	cough (episo	odes	on	a typical day during the pas	st week?			MCQ	03
			1	Von	e: Una	war	e of	cou	ghing	1				
									with usual morning or	2				
				•		•			ctivity during coughing	∠				
										3				
									vity during and for a	4				
					•			•	ning episodety for some time and is	4				
			6	exha	austing	; ca	n be	acc	companied by					
			C	izzi	iness,	nea	dach	ne oi	r pain	5				
[D	o not read]Ea	se d	of Br	ingii	ng Up :	Sput	tum i	Duri	ng the Day					
4)	How easy is	it to	o cou	ugh	up spu	tum	whe	en yo	ou cough today?				MCQ	04
			1	Non	e: Una	war	e of	cou	ghing at all	1				
				-					up without difficulty after	2				
				•				•	st of the sputum comes	∠				
									al hard coughs	3				
				•				•	utum comes up after e is the feeling that					
									wn there	4				
				•					outum down there but					
									coughing nothing	5				
					00 up.									
[D	o not read]Ch	est	Disc	com	fort: T	ghtr	ness	and	d/or Congestion and Arisin	g and Th	roughou	ıt the I	Day	
5)	How much	che	st tiç	ghtn	ess or	disc	comf	ort o	do you have today?				MCQ	05
			1	Non	e: Una	war	e of	any	discomfort	1				
									nd-then but is not					
									es quickly; does not	2				
			ľ	Mod	erate:	Noti	ceal	ble d	during light activity such					
					_				r up one flight of stairs	3				
									ile washing or dressing	4				
			5	Seve	ere: Alı	nos	t cor	nsta	nt and limits all activity;					
			ŗ	ores	ent ev	en v	vhile	res	ting	5				

Rubin BK, Ramirez O, & Ohar JA. Iodinated glycerol has no effect on sputum properties, pulmonary function, or symptom score in patients with stable chronic bronchitis. *Chest* 1996;109;348-352



ID NU	JMBER: BLINDID		ODE: MHF I: 1.0 9/21/11	Visit VISIT SEQ#	
0a) For	m Date		MHF0A	0b) Staff Code	
	uctions: Whenever numerical responses nost box. Enter leading zeroes where nec			mber so that the last digit appears in the	
	uestionnaire includes a number of q understand how various medical co				
	you get an influenza vaccination (flu sh Yes No	not) in the las	t 12 months	s? MHF1	
	en was your most recent pneumonia v Never had Within past 5 years More than 5 years ago	accination? (Pneumova	x) MHF2	
	ve you been diagnosed with alpha-1 ar Yes No Don't know				
	ou ever seen a physician or other mater a countries. The countries are a countries are a countries are a countries. The countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countries are a countr	nedical provi	der for any	y of the following kinds of problems	S
	<u>Yes</u>	<u>No</u>	<u>Explai</u>	<u>n</u>	
4) Eyea)b)c)d)e)f)	Vision problems MHF4A Hearing problems MHF4B Dizziness MHF4C Ears ringing MHF4D Sinusitis/rhinitis MHF4E Other MHF4F		MHF4 MHF4 MHF4 MHF4 MHF	4B1 4C1 4D1 -4E1	
5) Car a) b) c) d) e)	High blood pressure MHF5A Coronary artery disease MHF5B Angina (chest pain) MHF5C Heart attack MHF5D Murmur MHF5E	<u>No</u>	Explai MHF5 MHF5 MHF5 MHF5	5A1 5B1 5C1 5D1	

	ID NUMBER:	FORM CODE: MHF Visit VERSION: 1.0 9/21/11 Number SEC	Q#							
	f) Palpitations, irregular heartbeat MHF5F	MHF5F1								
	g) Valve disease MHF5G	MHF5G1								
	h) Congestive heart failure MHF5H	MHF5H1								
	i) Blood clots MHF5I	MHF5I1								
	j) Poor circulation (claudication)	MHF5J1								
	k) Other MHF5K	MHF5K1								
6)	Gastrointestinal <u>Yes</u>	No Explain								
	a) Esophageal condition or disease MHF6A	MHF6A1								
	b) Ulcers MHF6B	MHF6B1								
	c) Hepatitis or jaundice MHF6C	MHF6C1								
	d) Crohn's disease or colitis MHF6D	MHF6D1								
	e) Gallstones MHF6E	MHF6E1								
	f) Cirrhosis MHF6F	MHF6F1								
	g) GERD (heart burn) MHF6G	MHF6G1								
	h) Hiatal hernia MHF6H	MHF6H1								
	i) Other MHF6I	MHF6I1								
7 \	Dulman and transilar Van	No. Evelois								
7)	Pulmonary/vascular Yes	<u>No</u> <u>Explain</u> ☐ MHF7A1								
	a) Intubation or respirator MHF7A	MHF7B1								
	b) Pneumothorax (collapsed lung) MHF7B									
	c) Tuberculosis MHF7C	MHF7C1								
	d) Pulmonary fibrosis MHF7D	MHF7D1								
	e) Lung nodules MHF7E	MHF7E1								
	f) Pulmonary embolism MHF7F	MHF7F1								
	g) Other MHF7G	MHF7G1								
8)	Oncology/hematology Yes	<u>No</u> <u>Explain</u>								
0)	a) Cancer (except basal MHF8A	MHF8A1								
	cell skin cancer)									
	b) Anemia MHF8B	MHF8B1								
	c) Other MHF8C	MHF8C1								
9)	Genitourinary and reproductive Yes	<u>No</u> <u>Explain</u>								
٠,	a) Menstrual symptoms	MHF9A1								
	(women) MHF9A									
	b) Enlarged prostate or BPH (men) MHF9B	MHF9B1								

	ID NUMBER	:						CODE: MHF DN: 1.0 9/21/11	Visit Number		SEQ#						
		ler or l ems/ k				C _		МН	F9C1					_			
	•	МНІ		ĺ				МН	IHF9D1								
10) Endocrine a) Diabetes MHF10A b) Thyroid MHF10B c) Other MHF10C							<u>No</u>	МНІ	ain -10A1 -10B1 -10C1					_ _			
11)	Neurology a) Strok b) Head c) Seizu d) Other	MH HF1	F11	В	<u>Yes</u>	<u>No</u>	МНГ МНГ	ain -11A1 -11B1 -11C1 									
•	b) Gout c) Osteo d) Fract e) Joint f) Osteo		d arth 12B sis M MHF MHF tis M] 12D 12E	12C	<u>Yes</u> F12A	No	MHF MHI MHI MH	12A1 12A1 12B1 12C1 12C1 12D1 12E1 12E1 12E1								
13)	b) Psoric) Shing		/IHF1	13B 3C	na <mark>MI</mark>	Yes HF13A	<u>No</u>	MH MH	F13A1 F13B1 F13C1 F13D1					- - -			
14)	(MAC b) Fung	diseas cal my c, MAI) al dise	coba MH ase	IF1∠ MHF	IA.	Yes	<u>No</u>	МН	F14A1 F14A1 F14B1 F14C1					_			
15)	b) Depre	ty MHession	МН	F15	В	Yes	<u>No</u>	МН	F15A1 F15B1 F15C1					_ _ _			

	M CODE: MHF Visit SION: 1.0 9/21/11 Number SEQ#
16) Other significant problems Yes No not reported in questions 2-18 MHF16	a) MHF16A b) MHF16B c) MHF16C d) MHF16D e) MHF16E
These next questions refer to recent illnesses or p	problems you may have had.
In the last two weeks have you had any of the following	ng:
17) A fever, cold, flu, or sore throat? (Y/N)	MHF17
18) A urinary tract infection? (Y/N)	MHF18
19) Seasonal allergies? (Y/N)	MHF19
20) A sinus infection or sinusitis? (Y/N)	MHF20
21) A tooth infection? (Y/N)	MHF21
22) A flare up of gout? (Y/N)	MHF22
23) A flare up of arthritis? (Y/N)	MHF23
24) Other? (Y/N)	MHF24
25) Please explain: MHF25	
26) Are you allergic to any medications, latex, food, or If YES :	r substances? (Y/N)
List substance:	Reaction
a) MHF26A	MHF26A1
b) MHF26B	MHF26B1
c) MHF26C	MHF26C1
d) MHF26D	MHF26D1
e) MHF26E	MHF26E1

	ID NUMBER:								FORM CODE: MHF Visit VERSION: 1.0 9/21/11 Number SEQ #	
27)	In the past 12 (beer, wine, w daiquiris)? (ci	vine	COC	olers	s, lic	ofter Juor	n ha , or ı	ve you mixed (consumed any alcohol containing beverage MHF27 lrinks such as margaritas, martinis, or	
					E٧	ery	Day	′		
					4 1	0 6	day	s per w	eek	
					2 1	о 3	day	s per w	eek	
					Or	nce	per	week		
					1 1	о 3	time	es per r	nonth	
					Le	ss t	han	once p	er month	
					No	alc	oho	I in the	past 12 months	
28)	When you dri sitting? (chec	nk a k or	alcol	hol (cont	aini	ng b	everag	es, how many do you usually drink at one MHF28	
					1 (or 2.				
					3 (or 4.				
					5 (or 6.				
					М	ore t	than	6		
29)	What kind of	alco	holi	c be	ever	age	s do	you u:	sually drink? (check all that apply)	
_0,	Triat initial or	u.00				_		•	MHF29A	
									MHF29B	
									liquor	
30)	How often do	you	ı ha	ve e	eigh	t or	mor	e drink	on one occasion? MHF30	
,		•								
					Le	ss t	han	month	y	
					Mo	onth	ly			
					Da	aily o	or al	most d	aily	
31)	How often du	ring ore b	the eca	las ause	t ye	ar h u ha	ave id be	you be een drii	en unable to remember what happened MHF31 king?	
					Ne	ever				
					Le	ss t	han	month	y	
									aily	

	ID NUMBER:								FORM CODE: MHF VERSION: 1.0 9/21/11	Visit Number		SEQ#		
32)	How often du						you	fai	led to do what was no	ormally exp	pected	MHF32		
	, , , , , , , , , , , , , , , , , , , ,		,		Ū									
									y	<u></u>				
										_				
						•				_ 				
						•			aily	=				
					Daily	oi a	111105	i u	ally					
33)	Has a relative drinking or su							r he	ealth worker been cor	ncerned ab	out you	ur MHF3	3	
					No									
					Yes, b	out r	not in	th	e last year [
					Yes in	the	e last	ye	ar					
	articipant is M articipant is F													
34)	Have you rea	iche	d m	eno	nause?	,							M	HF34
01)	riave yearea	.0110	, G 111	0110	•				Y					
									N		6			
									U					
											_			MHF35
35)	If you have re	each	ned i	mer	nopause	e, at	wha	t a	ge did that occur?					yrs old
,	·				•				•					, ,
36)	Did vou ever	use	ora	l co	ntracep	tive	med	lica	itions?				M	HF36
,	,								Y	,				
									N	Go to 3	8			
										, , , , , , , , , , , , , , , , , , , ,	_			MHF37
37)	If you did use	ora	al co	ntra	ceptive	s fo	or ho	w r	nany years?					years
· ,	,					C ,)
38)	Did you ever	IISE	hor	moi	ne renla	icen	nent :	the	rapy?				MF	HF38
50)	Dia you ever	uoc	1101	11101	-				Ү					
									N		0			
					110			••••	IN	i → <u>G0 t0 4</u>	<u>u</u>			N. J. E.O.
39)	If you did use	ho	rmo	ne r	eplacer	nen	t ther	rap	y, for how many year	s?				MHF39 years
40)	In the last 12	-mo	nths	s ha	ve you l	bee	n pre	gn	ant?					MHF40
													ا ا	TE A C
41)	In the last 12	-mo	nths	dic	l you ev	er b	oreas	tfe	ed?					HF41
					Yes				Y	•				
					No				N	o to 4	3			

	ID NUMBER:							FORM CODE: MHF VERSION: 1.0 9/21/11	Visit Number		SEQ#		
42)	If you did brea	astf	eed,	for	approx	imately	hov	w many total months	did you br	eastfe	ed		MHF42
	(total for all p	regr	nand	cies)'	?								months
43)	In the last 12	moi	nths	hav	e you e	ever ha	ıd ar	n ovary removed?				MH	HF43
,					•			Y					
					No			N	N →Go to 4	16			
44)	If you had an	ova	ary r	emo	ved, w	as one	rem	noved or both?				MH	HF44
					One			C)		-		
					Both.			E	3				
45)	At what age w	vas	VOL	r ova	arv or d	varies	rem	noved?			[MHF45 yrs old
.0,	7 ii What ago 1	·uo	you	. 010	ary 01 c	7741100							, yio ola
46)	Were you bor	n pı	rema	ature	e?							M	HF46
					V			,	,				
								\ N		17			
								[
					Dont	KIIOW .		L) → <u>G0 (0 ²</u>	<u>+/</u>			NAME 40A
46a	a) If yes, how r	man	ıy w	eeks	were ;	you pre	emat	ture?					MHF46A weeks
											M	HF47B	1
47)	What was you	ur b	irth	weig	Jht?				<u>MHF4</u>	7A	pounds		ounces
								ng the first two years			[MH	HF48
					Yes			Ү	′				
					No				√Go to 4	9			
					Don't	Know .		С	O→Go to 4	9			
48a	a) If yes, were	you	ı eve	er ho	spitaliz	zed for	thes	se problems?			[MH	HF48A
					Yes			Y	<i>,</i>				
					Don't	Know .		[)				
49)	Were you eve	er h	ospi	talize	ed for p	oneum	onia	before 18 years of ag	ge?		[MH	HF49
					Yes			Υ	/				
					No			N	1				
					Don't	Know.		C)				



SPIROMICS MYOCARDIAL INFARCTION ABSTRACTION FORM (MIF)

ID NUMBER: SUBJID FORM CODE: MIF Visit Number VERSION: A 2/12/2015 Number VISIT SEQ #
0a. Completion Date: / / / / MIFOA Ob. Staff ID: MIFOB Month/Day/Year
0c.Event ID: MIFOC 0d. Event Date: //
Instructions: Answers are derived from the medical records received. Do not complete this form until all records are received or classified as unobtainable as indicated on the Medical Record Shipping Form.
A. GENERAL INFORMATION
Was the event (choose one):
2. Date of arrival: (mm/dd/yyyy)
a. Date of admission
3. Date of discharge:(mm/dd/yyyy)
4. What was the primary admitting diagnosis code?
5. What was the primary discharge diagnosis code? MIF5
Yes No/NR
6. Did an emergency medical service unit transport the patient to this hospital?
7. Was the patient transferred to this hospital from another hospital?
8. Was the patient's code status ever "no-code" or "DNR" (do not resuscitate)?
9. Was the patient alive at discharge? (If Yes, skip to 10)
a. Was the patient dead on arrival? Yes No MIF9A
b. Did the patient die in the Emergency Department? Yes No MIF9B
c. Was an autopsy performed?

ID	NUMBER:								FORM CO VERSION	DDE: MIF I: A 2/12/201	15	Contact Occasion			SEQ#	:		
В.	PRESEN	NTIN	IG S	SIGN	NS A	ND S	YMPT	ON	ЛS					<u>Yes</u>		<u>lo</u>	<u>NR</u>	
40	D: 1 41	1	- 6 11-		4	!				-::0		MIE4	<u></u>	<u>163</u>			Not recor	
10.						•		•	rior to adm			MIF10		Ш	L			
	a. lf ` <u>></u> 6 - <	< 1	hr [<u>></u> 1- <	3 ł	of symptonrs 		<u>></u> 3 -	ndition to a < 6 hrs _24 hrs _]	al at	the ho Unsu		: <u>MI</u>	F10A
														<u>Yes</u>	<u>N</u>	<u>10</u>	NR	
11.	Was there hospital?	e me	entio	n of	an a	cute C	HD ev	ent	with onse	t <u>after</u> arri	ival at	the						MIF11
12.	in the che	est, a	arm,	sho	ulder	throat	or jav	ı, ei	liscomfort ither withir -hospital (72 hours	prior							
	(If No or N	R, sk	ip to	13)	-				•									MIF12
		-				•		•	nvolve the	chest?					L			MIF12A
	b. Did th	•	•			•	•				۔ ۔ ۔ ا	mi ariina O			L			MIF12B
		-							as having a		diac d	rigiri <i>?</i>			L			MIF12C
13.	Was there	e na	usea	a or v	vomi	ting as	sociat	ed v	with this ev	vent?								MIF13
14.	Was there	e dia	pho	resis	s ass	ociated	d with	this	event?									MIF14
15.	Was there	e fati	igue	or n	nalai	se ass	ociate	d w	ith this eve	ent?								
16.	Vital Sign	s at	arriv	al (d	or ev	ent ons	set) ar	nd n	ot during (CPR								
	a. Blood	pres	ssure	е			<u></u> /[mn	nHg MIF	16A							
	b. Heart	rate					bp	om	MIF16E	3								
C.	MEDICA	L H	IST	ORY	Y													
17.	Prior to th	nis ev	vent	was	ther	e histo	ry of a	any	of the follo	owing:					Y	<u>es</u>	No/I	<u>NR</u>
	a. My	ocar	dial	infar	ction	1	(If No	or N	R, skip to 1	7b)				MIF	17A]
		a1	. If h	istor	ry of	MI, the	n MI v	vith	in 4 weeks	s of this e	vent?		N	11F1 ⁻	7A1]
	b. Ang	gina												MIF1	7B]
	c. Per	cuta	neo	us c	oron	ary inte	erventi	on	(PCI)					MIF	17C]
	d. CA	BG												MIF	17D]
	e. Co	rona	ry ar	tery	dise	ase (C	AD)							MIF	17E]
	f. Hea	art fa	ilure											MIF	17F]
	g. Arr	hyth	mia											MIF	17G]

ID NUMBER: FORM CODE: MIF Contact S	SEQ#	
ID NUMBER: VERSION: A 2/12/2015 Occasion S	EQ#	
If Yes, specify type of arrhythmia		
g1 Arial Fibrillation/Flutter MIF17G	31 🗌	
g2 Ventricular Fibrillation/Tachycardia MIF170	32	
g3 Other arrhythmia MIF17G	3	
D. ACTIVE OR CURRENT MEDICAL PROBLEMS (DURING THIS HOSPITALIZAT	ION)	
18. Did a physician indicate any of these as being present during the hospitalization?	<u>Yes</u>	<u>No</u>
a. Angina		☐ MIF18A
b. Acute myocardial Infarction		☐ MIF18B
c. ST elevation > 1mm with pain that is not present on ECG without pain		☐MIF18C
d. Congestive heart failure exacerbation or pulmonary edema		MIF18D
e. Shock or cardiogenic shock		MIF18E
f. Ventricular fibrillation, cardiac arrest or asystole		MIF18F
g. Ventricular Tachycardia		MIF18G
h. Atrial fibrillation or atrial flutter		☐ MIF18H
E. BIOMARKERS	Yes	No/NR
19. Were cardiac enzymes reported within days 1-4 after arrival at the hospital or after the inhospital CHD event? (If No/NR skip to 32)	<u> </u>	MIF19
Biomarker Laboratory Standards:		
*Units: $1 = ng/mL$ $2 = Units/L$ $3 = \mu g/L$		
20. Normal Lab Value Ranges (this facility) Upper limit of normal	Units*	
a. Total CK (CPK) a1. MIF20A1	a2. [N	MF20A2
b. CK-MB b1. b1. b1.	b2. [V	IIF20B2
c. Troponin c1. MIF20C1	c2. [N	IIF20C2
c3. What type of Troponin was this?		
1= Troponin, type not specified 4= High Sensitivity Troponin	n (HS)	
2= Troponin I 5= Unsure 3= Troponin T		

			_		
ID NUMBER:		FORM CODE: MIF VERSION: A 2/12/2015	Contact Occasion	SEQ#	
Daily Biomarkers Measu	irements:				
Note: When a value is recabsent/negative/normal	•			•	cord the value:
Note: If more than two se	ets in one event day, _l	oick the two with the hig	ghest Tropor	nin values	
21. Event Day 1/Set 1 a. Total CK/CPK b. CK-MB c. Troponin	Date: //	MIF21A0 . MIF21B0	Units	2. MIF21E	32
c3. What type o	f Troponin was this?	MIF21C3			
1= Troponi	in, type not specified	4= H	High Sensitiv	vity Troponin (H	IS)
2= Troponi		5= L	Jnsure		
3= Troponi	in T				
22. Event Day 1/Set 2 a. Total CK/CPK b. CK-MB c. Troponin	Date: //	MIF22A0	Units* (see pg. 3) a1. MIF22A1 b1. MIF22B1 c1. MIF22C1	o2. MIF22	B2
c3. What type o	f Troponin was this?	MIF22C3			
1= Troponi	in, type not specified	4= H	High Sensitiv	vity Troponin (H	IS)
2= Troponi		5= L	Jnsure		
3= Troponi	ın I			1 1 1	
23. Event Day 2/Set 1 a. Total CK/CPK b. CK-MB c. Troponin	Date: //	MIF23A0 MIF23B0 MIF23C0	Units* (see pg. 3) a1. MIF23A1 b1. MIF23B1 c1. MIF23C1	. = =	3B2
c3. What type of	of Troponin was this?	MIF23C3			
1= Troponi	in, type not specified	4= H	High Sensitiv	vity Troponin (H	IS)
2= Troponi		5= L	Jnsure		
3= Troponi	in I			Mordo	
24. Event Day 2/Set 2 a. Total CK/CPK b. CK-MB c. Troponin	Date:/	MIF24 MIF24A0 MIF24B0 MIF24C0	b1.MIF24B1		24B2

ID NUMBER:		Contact Occasion	SEQ#	
c3. What type of Troponin was this? 1= Troponin, type not specified 2= Troponin I 3= Troponin T	MIF24C3 4= Hig 5= Uns	h Sensitivity T sure	Toponin (Hร์	S)
25. Is there mention of the patient having had a or rhabdomyolysis within one week prior to (If No/NR, skip to 26)	<u> </u>	ers?]Yes	□No/NR MIF25
If Yes, Indicate the type of procedure or trau	ıma:			
a. Cardiac procedure MIF25A	Date	MIF25D1 MIF25E1		5C2 25F2
26. Enter the item number from the biomarkers biomarker measurement performed after the	,		•	ds to the first MIF26
27. Is there evidence of hemolytic disease durin	g the hospitalization?		□Yes	□No/NR MIF2
28. Did participant have active liver disease (circ	rhosis, hepatitis, liver can	cer, etc.)?	∐Yes	□No/NR MIF2
F. Procedures and Diagnostics	operations performed du	uring this hoon	italization?	
Were any of the following special procedures or (Mark all that apply)	operations performed du	iring this nosp	italization?	
		<u>Yes</u>	<u>No</u>	
29. Were any 12 lead ECGs taken during this ac	dmission?		☐ M	IF29
30. Transthoracic echocardiogram (TTE) perform	med? (If No/NR, skip to 31)		M	IF30
a. LV Ejection fraction:	IIF30A			
31. Was a Nuclear Medicare Scan (MUGA, SPE radionuclide ventriculogram (RVG)) perform MIF3	ed? (If No/NR, skip to 32)		□ N	IIF31
a. Ejection fraction: LV: W		IF31B		
c. Stress test positive for ischemia			M	IF31C

ID NITIMBER' I I I I I I I I I I I I I I I I I I I	Contact Occasion	SEQ#	
32. Was any stress test (treadmill, pharmacologic, or nuclear medicine) performed during this admission: (<i>If No/NR, skip to</i> 3	33)		MF32
a. Ejection fraction: LV: MIF32A			
b. Stress test positive for ischemia		M	F32B
c. Greater than or equal to 1mm ST depression or elevation		☐ MI	F32C
d. Ischemic pain or equivalent occurred		□ MI	F32D
33. Was a coronary angiography performed? (If No/NR, skip to 34)		M	IF33
a. Date: (mm/dd/yyyy)			
b. Ejection fraction: LV: MIF33B	Yes	<u>No</u>	<u>NR</u>
c. 70% or greater obstruction of any coronary artery			MIF33C
d. Were coronary bypass grafts present?			MIF33D
d1. If yes, number of occluded grafts: MIF33D1			
G. Treatment	Yes	No/NR	
34. Was coronary reperfusion (CABG, PCI, thrombolysis) attempted? (If No/NR, skip to 40)			MIF34
a. If yes, what was the approximate time from event onset to reperfus	sion? MIF34	A	
☐ < 2 hours ☐ 2 - <4 hours ☐ 4 - <6 hours ☐	6 - <12 hours		
12 - <24 hours 24+ hours not sure			
35. Where any of the following treatments given during this hospitalization	n?	<u>Yes</u>	<u>No</u>
a. Coronary artery bypass graft surgery (CABG)			☐ MIF35A
a1. If yes, Date: / MIF35A1			
b. Coronary atherectomy			☐ MIF35B
b1. If yes, Date: / MIF35B1			
c. Intra-arterial or intravenous thrombolytic			MIF35C
c1. If yes, Date:/			
d. Coronary angioplasty without stent			☐ MIF35D
d1. If yes, Date: // / MIF35D1			

	M CODE: MIF SION: A 2/12/201	Contac ⁵ Occasio		SEQ#	
e. Coronary angioplasty with stent placement					☐MIF35E
e1. If yes, Date:	MIF35E1				
f. Valve surgery					MIF35F
g. Non-cardiac surgery					MIF35G
h. Aortic balloon pump					MIF35H
i. Pacemaker placement (temporary or permanen	t)				☐ MIF35I
j. Cardioversion or defibrillation					MIF35J
j1. If yes, Date:	MIF35J1]			
j2. If cardioversion took place after arrival at cardioversion?	t the hospital,	what rhythm	n(s) were pre	esent pric	or to
a. Ventricular Fibrillation/Flutte b. Ventricular Tachycardia (V c. Asystole d. Complete AV Block (3 HB) e. Atrial Fibrillation/Flutter f. Pulseless Electrical Activity	T) / (PEA)			Yes	No MIF35J2B MIF35J2C MIF35J2D MIF35J2E MIF35J2F
36. During the hospitalization or at discharge, did the	Admission	Meds	Discharge	g medica Meds	itions?
NIII .	<u>Yes</u>	No/NR		No/NR	F20.44
a. Nitroglycerin		☐ <u>MIF36</u> ☐ <u>MIF36</u>			F36A1
b. Beta Blockers		MIF36			F36B1
c. Calcium Channel Blockers d. ACE Inhibitor or ARB		MIF36		_	F36C1 F36D1
e. Scheduled aspirin (not PRN)		MIF36			F36E1
f. Heparin or Enoxaparin		MIF36			F36F1
g. Coumadin, warafin, dicumarol		MIF360			F36G1
h. Anti-platelet agents (non-aspirin)		MIF36I	_ ∃_	_ MI	F36H1
i. Statin		MIF36		M	IF36I1
37. During this hospitalization was this patient treated	d with:				
	<u>Yes</u>	No/	<u>NR</u>	_	
a. IV pressors			MIF37A		
b. IV nitroglycerin			MIF37B		
c. IIb / IIIa inhibitors or thrombin inhibitors			MIF37C		



MODIFIED MEDICAL RESEARCH COUNCIL DYSPNEA SCALE

ID N	FORM CODE: MRC Visit VERSION: 1.0 10/26/10 Number VISIT SEQ #
0a) Fc	orm Date
	Instructions: This form should be completed during the participant's visit. Choose the one best response.
Pleas	e choose the one best response to describe your shortness of breath.
Grade	
0	"I only get breathless with strenuous exercise"
1	"I get short of breath when hurrying on the level or walking up a slight hill"
2	"I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level"
3	"I stop for breath after walking about 100 yards or after a few minutes on the level"
4	"I am too breathless to leave the house" or "I am breathless when dressing"
	1. Grade



PULMONARY FUNCTION ELIGIBILITY FORM

	ID NUMBER: BLINDID FORM CODE: PFT Visit Number VISIT #
0a) Form Date
	<u>Instructions:</u> This form should be completed prior to conducting pulmonary function testing. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.
1)	Have you eaten a large meal with the last 2 hours?
	YesY→If yes, wait a minimum of 15 minutes prior to PFTs
	NoN
2)	Have you smoked within the last hour?
2)	Have you smoked within the last hour?
	No
3)	Have you participated in any vigorous exercise in the past 30 minutes?
	YesY→If yes, wait a minimum of 15 minutes prior to PFTs
	NoN
4)	Have you consumed any alcoholic beverages within the past 4 hours? PFT04
	Yes
	NoN
5١	Have you taken any inhaled or oral medication for your lungs in the past 48 hours?
5)	Have you taken any inhaled or oral medication for your lungs in the past 48 hours?
	No
6)	Have you used tiotropium (Spiriva) within in the past 48 hours?
	YesY
	No
	6a) Date PFT06A / time PFT06B AM/PM (circle one) PFT06B_AMPM
	DETOT
7)	Have you used theophylline (Theo 24, Uniphyl, Theochron) within past 48 hrs?
	YesY
	NoN →Go to item 8
	7a) What is the most recent type of theophyline you have used?
	7a) What is the most recent type of theophyline you have used?:

ID NUMBER: FORM CODE: PFT Visit VERSION: 1.0 10/26/10 Number SEQ #
2) an extended release preparation (Theochron, generic SR)3) an immediate release preparation (Elixophyllin, Theolair)
7b) Date PFT07B / time PFT07C AM/PM (circle one) PFT07C_AMPM
8) Have you used another once-a-day bronchodilator within in the past 48 hours?
8a) Date PFT08A
9) Have you used any long-acting (12-hour) beta agonist within in the past 24 hours? PFT09 Yes
No
9a) What is the most recent long acting beta agonist you have used?:
9b) Time PFT09B AM/PM (circle one) PFT09B_AMPM
10) Have you used ipratropium within the past 8 hours? Yes
10a) What is the most recent ipratropium or ipratropium/albuterol combination have you used? 1) Ipratropium (Atrovent, generic ipratropium nebulizer solution) 2) Ipratropium/albuterol combination (Combivent, Duoneb, generic nebulizer solution) 10b) Time PFT10B AM/PM (circle one) PFT10C_AMPM

If <300 minutes since last ipratropium dose, see partial dosing instruction in the PFT MOP.

ID NUMBER: FORM CODE: PFT Visit VERSION: 1.0 10/26/10 Number SEQ #
11) Have you used any short-acting beta agonist within in the past 6 hours?
YesY
No
11a) What is the most recent short-acting beta agonist have you used?
1) Albuterol (ProAir HFA, Proventil HFA, Ventolin HFA, Acuneb, generic solution, non-sustained release oral tablets)
2) Epinephrine (Epipen, Twinject, S2, generic)
3) Levalbuterol (Xopenex HFA, Xopenex solution, generic solution)
4) Metaproterenol (generic solution, syrup, non-sustained release tablets)
5) Pirbuterol (Maxair)
6) Terbutaline (generic tablets)
7) Other short-acting beta agonist: Name PFT11A7A
11b) Time PFT11B AM/PM (circle one) PFT11B_AMPM
If <165 minutes since last short-acting beta agonist dose, see partial dosing instructions in PFT MOP.
12) Have you had more then 18 oz. of coffee (or equivalent caffeine, 200 mg), in the past 6 hours?
YesY
NoN

200 mg= (roughly):18 oz of coffee, 4 shots of expresso, 40 oz of tea, 60 oz of a cola soft drink, 16 oz of energy drink



PHYSICIAN QUESTIONNAIRE

ID NUMBER: SUBJID FORM CODE: PQE Visit VISIT SEQ # VERSION: 1.0 01/21/2015 Number VISIT SEQ #
ADMINISTRATIVE INFORMATION
0a. Completion Date: PQE0A 0b. Code: PQE0B
DETAILS OF DEATH
1. Are you familiar with the events surrounding the decedent's death? (Y/N)
2. Did you witness the death? (Y/N)
If you answered "Yes" to one or both of Items 1 and 2, please skip to Item 4.
3. If you answered "No" to both Questions, are you aware of another physician
who could provide information regarding the death?
NoN Please sign and date the bottom of this form YesY
3a. Provide contact information. Please then sign and date the bottom of this form.
Name of physician: Removed from Blinded Dataset
Address:

ID NUMBER:							FORM CODE: PQE Visit VERSION: 1.0 01/21/2015 Number SEQ #		
CIRCUMSTA	NCE	S SUF	RRO	UNI	DING	DE	EATH		
Please se	lect o	one of	the	follo	wing	cat	lying cause of death? tegories: Respiratory, /n, or Unknown.		
(Select only o	ne)								PQE4
Respir	atory	<i>/</i>					1 → Go to 4a		
Cardio	vasc	ular					2 → Go to 4b		
Cance	r						3 → Go to 4c		
Other,	Kno	wn					4 → Go to 4d		
Unkno	wn						5 → Go to 4e		
4a. Respir	atory	/ (sele	ect o	nly c	ne)?				PQE4A
COPD	Exa	cerba	tion	with	pne	ımo	onia1		
COPD	Exa	cerba	tion	with	out p	neı	umonia2		
COPD	with	out ex	kace	rbat	ion		3		
Other	respi	ratory	·				4		
	Spec	cify:						PQE	:4A1
4b. Cardio	vasc	cular (s	sele	ct or	nly or	ne)?	?		PQE4B
Муоса	rdial	infarc	tion				1		
Heart	failur	e					2		
Stroke	/ane	urysm	١				3		
							4		
Other	hear	t probl	lem.				5		
	Spec	cify:						PQ	E4B1
464 T		of Cor	dia	,000	ular d	loot	th (aclast only one)?		PQE4B2
	• •						th (select only one)?		
a.							as death that occurs within 24 hours of being ut evidence of a deteriorating medical condition).	1	
b.							defined as death that occurs within 1 hour of bei ut evidence of a deteriorating medical condition		
0	Noi	thar of	f tha	aha	WO			3	

ID NUMBER:				ORM CODE: SION: 1.0 01/2		Visit Number		SEQ#		
4a Canaar	(aalaat an	ly ono\2								PQE4C
4c. Cancer										
_										
S	pecify:								Р	QE4C1
4d. Other, k	Known									
S	pecify:								P	QE4D
4e. Reason	for Unkno	own cause	of death (s	elect only	one)?					PQE4E
		dequate ormation av								
5. Do you belie	eve that a	diagnosis c	f COPD co	ontributed	to the d	eath of th	nis indiv	/idual?		PQE5
Comments:										
Removed f	rom Blind	led Datase	t							
6. Did you see	the partic	cipant withir	one mon	th of death	า?					PQE6
				skip to Qu	uestion 8	3				
7. If yes, pleas	se fill out t	he following	for the m	ost recent	visit:					
7a. Date	e of visit:	Month	day	year	PQE	7A				

7b. Chief Complaint:	PQE7B
7c. Primary Diagnosis:	PQE70
7d. Changes in Medical M	lanagement: PC
	ormation that you think would help us determine the
	nditions that may have contributed to this individual's death te cause of death?
circumstances and underlying con addition to determining the ultima	nditions that may have contributed to this individual's death te cause of death?



PITTSBURGH SLEEP QUALITY INDEX

	ID NUMBER: BLINDID FORM CODE: PSQ Visit Number VISIT SEQ#
0a)) Form Date
Yo	ne following questions relate to your usual sleep habits during the past month <i>only</i> . Our answers should indicate the most accurate reply for the <i>majority</i> of days and ghts in the past month. Please answer all questions.
1)	During the past month, when have you usually gone to bed at night? PSQ01: AM / PM (circle one) PSQ01_AMPM
2)	During the past month, how long (in minutes) has it usually taken you to fall asleep each night? minutes PSQ02
3)	During the past month, when have you usually gotten up in the morning? AM / PM (circle one) PSQ03_AMPM
4)	During the past month, how many hours of <i>actual sleep</i> did you get at night? (This may be different than the number of hours you spend in bed.) hours PSQ04
	or each of the remaining questions, choose the one best response. Please answer questions.
5)	During the past month, how often have you had trouble sleeping because you:
	a) Cannot get to sleep within 30 minutes
	Not during the past monthA
	Less than once a weekB
	Once or twice a weekC
	Three or more times a weekD

Buysse, D.J., Reynolds, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. Psychiatry Research, 28(2), 193-213.

ID N	UMBER:								FORM CODE: PSQ VERSION: 1.1 7/12/11	Visit Number		SEC	Q#			
b)	Wake u	o in the	mid	ldle	of tl	he n	iaht oı	r e	early morning		 			PS	Q05	5B
/							_									
			-	-	-											
c)	Have to	get up	to u	se t	he t	ath	room.			 	 			PS	Q05	5C
		Not di	uring	g the	е ра	st m	onth.			 A						
			_	-	-											
		Once	or t	wice	av	veek	·			 C						
		Three	or r	nore	e tin	nes	a wee	k.		 D						
d)	Cannot	breathe	oo e	mfor	rtabl	ly				 	 			PS	Q0	5D
		Not do	uring	g the	e pa	st m	onth .			 A						
		Less	than	one	ce a	we	ek			 B						
		Once	or t	wice	a v	veek	·			 C						
		Three	or r	more	e tin	nes	a wee	k.		 D						
														IDC	00/	
e)	Cough o			•							 •••••			P3	Q0) <u> </u>
			-	-	•											
		Ihree	or r	more	e tın	nes	a wee	k.		 D						
f)	Feel too	cold								 	 			PS	Q0:	5F
		Not di	uring	the	e pa	st m	onth.			 A						
			•	-	•											
		Once	or t	wice	av	veek	·			 C						
		Three	or r	nore	e tin	nes	a wee	k.		 D						
1		la a t												IPS	Q0:	5G
g)	Feel too										 •••••			<u>ت ب</u>	<u> </u>	
			-	-	-											
										_						
		rnree	Ori	HOLE	e un	ies	a wee	Κ.		 D						
h)	Had bad	d dream	າຣ							 	 			PS	Q0	5H
,																
					-											
		Once	or t	wice	av	veek	(C						

Three or more times a week......D

	ID N	IUMBER:								FORM CODE: VERSION: 1.1	•	Visit Number			SE	Q#			
	i)	Had pa	in														PS	Q0:	5I
	,	•																	
					•	•													
			On	ce c	or twice	eaν	veel	k				C							
			Thr	ee o	or mor	e tir	nes	a we	ek			D							
	j)	Other re	easor	n(s),	, pleas	e de	escr	ibe <u>[</u>	PSQ	05J1									
								41 1									िट	Q05	: 1
		How of							•	you had trouble	•	•	e or t	:nis?	·		FS	QU	IJ
					•	•													
			ını	ee (or mor	e ur	nes	a we	ек			D							
6)	Du	ıring the	past i	mor	nth, ho	w w	oulc	d you	rate	your sleep qu	ality ove	all?					PS	Q06	
			Ver	y go	ood							A							
			Fai	rly (good							B							
			Fai	rly t	oad							C							
			Ver	ry ba	ad							D							
7)	Du	ıring the	past i	mor	nth, ho	w of	ften	have	you	take medicine	e (prescri	bed or ov	er-th	e-			•		
	СО	unter) to	help	you	sleep	?											PS	SAQ	7
			Not	t dui	ring th	e pa	ast n	nonth	١			A							
			Les	ss th	nan on	ce a	a we	ek				B							
			On	ce c	or twice	eaν	veel	k				C							
			Thr	ee o	or mor	e tin	nes	a we	ek			D							
8)	Du	iring the	past i	mor	nth, ho	w of	ten	have	you	had trouble st	taying aw	ake while	e driv	ing,			ı		
	ea	ting mea	ls, or	enç	gaging	in s	ocia	al acti	ivity?	?							P	SAC	8
			Not	t du	ring th	e pa	ast n	nonth	١			A							
			Les	ss th	nan on	се а	a we	ek				B							
			On	ce c	or twice	eaν	veel	k				C							
			Thr	ee o	or mor	e tin	nes	a we	ek			D							

	ID NUMBER:								FORM CODE: PSQ VERSION: 1.1 7/12/11	Visit Number	,		SEQ#			
9)	During the	past	t mor	nth, ho	w m	uch	of a	a pr	oblem has it been for you	u to keep	up					
-,	•	-						-		-	-			PS	SAQ	9
	oog o			_		-								,		
			•													
			-	-	-	-										
					•											
														الحد	204	<u></u>
10)) Do you hav	ve a	bed	partne	r or	roor	nma	ate?)						SQ1	J
		No	bec	d partn	er o	r roc	omn	nate)	A →[End					
		Pa	artne	r/room	mat	e in	oth	er r	oom	B						
		Pa	artne	r in saı	me ı	roon	n, b	ut n	ot same bed	C						
		Pa	artne	r in sar	me l	oed.				D						
	ou have a you have h		nma	te or b	ed	part	ner	, as	k him/her how often in	the past	mon	th				
	a) Loud S	norii	ng											PS	Q10	AC
		No	ot du	ring the	e pa	st n	nont	th		A						
		Le	ess th	nan on	се а	we	ek .			B						
		O	nce c	or twice	av	veel	‹			C						
		Tł	ree (or mor	e tin	nes	a w	eek		D						
	b) Long p	ลมระ	es he	tween	bre	aths	wh	ile a	asleep					PS	Q1	0B
	b) Long p															
				•	•											
			1100	OI IIIOI	C tiii	1103	a w	CCIN						_		
	c) Legs tv	vitch	ing o	r jerkir	ng w	hile	yοι	ı sle	ер					PS	Q10	OC
		No	ot du	ring the	e pa	st n	nont	th		A						
				-	-											
		O	nce c	or twice	av	veel	۲			C						
		Tł	ree (or mor	e tin	nes	a w	eek		D						
														عطا	2014	
	d) Episod								n during sleep					حاا	SQ10	טנ
				-	-											
		Th	ree (or mor	e tin	nes	a w	eek		D						

ID NUMBER:		FORM CODE: PSQ VERSION: 1.1 7/12/11	Visit Number	SEQ#	
e) Other re	estlessness while you sleep; ple	ease describe: PSQ10	E1	_	
					PSQ10E
	Not during the past month		A		
	Less than once a week		B		
	Once or twice a week		C		

Three or more times a week......D



PITTSBURGH SLEEP QUALITY INDEX

ID NUMBER: BLINDID FORM CODE: PSQ Visit VISIT SEQ # VERSION: 1.0 10/26/10 Number	
0a) Form Date	
<u>Instructions:</u> This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Answer all questions.	
The following questions relate to your usual sleep habits during the past month <i>only.</i> Your answers should indicate the most accurate reply for the <i>majority</i> of days and nights in the past month. Please answer all questions.	
1) During the past month, when have you usually gone to bed at night? PSQ01 AM / PM (circle one) PSQ01_AMPM	
2) During the past month, how long (in minutes) has it usually taken you to fall asleep each night? minutes PSQ02	
3) During the past month, when have you usually gotten up in the morning? PSQ03 AM / PM (circle one) PSQ03_AMPM	
4) During the past month, how many hours of actual sleep did you get at night? (This may be different the number of hours you spend in bed.) hours PSQ04	an
For each of the remaining questions, choose the one best response. Please answer <i>all</i> questions.	
5) During the past month, how often have you had trouble sleeping because you:	
a) Cannot get to sleep within 30 minutes	5A
Not during the past monthA	
Less than once a weekB	
Once or twice a weekC	
Three or more times a weekD	

ID N	UMBER:								FORM CODE: PSQ VERSION: 1.0 10/26/10	Visit Numbe	er	S	EQ#		
b)	Wake u	p in the	mic	ldle	of tl	he n	iaht o	r e	arly morning			 		PS	Q05B
/		•					•								
			•	-	•										
			-	_			_								
		111166	, OI I	11011	C till	163	a wee	κ							
c)	Have to	get up	to u	se t	he b	oath	room.					 		PS	Q05C
		Not do	uring	g the	e pa	st m	onth.			A					
		Less	than	one	ce a	wee	ek			B					
		Once	or t	wice	a v	veek	(.			C					
		Three	or r	more	e tin	nes	a wee	k		D					
d)	Cannot	hreathe	- COI	mfoi	rtah	lv								PS	SQ05D
u)	Carmot											 			·
			•	-	•										
			-	_			_								
		111166	01 1	11011	C UII	163	a wee	κ							
e)	Cough	or snore	e lou	ıdly.								 		PS	Q05E
		Not d	uring	g the	e pa	st m	onth.			A					
		Less	than	one	ce a	wee	ek			В					
		Once	or t	wice	av	veek	(C					
		Three	or r	more	e tin	nes	a wee	k		D					
_	_													Г	SQ05F
f)	Feel too											 •••••		PS	SQUOF
			•	•	•										
		Once	or t	wice	a v	veek	(C					
		Three	or r	more	e tin	nes	a wee	k		D					
g)	Feel too	hot										 		PS	SQ050
3/															
				-	-										
			. Ji I	٠.٠١٠	I	.00	. WOC								
h)	Had bad	d dream	าร									 		PS	SQ05H
		Not di	uring	g the	e pa	st m	onth.			A					
			-	-	-										

Three or more times a week......D

	ID N	IUMBER:								FORM CO VERSION: 1			Visit ımber			SE	2#			
	i)	Had pair	n															PS	Q05	īl
	,	·																		
					•	•														
			Ond	ce c	or twic	e a v	wee	k					С							
			Thr	ee	or moi	re tir	nes	a we	eek.				D							
	j)	Other re	asor	n(s)	, pleas	se de	escr	ibe _	PSC	Q05J1										
		How ofte	en du	urin	g the p	oast	mor	nth h	nave	you had tro	ıble sleepi	ing be	cause	of t	his?	······		PS	Q05	iJ
			Not	du	ring th	e pa	ast n	nontl	h				Α							
			Les	s th	nan on	ice a	a we	ek					В							
			Thr	ee (or mor	re tir	nes	a we	eek.				D							
6)	Du	ıring the p	oast r	mor	nth, ho	w w	oulc	d you	ı rate	e your sleep	quality ov	erall?						PS	Q06	
			Ver	уд	ood								Α							
			Fai	rly (good								В							
			Fai	rly t	oad								С							
			Ver	y b	ad								D							
7)	Du	ıring the p	oast r	mor	nth, ho	w of	ften	have	e yo	u take medic	cine (presc	ribed	or ove	er-th	e-					
	CO	unter) to I	help '	vou	sleep	?												P	SAQ	7
		, , ,	•	-	-															_
					_															
			Thr	ee (or mor	e tir	nes	a we	eek.				D							
8)	Du	ıring the p	oast r	mor	nth, ho	w o	ften	have	e yo	u had trouble	e staying a	wake	while	driv	ing,					
	ea	ting meal	s, or	eng	gaging	ı in s	socia	al ac	tivity	?								P	SAQ	8
		Ü																		_
					•	•														

	ID NU	JMBER:								FORM CODE: PSQ VERSION: 1.0 10/26/10	Visi Numb			SEQ#			
9)	Duri	ing the	naet	mo	nth	how r	nuc	h of	a nr	oblem has it been for you	ı to koo	חווח					
٥)		_	-						-	•		-			<u>اما</u> [SAQ	ച
	eno	ugn ent				_	_								יין (2
				-													
				•			•										
			Α·	very	big	probl	em .				D						
10)) Do <u>y</u>	you hav	e a	bed	part	tner o	roc	omm	ate?	?					PS	SQ10)
					-					9					•		
					•					oom							
										ot same bed							
lf		nave a r have ha	oon							him/her how often in t		mont	h				
	a)	Loud Si	norir	ng											PS	SQ10	Α
			No	ot du	ıring	the p	ast	mon	th		А				-		
			Or	nce	or tv	vice a	wee	ek			C						
			Th	ree	or n	nore t	mes	sav	veek	, 	D						
															. —		
	b)	Long pa	ause	s be	etwe	en br	eath	s wh	nile a	asleep						SQ10)B
			No	ot du	ıring	the p	ast	mon	th		А						
			Le	ess t	han	once	a w	eek			В						
			Or	nce	or tv	vice a	wee	ek			C						
										, 							
															ı —		
	c)	Legs tw	/itchi	ing d	or je	rking	while	e yo	u sle	ер					PS	SQ10	C
			No	ot du	ıring	the p	ast	mon	th		А						
			Le	ess t	han	once	a w	eek			В						
			Or	nce	or tv	vice a	wee	ek			C						
			Th	ree	or n	nore t	mes	sav	veek	, 	D						
															1==		_
	d)	Episode	es of	dis	orie	ntatio	n of	conf	usic	n during sleep					PS	SQ10	D
			No	ot du	ıring	the p	ast	mon	th		А						
			Le	ess t	han	once	a w	eek			В						
			Or	nce	or tv	vice a	wee	ek			C						
			Th	ree	or n	nore t	mes	sav	veek	, 	D						

ID NUMBER:							FORM CODE: PSQ VERSION: 1.0 10/26/10	Visit Number	SEQ#		
e) Other re	estles	sness	wh	ile yo	ou sl	eep; p	lease describe: PSQ10)E1	_		
									 _		
									 	PSQ1	0E
	Not	durin	g the	e pa	st mo	onth		A			
	Les	s thar	n on	ce a	wee	k		B			
	Onc	e or t	wice	e a w	/eek			C			
	Thre	e or	mor	e tim	nes a	week		D			

SPIROMICS RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE FOR FOLLOW-UP

	ID NUMBER: BLINDID FORM CODE: RDF VERSION: 1.0 9/21/11 Number VISIT Number	
0a)	Form Date	•
	ould now like to ask you detailed questions about your experiences with spiratory disease and smoke exposure.	
Th	e following questions relate to respiratory symptoms.	
1)	Do you usually have a cough? (Exclude clearing of throat.) (Y/N)	
	1a) If yes (Y) , do you usually cough as much as 4 times a day, 4 or more days out of the week?	
2)	Do you usually cough at all on getting up or first thing in the morning? (Y/N)	
3)	Do you usually cough at all during the rest of the day or night? (Y/N)	
	3a) Do you cough like this on most days, for 3 consecutive months or more during the year? (Y/N) RDF3A 3b) For how many years have you had this cough?] 3 <u>0</u>
	3b) For how many years have you had this cough?	30
4)	Do you usually bring up phlegm from your chest? (Y/N)	
	4a) If yes (Y) , do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? (Y/N)	
5)	Do you usually bring up phlegm from your chest on getting up, or first thing in the morning? (Y/N) RDF5	
6)	Do you usually bring up phlegm from your chest during the rest of the days or at night? (Y/N)	
	If yes (Y) , to any of the about (4, 5, 6), answer the following:	
	6a) Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? (Y/N)	
	6b) For how many years have you had trouble with phlegm?	6B

	ID NUMBER: FORM CODE: RDF Visit VERSION: 1.0 09/21/11 Number SEQ #
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 or episodes
	of increased cough and phlegm). (Y/N)
	7a) If yes (Y) , about how many such episodes have you had in the past 12 months?
	7b) If yes (Y) , for how many years have you had at least one such episode per year?
8)	Have you ever had wheezing or whistling in your chest? (Y/N) (If NO, go to 11)
	8a) If yes (Y) , about how old were you when you first had wheezing or whistling in your chest?
9)	Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath? (Y/N)
	9a) If yes (Y) , about how old were you when you had your first such attack?
	9b) Have you ever had 2 or more such attacks? (Y/N)
	9c) Have you ever required medicine or treatment for such attacks? (Y/N)
	In the last 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
	associated with a cold or chest infection? (Y/N)
12) In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest? (Y/N)
Qι	uestions 13-14 are about symptoms that occur when you do not have a cold or the flu.
13) In the past 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
14) In the past 12 months, have you been bothered by watery, itchy, or burning eye when you did not have a cold or the flu? (Y/N)
15	Are you unable to walk due to a condition other than shortness of breath? (Y/N)

ID NUM	BER:							FORM CODE: VERSION: 1.0 09		Visit Number		SEQ#		
These ne	xt qu	esti	ons re	late	to re	spira	atory	conditions						
								diagnosed by a doc	tor or oth	er health p	rofessio	nal		
with asthm	a?													RDF16
			Υ	es						Y				
			N	0						N →Go	to Item 1	7		
			D	on't l	know.					U →Go	to Item 1	7		
16a)	n the	past	12 moi	nths,	have	you r	eceiv	ed medical treatme	nt, taken	medication	ns, or use	ed		
	an inh	aler f	or asth	ma?	(Y/N)									RDF16A
17) In the	oast 1	2 mo	nths, h	ave y	you ha	ad an	y hay	fever (allergy involv	ing the r	nose and/o	r eyes)?			RDF17
			Υ	es						Y				
			N	0						N → Go	to Item 1	8		
			D	on't l	know.					U →Go	to Item 1	8		
17a) Was	it diaa	noso	d by a	docto	or or c	othar l	naalth	n professional? (Y/N	/L1\					RDF17A
•	_		•					edical treatment, tal	,			•••••		
•	•				•									RDF17B
!	iasai .	σριας	ioi na	y icv	CI: (ш	
18) In the	oast 1	2 mo	nths, h	ave y	you ha	ad an	attac	k of bronchitis?						RDF18
			Υ	es						Y				
											to Item 1	9		
			D	on't l	know.					U →Go	to Item 1	9		
18a) Was	it diag	nose	d by a	docto	or or o	other I	nealth	n professional? (Y/N	/U)			-		RDF18A
18b) How	many	times	s have	you ł	nad bi	onch	tis in	the past 12 months	?					RDF18B
19) In the	oast 1	2 mc	nths. h	ave '	vou h	ad pn	eumo	onia or bronchopneu	ımonia?.					RDF19
-,														
											to Item 2	0		
19a) Was	it diag	nose						n professional? (Y/N						RDF19A
								or bronchopneumon						RDF19B
,	•			•	•			osed by a doctor or		•				
				•		•	_			•				RDF20
											to Item 2	1		
20a) In the	past	12 m						edical treatment, tal						
inhaler for	chron	ic bro	onchitis	? (Y/	N)									RDF20A

ID NUMBER:		FORM CODE: RDF VERSION: 1.0 09/21/11	Visit Number SEC	0#
21) In the past 12 mor	nths, have you been newly	y diagnosed by a doctor or c	ther health professional	
with emphysema?				RDF21
	Yes		Y	
	No		N →Go to Item 22	
	Don't know		U → <mark>Go to Item 22</mark>	
21a) In the past 12 mg	onths, have you received i	medical treatment, taken me	edications or used an	
inhaler for emphysem	a? (Y/N)			RDF21A
22) In the past 12 may	ntha haya yay baan nawl	y diagnosad by a deater or a	ther health professional	
		y diagnosed by a doctor or c	·	RDF22
with COPD (chronic o	•	ase)?		
22a) In the past 12 mg		madical tractment taken me		
•	•	medical treatment, taken me		RDF22A
	, ,			INDI ZZA
23) In the past 12 mor	nths, have you been newly	y diagnosed by a doctor or c	ther health professional	
with sleep apnea?				RDF23
	Yes		Y	
	No		N →Go to Item 24	
	Don't know		U → Go to Item 24	
23a) In the past 12 mg	onths, have you received a	any treatment for sleep apne	ea? (Y/N)	RDF23A
	Yes		Y	
	No		N→Go to Item 24	
001.) Daniel and OF	0.4 D DID 4 D0 (V/N)			RDF23B
23b) Do you use a CF				
23c) Did you have sur	rgery for your sleep apnea	? (Y/N)		RDF23C
	Yes		Y	
	No		N	
23d) Did you have so	me other treatment for you	ur sleep apnea? (Y/N)		RDF23D
	•			<u>—</u>
RDF2				
23e) Describe	<u></u>			

	ID NUMBER:								FORM CODE: VERSION: 1.0 09	Visit Number	SEQ#			
24	1) In the past 1	2 mc	onths ha	ve yo	ou h	ad:								
	24a) Any ot	her o	shoet illr	10000	257	(Y/NI)							RDF24	1A
			specify:							 				
	If Yes	(Y) ,	specify:			17 (1)				 				
			-							 		F	RDF24	В
	If Yes	(Y) ,	specify:	RD)F2	4B1				 				
	, ,		•	•	•					 		F	RDF24	C
	If Yes	(Y) ,	specify:	RD	F2	4C1				 				
[D	o not read] Cig	garet	te Smok onths ha Ye	king ve yo s	ou s	moked	ciga	rette		 Y		[RDF25	5]
26	S) Do you still s	mok								N → <mark>Go to Item</mark>		□ [F	RDF26	5
20	o) Do you suii s	SITION	_					_				- ا		
											20			
27	7) Cigarettes sr	moke							re if does n		23			
_,									oked in the pas	/INDI ZI				
		•				es nav	- you	<i>a</i> 5111	oked in the pas					
			RDF2		J									
			RDF2											
		ioui	INDI Z	.70										
28	3) How many c	igare	ettes do	vou s	smo	ke per	dav r	now'	?				RD	F28
						-				e per day?			RD	F29
)) Have you ev						_			o por day :		•———		
			Υe	es						 Y				
			No)						 N → Go to Item	31			F30A
30	a) For how lon	ng ha	ive you	or did	d yo	u smok	e me	entho	ol cigarettes?	 			year	
) What brands	of c	igarette	s hav	e yo	ou smo	ked?	•						
	RDF31A													
b)	RDF31B													
c)	RDF31C													
d)	RDF31D													
e)	RDF31E													

	ID NUMBER:							FORM CODE: VERSION: 1.0 (Visit Numbei		SEQ#			
[Do	not read] Pip	oe Smo	king												
32)	In the past tv	welve m	nonth	s hav	e you	ı smol	ked a	a pipe regularly?					RD	F32	
,	'				•										•
											o to Item 3	6			
33)	Do you smol	ke a pip	oe (as	of or	ne mo	onth a	go)?	(Y/N)					RD	F33	
			Υe	es						Y					
			No)						N → G	o to Item 3	6			
34)	How much p	oipe tob	acco	do yo	ou sm	oke p	er da	ay now?						oz pe	-34 er day
35)	On average	over th	e last	: 12 m	nonth	s, hov	v ma	ny ounces of toba	acco did yo	ou smoke	per week?)		RDF oz pe	35 r week
[Do	not read] Cig	gar Sm	oking												
2C \	In the neet to		41-				المما	simono nonvilonty () (VFC		1				
•	•				•			cigars regularly? (•			F36	
	week for one	e year a	-		•		•							1 30	
											o to Item 4	0			
37)	Do you now	smoke	cigar	s (as	of on	ie moi	nth a	ıgo)? (Y/N)					RD	F37	
			Υe	es						Y →					
			No)						N → G	o to Item 3	9		RI	DF38
38)	How many c	igars sı	moke	per c	day no	ow?									per da
39)	On average	over th	e last	: 12 m	nonth	s, hov	v ma	ny cigars did you	smoke pe	r week?				RDF per w	
ľd	now like to	ask y	ou a	bout	you	r sec	ond	-hand smoke e	xposure	S.					
40\	Mhigh of the	followi	na ha	ot do	aarib	00.1/01	ır on	proach to tobacco	o omokina	in vour be	ma whan				
													RD	F40	
	you are in th	io riousi													
							-	n homely in certain rooms							
					_			all rooms of your h							
					-										
										D					

	ID NUMBER:							FORM CODE: RDF VERSION: 1.0 09/21/11	Visit Number	SEQ#		
41) In the last 12	2 mont	ths, ha	ve y	ou liv	ed in th	ne sa	me household with some	one who smoked			
	tobacco prod	ducts?	·									RDF41
			Υe	es					1			
			No	o					0→Go to Item	45		
			Re	efuse	ed				R→Go to Item	45		
			Do	on't k	now				D→ Go to Item	45		
42) Do you curre	ently li	ve in th	ne sa	ame	househ	old w	rith someone who smokes	s tobacco products?		R	DF42
			Υe	s					Y			
										4		
									<u> </u>			
									<u> </u>			
43) How many p	eople	in you	r hoı	useh	old curi	ently	smoke?				RDF43
	,						•					
44) In the last 12	2 mon	ths for	how	mar	ny mont	hs in	total have you lived in the	e same household			RDF44
								cts?				months
						-]
da	ıys.							ke exposure that may				
45) Has anyone	smok	ed toba	acco	in y	our hon	ne du	ring the past seven days?	?			DF45
			No)					N→Go to Item	53		
			No	Ans	swer				U			
46) During the p	ast 7	days, h	ow r	many	/ hours	in to	al were you exposed to s	omeone else's			RDF46
	tobacco smo	ke at	home?	·								hrs
												_
47) During the n	ast 7	dave d	lid v	ALI AI	nter a ro	om i	n your home that was visi	ihly smoky?		□ R	DF47
7,) During the p	ast i	•	•				•			<u></u>	<u> </u>
												55. 63
48) In the past 7	days	, did yc	u sn	nell t	obacco	smo	ke in your home? (Y/N/U)				DF48
49) During the p	ast 7	days, c	lid yo	ou ex	(perien	ce re	d eyes or eye irritation? (\	Y/N/U)		R	DF49
			•	-		-			•			
50) During the p	ast 7	days, c	lid yo	ou ex	(perien	ce rui	nny nose or nose irritation	n? (Y/N/U)		R	DF50
51) During the p	ast 7	davs. d	lid vo	ou ex	oerien	ce co	ughing, wheezing or ches	st tightness? (Y/N/U)	R	DF51

	ID NUMBER: FORM CODE: RDF Visit VERSION: 1.0 09/21/11 Number SEQ #	
52)	In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your home? (Y/N/U)	RDF52
53)	In the past 7 days, have you visited another person's home where someone was smoking tobacco products indoors? (Y/N/U)	RDF53 If N or U skip to 71
54)	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in another person's home?	RDF54 hrs
55)	During the past 7 days, did you enter a room in another person's home that was visibly smoky? (Y/N/U)	RDF55
56)	In the past 7 days, did you smell tobacco smoke in another person's home? (Y/N/U)	RDF56
57)	In the past 7 days, have you traveled by car or other vehicle with someone else who was smoking tobacco products? (Y/N/U)	RDF57 If N or U skip to 73
58)	In the past 7 days, how many hours did you spend traveling in a car while someone else was smoking tobacco?	RDF58 hrs
[Do	not read] IF NOT A WORKER SKIP TO 68	
59)	During the past 7 days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors? (Y/N/U)	RDF59 If N or U skip to 75
60)	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace?	RDF60 hrs
61)	During the past 7 days, did you enter a room in your workplace that was visibly smoky?	RDF61
62)	In the past 7 days, did you smell tobacco smoke in your workplace?	RDF62
63)	Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke? (Y/N/U)	RDF63 If N or U skip to 66
64)	In the past 7 days, how many times did you walk through or past this area while others were smoking? (Y/N/U)	RDF64
65)	During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking? (Y/N/U)	RDF65
66)	While walking through or past this area, did you smell smoke? (Y/N/U)	RDF66
67)	In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?	RDF67

	ID NUMBER: FORM CODE: RDF Visit VERSION: 1.0 09/21/11 Number SEQ #
68	During the past 7 days, did you smell tobacco smoke while working outdoors?
69	In the past seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside? (Y/N/U)
70	Where was this location? RDF70
71	
72	this outdoor location?
73	In the past seven days or nights, were you in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone else was smoking tobacco products? (Y/N/U)
74	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in a bar or other place of entertainment?
75	During the past 7 days, did you enter a room in a bar or other place of entertainment that was visibly smoky? (Y/N/U)
76	n the past 7 days, did you smell tobacco smoke in a bar or other place of entertainment?
	ou answered that you were exposed to someone else's tobacco smoke in a bar or other place of ottertainment. During the past 7 days, did you experience any of the following after this exposure
77	') I have asked you about exposure to someone else's tobacco some in your home, friend's home, work, outdoor locations, and bars or nightclubs. In the past 7 days, was there any other location
	where you were exposed to tobacco smoke? (Y/N/U)
78	Where was this location? (Y/N/U)
79	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in this location? (Y/N/U)
m	would now like to ask you about any smoke exposure that may have occurred as a result of arijuana use. Please remember that all information that you give us is confidential, and only extified SPIROMICS personnel will have access to this information.
80) In the last 12 months have you smoked marijuana (cannabis, pot, or hashish)?
	Yes
81) In the last 12 months have you smoked marijuana regularly (five times or more in a given year)? RDF81 YesY NoN

	ID NUI	MBER:								FORM CODI VERSION: 1.0		Visit Numbe		SE	Q#			
	,	•								any joints per	,	,	 				RD	F82
83	3) On a	verage,	in the	last 12	2 mo	nths	abo	out hov	v ma	any pipes per	week do (d	id)						=
yc	ou smol	ке?											 				RD	F83
84	4) How	many h	ours p	er day	do y	ou s	spen	d outd	loors	?								
a)) In sp	ring				hrs	RE	DF84/	4									
b)) In su	mmer				hrs	RI	DF84I	В									
c)) In fal	l		🗍		hrs	RI	DF84	C									
•						hrs	_	DF84	_									
u,) In wi	nter				j nis	<u> </u>	2.0.										
8	5) On a	verage,	how m	nany h	ours	per	day	do yo	u sp	end in your h	ome?		 			hrs	RD	F85
	a) [o you h	nave a	centra	al air	con	ditio	ner?					 		RD	F8	5A	
				Yes						Y								
				No						N →Go	to Item 850							
	b) H	How mai	ny moi	nths o	ut of	the	year	do yo	u us	e it?			 			RI	OF85	iΒ
	c) [o you h	nave a	room	air c	ondi	tione	er?					 		RD)F8	5C	
				Yes						Y								
				No						N →Go	to Item 85e	9						
	d) H	low mai	ny moi	nths o	ut of	the	year	do yo	u us	e it?			 			RD)F85	D
	e) V	Vhat kin	d of ra	inge o	r sto	ve d	о уо	u have	∍?				 			RI	OF8	δE
				Gas						G								
				Elect	tric					E								
				Othe Spec	er	RDF	-85	E1		O								
	۰										•				1)F85	訂
	f) [oes you	ur rang							the outdoors	?		 				71 00	<u></u>
					1000													

	ID N	IUMBER:								FORM CODE: RDF VERSION: 1.0 09/21/11	Visit Number			SEC) #		
	g)	What is t	the r	nain	type of	hea	ting	you u	se in	your house?						RDF	85G
				F	Radiator					1 →Go to Item 85i							
				F	orced A	۸ir				2 →Go to Item 85h	1						
										3→Go to Item 85i	_						
										4→Go to Item 85i							
					-					5→ Go to Item 85i							
	h)	What is t	the r	nain	type of	hea	ting	fuel us	sed i	in your house?						RDF	85H
				Е	ectric.					1							
				Ν	latural (Gas				2							
				C)il					3							
				C	coal					4							
				٧	Vood					5							
										6							
				S	Specify_	RD	F85	5H1									
	i)	How ma	ny m	onth	s out o	f the	yea	r do y	ou u	se the main type of heati	ng in your h	ouse	?			RDF	85I
	j)	Are there	e an	v oth	er sour	ces	of he	eat? (c	chec	k all that apply)							
	1/				Radiator			,									
										RDF85J2							
				V	Vood st	ove.				RDF85J3							
				F	ireplace	e				RDF85J4							
				C	Other					□ RDF85J5							
86	6) Ho	w much tii	me p	er d	ay do y	ou s	pend	d com	muti	ng in traffic to work in tota	al (i.e. both v	ways)?		RD	F86	
				Ν	lone					1							
				1	-30 mir	nutes	S			2							
				3	0-60 m	inute	es			3							
				N	Nore tha	an 60	0 mii	nutes	(1 h	our)4							
				Ν	Nore tha	an 12	20 m	inutes	s (2 l	hours)5							
	a)	How ma	ny d	ays p	er wee	k do	you	comr	mute	e to work?					RE	F86A	



RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

	ID NUMBER: BLINDID FORM CODE: RDS VISIT Number VISIT SEQ #		
0a)	Form Date	ns.	RDS0BNUM
	rould now like to ask you detailed questions about your experiences with spiratory disease and smoke exposure.		
Th	e following questions relate to respiratory symptoms.		
1)	Do you usually have a cough? (Exclude clearing of throat.) (Y/N)		RDS01
	1a) If yes (Y) , do you usually cough as much as 4 times a day, 4 or more days out of the week?		RDS01A
2)	Do you usually cough at all on getting up or first thing in the morning? (Y/N)		RDS02
3)	Do you usually cough at all during the rest of the day or night? (Y/N)		RDS03
	3a) Do you cough like this on most days, for 3 consecutive months or more during the year? (Y/N)		RDS03A
	3b) For how many years have you had this cough?		RDS03B
4)	Do you usually bring up phlegm from your chest? (Y/N)		RDS04
	out of the week? (Y/N)		RDS04A
5)	Do you usually bring up phlegm from your chest on getting up, or first thing in the morning? (Y/N)		RDS05
6)	Do you usually bring up phlegm form you chest during the rest of the days or at night? (Y/N)		RDS06
	If yes (Y) , to any of the about (4, 5, 6), answer the following:		
	6a) Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? (Y/N)		RDS06A
	6b) For how many years have you had trouble with phlegm?		RDS06B

	ID NUMBER: FORM CODE: RDS Visit VERSION: 3.0 08/2/11 Number SEQ #
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 or episodes
	of increased cough and phlegm). (Y/N)
	7a) If yes (Y) , about how many such episodes have you had in the past 12 months?
	7b) If yes (Y) , for how many years have you had at least one such episode per years?
8)	Have you ever had wheezing or whistling in your chest? (Y/N) (If NO , go to 11)
	8a) If yes (Y) , about how old were you when you first had wheezing or whistling in your chest? yrs WHEEZINGAG
9)	Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath? (Y/N)
	9a) If yes (Y) , about how old were you when you had your first such attack?
	9b) Have you ever had 2 or more such attacks? (Y/N)
	9c) Have you ever required medicine or treatment for such attacks? (Y/N)
10)	In the last 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
11)	In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection? (Y/N)
12)	of tightness in your chest? (Y/N)
Qu	estions 13-14 are about symptoms that occur when you do not have a cold of the flu.
13)	In the past 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
14)	In the past 12 months, have you been bothered by watery, itchy, or burning eye when you did now have a cold or the flu? (Y/N)
15)	Are you unable to walk due to a condition other than shortness of breath? (Y/N)

ID NUMBER: FORM CODE: RDS Visit VERSION: 3.0 08/2/11 Number SEQ #														
T	hese n	ext ques	stions	s rel	ate	to resr	oiratoi	y conditions			•			
												RD)S16	
				Ye	s				Y		_			
									<u></u>					
	40-)	A	1 1						<u> </u>				RDS1	<u>ΙΑΔ</u>
	16a)			_									INDOI	UA
								is appropriate) RDS16A			ſ		040D	7
	16b)		•		-			health professional? (Y/N/	•)S16B]
	16c)	Do you s	till ha	ve it	? (Y/	N/U)						IRL	S16C	<u></u>
	16d)	If you no	longe	er ha	ve it,	at wha	t age d	id it stop?					RDS1	16D
		As a	child;	age	not	known (Check	is appropriate) RDS16D	1					
	16e)	•				•		ved medical treatment, tak			Г			,
		an inhale	er for a	asthr	na?	(Y/N)						RD	S16E	
	- \					/ II			\0		ſ	ाव्रा	DS17	
1 /	/) Have	you ever	had a	-	-			volving the nose and/or ey			[7017	
										to Item 1	8			
									<u></u>					
	17a)	At about	what	age	did it	t start?							RDS1	7A
		As a	child;	age	not	known (Check	is appropriate) RDS17A	\1					
	17b)	Was it dia	agnos	sed b	уас	doctor o	r other	health professional? (Y/N/	/U)		[RD)S17B]
	17c)	Do you s	till ha	ve it	? (Y/	N/U)						RD	S17C]
	17d)	If you no	longe	er ha	ve it,	at wha	t age d	lid it stop?					RDS1	17D
	,	•	_				•	is appropriate) RDS17D						
	17e)							ved medical treatment, tak		s or used	la			_
		nasal spr	ay fo	r hay	feve	er? (Y/N)					RE)S17E]
											ſ		2010	
18	B) Have	you ever	had a									KL)S18	
										to Item 1	9			
														_
	18a)	Was it dia	agnos	sed b	уа	doctor o	r other	health professional? (Y/N/	/U)		[RE)S18A	.]
	18b)	At about	what	age	did y	ou first	have b	ronchitis?					RDS1	18B
		As a	child;	age	not	known (Check	is appropriate) RDS18E	31				RDS1	180
	18c)	How mar	nv tim	e ha	ve vo	ou had b	oronch	itis?					times	100

	ID NUN	MBER:							FORM CODE: RDS Visit VERSION: 3.0 08/2/11 Number SEQ #			
19)	Have	you ev	er ha	d pneu	mon	ia or	bronch	nopn	eumonia?		RDS	319
				Υe	es				Y			
									N → Go to Item 20			
									U →Go to Item 20		חחכ	101
	19a)	Was it	diag	nosed I	by a	docto	or or ot	her h	nealth professional? (Y/N/U)	<u></u> Ц	RDS	
	19b)	At abo	ut wh	at age	did y	you fi	rst hav	e pr	neumonia or bronchopneumonia?			RDS19B
		☐ As	a ch	ld; age	not	knov	ın (Ch	eck i	s appropriate) RDS19B1		F	RDS19C
	19c)	How n	nany t	ime ha	ve y	ou ha	ad pne	umo	nia or bronchopneumonia?		_	mes
20)	Have	you ev	er ha	d chroi	nic b	ronch	nitis?				RDS	320
				Υe	es				Y			
									N →Go to Item 21			
				Do	on't k	now			U →Go to Item 21		<u> </u>	
	20a)	Was it	diag	nosed I	by a	docto	or or ot	her h	nealth professional? (Y/N/U)		RDS	
	20b)	At abo	ut wh	at age	did i	t star	t?					RDS20B
	20c)	Do you	u still	have it	? (Y/	N/U)					RDS	20C
	20d)	In the	past '	I2 mor	iths,	have	you re	eceiv	ed medical treatment, take medications or used a			
		inhale	r for c	hronic	bron	chitis	s? (Y/N	l)			RDS	320D
21)	Llovo	VOII 0V	or ho	d ampl	2) (2.0)	ma?					RDS	21
21)	паче	you ev	erna	-	-						INDC	<u>/2 </u>
									Y N →Go to Item 22			
									U →Go to Item 22			
	21a)	Was it	diag	nosed I	oy a	docto	or or ot	her h	nealth professional? (Y/N/U)		RDS	S21A
	21b)	At abo	ut wh	at age	did i	t star	t?					RDS21B
	21c)			_							RDS	S21C
	,	•			•	,			ed medical treatment, take medications or used a			<u>/2.0</u>
	,		•				-		,		RDS	321D
						`	,					
22)	Have	you ev	er ha	d COP	D (cl	nroni	c obstr	uctiv	re pulmonary disease)?		RDS	322
,				Υe	es				Y			<u> </u>
				No	o				N →Go to Item 23			
				Do	on't k	now			U →Go to Item 23	<u></u>		
	22a)	Was it	diag	nosed I	by a	docto	or or ot	her h	nealth professional? (Y/N/U)		RDS	
	22b)	At abo	ut wh	at age	did i	t star	t?					RDS22B
	22c)	Do you	u still	have it	? (Y/	N/U)					RDS	22C
	22d)	In the	past '	12 mor	iths,	have	you re	eceiv	ed medical treatment, take medications or used a			
		inhale	r for C	OPD?	(Y/N	١)					RDS	22D

	ID NUMBER:						FORM CODE: RE VERSION: 3.0 08/2		Visit Number		SEQ#			
23)) Have you ev	er ha	ad sleep	apnea?.									RDS2	3
			Υe	es					Y					
														<u> </u>
	23a) Was it	diag	gnosed b	by a docto	or or	other h	nealth professional? (`	Y/N/U)				Щ	RDS2	
	23b) At abo	ut w	hat age	did it star	t?							Ш	RE	OS2
	23c) Do you	u still	l have it	? (Y/N/U)									RDS2	3C
	23d) In the	past	12 mon	iths, have	you	receiv	ed any treatment for s	sleep apr	nea? (Y/N	l)			RDS2	3D
24)) Have you ev	er ha	ad:											
	24a) Any ot	her o	chest illr	nesses? (Y/N)								RDS2	4A
	If Yes	(Y).	specify:	RDS24	4A1									
													RDS2	4B
			-	RDS24		1						Ш	1.42.02	
	it Yes	(Y),	specify:										<u> </u>	
			-			_							RDS2	24C
	If Yes	(Y) ,	specify:	RDS2	401									
			•	-		-	nistory or respirate	-						
25)) Were either	of yo	ou natura	al parents	told	•	octor they had a chro	nic lung			:			
				VEC		Fathe		VE		other	Don't k	.		
	01			YES		NO	Don't Know	YE □ <mark>5A1</mark>	:5 ¬	NO	_		S25B1	1
	Chronic bron Emphysema		S				RDS2						S25B2]]
	COPD	l					□ RDS2		」 ᄀ				S25B3	1
	Asthma					П	□ RDS2		_	\Box			S25B4	1
	Lung Cancer	r					□ RDS2						S25B5	=
26)) Were either	of yo	our natui	ral parent	s eve	er a cig	arette smoker?							
	Father:	<u> </u>	⁄es	□ N	0		Don't know RDS	26A						
	Mother:	<u></u> \	Yes	□ N	0		Don't know RDS	S26B						
	m now goin o not read] Cig				t so	me co	mmon environme	ntal exp	oses.					
-		•		•	? (No	o mean	s less than 20 packs	of cigare	ttes of 12	oz. of				
,	•			•	•		day for one year at a	•					RDS2	7
			Υe	es					Y					
			No	o					N →Go 1	to Item 3	34			

	ID NUMBER:								FORM CODE: RDS VERSION: 3.0 08/2/11		Visit umber		SEQ#			
28)	How old wer	e you v	vhen ;	you f	irst s	started	regu	jula	ar cigarette smoking?						RD	S28
29)	Do you smol	ke ciga	rettes	(as	of or	ne mon	th ag	agc	o)? (Y/N)					. RI	DS29	9
			Ye	s						Y	′ →Go	to Item :	30			
			No							N	l → <mark>Go</mark>	to Item	31			
30)	How many c	igarette	es do	you :	smo	ke per (day r	nc nc	ow?						RD	S30
31)	How old wer	e you v	vhen	you (com	oletely s	stopp	ope	ed smoking?						yrs o	S31 S32
32)	On average	of the e	entire	time	you	smoke	d, ho	hοι	w many cigarettes did you	ı smol	ke per	day?			per	
33)	Approximate in 2 in 2		many RD	ciga S33	BA BB				there if does not apply smoked in the past	() RD)S33					
[Do	not read] Pip	e Smo	king													
34)	Have you ev	er smo	ked a	pipe	e reg	ularly?	(YE	ES	means more than 12 oz	of toba	acco in	a lifetir	ne)	. R	DS34	4
													_			
			No)				••••		N	l → <mark>Go</mark>	to Item	40			
35)	How old wer	e you v	vhen ;	you f	irst s	started	to sn	sm	noke a pipe regularly?						RD	S35
36)	Do vou smol	ce a nir	ne (as	of o	ne n	nonth a	ao)3	2 ((Y/N)					R	DS3	6
00)	Do you onlo	10 G P.F												·		_
37)	How much p	ipe tob							y now?				<u> </u>		RD oz p	S37 per day
38)	How old wer	e you v	vhen :	you (com	oletely	stopp	ppe	ed smoking a pipe?						yrs o	S38 old
39)	-				•			•	ipe, how many ounces of			you smo	oke		RD oz p	S39 er wee

[Do not read] Cigar Smoking 40) Have you ever smoked cigars regularly? (YES means more than 1 cigar a week for one year at any time in your life)
any time in your life)
any time in your life)
Yes
No
41) How old were you when you first started to smoke cigars regularly? 42) Do you now smoke cigars (as of one month ago)? (Y/N)
42) Do you now smoke cigars (as of one month ago)? (Y/N)
Yes
Yes
No
43) How many cigars smoke per day now?
43) How many cigars smoke per day now?
44) How old were you when you completely stopped smoking cigars?
44) How old were you when you completely stopped smoking cigars?
45) On average of the entire time you smoked cigars, how many cigars did you smoke per week? per week
I'd now like to ask you about your second-hand smoke exposures.
46) Which of the following best describes your approach to tobacco smoking in your home when
you are in the house?
Never allow smoking in home1
Smoking is allowed only in certain rooms2
Smoking is allowed in all rooms of your home3
RefusedR
Don't KnowD
RDS47
ı II II
47) For how many years has this been your approach to smoking in you home?yrs
47) For how many years has this been your approach to smoking in you home?
Refused
RefusedR RDS47R
Refused

ID NUMBER:								FORM CODE: RDS VERSION: 3.0 08/2/11	Vi Nun			SEQ#		
	1	1	D. (,				1				1		
			DOI	ILK	now.		•••••		D-	→GO tO Ite	em 52			
50) How many	peop	le in	your	hou	ıseho	old sm	oke?							RDS50
-1) Cinan and	40 fo					:- 4-4-	مطاد	ra vari livad in the game h		حادث: ۱				
,								ve you lived in the same h						RDS51A
Someone e	ise w	110 51				•								yrs
			Dor	iuse i't k	now		•••••		N	RDS51	В			
			20.											
52) Growing up	o until	age	18, v	vere	e ther	e any	adul	ts in your household who	smoked	at home	?			RDS52
, ,		Ū				-								
										→Go to It	em 54	4		
			Don	ı't K	now .				D -	→Go to It	em 54	4		
-0) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,													
o3) Was this yo	our fa	ther,	-					ne else? (check all that app		IDDOE		THED	וחי	
										RDS53				AOTHEDOD
			Mot	ther	•					Answe	r Item	1 54 KL	1000IV	NOTHERUB
									_					
														_
			Dor	1't K	now.					RDS5	3NO	TKNO	WCBI	
54) Did your m	other	smo	ke cię	gare	ettes	when	she	was pregnant with you bef	ore you	were bor	n?			RDS55
			Yes	S					Y					
			No.						N					
			Ref	use	d				R					
			Dor	ı't k	now.				D					
55) Growing ur	o until	age	18. fo	or h	ow m	nanv v	ears	in total did you live in the	same ho	ousehold	with			DDCEA
		_						?						RDS55A yrs
0011100110														
										RDS5	5B			
would now days.	like t	o as	sk yo	ou a	abou	t any	sm	oke exposure that may	/ have	occurre	d in	the pas	st sev	en
56) Has anyon	e smo	oked	toba	ссо	in yo	ur hor	ne d	uring the past seven days'	?					RDS56
			Yes	3					Y					
			No.						N-	→Go to Ite	em 64			
			No.	Ans	wer.				U					
57) During the	naet '	7 dəv	e ha	1\1/ r	ทอกเก	houre	in to	otal were you exposed to s	omeone	م ادم'د				DDOCT
tobacco en	•			/VV I	папу	nours		nai more you exposed to s		CIGG 3				hrs

			1 1				1	1	FORM	00DE.	DDC	,	\ /! - !4						1	1
	ID NUMBER:									CODE: N: 3.0 08			Visit umber			SEQ#	#			
58)	During the pa	ast 7 da	ays, di	id yo	ou er	nter a r	oom	in yo	our hom	e that w	as visib	oly sm	noky?				[RI)S58	3
			Ye	s								Y	1							
			No									۸	1							
																		٦١٦٦	2050	ก
59)	In the past 7	days, c	did yo	u sm	nell t	obaccc	smo	oke i	in your h	iome? (Y/N/U) .							_ KL)S59	<u>1</u>
60)	During the pa	ast 7 da	ays, di	id yo	ou ex	kperien	ce re	ed ey	yes or ey	e irritat	ion? (Y/	/N/U)						RI	DS60	0
61)	During the pa	ast 7 da	ays, di	id yo	ou ex	kperien	ce ru	ınny	nose or	nose ir	ritation?	? (Y/N	√U)					RI	DS6	1
62)	During the pa	ast 7 da	ays, di	id yo	ou ex	kperien	ce co	ough	ning, who	eezing (or chest	tight	ness? ((Y/N/	U)			RI	DS62	2
63)	In the past 7	days, c	did yo	u tak	ke ar	ny extra	a han	ndhe	eld spray	inhaler	s for bre	eathir	ng or lu	ing			_			
	problems aft	er expo	sure t	to to	baco	co smo	ke in	you	ır home?	Y/N/L	J)							RE)S63	3
64)	In the past 7	days, h	nave y	ou v	/isite	ed anot	her p	erso	on's hon	ne wher	e some	one v	vas sm	oking)		_	RE)S64	
	tobacco prod			•		•												lf N o	or U sl	kip to 66
65)	In the past 7	-		-					-										RD	S65
	smoke in and	other pe	erson'	s ho	me?	?													hrs	
66)	During the pasmoky? (Y/N		•	•					•					•				RE)S66	5
67)	In the past 7	days, c	did yo	u sm	nell t	obaccc	smo	oke i	in anoth	er perso	on's hom	ne? (`	Y/N/U)				[RE)S67	7
[Do	not read] Sk	ip to Qu	ıestioi	n 72	RI	DS68-	RDS	S71	remov	ed 08	/02/11]								
72)	In the past 7 smoking toba	•	-			•												ᄀᆣ	DS7 or U s	2 kip to 78
73)	In the past 7 smoking toba	•		•		•		•		ŭ							[RD hrs	S73
[Do	not read] Sk	ip to Qι	ıestioi	n 78	RI	DS74-	RDS	S77	' remov	/ed 08	/02/11]								
-	not read] IF																			_
78)	During the pa																	ᄀᄂ) S 78	
	were working	g indooi	rs? (Y	/N/U	J)													If N	or U s	kip to 80
79)	In the past 7 smoke inside	•		-													Г		RD hrs	S79
		- , - u. v.																	0	
80)	During the pa	ast 7 da	ays, di	id yo	ou er	nter a r	oom	in yo	our work	place th	nat was	visibl	ly smol	ky?				RE)S80	

II	D NUMBER: FORM CODE: RDS Visit VERSION: 3.0 08/2/11 Number SEQ #
81) I	In the past 7 days, did you smell tobacco smoke in your workplace?
[Do i	not read] Skip to Question 86 RDS82-RDS85 removed 08/02/11
,	Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke? (Y/N/U)
,	In the past 7 days, how many times did you walk through or past this area while others were smoking? (Y/N/U)
,	During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking? (Y/N/U)
89) \	While walking through or past this area, did you smell smoke? (Y/N/U)
[Do i	not read] Skip to Question 95 RDS90-RDS94 removed 08/02/11
95) I	In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?. RDS95
96) [During the past 7 days, did you smell tobacco smoke while working outdoors?
[Do i	not read] Skip to Question 101 RDS97-RDS100 removed 08/02/11
101)	In the past seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside? (Y/N/U)
102)	Where was this location? RDS102
103)	During the past 7 days, did you smell tobacco smoke in this outdoor location? (Y/N/U)
104)	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke this outdoor location?
[Do i	not read] Skip to Question 109 RDS105-RDS108 removed 08/02/11
109)	In the past seven days or nights, were you in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone else was smoking tobacco products? (Y/N/U)
110)	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke in a bar or other place of entertainment?
111)	During the past 7 days, did you enter a room in a bar or other place of entertainment that was visibly smoky? (Y/N/U)
112)	In the past 7 days, did you smell tobacco smoke in a bar or other place of entertainment?
[Do I	not read] Skip to Question 117 RDS113-RDS116 removed 08/02/11

ID NUMBER:		FORM CODE: RDS VERSION: 3.0 08/2/11	Visit Number	SEQ#	
You answored that we	ou were exposed to som	oono olsois tobacco s	moke in a bar or et	hor place of	
	g the past 7 days, did yo				
117) I have asked vou ab	oout exposure to someone el	se's tobacco some in vou	r home. friend's home.		
,	ons, and bars or nightclubs. I	•			RDS117
where you were exp	posed to tobacco smoke? (Y/	/N/U)			N or U skip t
					DC440
118) Where was this loca	ation? (Y/N/U)				RDS118
119) In the past 7 days, h	now many hours in total were	you exposed to someone	e else's tobacco smoke		
in this location? (Y/N	\/U)				RDS119
[Do not read] Skip to Qu	estion 124 RDS120-RD	S123 removed 08/02	2/11		
	·				
	sk you about any smok se remember that all in				
	personnel will have ac			and only	
	•				
124) Have you ever smo	oked marijuana (cannabis, p	oot, or hashish)?		RDS	S124
	Yes	Υ			
	No	N -	→Go to END		
125) Have you ever smo	oked marijuana regularly (f	ive times or more in a giv	ven vear)?	RD9	S125
120) Tiavo you ovoi oine	, , ,	Y	, on your,		
		N			
126) On average over th	oo antira tima that you amal	(a/d) about how many ioi	nto nor wook do (did)		
,	ne entire time that you smok				RDS126
you smoke?					1120120
127) On average over th	ne entire time that you smok	ke(d) about how many pip	oes per week do (did)		
you smoke?					RDS127
•					
128) How many years ha	ave you smoked pot/marijua	ana?			yrs RDS
,					,
[Do not read] Skip to Qu	estion 130				
400) \		•		RDS	\$130
130) When was the last t	time you smoked marijuana				5100
		1			
		2			
		ths3			
		hs4			
		ths ago5			
		6			
	Declines to answe	r7			

ID NUMBER:				FORM CODE: RDS	Visit	SEQ#		
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RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

	ID NUMBER: BLINDID FORM CODE: RDS Visit VISIT SEQ #
0a)	Form Date
	rould now like to ask you detailed questions about your experiences with spiratory disease and smoke exposure.
Th	e following questions relate to respiratory symptoms.
1)	Do you usually have a cough? (Exclude clearing of throat.) (Y/N)
	1a) If yes (Y) , do you usually cough as much as 4 times a day, 4 or more days out of the week?
2)	Do you usually cough at all on getting up or first thing in the morning? (Y/N)
3)	Do you usually cough at all during the rest of the day or night? (Y/N)
	3a) Do you cough like this on most days, for 3 consecutive months or more during the year? (Y/N) RDS03A 3b) For how many years have you had this cough?
4)	Do you usually bring up phlegm from your chest? (Y/N)
5)	Do you usually bring up phlegm from your chest on getting up, or first thing in the morning? (Y/N) RDS05
6)	Do you usually bring up phlegm form you chest during the rest of the days or at night? (Y/N)
	6b) For how many years have you had trouble with phlegm?

	ID NUMBER: FORM CODE: RDS Visit VERSION: 2.0 11/09/10 Number SEQ #
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 or episodes
	of increased cough and phlegm). (Y/N)
	7a) If yes (Y) , about how many such episodes have you had in the past 12 months?
	7b) If yes (Y) , for how many years have you had at least one such episode per years?
8)	Have you ever had wheezing or whistling in your chest? (Y/N) (If NO , go to 11)
	8a) If yes (Y) , about how old were you when you first had wheezing or whistling in your chest?
9)	Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath? (Y/N)
	9a) If yes (Y) , about how old were you when you had your first such attack?
	9b) Have you ever had 2 or more such attacks? (Y/N)
	9c) Have you ever required medicine or treatment for such attacks? (Y/N)
10)	In the last 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
11)	In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection? (Y/N)
12)	of tightness in your chest? (Y/N)
Qu	uestions 13-14 are about symptoms that occur when you do not have a cold of the flu.
13)	In the past 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
14)	In the past 12 months, have you been bothered by watery, itchy, or burning eye when you did now have a cold or the flu? (Y/N)
15)	Are you unable to walk due to a condition other than shortness of breath? (Y/N)

	ID NUN	MBER:		SEQ#								
Th	ese n	ext au	estion	s re	late	to resr	oirator	y conditions	•			_
											RDS1	6
				Υe	es			Y	•			
				No	o			N →Go to Item 17				
								U →Go to Item 17	' г		ا احد	20404
	16a)	At abou	ıt what	age	did i	t start?)S16A
		As	a child	; age	not	known (Check	is appropriate) RDS16A1	г			
	16b)	Was it	diagno	sed b	by a	doctor o	r other	health professional? (Y/N/U)		[RDS1	6B
	16c)	Do you	still ha	ave it	? (Y/	N/U)					RDS1	6C
	16d)	If you n	o long	er ha	ve it	, at wha	t age d	d it stop?			RE	DS16D
		As:	a child	; age	not	known (Check	is appropriate) RDS16D1				
	16e)	In the p	ast 12	_								
		an inha	ler for			RDS1	6E					
				г	<u> </u>		_					
17)	Have	you eve	er had	any h	nay fe	ever (all	ergy in	volving the nose and/or eyes)?		[RDS1	7
								Υ	l			
								N →Go to Item 18 U →Go to Item 18				
	17a)	At abou	ıt what						' г		RD	S17A
	,							is appropriate) RDS17A1	_			
	17b)							health professional? (Y/N/U)		F	RDS1	7B
	17c)		_		-					===	RDS17	 7C
	,	•			,	,		d it stop?			RE	S17D
	174)	•	·				•	is appropriate) RDS17D1				
	17e)							ved medical treatment, take medications or used a	a			
	,					-		······································	Г	F	RDS1	7E
									-			_
18)	Have	you eve	er had	an at	tack	of brond	chitis?				RDS1	8
								Y	•			
								N →Go to Item 19 U →Go to Item 19				
	18a)	Was it o	diagno					health professional? (Y/N/U)	' Γ	[F	RDS1	8A
								ronchitis?	Ī		RE	 S18B
	100)			•	-			is appropriate) RDSB1	[
	18c)	How ma							Γ		RE)S18C

	ID NUN	ЛВER:								FORM C VERSION			Vi: Num	sit nber		SEQ i	#			
19)) Have	you ev	er had	d pneu	mon	ia or	broncl	nopn	eum	onia?								R	DS19	9
				No	o								N -							
	19a)	Was it	diagn	osed I	оу а	docto	or or ot	her h	nealt	th profess	ional? (Y/N/U)						RE	OS19	PΑ
	19b)	At abo	ut wh	at age	did y	ou fi	rst hav	/e pr	neum	nonia or b	ronchor	oneumo	onia?						RD	S19B
		☐ As	a chi	d; age	not	know	n (Ch	eck i	s ap	propriate)	RDS	19B1								S19C
	19c)	How m	nany t	ime ha	ıve y	ou ha	ad pne	umo	nia c	or bronch	opneum	ionia?							time	
20)) Have	you ev	er had	d chroi	nic bı	ronch	nitis?											RI	DS2	0
				No	o								N -							
	20a)	Was it	diagn	osed I	oy a	docto	or or ot	her h	nealt	th profess	ional? (Y/N/U)				<u>—</u> 		RI	DS20	AC
	20b)	At abo	ut wh	at age	did i	t star	t?												RD	S20B
	20c)	Do you	ı still l	nave it	? (Y/	N/U)											=	RE)S20	OC
	20d)						-			nedical tre								RE	DS20)D
21)) Have	you ev	er had	d empl	nysei	ma?.												RE)S21	
				No	o								N -							
	21a)	Was it	diagn	osed I	oy a	docto	or or of	her h	nealt	th profess	ional? (Y/N/U)						RE	DS21	1A
	21b)	At abo	ut wh	at age	did i	t star	t?												RD	S21B
	21c)	Do you	ı still l	nave it	? (Y/	N/U)												RE)S21	IC
	21d)						•			medical tre								RE	DS21	ID
22)) Have	you ev	er had		•				-	ulmonary]RE	DS22	2
				No	o								N -	→Go te	o Item 2	23				
																		الحد	2000	<u> </u>
	22a)		_		-					th profess)S22	
	22b)	At abo	ut wh	at age	did i	t star	t?													S22B
	22c)																	<u> RD</u>)S22	C.
	22d)						•			nedical tre								RE)S22	<u>2</u> D
					, , , ,	,														

	ID NUMBER:						FORM CODE: RD VERSION: 2.0 11/09		Visit umber	SEQ#
23)	Have you ev	er had	sleep	apnea	a?					RDS23
			No	o				N	N → Go to Item	
	23a) Was it	diagno	sed b	oy a do	octor or	other h	nealth professional? (\	//N/U)		RDS23A
	23b) At abo	ut what	t age	did it s	start?					RDS23B
	23c) Do you	ı still ha	ave it	? (Y/N/	/U)					RDS23C
	23d) In the	past 12	2 mon	iths, ha	ave you	ı receiv	ed any treatment for s	leep apnea	a? (Y/N)	RDS23D
24)	Have you ev	er had:								
	24a) Any ot	RDS24A								
	If Yes					П				
	If Yes					7				
			-							
	If Yes	(Y) , sp	ecify:		3240	<u>-</u>				
12 -1	•••	_								
ı a	now like to	ask y	ou a	bout y	your fa	amily l	history or respirato	ry diseas	se.	
		_		_		-	history or respirato loctor they had a chro	-		as:
		_		_		-	loctor they had a chro	-		as:
		of your		al pare YE	nts tolo	d by a d Fathe NO	loctor they had a chro er Don't K <u>now</u>	YES 5A1	ndition such a	Don't Know
25)	Chronic bron Emphysema COPD Asthma Lung Cancer	of you r	natura	YE	ents told	by a constant of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following	Don't Know RDS25	YES 5A1	ndition such a Mother NO	Don't Know RDS25B1 RDS25B2 RDS25B3 RDS25B4
25)	Chronic bron Emphysema COPD Asthma Lung Cancer	of you r	natur	YE	ents told	by a constant of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following	Don't Know RDS25 RDS25 RDS25 RDS25 RDS25	YES 5A1	ndition such a Mother NO	Don't Know RDS25B1 RDS25B2 RDS25B3 RDS25B4
25)	Chronic bron Emphysema COPD Asthma Lung Cancer	of your	natura natur	YE	ents ev	by a constant of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following states of the following	Don't Know RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25	YES 5A1	ndition such a Mother NO	Don't Know RDS25B1 RDS25B2 RDS25B3 RDS25B4
25) 26) I ar [Do	Chronic bron Emphysema COPD Asthma Lung Cancer Were either of Father: Mother:	of your of your Yes Yes	natura s s sk y o Smol	YE YE Trail pare	ents events events of No	Fathe NO	Don't Know RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 R	YES 5A1	Mother NO	Don't Know RDS25B1 RDS25B2 RDS25B3 RDS25B4 RDS25B5
25) 26) I ar [Do	Chronic bron Emphysema COPD Asthma Lung Cancer Were either of Father: Mother: m now goin not read] Cig Have you ev	of your of your Yes yes	natura s s sk yo Smol ked o	YE YE Tral pare Tran pare Tral pare Tral pare Tral pare Tral pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tran pare Tra	ents told SS Only ents events even	Fathe NO O	Don't Know RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 R	YES 5A1	Mother NO I I I I I I I I I I I I I I I I I	Don't Know RDS25B1
25) 26) I ar [Do	Chronic bron Emphysema COPD Asthma Lung Cancer Were either of Father: Mother: m now goin not read] Cig Have you ev	of your of your Yes yes	natura s sk ye Smoot ked o	YE YE Tal pare ral pare bu about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about about	ents ev No No out so	rer a cig	Don't Know RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 RDS25 R	YES 5A1	Mother NO Ses. es of 12 oz. of your life)	Don't Know RDS25B1

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28)	How old wer	e you w	vhen y	you f	first	started	regu	jula	lar cigarette smoking?							RD	S28
29)	Do you smol	ke cigaı	rettes	(as	of or	ne mon	th ag	ago	o)? (Y/N)						RE)S29	0
			Ye	s							Y→Go	to Iten	n 30				
			No)							N → G c	to Iten	n 31				
30)	How many c	igarette	es do	you	smo	ke per d	day r	nc	now?							RD	S30
31)	How old wer	e you w	vhen y	you d	com	pletely s	stopp	рρε	ed smoking?					[yrs o	
32)	On average	of the e	entire	time	you	smoke	d, ho	hov	w many cigarettes did you	ı smo	oke per	day?.				per o	
33)	Approximate in 2 in 2		many RD	ciga	BA BB				k here if does not apply smoked in the past	y) Ri	DS33						
[Do	not read] Pip	oe Smo	king														
34)	Have you ev	er smo	ked a	pipe	e reg	jularly?	(YE	ES	6 means more than 12 oz	of tol	oacco i	n a life	time)		RI	DS34	1
			Ye	s							Υ						
			No)							N → <mark>G</mark> c	to Iten	n 40				
35)	How old wer	e you w	vhen <u>y</u>	you f	first	started	to sr	smo	noke a pipe regularly?		•••••	•••••				RD	S35
36)	Do you smol	ke a pip	e (as	of o	ne n	nonth a	go)?	? ((Y/N)						RI	DS3	6
,	•																
37)	How much p	ipe toba	acco	do yo	ou s	moke p	er da	day	ay now?							oz p	S37 er day
38)	How old wer	e you w	vhen <u>y</u>	you d	com	pletely	stopp	рρε	ped smoking a pipe?							yrs o	S38 old
39)	•				•				pipe, how many ounces of			•					S39 er wee

	ID NUMBER:							FORM CODE: RDS VERSION: 2.0 11/09/10	Visit Number	SEQ#		
[Do	not read] Cig	gar Smo	oking									
			_		s rec	ularlv?	(YE	S means more than 1 cigar	r a week for one vea	r at		
-,	-			_	_	-			_		R	DS40
	a,	· · · · · · · · · · · · · · · · · · ·										
										46		
				,						10		
41)	How old wer	e you w	/hen ː	you	first	started	to sr	moke cigars regularly?				RDS41
42)	Do vou now	smoke	cigar	s (as	s of o	one mo	nth a	ago)? (Y/N)			R	DS42
,	,		_									
										<u>· · ·</u>		DDC42
43)	How many c	igars sr	noke	per	dav	now?						RDS43 per day
,		.94.00.		ρυ.	<i></i>						· L	
44)	How old wor		hon		00 m	nlotobii	ato n	nad amaking aigara?				RDS44
44)	now old wer	e you w	men :	you	COM	pietely	stop	ped smoking cigars?			·] yrs old
45)	On average	of the e	entire	time	you	ı smoke	d cig	gars, how many cigars did	you smoke per week	ί?		RDS45 per week
,					, ,			g,,g	,] [
ام!ا	now like to	ook w	al	ha	4		-	l hand amaka aynaau				
		_			-			d-hand smoke exposure				
46)			•			•		oproach to tobaccos smokii	0,	•		DS46
	are in the ho	use?										0040
							-	n home				
					•			lly in certain rooms				
			_	_				all rooms of your home	_			
			DC)II L r	KHOW	V			D			DDC 47A
47)	For how mar	ny years	s has	this	bee	n your a	appr	oach to smoking in you ho	me?			RDS47A yrs
			Re	efuse	ed				R [DDC47D]			
			Do	n't k	Knov	V			D			
48)	Do you curre	ently live	e in th	ne sa	ame	househ	old v	with someone who smokes	tobacco products?.		RI	DS48
			Ye	s					Y→Go to Item 5	0		
			No)					N→Go to Item 4	.9		
			Re	efuse	ed				R→Go to Item 5	52		
									-			
49)	Since age 1	8, have	you	ever	live	d in the	sam	ne household with someone	e who smoked			RDS49
	tobacco prod	ducts?.										yrs
			Υe	es					1→Go to Item 5	1		
			Nic	,					O Go to Item 5	2		

	ID NUMBER:							FORM CODE: RDS VERSION: 2.0 11/09/10		isit nber	SEQ#		
L			_					J		<u> </u>	<u></u>		
			DO	HILK	now	•••••			D-	→Go to item 5	0 2		
50)	How many p	people in	ı youı	r hou	useho	ld sm	oke?	'					RDS50
51)	Since age 18	8, for ha	w ma	any y	/ears	in tota	ıl hav	ve you lived in the same ho	usehol	ld with			RDS51A
	someone els	se who s	smok	e tok	oacco	produ	ıcts?)					yrs
			Re	fuse	ed				R	RDS51B			
			Do	n't k	now				D	KBCCIB			
52)	Growing up	until age	e 18,	were	e ther	e any	adul	ts in your household who s	moked	at home?		RI	DS52
			Ye	s					Y				
			No						N	→Go to Item !	54		
			Re	fuse	d				R	→Go to Item 5	54		
			Do	n't K	now .				D	→Go to Item	54		
53)	Was this you	ur father	, you	r mo	ther,	or sor	neon	ne else? <i>(check all that app</i>	ly)				
			Fa	ther						RDS53FA	THERC	BI	
			Mc	othei	·					→Answer Ite	m 54 RD	<u>S53MC</u>	THERCBI
			Ot	her.						RDS5301	THERCE	31	
			Re	fuse	ed					RDS53RE	FUSED	CBI	
			Do	n't K	(now .					RDS53NC	OTKNOV	VCBI	
54)	Did your mo	ther smo	oke c	igar	ettes	when	she v	was pregnant with you befo	ore you	were born?.		RI	DS55
			Ye	s					Y				
			No)					N				
			Re	fuse	ed				R				
			Do	n't k	now				D				
55)		_						in total did you live in the s					RDS55A
	someone els	se who s						3?					yrs
										RDS55B			
			Do	n't K	(now .		• • • • • • • • • • • • • • • • • • • •		D				
	ould now li ys.	ke to a	sk y	ou a	abou	t any	smo	oke exposure that may	have	occurred ir	the pas	t sever	า
56)	Has anyone	smoked	d toba	ассо	in yo	ur hor	ne dı	uring the past seven days?				R	DS56
			Ye	s					Y				
										→Go to Item 6	54		
57)	During the p	ast 7 da	ıys, h	ow r	many	hours	in to	otal were you exposed to so	omeone	e else's			RDS57
	tobacco smo	oke at ho	ome?	·									hrs

								7	EUE	RM CO	NDE:	DDC		Mic	:						$\overline{}$	
	ID NUMBER:									SION: 2				Vis Numl				SEQ#	<u> </u>			
58)	During the pa	ast 7 d	days, c	did yo	ou er	iter a i	room	in y	our h	ome t	that w	as vis	sibly	smok	y?					RD	S 58	3
			Υe	es										Y								
			No	0										N								
																				1		
59)	In the past 7	days,	did yo	ou sn	nell to	obacc	o smo	oke	in you	ır hor	ne? (Y/N/U)							JERL)S59	9]
60)	During the pa	ast 7 d	days, d	did yo	ou ex	perier	nce re	ed e	yes o	r eye	irritat	ion? (Y/N/	(U)						RE)S6()
61)	During the pa	ast 7 d	days, d	did yo	ou ex	perier	nce ru	unny	y nose	or n	ose ii	ritatio	n? (`	Y/N/U)					RE)S6′	1
62)	During the pa	ast 7 d	days, d	did yo	ou ex	perier	nce c	ougl	hing, v	whee:	zing (or che	st tig	ghtnes	ss? (Y	/N/U))			RD)S62	2
63)	In the past 7	days,	did yo	ou tal	ke ar	ny extr	a har	ndhe	eld sp	ray in	haler	s for l	oreat	thing	or lun	g				_		
	problems after	er exp	osure	to to	bacc	o smo	oke in	ı yol	ur hon	ne? (`	Y/N/L	J)								RD	S 63	37
64)	In the past 7	days,	have	you v	visite	d ano	ther p	oers	on's h	nome	wher	e som	neon	e was	smo	king				RD	S64	Ī
	tobacco proc			•		•														lf N o	r U sk	tip to 66
65)	In the past 7	days,	how r	many	hou	rs in to	otal w	/ere	you e	xpos	ed to	some	one	else's	s toba	CCO				1	RD	S65
	smoke in and	other _l	person	's ho	me?			•••••													hrs	
66)	During the pa	ast 7 d	days, d	did yo	ou er	iter a i	room	in a	anothe	er per	son's	home	tha	t was	visibl	y				_		
	smoky? (Y/N	I/U)																		RD	S66	5
67)	In the past 7	days,	did yo	ou sn	nell to	obacc	o smo	oke	in and	other	perso	on's h	ome'	? (Y/N	√U)					RD	S67]
	u answered ring the pas																		on's	hom	ıe.	
If N	lo to Q64, Q	66, a	nd Q6	67, s	kip c	uesti	ons 6	38-7	71:													
	68)Red eyes	or ey	e irrita	itions	? (Y	/N/U) .														RD	S 68	3
	69) Runny no	ose or	nose	irrita	tion?	(Y/N/	'U)													RD)S69	9
	70) Coughing	g, whe	eezing	, or c	hest	tightn	ess?	(Y/Y	N/U)											RE)S7(D
	71) In the pa	ıst 7 d	ays, di	id yo	u tak	e any	extra	ı har	ndheld	d spra	ay inh	alers	for b	reath	ing or	lung				,		_
	problems after	er exp	osure	to to	bacc	o smo	oke in	and	other	perso	n's h	ome?	(Y/N	√U)						RE	DS7	1
72)	In the past 7	days,	have	you 1	trave	led by	car	or ot	ther v	ehicle	e with	some	one	else	who v	/as				RD	S72	2
	smoking toba	acco p	oroduc	ts? (`	Y/N/l	J)																kip to 78
73)	In the past 7	days,	how r	many	hou	rs did	you s	sper	nd trav	veling	j in a	car w	hile s	some	one el	se wa	as				RDS	S73
	smoking toba	acco?																	[hrs	

	ID NUMBER: FORM CODE: RDS Visit VERSION: 2.0 11/09/10 Number SEC	2 #		
Du	ou answered that you were exposed to someone else's tobacco smoke while travelin iring the pas 7 days, did you experience any of the following after this exposure? No to Q72, skip questions 74-77:	g by c	ar.	
	74) Red eyes or eye irritation? (Y/N/U)		RDS	74
	75) Runny nose or nose irritation? (Y/N/U)		RDS	75
	76) Coughing, wheezing, or chest tightness? (Y/N/U)		RDS	76
	77) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in a car? (Y/N/U)		RDS	77
•	o not read] IF NOT A WORKER SKIP TO 102 During the past 7 days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors? (Y/N/U)		RDS	78 J skip to 80
79)	In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace?		hı	DS79
·	During the past 7 days, did you enter a room in your workplace that was visibly smoky?		RDS	<u> </u>
the	ou answered that you were exposed to someone else's tobacco smoke in your workpe past 7 days, did you experience any of the following after this exposure? No to Q78, Q80, and Q81, skip questions 82-85:	olace.	During	
	82) Red eyes or eye irritation? (Y/N/U)		RDS	82
	83) Runny nose or nose irritation? (Y/N/U)		RDS	83
	84) Coughing, wheezing, or chest tightness? (Y/N/U)		RDS	84
	85) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your workplace? (Y/N/U)		RDS	85
86)	Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke? (Y/N/U)		RDS	36 J skip to 94
87)	In the past 7 days, how many times did you walk through or past this area while others were smoking? (Y/N/U)		RDS	87
88)	During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking? (Y/N/U)		RDS	88

ID NUMBER: FORM CODE: RDS Visit VERSION: 2.0 11/09/10 Number SEQ #	
89) While walking through or past this area, did you smell smoke? (Y/N/U)	RDS89
In the past 7 days, did you walking through or past this area result in your experiencing a following: If No to Q86, skip questions 90-93:	ny of the
90) Red eyes or eye irritation? (Y/N/U)	RDS90
91) Runny nose or nose irritation? (Y/N/U)	RDS91
92) Coughing, wheezing, or chest tightness? (Y/N/U)	
94) Do your job duties directly involve working outdoors one or more hours per week?	RDS94
95) In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?	. RDS95
96) During the past 7 days, did you smell tobacco smoke while working outdoors?	RDS96
You answered that you were exposed to your coworker's tobacco smoke while working of During the past 7 days, did you experience any of the following after this exposure? If No to Q95 and Q96, skip questions 97-100:	outdoors.
97) Red eyes or eye irritation? (Y/N/U)	RDS97
98) Runny nose or nose irritation? (Y/N/U)	RDS98
99) Coughing, wheezing, or chest tightness? (Y/N/U)	RDS99
100) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke outside? (Y/N/U)	RDS100
101) In the past seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside? (Y/N/U)	RDS101 If N or U skip to 10:
102) Where was this location? RDS102	
103) During the past 7 days, did you smell tobacco smoke in this outdoor location? (Y/N/U)	RDS103 If N or U skip to 103
104) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke this outdoor location?	RDS104

I	D NUMBER:						FORM CODE: RDS VERSION: 2.0 11/09/10	Visit Number	SEQ#		
Dur	ing the pas	st 7 day	/s, di	d yc	ou expe	erience	e any of the following after th	nis outdoor exp	osure:		
If No	o to Q101 a	and Q1	03, s	kip (questio	ns 105	5-108:				
	105) Red e	eyes or e	eye irr	ritatio	on? (Y/ľ	N/U)				RDS	105
	106) Runny	y nose c	r nos	e irri	itation?	(Y/N/U))			RDS	106
	107) Cougl	hing, wh	eezir	ng, o	r chest	tightnes	ss? (Y/N/U)			RDS	107
	,	•	•			-	xtra handheld spray inhalers for in this outdoor location? (Y/N/U			RDS ²	108
109)	·		•	_		-	a bar, nightclub, cocktail lounge, ang tobacco products? (Y/N/U)	•		RDS1	09 skip to 111
110)	•	•		•			vere you exposed to someone else			R	DS110 s
111)			•	•			in a bar or other place of entertain			RDS	111
112)	In the past	7 days, d	did yo	u sm	nell toba	cco smo	oke in a bar or other place of ente	ertainment?		RDS	112
ente	ertainment	. During	g the	pas	st 7 day	s, did	omeone else's tobacco smolyou experience any of the foons 113-116:				
	113) Red e	yes or e	eye irr	ritatio	on? (Y/l	۱/U)				RDS ²	113
	114) Runny	y nose c	or nos	se irri	itation?	(Y/N/U))			RDS	114
	, .	•		•		•	ss? (Y/N/U) xtra handheld spray inhalers for			RDS	115
							in a bar or other place of enterta			RDS	116
117	work, outdo	or locati	ons, a	and b	oars or r	ightclub	e else's tobacco some in your hor os. In the past 7 days, was there a	any other location	_	RDS1	17
	where you	were exp	osed	l to to	obacco s	smoke?	(Y/N/U)			If N or U	skip to end
118)	Where was	this loca	ation?	(Y/N	N/U)					RDS1	18
119)		•		•			vere you exposed to someone elso			RDS1	19

During the past 7 days, did you experience any of the following after this outdoor exposure:

ID NUMBER:		FORM CODE: RDS VERSION: 2.0 11/09/10	Visit Number	SEQ#
120) Red eyes or eye irritation	on? (Y/N/U)			RDS120
121) Runny nose or nose irri	tation? (Y/N/U)			RDS121
122) Coughing, wheezing, or	r chest tightness? (Y/N	/U)		RDS122
123) In the past 7 days, did y problems after exposure	•	dheld spray inhalers for bthis location? (Y/N/U)		RDS123
I would now like to ask y marijuana use. Please r certified SPIROMICS per	emember that all in	formation that you gi	ve us is confident	
124) Have you ever smoked	marijuana (cannabis, p	oot, or hashish)?		RDS124
		Y	→Go to END	
125) Have you ever smoked	Yes	five times or more in a giv Y	ven year)?	RDS125
126) On average over the er	•			RDS126
127) On average over the er	·	ke(d) about how many pip		RDS127
128) How many years have y	you smoked pot/mariju	ana?		yrs RDS128
129) Have you smoked marij		nths?Y		RDS129
		N		



RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

	ID NUMBER: BLINDID FORM CODE: RDS Visit Number VISIT SEQ #	
0a)) Form Date	RDS0BNUM
	<u>Instructions:</u> This form should be completed during the participant's visit. Please answer all questions	ons.
	yould now like to ask you detailed questions about your experiences with spiratory disease and smoke exposure.	
Th	e following questions relate to respiratory symptoms.	
1)	Do you usually have a cough? (Exclude clearing of throat.) (Y/N)	RDS01
	1a) If yes (Y) , do you usually cough as much as 4 times a day, 4 or more days out of the week?	RDS01A
2)	Do you usually cough at all on getting up or first thing in the morning? (Y/N)	RDS02
3)	Do you usually cough at all during the rest of the day or night? (Y/N)	RDS03
	3a) Do you cough like this on most days, for 3 consecutive months or more during the year? (Y/N)	RDS03A
	3b) For how many years have you had this cough?	RDS03B
4)	Do you usually bring up phlegm from your chest? (Y/N)	RDS04
	4a) If yes (Y) , do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? (Y/N)	RDS04A
5)	Do you usually bring up phlegm from your chest on getting up, or first thing in the morning? (Y/N)	RDS05
6)	Do you usually bring up phlegm form you chest during the rest of the days or at night? (Y/N)	RDS06
	If yes (Y), to any of the about (4, 5, 6), answer the following:	
	6a) Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? (Y/N)	RDS06A
	6b) For how many years have you had trouble with phlegm?	RDS06B

	FORM CODE: RDS Visit VERSION: 1.0 10/26/10 Number SEQ #
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 or episodes
	of increased cough and phlegm). (Y/N)
	7a) If yes (Y) , about how many such episodes have you had in the past 12 months?
	7b) If yes (Y) , for how many years have you had at least one such episode per years?
8)	Have you ever had wheezing or whistling in your chest? (Y/N) (If NO, go to 11)
	8a) If yes (Y) , about how old were you when you first had wheezing or whistling in your chest?
9)	Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath? (Y/N)
	9a) If yes (Y) , about how old were you when you had your first such attack?
	9b) Have you ever had 2 or more such attacks? (Y/N)
	9c) Have you ever required medicine or treatment for such attacks? (Y/N)
10)	In the last 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
11)	In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection? (Y/N)
12)	In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest? (Y/N)
Qu	estions 13-14 are about symptoms that occur when you do not have a cold of the flu.
13)	In the past 12 months, have you had wheezing or whistling in your chest at any time? (Y/N)
14)	In the past 12 months, have you been bothered by watery, itchy, or burning eye when you did now have a cold or the flu? (Y/N)
15)	Are you unable to walk due to a condition other than shortness of breath? (Y/N)

	ID NUMBER: FORM CODE: RDS Visit VERSION: 1.0 10/26/10 Number SE									SEQ#								
Т	hese n	ext que	estion	s re	late	to resp	oirato	ry conditions										
		-				-								RDS	S16			
				Υe	es					Y								
				No	o					N → <mark>Go</mark>	to Item 1	7						
										·		_		— I F	20040			
	16a)													[RDS16	A		
		As	a child	; age	not	known (Check	is appropriate)	RDS16A1									
	16b)	16b) Was it diagnosed by a doctor or other health professional? (Y/N/U)												RDS	S16B			
	16c)	Do you	still ha	ave it	? (Y/	/N/U)								RDS	S16C			
	16d)	If you r	o long	er ha	ve it	, at wha	t age o	lid it stop?							RDS16	D		
		☐ As	a child	; age	not	known (Check	is appropriate)	RDS16D1									
	16e)	In the p	ast 12	mon	iths,	have yo	u rece	ived medical tre	atment, take r	medications	s or used							
		an inha	aler for	asth	ma?	(Y/N)								RDS	S16E			
															<u> </u>			
1	7) Have	you eve	er had	any ł	nay f	ever (all	ergy in	volving the nose	e and/or eyes))?				RL	S17			
											4- 14 4	0						
	17a)	At abou	ut what							L					RDS17	Ä		
		_		_				is appropriate)		_						_		
	17b)							health professi		_				RD	S17B			
	17c)	Do you	still ha	ave it	? (Y/	/N/U)							\Box	RD	S17C			
	17d)	If you r	no long	er ha	ıve it	at wha	t age o	lid it stop?							RDS17	'D		
								is appropriate)		•								
	17e)							ived medical tre			s or used	а						
		nasal s	pray fo	or hay	y fev	er? (Y/N)							RD	S17E			
															<u> </u>			
18	8) Have	you eve	er had											ΚD	S18			
											to Item 1	a						
										<u></u>								
	18a)	Was it	diagno					health professi				_		RD	S18A			
	18b)	At abou	ut what	t age	did y	you first	have b	oronchitis?							RDS18	В		
		As	a child	; age	not	known (Check	is appropriate)	RDSB1					Г	RDS18	$\overline{\Box}$		
	18c)	How m	any tin	ne ha	ıve v	ou had b	oronch	itis?							imes	의		

	ID NUN	ИBER:							FORM CODE: RDS Visit VERSION: 1.0 10/26/10 Number SEQ #				
19)	Have	you ev	er had	d pneu	mon	ia or	bronc	hopn	eumonia?		RD	S19)
				Υe	es				Y				
									N →Go to Item 20				
				Do	on't k	now			U →Go to Item 20		 		_
	19a)	Was it	diagn	osed l	оу а	docto	or or o	ther h	nealth professional? (Y/N/U)		RD	S 19	Α
	19b)	At abo	ut wh	at age	did y	you fi	rst ha	ve pn	neumonia or bronchopneumonia?			RDS	S19B
		☐ As	a chi	ld; age	not	knov	n (Ch	eck i	s appropriate) RDS19B1		1		0400
	19c)								nia or bronchopneumonia?			times	S19C s
20)	Have	vou ev	er had	d chror	nic b	ronch	nitis?				RC)S20	וֹס
,		,							Y				_
									N →Go to Item 21				
				Do	on't k	now			U → Go to Item 21				
	20a)	Was it	diagn	osed l	oy a	docto	or or o	ther h	nealth professional? (Y/N/U)		RD	S 20	lΑ
	20b)	At abo	ut wh	at age	did i	t star	t?					RD:	S20B
	20c)			_							RD	S20	
	20d)	•			•	,			ed medical treatment, take medications or used a				
	,		•				•		·		RD	S20	D
													_
21)	Have	you ev	er had	d empl	nyse	ma?					RD	S21]
				Υe	es				Y				
				No	o				N →Go to Item 22				
				Do	on't k	now			U →Go to Item 22				
	21a)	Was it	diagn	osed l	oy a	docto	or or o	ther h	nealth professional? (Y/N/U)		RD	S21	A
	21b)	At abo	ut wh	at age	did i	t star	t?					RD:	S21B
	21c)	Do you	u still h	nave it	? (Y/	N/U)					RD	S21	C
	21d)	•			`	,			ed medical treatment, take medications or used a				_
		inhale	for e	mphys	ema	? (Y/	N)				RD	S21	D
22)	Have	you ev	er had	d COP	D (cl	hroni	c obst	ructiv	re pulmonary disease)?		RD	S22	2
				Υe	es				Y				_
				No	o				N →Go to Item 23				
				Do	on't k	now			U →Go to Item 23				
	22a)	Was it	diagn	osed l	oy a	docto	or or o	ther h	nealth professional? (Y/N/U)		RD	S22.	Α
	22b)	At abo	ut wh	at age	did i	t star	t?			,		RDS	S22B
	22c)	Do νοι	u still l	nave it	? (Y/	N/U)					RD	S22	cl
	22d)	•			•	,			ed medical treatment, take medications or used a				
	,		•				•				RD	S22	D

ID NUMBER: FORM CODE: RDS VERSION: 1.0 10/26/10	Visit Number		SEQ#
23) Have you ever had sleep apnea?			RDS23
Yes	Y		
No			
Don't know			
23a) Was it diagnosed by a doctor or other health professional? (Y/N/L	J)		
23b) At about what age did it start?			
23c) Do you still have it? (Y/N/U)			RDS23C
23d) In the past 12 months, have you received any treatment for sleep	apnea? (Y/N).		RDS23D
24) Have you ever had.			
24) Have you ever had:			
24a) Any other chest illnesses? (Y/N)			RDS24A
If Yes (Y) , specify: RDS24A1			-
24b) Any chest operations? (Y/N)			RDS24B
If Yes (Y) , specify: RDS24B1			-
24c) Any chest injuries? (Y/N)			RDS24C
If Yes (Y), specify: RDS24C1			
			-
I'd now like to ask you about your family history or respiratory d	lisease.		
25) Were either of you natural parents told by a doctor they had a chronic lu	ung condition su	uch as:	
Father	Moth	er	
YES NO Don't Know	_	NO	Don't Know
Chronic bronchitis			RDS25B1
Emphysema			RDS25B2
COPDRDS25A3			RDS25B3
Asthma RDS25A4			RDS25B4
Asthma RDS25A4			RDS25B4
Asthma RDS25A4 Lung Cancer RDS25A5			RDS25B4
Asthma RDS25A4 Lung Cancer RDS25A5 26) Were either of your natural parents ever a cigarette smoker?			RDS25B4
Asthma			RDS25B4
Asthma	A exposes.		RDS25B4
Asthma	exposes.		RDS25B4 RDS25B5
Asthma	exposes. garettes of 12 o		RDS25B4 RDS25B5

	ID NUMBER:							FORM CODE: RDS VERSION: 1.0 10/26/10	Visit Number		SEQ#			
28)	How old were	e you	when	you 1	first	started	regu	lar cigarette smoking?					RDS	S28
29)	Do you smok	ke ciga		•				go)? (Y/N)			_	RI	OS29]
			INC)					N → <u>Go</u>	to Item 3	11			
30)	How many c	igarett	es do	you	smo	ke per o	day r	now?					RDS	30
31)	How old were	e you	when	you (com	pletely s	stopp	oed smoking?					yrs o	d
32)	On average	of the	entire	time	you	smoke	d, ho	ow many cigarettes did you	smoke per	day?			per d	
33)	Approximate in 2 in 2		many RD	y ciga	BA BB	•		k here if does not apply	RDS33					
[Do	not read] Pip	e Sm	oking											
34)	Have you ev	er smo	oked a	a pipe	e reg	gularly?	(YE	S means more than 12 oz o	of tobacco in	a lifetim	ıe)	R	DS34]
			No	O					N → <mark>Go</mark>	to Item 4	0			
35)	How old were	e you	when	you t	first	started	to sn	noke a pipe regularly?					RDS	35
36)	Do you smok	ke a pi	pe (as	of c	ne n	nonth a	go)?	(Y/N)				R	DS36	5
			Υe	es					Y →Go	to Item 3	7			
			No	o					N →Go	to Item 3	8			
37)	How much p	ipe tob	oacco	do y	ou s	moke p	er da	ay now?					·	er day
38)	How old were	e you	when	you	com	pletelys	stopp	ped smoking a pipe?					yrs o	
39)	_				•			oipe, how many ounces of t	,	-	ke] 	S39 er wee

	ID NUMBER:							FORM CODE: RDS VERSION: 1.0 10/26/10	Visit Number	SEQ#		
[Do	not read] Cig	gar Smo	oking									
40)	Have vou ev	er smol	ked c	igar	s rec	ularlv?	(YE	S means more than 1 cigar	a week for one v	ear at		
-,											R	DS40
	arry urrio irr y	adj Cigar Smoking you ever smoked cigars regularly? (YES means more than 1 cigar a week for the in your life) Yes				•••••						
										4C		
			INC	J					N → Go to ite	m 46		
41)	How old were	e you w	vhen	you	first	started	to sr	noke cigars regularly?				RDS41
42)	Do you now	smoke	cigar	s (a	s of o	one mor	nth a	.go)? (Y/N)			. R	DS42
,	•		•	•				· , , ,				
										···· · · ·		DD040
43)	How many c	igars sr	moke	per	day	now?						Per day
												DD044
44)	How old wer	e von w	vhen	VOLL	com	nletely s	ston	ned smoking cigars?				Vrs old
,	Tion old wor	o you n	*******	you	00111	plotoly (лор	od officially digute:		•••••	·· L	
45)	On average	VERSION: 1.0 10/26/10 Number			ou smoke per we	ek?		RDS45 per week				
ľd	now like to	ask v	ou a	bou	ıt vo	ur sec	ond	-hand smoke exposure	es.			
		_			-			-		אסט אסט		
40)			•			•		•	.	ii you	R	DS46
	are in the no	use?										5040
							-					
					•			•				
					•			•				
			Do	on't k	≺nov	V	•••••		D			
									_			RDS47A
47)	For how mar	ny years										_ yrs
			Re	efuse	ed				R RDS47F	3		
			Do	on't k	Knov	V			D			
												50.40
48)	Do you curre	No		tobacco products	;?	<u> </u> R	DS48					
		Yes		Y→Go to Iten	n 50							
		Yes		N→Go to Iten	n 49							
			Re	efuse	ed				R→Go to Iten	n 52		
			Do	on't k	S now	·			D→ <mark>Go to Ite</mark> n	n 52		
49)	Since age 1	8, have	you	ever	r live	d in the	sam	e household with someone	who smoked			RDS49
	tobacco proc	ducts?.									[]	yrs
			Υe	es					1→ <mark>Go</mark> to Item	า 51		
			Nic	1					O-Go to Item	. 52		

Ī	ID NUMBER:							FORM CODE: RDS	Vi	isit			SEQ#]
	ID NUMBER:							VERSION: 1.0 10/26/10	Nur	nber			SEQ#]
			R	efuse	ed				R-	→Go	to Item	า 52				
5(0) How many pe	eople i	in you	ır hoı	usehold	smo	ke?								RD	S50
															_	
5	1) Since age 18	for h	aw m	any i	vaare in	total	hav	e you lived in the same ho	nueahol	d wit	h				<u> </u>	0544
J	,	-		٠.											\ KL vrs)S51A
		0 11110	R	efuse	edb				R					· LIL	y.c	
			D	on't k	now				D	RD:	S51B					
																_
52	2) Growing up u	ıntil ag	je 18,	, wer	e there a	any a	dult	s in your household who s	smoked	at ho	ome?.			R	DS52	2
			Ye	es					Y							
			N	0					N	→Go	to Iten	n 54	ļ			
													_			
			D	on't K	(now				D	→Go	to Iten	n 54	Ĭ			
53	3) Was this you	r fathe	er, you	ur mo	other, or	som	eon	e else? (check all that app	oly)							
	,		•										THERC			
									=]→Ar	nswer I	ltem	54 RD	S53M	OTH	ERCBI
			0	ther.						RD	S530	TC	HERCE	31		
			R	efuse	ed					RD)S53F	REI	FUSED	CBI		
			D	on't k	Know					RD)S53N	10.	TKNOV	VCBI]	
_				_								_			RDS5	₹]
54	4) Did your moti	her sm		•				vas pregnant with you before	•	were	e born'	?			1000	21
	-, -															
55								in total did you live in the s								S55A
	someone else	e who						?				•••••			yrs	
										RE	OS55I	В				
			<u> </u>	Onti	(110W											
		ke to a	ask y	you a	about a	any s	smo	ke exposure that may	have	occi	urred	in	the pas	st seve	n:	
d	ays.															
_,	C)		حا ما احا			L	1.		,						RDS5	6]
56	o) Has anyone s	smoke						ring the past seven days?						· Ľ	1000	<u> </u>
										\G-	to Itari	. 64	İ			
										→00	to item	1 04				
57			-		many ho	ours i	n to	tal were you exposed to se	omeone	e else	e's					S57
	tobacco smol	ke at h	nome'	7										1 11	l hrs	

	ID NUMBER:							FORM CODE: RDS VERSION: 1.0 10/26/10	Visit Number		SEQ#			
58)	During the pa	ast 7 da	ıys, d	id yo	ou ent	er a ro	oom	n in your home that was visib	ly smoky?			<u> </u>	RDS5	i8
,			•	-				•			'			
			No	Ans	swer.				U					
59)	In the past 7	days, d	lid yo	u sn	nell to	bacco	sm	noke in your home? (Y/N/U).					RDS5	<u>i9</u>
60)	During the pa	ast 7 da	ıys, d	id yo	ou exp	erien	ce re	red eyes or eye irritation? (Y/	N/U)				RDS6	30
61)	During the pa	ast 7 da	ıys, d	id yo	ou exp	erien	ce ru	runny nose or nose irritation?	Y (Y/N/U)				RDS6	31
62)	During the pa	ast 7 da	ıys, d	id yo	ou exp	erien	ce c	coughing, wheezing or chest	tightness? (Y/I	N/U)			RDS6	2
63)	•	-	•		-			• •					RDS6	37
64)	•	•						•		_	I	┌──┖	RDS6	
Number SEU #														
00)	•	•		-				•					hrs	DS65
66)			•	•				·	_				DDSS	<u>.</u>
	smoky? (Y/N	l/U)										L	ND30	0
67)	In the past 7	days, d	lid yo	u sn	nell to	bacco	sm	noke in another person's hom	ne? (Y/N/U)				RDS6	7
Du	ring the pas	st 7 day	ys, d	lid y	ou e	xperi	enc	ce any of the following a				n's h	ome.	
If N	No to Q64, Q	66, and	d Q6	7, sl	kip qu	uestio	ns 6	68-71:				Г	DDSG	<u>.</u>
	68)Red eyes	or eye	irritat	tions	? (Y/ I	N/U)							KDS6	<u>,8</u>
	69) Runny no	ose or n	iose i	rrita	tion?	(Y/N/L	J)						RDS6	i9
	70) Coughing	g, whee	zing,	or c	hest t	ightne	ss?	? (Y/N/U)					RDS7	<u>'O</u>
				•		•			_	_			RDS	71
72)	•	-	-			-							RDS7	2 skip to 78
73)		days, h											RD hrs)S73

	ID NUMBER: FORM CODE: RDS Visit VERSION: 1.0 10/26/10 Number SEQ #	
Du	ou answered that you were exposed to someone else's tobacco smoke while traveling by car. uring the pas 7 days, did you experience any of the following after this exposure? No to Q72, skip questions 74-77:	
	74) Red eyes or eye irritation? (Y/N/U)	74
	75) Runny nose or nose irritation? (Y/N/U)	75
	76) Coughing, wheezing, or chest tightness? (Y/N/U)	76
	77) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in a car? (Y/N/U)	77
•	No not read] IF NOT A WORKER SKIP TO 102 B) During the past 7 days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors? (Y/N/U)	78 J skip to 80
79)	9) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace? hr	DS79
,	During the past 7 days, did you enter a room in your workplace that was visibly smoky?	
81)	No the past 7 days, did you smell tobacco smoke in your workplace?	81
the	ou answered that you were exposed to someone else's tobacco smoke in your workplace. During the past 7 days, did you experience any of the following after this exposure? No to Q78, Q80, and Q81, skip questions 82-85:	
	82) Red eyes or eye irritation? (Y/N/U)	82
	83) Runny nose or nose irritation? (Y/N/U)	83
	84) Coughing, wheezing, or chest tightness? (Y/N/U)	84
	85) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your workplace? (Y/N/U)	85
86)	S) Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke? (Y/N/U)	36 J skip to 94
87)	7) In the past 7 days, how many times did you walk through or past this area while others were smoking? (Y/N/U)	87
88)	During the past 7 days, how many hours in total did you spend in an outdoor smoking area while people were smoking? (Y/N/U)	88

ID NUMBER: FORM CODE: RDS Visit VERSION: 1.0 10/26/10 Number	SEQ#
89) While walking through or past this area, did you smell smoke? (Y/N/U)	RDS89
In the past 7 days, did you walking through or past this area result in your experience following:	cing any of the
If No to Q86, skip questions 90-93:	DDC00
90) Red eyes or eye irritation? (Y/N/U)	RDS90
91) Runny nose or nose irritation? (Y/N/U)	RDS91
92) Coughing, wheezing, or chest tightness? (Y/N/U)	RDS92
93) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung	
problems after walking through or past this area? (Y/N/U)	RDS93
94) Do your job duties directly involve working outdoors one or more hours per week?	RDS94
95) In the past 7 days, how many hours did you spend near coworkers who were smoking tobacco outdoors?	RDS95
96) During the past 7 days, did you smell tobacco smoke while working outdoors?	RDS96
You answered that you were exposed to your coworker's tobacco smoke while work During the past 7 days, did you experience any of the following after this exposure? If No to Q95 and Q96, skip questions 97-100:	_
97) Red eyes or eye irritation? (Y/N/U)	RDS97
98) Runny nose or nose irritation? (Y/N/U)	RDS98
99) Coughing, wheezing, or chest tightness? (Y/N/U)	RDS99
100) In the past 7 days, did you take any extra handheld spray inhalers for breathing or lung	
problems after exposure to tobacco smoke outside? (Y/N/U)	RDS100
101) In the past seven days, have you been at an outdoor location (besides work) where someone	RDS101
was smoking tobacco products outside? (Y/N/U)	
102) Where was this location? RDS102	
103) During the past 7 days, did you smell tobacco smoke in this outdoor location? (Y/N/U)	RDS103 If N or U skip to 103
104) In the past 7 days, how many hours in total were you exposed to someone else's tobacco smoke this outdoor location?	RDS104

II) NUMBER:								FORM CO VERSION: 1		Visit Number		SEQ#				
	•		-	-	-	-			any of the fo	llowing aft	er this out	door exp	osure:				
IT INC	to Q101	and	1 Q10)3, s	кір с	luestic	ns 1	05-	108:								
	105) Red	eye	s or e	ye ir	ritatic	n? (Y/ľ	N/U) .								RD	S105	5
	106) Runn	ny n	ose o	r nos	e irri	tation?	(Y/N	/U) .						-	RD	S106	3
	107) Coug	ghin	g, whe	eezir	ng, or	chest	tightr	ness	s? (Y/N/U)						RD	S107	7
	•	•		-	•				ra handheld sp n this outdoor l	•					RD	S108	5]
109)	•			•	•		•		bar, nightclub, tobacco produ		• .					5109 r U ski	p to 111
110)			-		-				re you exposed						_	RDS hrs	110
111)	-	•		•	•				a bar or other	•					RD	S111	
112)	In the past	7 d	ays, d	id yo	u sm	ell toba	cco s	mok	ke in a bar or ot	her place of	entertainme	nt?			RD:	S112	?
ente	rtainmen	t. D	uring	j the	pas	t 7 day	/s, di	id y	meone else's ou experienc ns 113-116:				-				
	113) Red	eye	s or e	ye ir	ritatic	n? (Y/ľ	٧/U) .								RD	S113	
	114) Runr	ny n	ose o	r nos	e irri	tation?	(Y/N	/U) .							RD	S114	1
	, -		_		•		_		s? (Y/N/U) ra handheld sp						RD	S115	5
	•	•		-	•				n a bar or othe	•				-	RD	S116	3
117)	work, outd	oor	locatio	ons, a	and b	ars or r	nightc	lubs	else's tobacco . In the past 7 o	days, was th	ere any othe	r location	,		RDS	S117]
	where you	wei	e exp	osec	l to to	bacco:	smok	e? (Y/N/U)					. []	If N o	r U ski	p to end
118)	Where was	s thi	s loca	tion?	(Y/N	/U)									RDS	S118]
119)	-		-		-				re you exposed						RDS	S119	

During the past 7 days, did you experience any of the following after this outdoor exposure:

	ID NUMBER:						FORM CODE: RDS VERSION: 1.0 10/26/10	Visit Number		SEQ#		
1	20) Red eyes or	eye irr	ritatior	า? (Y/N	/U)						RDS	S120
1	21) Runny nose	or nos	e irrita	ation? (Y/N/U)						RDS	S121
1	22) Coughing, w	vheezir	ng, or	chest ti	ghtness	s? (Y/ľ	N/U)				RDS	122
1	, .	•	•		•		ndheld spray inhalers for b	J	•		RDS	S123



RESPIRATORY MEDICATION USE QUESTIONNAIRE

ID NUMBER: BLINDID FORM CODE: RMU Visit Number VISIT SEQ #
0a) Form Date RMU0A 0b) Initials
Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box.
The following questions ask what medications you currently take or have taken in the past.
1) Are you currently using theophylline (Uniphyl, Theo-24, Slo-Bid)? (Y/N)
2) Are you currently using oral corticosteroids (prednisone, Medrol, dexamethasone)? (Y/N) RMU02
2a) How long have you been on this medication?
3) Do you use supplemental oxygen (prescribed by your doctor) at home? RMU03 Yes
No
Only at Night
3a) Approximately how many hours in a 24 hour period? hours per day RMU03A
4) In the past 3 months, have you used inhaled steroids (not nasal steroids)?
YesY
No

ID NUMB	ER:								FORM CODE: RM VERSION: 1.0 10/26		Visit Number		SEQ#		
4a) Wh	ich in	hale	ed st	tero	oid(s	s) hav	∕e yoı	us!	ed in the past 3 mor Yes	nths?	Puffs/da	¥	No		
1)	Azma	acor	t (tri	am	cino	olone)		RMU04A1	\rightarrow	RMU04	A1A			
2)	Beck	over	nt (be	eclo	ome	thas	one).		RMU04A2	\rightarrow	RMU04	A2A			
3)		legu	(bed lar S le S	Stre	engt	h R	ne) MU04			\rightarrow	RMU04	A3A			
4)	Aero	Bid	(blur	nisc	olide	∍)		• • • • • •	RMU04A4	\rightarrow	RMU04				
									Yes		Puffs/Da		No		
5)	1 2 1	4 A 6 10 A 20 A 00 E	flutio eroso Aeros Aeros Disku Disku	ol sol sol us)4A5I	3	RMU04A5	→	RMU04				
6)	Pulm	^	t (bu			•		•••••	RMU04A6	\rightarrow	RMU04A	6A			
7)	Qvar 4 8	0 F	clom			_ ′			RMU04A7	\rightarrow	RMU04	A7A			
8)	1 2 5 H	00/5 50/5 00/5 IFA	50 50	R 21 /21		/salm <u>J04A</u>		ıl)	RMU04A8	\rightarrow	RMU04	A8A			
9)	_	bico 0/4.: 60/4	5)4A9			RMU04A9	\rightarrow	RMU04/	A9A			
10)	Othe		ecif]				RMU04A10	\rightarrow	RMU04A	A10A			

	ID NUMBER: FORM CODE: RM VERSION: 1.0 10/26		Visit Number	SEQ#
5)	Have you used inhaled bronchodilators in the past 3 months?	·		RMU05
	Yes		Y	
	No		N →Go to Iter	n 6
	Don't know		U → <mark>Go to Ite</mark> r	n 6
	5a) Which bronchodilators have you used in the past 3 month	ıs?	5 44 4	
	Yes		Puffs/day	No
	1) albuterol (Proventil, Ventolin, ProAir).RMU05A1	\rightarrow	RMU05A1A	
	2) ipratropium bromide (Atrovent)RMU05A2	\rightarrow	RMU05A2A	
	3) ipratropium bromide/albuterol sulfate (Combivent)	\rightarrow	RMU05A3A	RMU05A3
	4) terbutaline (Brethaire, Brethine, Bricanyl)	\rightarrow	RMU05A4A	RMU05A4
	5) formoterol (Foradil)RMU05A5	\rightarrow	RMU05A5A	
	6) tiotropium (Spiriva)RMU05A6	\rightarrow	RMU05A6A	
	7) salmeterol (Serevent Diskus)RMU05A7	\rightarrow	RMU05A7A	
	8) pirbuterol (Maxair)RMU05A8	\rightarrow	RMU05A8A	
	9) metaproterenol (Alupent, Metaprel)RMU05A9	\rightarrow	RMU05A9A	
	10) levalbuterol (Tomalate)RMU05A10	\rightarrow	RMU05A10A	
	11) bitolterol (Tornalate)RMU05A11	\rightarrow	RMU05A11A	
	12) epinephrine (Primatene, Bronkaid) RMU05A12	\rightarrow	RMU05A12A	
	13) fluticasone/salmeterol (Advair Discus)	\rightarrow	RMU05A13A	RMU05A13
	14) budesonide/formoterol (Symbicort) RMU05A14	\rightarrow	RMU05A14A	
	15) Other, specifyRMU05A15.	\rightarrow	RMU05A15A	
	RMU05A15B			

	ID NUMBER:	FORM CODE: RMU VERSION: 1.0 10/26/10	Visit Number SEQ	#
6)	Have you used nebulized bronchodilators in	n the past 3 months?		RMU06
	Yes		Y	
	No		N →Go to Item 7	
	Don't know		U →Go to Item 7	
	6a) Which nebulized bronchodilators have y	ou used in the past 3 i	months?	
		Yes	No	
	1) formoterol (Perforomist)		RMU06A1	
	2) arformoterol (Brovana)		RMU06A2	
	3) albuterol and ipratropium bromide (D	uoNeb)	RMU06A3	
	4) albuterol (Proventil, Ventolin, ProAir)		RMU06A4	
	5) ipratropium bromide (Atrovent)		RMU06A5	
7)	Have you used a leukotriene antagonist (za	afirlukast [Accolate], zile	euton [Zyflo] or	
	montelukast [Singulair]) in the past 3 month	ns?		RMU07
	Yes		Y	
	No		N	
	Don't know		U	
8)	Have you used any statin medications in th	e past 3 months?		RMU08
	Yes		Y	
	No			
	Don't know			
	8a) Which statin medications have you used	d in the past 3 months?	?	
	,	Yes	No	
	1) Crestor (resuvastatin)		RMU08A1	
	2) Lescol (fluvastatin)		RMU08A2	
	3) Lipitor (atorvastatin)		RMU08A3	
	4) Mevacor (lovastatin)		RMU08A4	
	5) Pravachol (pravastatin)		RMU08A5	
	6) Vytorin (ezetimibe, simvastatin)		RMU08A6	
	7) Zocor (simvastatin)		RMU08A7	
	8) Other, specify		RMU08A8	
	RMU08A8B			

	ID NUMBER:								FORM CODE: RMU VERSION: 1.0 10/26/10	Visit Number			SEQ#		
9)	Have you u	sed	any b	eta-b	lock	er r	nedica	atio	ns in the past 3 months	s?				RM	1U09
	·	Υe	15							Υ			•		
		_	_							_	Go to	Iten	n 10		
										<u> </u>					
										_					
	9a) Which b	oeta-	-block	er me	edic	atio	ns hav	e y	ou used in the past 3 r	months?					
									Yes	No	11.100	<u>, </u>			
	1) Aten	olol	(tenor	min,	tenc	reti	c)				IU09/		1		
	2) Meto	prol	ol (lop	ress	or, to	opro	ol)				1U09				
	3) Carv	edilo	ol (core	eg)							1U09				
	4) Labe	talo	l (trand	date,	nor	mod	dyne)			□ RN	1U09	A4			
	5) Prop	rana	alol (In	deral	l, Ind	derio	de)			RI	1U09	A5			
	6) Sotal	lol (E	3etapa	ace, S	Sorir	ne).				☐ RI	/IU09	A6]		
	7) timol	ol (E	Blocard	dren,	timo	olide	e)			□ RI	/U09	Α7			
	8) bisop	orolo	l (zeb	eta, z	ziac))					ЛU09	A8	Ī		
	9) pindo	olol (visker	າ)							/IU 09	A9	i i		
	10) Oth	er, s	pecify							\neg \sqsubseteq	ЛU09		<u>-</u>		
	RN	/U0	9A10l	В						<u> </u>			<u> </u>		
															
1(0) Have vou u	sed	anv o	ral ar	nti-o	xida	ant sur	امد	ements in the past 3 m	onths?				RM	IU10
	,		•				•	•							
											30 to	lton	n 11		
										<u>-</u>					
)	· · · · · ·							30 10				
	10a)Which	anti	oxidar	nt me	dica	tion	s have	е у	ou used in the past 3 m	nonths?					
									Yes	No	1140/				
	1) Vitan	nin (C (asc	orbic	aci	(b					U10/	_			
	2) Vitan	nin E	E (alph	na-to	copł	nero	ı)			□ RIV	IU10/	42			
	3) beta	card	otene .							RM	1U10/	43			
	4) zinc.									RIV	IU10/	44			
	5) copp	er								RM	1U10	45			
	6) fish c	oil								□ RM	1U10	A6			
	7) ome	ga 3								□ RN	1U10	A7]		
	8) Othe	r, sp	ecify.								/IU10	A8	j		
	RM	U10	A8B										•		
				<u> </u>					·····						
_													j		11 14 4
1	1) Are you cur	rrent	ly usir	ng as	pirir	on	a dail	y b	asis?					RM	1011
		Υe	s							Y					
		NI.								NI					

	ID NUM	IBER:												. 0 10/20			umber		
•																			
1	2) Pleas	se list a		othe	er m	edio	catio	ons	you	hav	⁄e ι	ısed	in the	past :	3 mor	nths	that a	e no	ot
	iistea			П															
	12a)_	RMU	1ZF	<u> </u>															
	12b)_	RMU	12E	3]															
	12c)_	RMU	1120	<u> </u>															
	12d)_	RMU	J12[2															
	12e)_	RMU	112																
	12f) _	RMU	112F	=															
	12g)_	RMU	1120	3															
	12h)_	RMU	12H	1															
	12i) _	RML	J12I																
4	O) Diago	ب المدا		م ملام		اممر		1.				ار م م ما	ن داد ما		2	م طاء م	46.04.0		4
1	3) Pleas listed	above		otne	ersu	ıppı	eme	ents	you	ı na	ve	usea	in the	e pasi	3 1110	กเกร	inal a	ire r	ΙΟί
	13a)_	RMU	13A																
	13b)_	DATE		_															
	13c)_	RMU	130	2															
	13d)_	RMU	13[)															
	13e)_	RMU	13E																
	13f) _	RMU	13F	=															
	13g)_	RMU	130	3															
	13h)_	RMU	13F	1															
	13i) _	RMU	1131																

SEQ#



REVIEW TRACKING FORM

ID NUMBER: FORM CODE: RTF VERSION: 1.0 01/20/16 Number VISIT SEQ #
0a. Form Completion Date RTF0A 0b. Staff Code RTF0B Oc. Event ID: Od. Event Date: Od. Event Da
PART A: Reviewer Assignment
1. Reviewer 1: RTF1
2. Date Assigned: RTF2
3. Review Complete: Yes No RTF3
4. Reviewer 2: RTF4
5. Date assigned: RTF5
6. Review Complete: Yes No RTF6
PART B: Adjudication
7. Adjudication Required: Yes No RTF7
8. Reviewer 3: RTF8
9. Date assigned: RTF9
10. Adjudication Complete: Yes No RTF10
PART C: Special Review and Event Classification
11. Special Review was completed: Yes No RTF11
12. Event Classification Complete: Yes No Pending Not Required RTF12

RTF v1.0 Page 1 of 1



SPIROMETRY DATA FORM

	ID NUMBER: BLINDID FORM CODE: SDF Visit Number VISIT SEQ #
0a)	Form Date
	<u>Instructions:</u> This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. DO NOT begin pulmonary function testing prior to completing the Inclusion/Exclusion Criteria Form and the PFT Eligibility form.
1)	Was exhaled carbon monoxide measured? SDF01 Yes Y No No No Foo to Item 2
	a) Monitor number (1-15)
	c) Measurement 2
2)	Was pre-bronchodilator spirometry measured?
	No
	a) Time slow vital capacity procedure began: SDF02A AM/PM (circle one) SDF01A_AMPM
3)	Pre-bronchodilator spirometry values (reported/best):
	a) Inspiratory capacity L-BTPS SDF03A
	b) Expiratory slow vital capacity L-BTPS SDF03B
	c) FEV ₁ L-BTPS SDF03C
	d) FVC

Spirometry Data Form, SDF Page 1 of 2

	ID NUMBER: FORM CODE: SDF Visit VERSION: 1.0 10/26/10 Number SEQ #
4)	Was post-bronchodilator (ipratropium & albuterol) spirometry measured?
5)	Post-bronchodilator spirometry values: a) Inspiratory capacity
•	Did the post-bronchodilator spirometry (FEV ₁ and FVC) meet the ATS-ERS requirements for acceptability d repeatability? (Y/N)
7)	Were there any complications during spirometry? (Y/N)
8)	Other comments: SDF08

Spirometry Data Form, SDF Page 2 of 2



SF12v2 HEALTH SURVEY

ID NUMBER: BLINDID FORM CODE: SFH VISIT VISIT Number VISIT SEQ #
0a) Form Date
Instructions: This form should be completed during the participant's visit. Please read the script exactly as written.
The first question is about your health now.
Please try to answer as accurately as you can.
riease try to answer as accurately as you can.
1) In general, would you say your health is (Choose one number)
Excellent1
Very good2
Good3
Fair4
Poor5
Now I'm going to read a list of activities that you might do during a typical day.
As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not
limit you at all in these activities.
2a)moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?
[READ RESPONSE CHOICES]SFH02A
[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]
(Choose one number)
Yes, Limited a lot1
Yes, Limited a little2
No, Not at all limited3
2b)climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not
limit you at all? [READ RESPONSE CHOICES]SFH02B
[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]
(Choose one number)
Yes, Limited a lot1
Yes, Limited a little2
No, Not at all limited3

ID NUMBER:				FORM CODE: SFH VERSION: 2.0 7/18/1		S	EQ#	
The following	two ques	tions ask	you about	your physical hea	llth and your	daily activi	ties.	
3a) During the	past four	weeks, h	ow much	of the time have yo	ou accomplisi	hed less <u>th</u>	an you	would
like as a re (Choose or	-		al health?	[READ RESPONS	E CHOICES] .		SFH	103A
All o	of the time				1			
Mos	st of the tin	ne			2			
A lit	tle of the t	ime			4			
				of the time were yo It of your physical		he kind of	work o	r other
[READ RE	SPONSE (CHOICES					SFF	103B
(Choose or		_						
All o	of the time				1			
The following	two ques	tions ask	you about	your emotions an	d your daily a	activities.		
, -	•	•		of the time have yo	•		•	would
[READ RE	SPONSE (CHOICES1					SFF	104A
(Choose or		-						
All o	of the time				1			
Mos	st of the tin	ne			2			
Son	ne of the ti	me			3			

	ID NUMBER:								FORM CODE: SFH VERSION: 2.0 7/18/11	Visit Number			SEQ#		
4b) During the	pas	t four	wee	ks,	hov	v mu	 ıch o	f the time were you l	limited in t	he ki	ind	of work	or o	her
	regular da	ily a	ctivitie	es yo	ou d	lo a	s a r	esult	of any emotional pr	oblems, s	uch a	as f	eeling de	pre	ssed o
	anxious? [REA	D RE	SPO	NSE	E CH	HOIC	ES]					SF	H04	В
	(Choose or														
	All	of the	e time .							1					
	Mos	st of	the tim	ne						2					
	Son	ne of	f the tii	me						3					
	A lit	tle o	f the ti	me .						4					
	Orl	Vone	of the	e tim	е					5					
	, -		-						lid pain interfere wit	h your nor	mal	woı	rk		
	•	_							e and housework)?					IOE.	105
					HOI	CES	S]							SFF	105
	(Choos	e on	e num	ber)											
	Not	at a	II							1					
	A lit	tle b	it							2					
	Mod	derat	ely							3					
	Qui	te a	bit							4					
	Or I	Extre	mely							5					
du As be	ring the pas	st 4 v n sta	weeks temer	i. nt, pl	eas	e gi	ve m	ne the	e one answer that co	omes close	est to	th			
6a	How much	of t	he tim	ne di	ırin	a th	e na	st fo	ur weekshave you	felt calm :	and r	าคล	ceful? [<i>F</i>	RFΔΓ)
	•					•	-] (Choose one numbe		-				106A
	All d	of the	e time .							1					
	Orl	Vone	of the	e time	e					5					
6h) How much	n of t	he tin	ne di	ırin	a th	e na	st fo	ur weeksdid you h	nave a lot o	of en	era	v? [RFA	D	
	•					•	-		-			_	· - —		106B
ΚĽ] (Choose one numb	•		• • • •		٠. ،	.000
		-		_											
	O/ I	NOLIC	י טו נוול	, uiii	·										

ID N	NUMBER:							FORM CODE: SFH VERSION: 2.0 7/18/11	Visit Number	SEQ#			
•					•	-		four weekshave you			· —		
[REAL) RESPO)NSE (CHOI	CES	ONL	Y IF I	VEC	CESSARY] (Circle one i	number)	 	SF	H06	
	All	of the ti	me						1				
	Mos	st of the	time	·					2				
	Son	ne of th	e tim	e					3				
	A lit	tle of th	ne tim	ne					4				
	Or I	None o	f the t	time.					5				
								the time has your phy ctivities (like visiting w			? [R	EAD)
RI	ESPONS	E CHC	ICES	3] (Ch	oose	one	nur	mber)		 	SF	H07	
	All	of the ti	me						1				
	Mos	st of the	time	·····					2				
	Son	ne of th	e tim	e					3				
	A lit	tle of th	ne tim	ne					4				
	Orl	Mana a	f tha t	timo					5				



SF12v2 HEALTH SURVEY

ID NUMBER: BLINDID FORM CODE: SFH VERSION: 1.0 10/26/10 Number VISIT SEQ #
0a) Form Date
exactly as written.
The first question is about your health now.
Please try to answer as accurately as you can.
1) In general, would you say your health is (Choose one number)
Now I'm going to read a list of activities that you might do during a typical day.
As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.
2a)moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?
[READ RESPONSE CHOICES]SFH02A
[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?] (Choose one number) Yes, Limited a lot1
Yes, Limited a little2
or No, Not at all limited.
2b)climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not
limit you at all? [READ RESPONSE CHOICES]
[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?] (Choose one number)
Yes, Limited a lot1
Yes, Limited a little2
Or No. Not at all limited

ID N	NUMBER:								١	FORI ERSI		DE: \$			Visit Numbe				SI	EQ#		
The fo	ollowing	two	que	estio	ns as	k yc	ou a	bou	ıt yo	ur p	hysi	ical l	nealt	h an	d you	ır c	dail	y ac	tivi	ties.		
3a) D ı	uring the	pas	st fo	ur w	eeks,	hov	v m	uch	of t	he ti	me	have	you	acc	ompl	lish	ned	less	s th	an ye	ou w	ould/
	k e as a re Choose of				phys	ical	hea	alth?	? [R	EAD	RES	SPOI	NSE	CHO	OICES	S]				SI	-H0	3A
	All	of the	e tim	ne											1							
	Mos	st of	the	time											2							
	A g	ood	bit o	f the	time.										3							
	Sor	ne o	f the	time)										4							
	A lit	tle o	f the	time	e										5							
	Orl	None	e of t	the ti	me										6							
re	uring the gular da READ RE	ily a	ctiv	ities	you o	do a	s a	resu	ılt o	f you	ır pl	hysio	cal h	ealtl	า?					_	or o	
	Choose o				OICE	S]								• • • • • • • • • • • • • • • • • • • •					∟		- 110	/30
()				,																		
	J				time.																	
)																	
																						
	Ori	None	e or i	ine ti	me			•••••						• • • • • • •	6							
The fo	ollowing	two	que	estio	ns as	k yc	ou a	bou	ıt yo	ur e	moti	ions	and	you	r dail	y a	ctiv	/itie	s.			
	uring the																				ou w	ould
_	READ RE Choose of				OICE	S]														S	FH0)4A
	All	of the	e tim	ne											1							
	Mos	st of	the	time											2							
	A g	ood	bit o	f the	time.										3							
	Sor	ne o	f the	time	·										4							
	A lit	tle o	f the	time)										5							
	Orl	None	e of t	the ti	me										6							

ID NUMBER:		FORM CODE: SFH VERSION: 1.0 10/26/10	Visit Number	SEQ#
4b) During the past for regular daily activi		of the time were you li t of any emotional pro		fe <u>eling</u> depressed o
anxious? [READ R	ESPONSE CHOICES]			SFH04B
(Choose one numbe	er)			
All of the tim	e		1	
Most of the t	ime		2	
A good bit of	the time		3	
Some of the	time		4	
A little of the	time		5	
Or None of the	he time		6	
(including both	work outside the hor	did pain interfere with ne and housework)?	•	
Not at all			1	
Slightly			2	
Moderately			3	
Quite a bit			4	
Or Extremely	/		5	
The next questions are during the past 4 weel	ks. ent, please give me th	ne one answer that co	mes closest to th	
been feeling; is it all o time?	f the time, most of the	e time, some of the tin	ne, a little of the t	ime, or none of the
6a) How much of the ti	ime during the past fo	our weekshave you	felt calm and pea	ceful? [READ
RESPONSE CHOICES	ONLY IF NECESSAR	Y] (Choose one numbe	r)	SFH06A
All of the tim	e		1	
Most of the t	ime		2	
· ·				
			-	
Or None of the time			b	

ID NUMBER	:						FORM CODE: SFH VERSION: 1.0 10/26/10)	Visit Number			SEQ#	:		
6b) How mu	ch of t	he ti	ime dı	uring	the pa	ast	four weeksdid you	have	e a lot	of er	nerg	y? [<u>R</u> E	<u>A</u> D		
RESPONSE	CHOI	CES	ONLY	/ IF N	ECES	SAF	RY] (Choose one num	nber)					S	FHC)6B
Α	ll of the	e tim	e						1						
N	lost of	the ti	ime						2						
А	good k	bit of	the tir	me					3						
S	ome of	the	time						4						
A	little of	f the	time.						5						
C	r None	of the	he tim	е					6						
6c) How mu	ch of t	he ti	me du	ıring	the pa	ast f	four weekshave yo	u fel	t down	hea	rted	and de	pre	ssec	d?
•				_	-		CESSARY] (Circle on						<u> </u>		06C
А	ll of the	e tim	e						1						
N	lost of	the ti	ime						2						
А	good k	bit of	the tir	ne					3						
S	ome of	f the	time						4						
Α	little of	f the	time						5						
C	r None	of the	he time	e					6						
							the time has your ph							REA	\D
<i>RESPOI</i>	ISE CH	HOIC	CES] (C	Choos	se one	nur	mber)							FH()7
А	ll of the	e tim	e						1						
M	lost of	the ti	ime						2						
S	ome of	f the	time						3						
А	little of	f the	time .						4						
(r None	of th	he tim	e					5						



ST. GEORGE'S RESPIRATORY QUESTIONNAIRE

ID NUMBER: BLIN	IDID		FORM CODE: VERSION: 2.0 8/	0/0044	isit VISIT	SEQ#	
0a) Form Date			SG	ROA (0b)	Staff Code		_
Instructions: This for written.	orm should be c	ompleted durin	g the participar	nt's visit. Plea	se read the scri	pt exactly as	
This questionnaire is and how it affects y problems, rather that	our life. We a an what the de	re using it to octors and n	o find out wh urses think y	ich aspects our problem	of your illnes as are.	s cause you	most
Please listen carefu about your answers	•	you do not u	ınderstand aı	nything. Do	not spend to	o long decid	ing
0c) [Do not read] Bef	ore completing response to s	the rest of the	ne questionna ou describe y	ire: SGR0 our current	health:		
	Very good	Good	Fair □	Poor	Very Po □	oor	
I'm going to read yo you.	ou a series of	questions at	oout your che	est trouble.	Please answ	er as it applie	es to
PART 1 Questions about how	/ much chest tr	ouble you ha	ve.				
			most days a week	several days a week	a few days a month	only with respiratory infections	not at all
1) I cough:			🗆				□ SGR0
2) I bring up phlegm3) I have had shortn							□ SGR0
3) I have had shortn4) I have attacks of							□ SGR0
5) How many attack	s of chest trou	ble did you ha	ave during the	last year?		SGF	R05
	more attacks .						
	2 attacks						
INON	e	• • • • • • • • • • • • • • • • • • • •			,		

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	ID NUMBER:									FORM CODE: VERSION: 2.0		Visit Number		SEQ#			
6)	How often	do y	ou h	าลง	e go	ood (day	s (w	ith f	ew respiratory pr	oblems)?				SG	R0	6
•		No	o ao	od o	dav	/S	·				•	Α					
			•		•												
				•		-											
		E٧	ery	day	/ is	goo	d					D					
7)	If you have	a w	hee	ze,	is i	t wor	se '	whe	n yo	ou get up in the m	norning?.				SC	GR0	7
		Υe	es							Y							
		No)							N							
P	ART 2																
8)	How would	you	des	scrik	oe v	your	res	pirat	ory	problems?					S	GR0	8
,		•			•			•	•	or are					,		
							•			problem I have		A					
		Ca	ause	es n	ne a	a few	v pro	oble	ms.			B					
		Ca	ause	e no	pro	oble	ms.					C					
9) Fo										ake you feel brealies to you these							
											Tr	ue	F	alse			
						Wa	shir	ng or	dre	essing yourself	[☐ SGR	094		
						٧	Vall	king	aro	und the house	[☐ SGR	09E	3	
				Wa	alkiı	ng oi	utsi	de o	n th	e level ground	[□ SGF	2090		
						V	/alk	ing	up a	flight of stairs	[209[5	
									V	/alking up hills	[□ SGF	R09E		
										and breathlessne lies to you these							
											Tr	ue	F	alse			
									C	Coughing hurts	[□SGR1	0A		
						(Cou	ıghir	ng n	nakes me tired	[□ SGR1	I0B	1	
					ı	am s	shoi	rt of	brea	ath when I talk	[10C	i	
			ı	am	sh	ort o	f bre	eath	wh	en I bend over	[i	
		Γ								urbs my sleep	آ					1	
			,		•			_		hausted easily]]	

ID NUMBER:								ON: 2.0 8/3		Number			SEQ#		
11) Questions For each stater					•			•		ı you.					
									Tr	ue	I	False	9		
Му	cough o	or brea	thing	is er	mba	ırras	sing in p	ublic					SGR	11A	1
My resp	iratory	proble	ms ar	e a			e to my fa or neigh	•					SGR	11B]
I get af	raid or	panic	when	I ca	nnot	t cat	ch my br	eath					SGR	11C	أ
I feel tha	I feel that I am not in control of my respiratory problems									Ī					
I have become frail or an invalid because of my respiratory problems									SGR	11E]				
	Exercise is not safe for me SGR11F]				
	Everything seems too much of an effort SGR11G										_				
40) TI															i
12) These are For each state	questio	ns abo	out ho	w yo	our a	activ	ities migl	ht be affe	se of yo	•	ning.	ory pr False	oblem		
•	questio	ns abo	out ho tell m	w yo	our a	activ app	ities migl	ht be affe ou becau	se of yo	our breath	ning.		oblem	IS.	
•	questio ement p	ns abo lease a long	out ho tell m	w yo	our a nich et wa	activ app ashe	ities migl lies to yo	ht be affe ou becau ssed	se of yo	our breath	ning.		oblem	ns. 12A	_
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SGR SGR SGR	12A 12B 112C	
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ID NUMBER:							FORM CODE: SG VERSION: 2.0 8/3/			SEQ#	
•				•			sually affects your o	•	eathing.		
								True	F	alse	
I can	not play	spc	orts	or do c	ther	phy	sical activities			□ SGR1	3A
lo	cannot o	go o	ut fo	r entei	tain	mer	t or recreation			□SGR1	3B
l ca	annot go	o out	of	the hou	ıse t	o do	the shopping			□ SGR1	I3C
			İ	canno	t do	hou	sehold chores			□ SGR1	3D
	Ιc	ann	ot n	nove fa	r fro	m n	ny bed or chair			□ SGR1	13E
14) How does Please pick Ol		spira	itory	proble	ems	affe	ct you? SGR14				
They do r	not stop	me	doi	ng any	thing	jΙw	ould like to do				
They stop from	me doi	ng o	ne	or two	thing	gs I	would like to do				
They stop from	me doi	ng n	nost	of the	thin	gs I	would like to do				
They stop	from n	ne d	oing	every	thing	y I w	ould like to do				



ST. GEORGE'S RESPIRATORY QUESTIONNAIRE

ID NUMBER: BLI	NDID		FORM CO VERSION: 1		Visit Number	VISIT S	EQ#	
0a) Form Date				SGR0A	0b) Initia	ıls		
Instructions: This written.	form should be c	ompleted du	ring the parti	cipant's visi	t. Please re	ad the script	exactly as	
This questionnaire and how it affects problems, rather the	your life. We a	are using it	to find out	which as	pects of ye	our illness		
Please listen carefo	•	you do not	understar	nd anythin	g. Do not	spend too	long decid	ing
0c) [Do not read] Be	efore completing e response to	g the rest of show how y	the questio	nnaire: S be your cu	GR0 urrent heal	th:		
	Very good	Good	Fair	P(oor	Very Poo	r	
I'm going to read y you.	ou a series of	questions	about your	chest tro	uble. Plea	se answer	as it applie	es to
PART 1 Questions about ho	w much chest ti	rouble you h	nave.					
				most days a week	several days a week	a few days a month	only with chest infections	not at all
1) I cough:								SGR0
2) I bring up phlegr3) I have had short	` • /							☐ SGR0
4) I have attacks of								SGR0
5) How many attac	ks of chest trou	ble did you	have durinç	g the last y	ear?		SGF	₹05
mo	re than 3 attack	s			A			
	r 2 attacks							
Nor	ne				C			

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	ID NUMBER:								FORM CODE: SO VERSION: 1.0 10/2				SEQ#		
6)	How often of	do v	ou ł	nave	aood	davs	s (w	ith li	ttle chest trouble)?		SGR	₹06			
٠,					_	-	•			_					
			•		•										
				•	•										
		Ev	ery	day	is goo	d				D					
7)	If you have	a wl	hee	ze, is	it wo	rse i	n th	e m	orning?					S	GR07
		Ye	S						Y						
		No)						N						
P	ART 2														
8)	How would	you	des	scribe	e you	ches	st co	ndit	ion?					S	GR08
,		•			•				blems or						
		is t	the	most	impo	rtant	pro	bler	m I have	A					
		Ca	ause	es me	e a fev	v pro	oble	ms.		В					
		Ca	ause	es no	probl	em.				C					
9) Fo									ake you feel breatl lies to you these da						
			•					•	,	True		Fal	lse		
					G	ettir	าа พ	/ash	ed or dressed			Г	SGR	R09A	\Box
							•		ound the home				SGF		=
							_		de on the level						_
							•		flight of stairs	П		Г			=
							Ü	-	/alking up hills	_		Г			≓
									5 .	_		_			
	•	•				•		_	and breathlessnes lies to you these da						
								- 1	,	True		Fal	lse		
								M	ly cough hurts	Π		Г	¬SGR′	10A]
						Mv a	COUC		nakes me tired			Г		10B	i
						•			ess when I talk			Г			<u> </u>
				1:					en I bend over			Г]
		N	Mv c						urbs my sleep			_	□ SGR]]
		ľ	viy C	Jougi	וט וט		_		-						J 7
							ı ge	ιex	nausted easily			ᆫ	SGR	IUL	1

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ID NUMBER: VERSION: 1.0 10	SGR Visit /26/10 Number	SEQ#
11) Questions about other effects that your chest trouble may For each statement please tell me which applies to you these	•	
	True	False
My cough or breathing is embarrassing in public		□ <mark>SGR11A</mark>
My chest trouble is a nuisance to my family, friends or neighbors		□SGR11B
I get afraid or panic when I cannot get my breath		□ SGR11C
I feel that I am not in control of my chest problem		□SGR11D
I have become frail or an invalid because of my chest		□ SGR11E
Exercise is not safe for me		☐ SGR11F
Everything seems too much or an effort		□ SGR11G
12) These are questions about how your activities might be affected by the statement please tell me which applies to you because	• •	•
	True	- .
		False
I take a long time to get washed or dressed		False □ SGR12A
I take a long time to get washed or dressed I cannot take a bath or shower, or I take a long time		
		□SGR12A
I cannot take a bath or shower, or I take a long time		□SGR12A □SGR12B
I cannot take a bath or shower, or I take a long time I walk slower than other people, or I stop for rests Jobs such as house work take a long time, or		□SGR12A □SGR12B □SGR12C
I cannot take a bath or shower, or I take a long time I walk slower than other people, or I stop for rests Jobs such as house work take a long time, or I have to stop for rests If I walk up one flight of stairs,		□SGR12A □SGR12B □SGR12C □SGR12D
I cannot take a bath or shower, or I take a long time I walk slower than other people, or I stop for rests Jobs such as house work take a long time, or I have to stop for rests If I walk up one flight of stairs, I have to go slowly or stop		□SGR12A □SGR12B □SGR12C □SGR12D

ID NUMBER:							FORM CODE VERSION: 1.0		Visit Number		SEQ#	
							sually affects yo plies to you bec			ing.		
								Т	rue	Fa	lse	
			I	canno	t pla	y sp	orts or games			[□ SGR1	3A
10	cannot	go o	ut fo	r enter	tainı	men	t or recreation			[□ SGR1	3B
I ca	annot g	o out	t of t	the hou	ıse t	o do	the shopping			[□ SGR′	I3C
				I	can	not	do housework			[□ SGR1	I3D
	Lo	cann	ot n	nove fa	r fro	m m	ny bed or chair			[□ SGR′	I3E
14) How does Please pick Ol		est t	roul	ole effe	ct y	ou?	SGR14					
It does i	not stop	me	doi	ng any	thing	g I w	ould like to do					
It stops i	me doir	ng or	ne o	r two th	nings	slw	ould like to do					
It stops n	ne doin	g mc	st c	of the th	nings	slw	ould like to do					
It	stops r	ne d	oing	every	thing	g I w	ould like to do					



SIX MINUTE WALK TEST

ID NUMBER: BLINDID FORM CODE: SMW Visit Number VISIT SEQ #
0a) Form Date
Instructions: Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. Please read the script exactly as written, including the encouragement prompts.
1) Any medications taken since the post-bronchodilator spirometry? SMW01
YesY
No
a) Medication name: SMW01A1 Dose: SMW01A2 Time SMW01A3 AM/PM SMW01B3_AMPM
b) Medication name: SMW01B1 Dose: SMW01B2 Time SMW01B3 AM/PM SMW01C3_AMPM
c) Medication name: SMW01C1 Dose: SMW01C2 Time SMW01C3 AM/PM
2) Was the blood pressure for this visit taken more than 4 hours prior to the 6MW?
YesY
NoN→Go to 3
a) Systolic
b) Diastolic
3) Supplemental Oxygen during test (see MOP for criteria) (Y/N)
YesY
NoN→ <u>Go to 4</u>
a) If yes, flowL/min SMW03A
b) TypeSMW03B
Continuous flow nasal canula1
Pulsed delivery system (conserver)2
4) At rest prior to 6MW
a) SpO2
b) Pulse min ⁻¹ SMW04B

Six Minute Walk Test, SMW Page 1 of 3

	ID NUMBER: FORM CODE: SMW Visit VERSION: 1.0 10/26/10 Number SEQ #						
5)	Continuous oximetry recorded? (Y/N)						
6)	Start time of 6-minute walk: SMW06 AM/PM (circle one) SMW06_AMPM						
7)	Immediately following 6MW						
	a) SpO2						
	b) Pulse min ⁻¹ SMW07B						
	c) Breathlessness						
	d) Exertion SMW07D						
8a)) Type of course used						
	i) 30 meters x 2 lengths						
8b)	Number of full laps (2 lengths or legs): SMW08B						
8c)	Distance walked final partial lap (in meters if 8a is meters, feet if 8a is in feet): SMW08C						
9)	Stopped before 6 minutes? (Y/N)						
	YesY						
	No						
	a) Duration (minutes:seconds): SMW09A2						
10)) Give primary reason for stopping or not walking faster:						
	1. Desaturation to <80% SMW09B1						
	2. Foot, knee, hip or other orthopedic pain SMW09B2						
	3. Muscle fatigue or pain SMW09B3						
	4. Breathlessness SMW09B4						
	5. Adverse event SMW09B5 If yes to adverse event, select all that apply (this does not replace completing the Adverse Event Form):						
	a. AnginaSMW09B5A						
	b. Lightheadedness						
	c. Intolerable dyspnea (required rescue inhaler)						
	d. Leg crampsSMW09B5D						
	e. StaggeringSMW09B5E						

Six Minute Walk Test, SMW Page 2 of 3

ID NUMBER:				FORM CODE: SMN VERSION: 1.0 10/26	/isit ımber	SEQ#		
f. Dia _l	ohoresis					MW09B5F		
g. Pal	e or ashen	appeara	nce		 	SMW09B5G		
h. Me	ntal confus	ion or he	adache		 [SMW09B5H]	
i. Oth					 	SMW09B5I		
	please exp	olain_ <mark>SM</mark>	W09B5	SISP	 			



SPUTUM PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: SPW Visit Number VISIT SEQ #					
0a) Form Date					
<u>Instructions:</u> Complete this form while processing the sputum sample. Carefully record all data in the space provided.					
1) Weight of Entire Sample grams SPW01					
Color and Description of Sample:					

Green SPW05E

ID NUMBER:				FORM CODE: SPW VERSION: 3.0 6/12/13	Visit Number	SEQ#			
6) General No	6) General Notes/Comments: SPW06								
6a) Sputum pro	ocess	ing method	i		<u>_</u>	SPW06A			
	Method 1 (remove three aliquots then process with EDTA) 1 Method 2 (Immediately process with EDTA)								
7) Processing	g Who	ole Sample	e using th	he Mucin Method (Com	plete only for met	thod 1)			
Mucin Sample	W	eight (g)							
Weighing tray	a) [5	SPW07A							
Whole sputum	b) [S	SPW07B							
Guanidine vol. c) SPW07C									
*Sample size should be from 0.100-0.500g. If sample is 0.500g, 1mL of guanidine reduction buffer added. If less than 0.500g, 0.5mL guanidine reduction buffer added. Sample transferred from weighing tray to microcentrifuge tube. Sample should be stored in 4°C refrigerator.									
8) Processing Microbiology sample (Complete only for method 1)									
		147							

Micro Sample	Weight (g)
Microcentrifuge tube	a) SPW08A
Whole sputum	b) SPW08B

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Measure 0.250g of whole sputum sample. Record the weight of sputum and store in -80°C. Ship sample on dry ice.

9) Processing Viscoelastic Sample (Complete only for method 1)

Viscoelastic Sample	Weight (g)
Microcentrifuge tube	a) SPW09A
Whole Sputum	b) SPW09B

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Pipet 100uL of sample, drawing up whatever can be achieved. Transfer sample to microcentrifuge tube. Record the weight of sample and store in -80°C. Sample can be transferred to -20°C prior to delivery.

10) Processing Whole Sample using EDTA:

Weight of Centrifuge tube	a) SPW10A
Weight of Sputum	b) SPW10B

	DRM CODE: SPW Visit RSION: 3.0 6/12/13 Number SEQ #				
1% sputolysin volume	c) SPW10C				
Volume EDTA added to make 0.1% sputolysin	d) SPW10D				
Time of 15 minute tumble	e) SPW10E				
Volume EDTA added after 15 minute tumble	f) SPW10F				
Time of 5 minute tumble	g) SPW10G				
*Weigh a 50mL centrifuge tube. Zero the balance. Add remaining sample to centrifuge tube and record weight in grams. Add 0.1% Sputolysin in mLs equal to 4X selected sample weight in grams (For example, 2g					

*Weigh a 50mL centrifuge tube. Zero the balance. Add remaining sample to centrifuge tube and record weight in grams. Add 0.1% Sputolysin in mLs equal to 4X selected sample weight in grams (For example, 2g of sample would need 8mL of 0.1% sputolysin). Place sample on tumble for 15 minutes. Dilute sample with EDTA. Use the same volume that was added above. Continue to tumble for an additional 5 minutes. After 5 minute tumble, sample is filtered through 53µm nylon mesh into new 50mL tube. Cells are spun down at 500Xg for 10 minutes.

11) Supernatants for Nucleotides and Cytokines

Supernatants	Number of aliquots	Volume stored
Nucleotides	a) SPW11A	b) SPW11B
Cytokines	c) SPW11C	d) SPW11D

^{*}If sample volume is greater than 8mL, obtain 4 1 mL aliquots for nucleotides, 4 1 mL aliquots for cytokines. When there is a limited volume, start by getting a nucleotide sample between 200-500uL, one cytokine sample at 200uL. If there is sample leftover after that, then continue alternating between nucleotide and cytokine aliquots (i.e. 200-500uL for nucleotides, 200uL for cytokines) until finished. Nucleotide and Cytokine samples are stored in -80°C freezer.

Volume of Hanks added	e) SPW11E
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12)Cell Counts

Cell Counts:	# Dead	#Live	Total
a) Square 1	1) SPW12A1	2) SPW12A2	3) SPW12A3
b) Square 2	1) SPW12B1	2) SPW12B2	3) SPW12B3
c) Square 3	1) SPW12C1	2) SPW12C2	3) SPW12C3
d) Square 4	1) SPW12D1	2) SPW12D2	3) SPW12D3
e) Totals:	1) SPW12E1	2) SPW12E2	3) SPW12E3

^{*}Count live (clear) and dead (blue) cells in each 4 corner grids. Count BEC's, but exclude RBC's and squamous.

TCC= (sum 4 grids/4 X 2 X 10 ⁴ X vol. sample	f) SPW12F
=TCC/weight of selected sample	g) SPW12G
Viability = (live cells/total cells) X 100%	h) SPW12H

ID NUMBER:		CODE: SPW N: 3.0 6/12/13	Visit Number	SEQ#	
13)Cytospins:					

	# slides stored
Hema 3 stained slides	a) SPW13

^{*}Slides are made using 60µL of cell suspension (1X10⁶/mL). Spin 6 min. at 450rpm (program 6 on cytospin). If possible, fix and stain 2 slides in Hema 3 stain (10 dips in each) and fix 2 slides in 95% ethanol. After air drying, stained slides are fixed with cytoseal and a cover slip. All slides stored at room temperature.

14)Cells for RNA

Trizol cell pellet	SPW14
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^{*}Cells are spun down at 500Xg for 5 minutes, HBSS's is discarded and 1mL Trizol is added. Add 10uL of GGD. The number of cells left in the Trizol pellet will be equal to the TCC (12f) minus the total number of cells used to make slides in 13.



SPUTUM PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: SPW Visit Number VISIT SEQ #	
0a) Form Date	
<u>Instructions:</u> Complete this form while processing the sputum sample. Carefully record all data in the space provided.	
1) Weight of Entire Sample grams SPW01	
Color and Description of Sample:	
2) Salivary Contamination: Minimal SPW02A Mild SPW02B Moderate SPW02C Excessive SPW02D 3) Consistency: Watery SPW03A Mucoid SPW03B Purulent (puss) SPW03C 4) Mucus "plugs": Numerous SPW04A Moderate number SPW04B Sparse SPW04C Large SPW04D Small SPW04E Dense/flocculent SPW04F Diffuse opacity SPW04G 5) Color of plugs: Clear SPW05A White SPW05B Yellow/Tan SPW05C Brown SPW05D Green SPW05E	

6) General Notes/Comments: SPW06

ID NUMBER:			FORM CODE: SPW VERSION: 2. 0 9/12/11	Visit Number	SEQ#
6a) Sputum pro	ocessing method	I			SPW06A
	`	•	n process with EDTA). EDTA)		<u>o</u>
7) Processing	g Whole Sample	using the	Mucin Method (Com	nplete only for m	nethod 1)
Mucin Sample	Weight (g)				
Weighing tray	a) SPW07A				
Whole sputum	b) SPW07B				
Guanidine vol.	c) SPW07C				
*Sample size sh	ould be from 0.10	0-0.500g. If	sample is 0.500g. 1mL of	of quanidine reduc	tion buffer added. I

8) Processing Microbiology sample (Complete only for method 1)

Micro Sample	Weight (g)
Microcentrifuge tube	a) SPW08A
Whole sputum	b) SPW08B

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Measure 0.250g of whole sputum sample. Record the weight of sputum and store in -80°C. Ship sample on dry ice.

9) Processing Viscoelastic Sample (Complete only for method 1)

Viscoelastic Sample	Weight (g)
Microcentrifuge tube	a) SPW09A
Whole Sputum	b) SPW09B

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Pipet 100uL of sample, drawing up whatever can be achieved. Transfer sample to microcentrifuge tube. Record the weight of sample and store in -80°C. Sample can be transferred to -20°C prior to delivery.

10) Processing Whole Sample using EDTA:

Weight of Centrifuge tube	a) SPW10A
Weight of Sputum	b) SPW10B
1% sputolysin volume	c) SPW10C

^{*}Sample size should be from 0.100-0.500g. If sample is 0.500g, 1mL of guanidine reduction buffer added. If less than 0.500g, 0.5mL guanidine reduction buffer added. Sample transferred from weighing tray to microcentrifuge tube. Sample should be stored in 4°C refrigerator.

ID NUMBER:						CODE: SPW N: 2.0 9/12/11	Visit Number			SEQ#			
Volume EDTA added to ma	ake 0.1	% spi	utolysin	ı	d)	SPW10D							
Time of 15 minute tumble					e)	SPW10E							
Volume EDTA added after	15 min	ute tu	ımble		f)	SPW10F							
Time of 5 minute tumble					g)	SPW10G							
*Weigh a 50mL centrifuge tube. Zero the balance. Add remaining sample to centrifuge tube and record weight in grams. Add 0.1% Sputolysin in mLs equal to 4X selected sample weight in grams (For example, of sample would need 8mL of 0.1% sputolysin). Place sample on tumble for 15 minutes. Dilute sample with EDTA. Use the same volume that was added above. Continue to tumble for an additional 5 minutes. After minute tumble, sample is filtered through 53µm nylon mesh into new 50mL tube. Cells are spun down at 500Xg for 10 minutes. 11)Supernatants for Nucleotides and Cytokines													
Supernatants			Num	ber o	f ali	quots		Volu	ume	stored			
Nucleotides		a) [SPW1	1A			b) SF	PW1	I1B				
Cytokines		c)	SPW1	1C			d) SI	ÞΜ.	11D				
*If sample volume is greater than 8mL, obtain 4 1 mL aliquots for nucleotides, 4 1 mL aliquots for cytokines. When there is a limited volume, start by getting a nucleotide sample between 200-500uL, one cytokine sample at 200uL. If there is sample leftover after that, then continue alternating between nucleotide and cytokine aliquots (i.e. 200-500uL for nucleotides, 200uL for cytokines) until finished. Nucleotide and Cytokine samples are stored in -80°C freezer.											d		
Volume of Hanks added					e)	SPW11E							
12)Cell Counts													
Cell Counts:		# De	ad			#Live	Total						
a) Square 1	1) SP\	W12A	\1		2)	SPW12A2	;	3) [SPW	12A3			
b) Square 2	1) SP'	W12E	31		2)	SPW12B2	;	3)	SPW	/12B3			
c) Square 3	1) SP'	W120	C1		2)	SPW12C2	;	3)	SPV	/12C3			
d) Square 4	1) SP'	W12[D1		2)	SPW12D2	;	3)	SPV	V12D3			
e) Totals:	1) SP	W12I	E1		2)	SPW12E2	,	3)	SPV	V12E3			
*Count live (clear) and dea squamous.	d (blue) cells	s in eac	h 4 co	orne	r grids. Coun	t BEC's, b	ut e	xcluc	le RBC's	and		
TCC= (sum 4 grids/4 X 2 X	(10 ⁴ X	vol. s	ample		f)	SPW12F							
=TCC/weight of selected s	ample				g)	SPW12G							
Viability = (live cells/total ce	ells) X	100%	ı		h)	SPW12H							
13)Cytospins:													
	ored												

ID NUMBE	R:							DE: SPW 2.0 9/12/11		Visit Number			SEQ#	ŧ _		
Hema 3 sta	ined slic	les	a)	SP\	W13											
*Slides are If possible, drying, stair 14)Cells f	fix and s	stain 2 sli es are fix	des	in He	ema 3 s	tain (10	O dips i	n each) a	nd fi	x 2 slid	es in	95%	6 ethan	ol.	Afte	
Trizol cell p	ellet						SP	W14								

*Cells are spun down at 500Xg for 5 minutes, HBSS's is discarded and 1mL Trizol is added. Add 10uL of GGD. The number of cells left in the Trizol pellet will be equal to the TCC (12f) minus the total number of cells used to make slides in 13.



SPUTUM PROCESSING WORKSHEET

ID NUMBER: BLINDID FORM CODE: SPW Visit Number VISIT SEQ #	
0a) Form Date	
1) Weight of Entire Sample grams SPW01 Color and Description of Sample:	
2) Salivary Contamination: Minimal SPW02A Mild SPW02B Moderate SPW02C Excessive SPW02D 3) Consistency: Watery SPW03A Mucoid SPW03B Purulent (puss) SPW03C 4) Mucus "plugs": Numerous SPW04A Moderate number SPW04B Sparse SPW04C Large SPW04D Small SPW04E Dense/flocculent SPW04F Diffuse opacity SPW04G 5) Color of plugs: Clear SPW05A White SPW05B Yellow/Tan SPW05C Brown SPW05D Green SPW05E	

6) General Notes/Comments: SPW06

							 7		
ID NIIMDED.					FORM CODE: SPW	Visit	050 "		i l
ID NUMBER:					VFRSION: 10 10/26/10	Niconalaan	SEQ#		
					VERSION: 1.0 10/20/10	number			

7) Processing Whole Sample using the Mucin Method

Mucin Sample	Weight (g)				
Weighing tray	a) SPW07A				
Whole sputum	b) SPW07B				
Guanidine vol.	c) SPW07C				

^{*}Sample size should be from 0.100-0.500g. If sample is 0.500g, 1mL of guanidine reduction buffer added. If less than 0.500g, 0.5mL guanidine reduction buffer added. Sample transferred from weighing tray to microcentrifuge tube. Sample should be stored in 4°C refrigerator.

8) Processing Microbiology sample

Micro Sample	Weight (g)				
Microcentrifuge tube	a) SPW08A				
Whole sputum	b) SPW08B				

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Measure 0.250g of whole sputum sample. Record the weight of sputum and store in -80°C. Ship sample on dry ice.

9) Processing Viscoelastic Sample

Viscoelastic Sample	Weight (g)
Microcentrifuge tube	a) SPW09A
Whole Sputum	b) SPW09B

^{*}Weigh an empty microcentrifuge tube. Zero the balance. Pipet 100uL of sample, drawing up whatever can be achieved. Transfer sample to microcentrifuge tube. Record the weight of sample and store in -80°C. Sample can be transferred to -20°C prior to delivery.

10) Processing Whole Sample using EDTA:

W : 1 : 10 : 11	\ CD\M40A
Weight of Centrifuge tube	a) SPW10A
Weight of Sputum	b) SPW10B
1% sputolysin volume	c) SPW10C
Volume EDTA added to make 0.1% sputolysin	d) SPW10D
Time of 15 minute tumble	e) SPW10E
Volume EDTA added after 15 minute tumble	f) SPW10F

ID NUMBER:				DE: SPW . 0 10/26/10	Visit Number	-		SEQ#		
Time of 5 minute tumble			g) S	PW10G						
*Weigh a 50mL centrifuge tube. Zero the balance. Add remaining sample to centrifuge tube and record weight in grams. Add 0.1% Sputolysin in mLs equal to 4X selected sample weight in grams (For example, 2g of sample would need 8mL of 0.1% sputolysin). Place sample on tumble for 15 minutes. Dilute sample with EDTA. Use the same volume that was added above. Continue to tumble for an additional 5 minutes. After 5 minute tumble, sample is filtered through 53µm nylon mesh into new 50mL tube. Cells are spun down at 500Xg for 10 minutes. 11)Supernatants for Nucleotides and Cytokines										
Supernatants		Number	of aliqu	ots		Volur	me s	stored		
Nucleotides		a)SPW11A			b) SP\	N11E	3			
Cytokines		c) SPW11C			d) SP	W11I	D			
When there is a limited v sample at 200uL. If there cytokine aliquots (i.e. 200	*If sample volume is greater than 8mL, obtain 4 1 mL aliquots for nucleotides, 4 1 mL aliquots for cytokines. When there is a limited volume, start by getting a nucleotide sample between 200-500uL, one cytokine sample at 200uL. If there is sample leftover after that, then continue alternating between nucleotide and cytokine aliquots (i.e. 200-500uL for nucleotides, 200uL for cytokines) until finished. Nucleotide and Cytokine samples are stored in -80°C freezer.						e id			
Volume of Hanks added			e) SI	PW11E						
12)Cell Counts										
Cell Counts:		# Dead		#Live				Total		
a) Square 1	1) SP\	W12A1	2) <mark>S</mark>	PW12A2		3) <mark>S</mark>	PW′	12A3		
b) Square 2	1) SP	W12B1	2) <mark>S</mark> I	PW12B2		3) <mark>S</mark>	PW	12B3		
c) Square 3	1) SP	W12C1	2) SI	PW12C2		3) <mark>S</mark>	PW	12C3		
d) Square 4	1) SP	W12D1	2) SF	PW12D2		3) S	PW	12D3		
e) Totals:	1) SP	W12E1	2) <mark>S</mark> I	PW12E2		3) [3PW	12E3		
*Count live (clear) and de squamous.	ead (blue	e) cells in each 4	corner g	rids. Coun	t BEC's, b	ut ex	clude	e RBC's	and	
TCC= (sum 4 grids/4 X 2	TCC= (sum 4 grids/4 X 2 X 10 ⁴ X vol. sample f) SPW12F									
=TCC/weight of selected	=TCC/weight of selected sample g) SPW12G									
Viability = (live cells/total cells) X 100% h) SPW12H										
13)Cytospins:										
		# slides stored	t l							
Hema 3 stained slides	a)	SPW13								

^{*}Slides are made using 60µL of cell suspension (1X10⁶/mL). Spin 6 min. at 450rpm (program 6 on cytospin). If possible, fix and stain 2 slides in Hema 3 stain (10 dips in each) and fix 2 slides in 95% ethanol. After air drying, stained slides are fixed with cytoseal and a cover slip. All slides stored at room temperature.

ID NUMBER:	FORM CODE: SPW Visit VERSION: 1.0 10/26/10 Number	SEQ#	
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14)Cells for RNA

Trizol cell pellet	SPW14
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^{*}Cells are spun down at 500Xg for 5 minutes, HBSS's is discarded and 1mL Trizol is added. Add 10uL of GGD. The number of cells left in the Trizol pellet will be equal to the TCC (12f) minus the total number of cells used to make slides in 13.



STROKE ABSTRACTION FORM

ID NUMBER: SUBJID FORM CODE: STR VISIT SEQ #
0a. Completion Date: STR0A Ob. Staff ID: STR0B
0c. Event ID: 0d. Event Date: STR0C STR0C
Instructions: Answers are derived from the medical records received. Do not complete this form until all records are received (or classified as unobtainable) as indicated on the Medical Records Shipping Cover Sheet
A. GENERAL INFORMATION
Was the event (choose one): ED, ED Observation or 23hr Observation
2. Date of admission: (mm/dd/yyyy)
3. Date of discharge/or death: (mm/dd/yyyy)
4. What was the primary admitting diagnosis code? STR4
5. What was the primary discharge diagnosis code? STR5
B. MEDICAL HISTORY
6. Is there a history of previous stroke? Yes No/NR (Skip to 7)
a. Date of most recent stroke: (mm/dd/yyyy)
b. Is the type of stroke recorded? Yes No/NR (Skip to 7)
(If Yes, mark all that apply)
1. Ischemic/Infarct No Yes STR6B1
2. Intracranial hemorrhage No Yes STR6B2
3. Subarachnoid hemorrhage No Yes STR6B3

STR – Stroke Abstraction Form Page 1 of 6

ID NUMBER: FORM CODE VERSION: A	VICI XFI)#					
7. Is there a history of previous TIA? Yes	No/NR (Skip to 8) STR7					
a. Date of most recent TIA: (mm/dd/yyyy)	/ STR7A					
8. History of myocardial infarction prior to this event?	Yes No/NR STR8					
9. Does the patient have a history of diabetes?	Yes No/NR STR9					
Are any of the following recent conditions documented a onset or during this hospitalization?						
	Yes No/NR STR10A					
a. myocardial infarction	STR10B					
b. intracardiac thrombus or intracardiac tumor						
c. atrial fibrillation	STR10C					
d. rheumatic heart disease	STR10D					
e. subacute bacterial endocarditis	STR10E					
f. systemic embolus	STR10F					
g. hypercoagulative state	STR10G					
h. hemorrhagic abnormality	STR10H					
i. brain tumor	STR10I					
j. major head trauma	STR10J					
k. seizure disorder	STR10K					
I. migraine headaches	STR10L					
C. SIGNS AND SYMPTOMS						
11. Were new neurological signs/symptoms present upon a	admission? Yes No/NR (Skip to 12)STR11					
a. Length of time between onset of new neurologica $1 = < 10 \text{ min}, 2 = 10 - 59 \text{ min}, 3 = 60 \text{ min} 24 \text{ hrs},$						

ID NUMBER:		VERSION: A 6/25/15	Visit	SEQ#		
		_		· · · · · · · · · · · · · · · · · · ·		
12. Were an	y of the following present at ons	et prior to admission or dur	ing this hospitaliza	tion?		
			<u>Yes</u>	No/NR		
a.	Headache			STR12A		
b.	Vomiting			STR12B		
C.	Vertigo			STR12C		
d.	Seizure			STR12D		
e.	Altered level of consciousness			STR12E		
f.	Aphasia			STR12F		
g.	Anesthesia, dysesthesia or par	esthesias of the face		STR12G		
h.	Anesthesia, dysesthesia or par	esthesias of the extremities	s <u> </u>	STR12H		
i.	Visual field disturbance, diplopl	lia		STR12I		
j.	Gait disturbance			STR12J		
k.	Cranial nerve III palsy			STR12K		
l.	Meningeal signs (ie: Brudinski's	s sign, Kernig's sign)		STR12L		
13. Did new	neurological symptoms develop	during this hospitalization?	? Yes	No/NR (Skip to 14)STR1		
	yes, did the event occur in the yes, what procedure?	setting of a procedure?		No/NR <i>(Skip to 14)</i> STR13A		
	1. Angiogram		Yes	No/NR STR13B1		
	2. Cardiac surgery			STR13B2		
	3. Carotid endarterectomy			STR13B3		
	4. Other			STR13B4		
	i. Specify	STR13	BB4A			
D. DIAGNOSTIC TESTS						
14. Admissio	on Blood pressure	/mml	Hg STR14			

ID NUMBER: FORM CODE: STR Visit SEQ #	
15. Was cerebrovascular imaging performed? Yes No/NR (Skip to 19)	.1:
16. Was cerebrovascular angiography performed? Yes No/NR (Skip to 17) STR	₹1
a. Angiography Diagnosis 1 = normal, 2 = ruptured aneurysm, 3 = Occlusion or Stenosis, 4 = Dissection, 5 = Venous Occlusion, 6 = Arteriovenous Malformation, 7 = Other	
17. Was a CT scan of the head performed during this hospitalization? Yes No/NR (Skip to 18) STR	17
a. CT Diagnosis 1 = normal, 2 = normal, but done within 48 hrs of symptom onset, 3 = subarachnoid hemorrhage, 4 = intracerebral hematoma, 5 = ischemic infarction, with no evidence of hemorrhage, 6 = hemorrhagic infarction	
18. Was magnetic resonance imaging (MRI) of the head performed? Yes No/NR (Skip to 19) STR a. MRI Diagnosis	<u>₹1</u>
 1 = normal, 2 = normal, but done within 48 hrs of symptom onset, 3 = subarachnoid hemorrhage, 4 = intracerebral hematoma, 5 = ischemic infarction, with no evidence of hemorrhage, 6 = hemorrhagic infarction 	
19. Was carotid magnetic resonance angiography (MRA) performed? Yes No/NR (Skip to 20) STR	19
a. If Yes, what is the greatest degree of carotid stenosis demonstrated: STR19A	
1. 0 – 49%	
2. 50 – 69%	
3. 70 – 99% 4. 100% (occlusion)	
20. Was an echocardiography study performed? Yes No/NR (Skip to 21)	
a. If Yes, were the following present:	
1. intracardiac thrombus Yes No STR20A1	
2. valvular heart disease Yes No STR20A2	

ID NUMBER:			CODE: STR N: A 6/25/15	Visit		SEQ#	
	3.	dilated ventricle or poor ventricular function	Yes _	No	STR20A3		
	4.	aortic arch atheroma	Yes _	No	STR20A4		
	5.	atrioseptal aneurysm	Yes	No	STR20A5		
	6.	patent foramen ovale (PFO)	Yes	No	STR20A6		
	7.	valve vegetations	Yes	No	STR20A7		
	8.	artificial valve	Yes	No	STR20A8		
E. TREATM	E. TREATMENT						
21. Did the patient receive thrombolytic treatment for stroke? Yes No/NR STR21							
F. DISCHARGE							
22. Was the patient alive at discharge? Yes No/NR (End form) STR22							
23. At the time of discharge, did the patient have deficits in completing everyday activities compared to status							
prior to ev	ent?	STR23			Yes	No/NR	
24. Where was the patient discharged to: STR24							
1 = ho	1 = home, $2 = rehabilitation unit or facility, 3 = nursing home or other long term care facility$						



VETERANS SPECIFIC ACTIVITY QUESTIONNAIRE

ID NUMBER:	FORM CODE: VSA Visit VERSION: 1.0 10/26/10 Number VISIT SEQ #										
0a) Form Date	e										
	: Questionnaire should be completed during the study visit. Mark only one answer, and read actly as written.										
The following is a list of activities that increase in difficulty as you read down the page. Think carefully, then select the first activity that, if you performed it for a period of time, would typically cause fatigue, shortness of breath, chest discomfort, or otherwise cause you to want to stop. If you do not normally perform a particular activity, try to imagine what it would be like if you did.											
1) 1 MET	Eating, getting dressed, working at a desk										
2) 2 METs	Taking a shower, shopping, cooking Walking down 8 steps										
3) 3 METs	Walking slowly on a flat surface for 1 or 2 blocks A moderate amount of work around the house, such as vacuuming, sweeping the floors, or carrying groceries										
4) 4 METs	Light yard work (ie, raking leaves, weeding, sweeping, or pushing a power mower), painting, or light carpentry										
5) 5 METs	Walking briskly Social dancing, washing the car										
6) 6 METs	Play 9 holes of golf carrying your own clubs. Heavy carpentry, mow lawn with push mower										
7) 7 METs	Carrying 60 pounds, perform heavy outdoor work (ie, digging, spading soil, etc) Walking uphill										
8) 8 METs	Carrying groceries upstairs, move heavy furniture Jog slowly on flat surface, climb stairs quickly										
9) 9 METs	Bicycling at a moderate pace, sawing wood, jumping rope (slowly)										
10) 10 METs	Brisk swimming, bicycle up a hill, jog 6 miles per hour										
11) 11 METs	Carry a heavy load (ie, a child or firewood) up 2 flights of stairs										
12) 12 METs	Running briskly, continuously (level ground, 8 min per mile)										
13) 13 METs	Any competitive activity, including those that involve intermittent sprinting Running competitively, rowing competitively, bicycle riding										

Myers J, Bader D, Madhavan R, et al. Validation of a specific activity questionnaire to estimate exercise tolerance in patients referred for exercise testing. Am Heart J 2001; 142:1041-1046



SPIROMICS VENOUS THROMBOEMBOLIC DISEASE ABSTRACTION FORM (VTD)

ID NUMBER: SUBJID FORM CODE: VTD Visit Number VISIT SEQ #
0a. Completion Date: VTD0A
Instructions: Answers are derived from the medical records received. Do not complete this form until all records
are received or classified as unobtainable as indicated on the Medical Record Shipping Form.
A. GENERAL INFORMATION
1. Was the event <i>(choose one)</i> : VTD1
1= In hospital only 2= Emergency Dept. visit only (ED) 3= Both ED and in hospital
2. Date of admission: (mm/dd/yyyy)
3. Date of discharge: (mm/dd/yyyy)
4. What was the primary admitting diagnosis code?
5. What was the primary discharge diagnosis code? VTD5
B. DEEP VEIN THROMBOSIS (DVT)
6. Was DVT confirmed? Yes ☐ No ☐ [skip to 10] VTD6
7. Diagnosis: (Mark the one that applies best) VTD7
 a. Deep vein thrombosis of lower extremities not resulting from a procedure within 60 days b. Deep vein thrombosis of lower extremities during or following a procedure within 60 days
8. Diagnosis of deep vein thrombosis is based on: (Mark all that apply)
 a. Hospital discharge summary with a diagnosis of deep vein thrombosis VTD8A b. Positive findings on a venogram VTD8B c. Positive findings using impedance plethysmography VTD8C d. Positive findings on Doppler duplex, ultrasound, sonogram or other non-invasive test VTD8D e. Positive findings on isotope scan VTD8F

ID NUMBER:						FORM CODE: V VERSION: A 2/1		Visit Number			SEQ#		
a.	Hospital Hospital Radiolog	inpation outpar gy or in an's off conval only certifica	ent tient fa naging ice / p lescer	acility or g facility rivate m nt home/	clinio edica	al practitioner	the one c	eategory that	applie VTD		y VTD	9	
10. Was a wo	ork-up fo	r pulm	onary	embolis	m pe	erformed? Ye	s 🗌	No 🗌 (End	l Form) Unk	known [_	d Form)
C. PULMON	ARY E	MBOLI	SM (P	E)									
11. Diagnosis	S: (Mark t	he one	that ap	plies bes	t) [\	/TD11							
	Pulmona	ary em	bolism	n <mark>during</mark>	or f	ng from a proc ollowing a pro sed or diagnosis	cedure	within 60 d					
12. Diagnosis	of pulm	nonary	embo	lism is b	asec	l on: <i>(Mark <u>all</u> th</i>	at apply)						
b.	High pro Positive Diagnos and sy	bability finding sis of do mptom ardia,	y on v gs on p eep ve ns sug or che	entilatio oulmona ein thron gestive est X-ray	n-pei ry ar nbosi of PE findi	a diagnosis of fusion lung scangiogram or spirits (DVT) based (i.e. acute chengs suggestive	n VTD al CT on at le est pain,	12B VTD12C ast one DV dyspnea, t	m [] T crite		n Q7 plu		ns
13. Does pati	ent have	e a hist	ory of	: (Mark <u>a</u>	all tha	t apply)							
b. _ c. _ d. _ e. _	Factor V Polycyth Cancer Smoking Obesity Recent	nemia (VTD1 g VTD1 VTD1	VTD1 3C 013D 3F	<u>3B</u>]		13A oill use VTD13	F						