Respiratory Symptoms Form

FORM CODE: RPA
VERSION A 09/22/2000

ID NUMBER: | | | | | | | | CONTACT YEAR: | 0 | 1 |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form is to be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. 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. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. COUGH

1. Do you usually have a cough? ..... Yes Y

   [COUNT A COUGH WITH FIRST SMOKE OR OR ON FIRST GOING OUT-OF-DOORS. EXCLUDE CLEARING THROAT.]

   Go to Item 4 — No N

2. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week? ..... Yes Y

   No N

3. Do you usually cough like this on most days for 3 consecutive months or more during the year? ..... Yes Y

   No N

B. PHLEGM

4. Do you usually bring up phlegm from your chest? ..... Yes Y

[COUNT PHLEGM WITH THE FIRST SMOKE OR ON FIRST GOING OUT-OF-DOORS. EXCLUDE PHLEGM FROM THE NOSE. COUNT SWALLOWED PHLEGM.]

Go to Item 7 — No N

5. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? ..... Yes Y

No N

6. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? ..... Yes Y

No N

C. WHEEZING

7. Does your chest ever sound wheezy or whistling when you have a cold? ..... Yes Y

No N

8. Does your chest ever sound wheezy or whistling apart from colds? ..... Yes Y

No N

If both Item 7 and Item 8 are "No", then Go to Item 10

9. Does your chest sound wheezy or whistling most days? ..... Yes Y

No N

10. Have you had an attack of wheezing that has made you feel short of breath? ..... Yes Y

Go to Item 13 — No N

11. Have you had 2 or more such episodes? ..... Yes Y

No N

12. Have you required medicine or treatment for the attack(s)? ..... Yes Y

No N

D. ASTHMA

13. Have you ever had asthma? ..... Yes Y

Go to Item 18 — No N

14. Was it confirmed by a doctor? ..... Yes Y

No N

15. At what age did your asthma start? ..... ☐☐

16. Do you still have asthma? ..... Yes Y — Go to Item 18

No N

17. At what age did your asthma stop? ..... ☐☐

E. BREATHLESSNESS

18. Are you disabled from walking by any condition other than heart or lung disease? ..... Yes Y

Go to Item 24 — No N

19. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? ..... Yes Y

Go to Item 24 — No N

20. Do you have to walk slower than people of your age on the level because of breathlessness? ..... Yes Y

No N

21. Do you ever have to stop for breath when walking at your own pace on the level? ..... Yes Y

No N

22. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? ..... Yes Y

No N

23. Are you too breathless to leave the house or breathless on dressing or undressing? ..... Yes Y

No N

F. ADMINISTRATIVE INFORMATION

24. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

25. Method of data collection: ..... Computer C

Paper form P

26. Code number of person completing this form: ..... | | | |