



RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 2 of 17)

<p>5. Do you usually cough like this on most days for 3 consecutive months or more during the year?.....YES Y NO N</p> <p>6. For how many years have you had this cough?..... <input type="text"/> <input type="text"/></p>	<p>E. PHLEGM</p> <p>7. Do you usually bring up phlegm from your chest?.....YES Y NO N [Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.]</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">       Go to Item 9 Screen 3     </div> <p>8. 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</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 3 of 17)

<p>9. Do you usually bring up phlegm at all on getting up, or first thing in the morning?.....YES Y NO N</p> <p>10. Do you usually bring up phlegm at all during the rest of the day or at night?.....YES Y NO N</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">       If any of questions 7, 9, and 10 are answered "Yes", answer questions 11 and 12, if not, go to item 13     </div>	<p>11. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?.....YES Y NO N</p> <p>12. For how many years have you had trouble with phlegm?..... <input type="text"/> <input type="text"/></p> <p>.. WHEEZING</p> <p>13. Does your chest ever sound wheezy or whistling when you have a cold?.....YES Y NO N</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPA screen 4 of 17)

<p>14. Does your chest ever sound wheezy or whistling apart from colds?.....YES Y NO N</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>If either question 13 or 14 are answered "Yes", answer questions 15 and 16, if not, go to item 17</p> </div> <p>15. Does your chest sound wheezy or whistling most days or nights?.....YES Y NO N</p> <p>16. For how many years has this wheezy or whistling sound been present?..... <input type="text"/> <input type="text"/></p>	<p>17. Have you ever had an attack of wheezing that has made you feel short of breath?.....YES Y NO N</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Go to Item 21 Screen 5</p> </div> <p>18. How old were you when you had your first such attack?..... <input type="text"/> <input type="text"/></p> <p>19. Have you had 2 or more such episodes?.....YES Y NO N</p> <p>20. Have you ever required medicine or treatment for the(se) attack(s)?.....YES Y NO N</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPA screen 5 of 17)

<p><b>D. BREATHLESSNESS</b></p> <p>21. Are you disabled from walking by any condition other than heart or lung disease?.....YES Y NO N</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Go to Item 27 Screen 6</p> </div> <p>22. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?.....YES Y NO N</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Go to Item 27 Screen 6</p> </div>	<p>23. Do you have to walk slower than people of your age on the level because of breathlessness?.....YES Y NO N</p> <p>24. Do you ever have to stop for breath when walking at your own pace on the level?.....YES Y NO N</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 6 of 17)

<p>25. 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</p> <p>26. Are you too breathless to leave the house or breathless on dressing or undressing?.....YES Y NO N</p> <p><b>E. BRONCHITIS</b></p> <p>27. Have you ever had chronic bronchitis?.....YES Y NO N</p> <p style="text-align: center;">Go to Item 31</p>	<p>28. Do you still have it?.....YES Y NO N</p> <p>29. Was it confirmed by a doctor?.....YES Y NO N</p> <p>30. At what age did it start?..... <input type="text"/> <input type="text"/></p> <p><b>F. EMPHYSEMA</b></p> <p>31. Have you ever had emphysema?.....YES Y NO N</p> <p style="text-align: center;">Go to Item 35 Screen 7</p> <p>32. Do you still have it?.....YES Y NO N</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 7 of 17)

<p>33. Was it confirmed by a doctor?.....YES Y NO N</p> <p>34. At what age did it start?..... <input type="text"/> <input type="text"/></p> <p><b>G. ASTHMA</b></p> <p>35. Have you ever had asthma?.....YES Y NO N</p> <p style="text-align: center;">Go to Section H</p> <p>36. Was it confirmed by a doctor?.....YES Y NO N</p> <p>37. At what age did it start?..... <input type="text"/> <input type="text"/></p>	<p>38. Do you still have it?.....YES Y NO N</p> <p style="text-align: center;">Go to Section H</p> <p>39. At what age did it stop?..... <input type="text"/> <input type="text"/></p> <p><b>H. WORK ACTIVITY</b></p> <p>"Now I'm going to ask you some questions about your physical activity. We are interested in your physical activity during the past year. I'll begin by asking about your activity level at work."</p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 8 of 17)

<p>40. At work do you sit:.....Never N [rc 1] Seldom L SoMetimes M Often O Always A Does not work D</p>	<p>42. At work do you walk:.....Never N [rc 1] Seldom L SoMetimes M Often O Always A</p>
<p>41. At work do you stand:.....Never N [rc 1] Seldom L SoMetimes M Often O Always A</p>	<p>43. At work do you lift heavy loads:.....Never N [rc 2] Seldom L SoMetimes M Often O Very Often V</p>

Go to Item 47  
Screen 9

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 9 of 17)

<p>44. After working are you physically tired:.....Never N [rc 2] Seldom L SoMetimes M Often O Very Often V</p>	<p>46. In comparison with others of your own age do you think your work is physically:.....Much lighter A [rc 3] Lighter B As heavy C Heavier D Much heavier E</p>
<p>45. At work do you sweat:.....Never N [rc 2] Seldom L SoMetimes M Often O Very Often V</p>	<p>I. SPORTS 47. Do you exercise or play sports?.....YES Y NO N</p>

Go to Item 65  
Screen 14

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPA screen 10 of 17)

48. Which sport or exercise do you do most frequently:.....

[Do not show card]

If the activity is coded enter code and go to item 49, if not coded enter 499 and specify the activity below.

a.

49. How many hours a week do you do this activity?... [rc 5]

Less than 1	A
At least 1 but not quite 2	B
At least 2 but not quite 3	C
At least 3 but not quite 4	D
4 or more	E

50. How many months a year do you do this activity?... [rc 6]

Less than 1	A
At least 1 but not quite 4	B
At least 4 but not quite 7	C
At least 7 but not quite 10	D
10 or more	E

51. Do you do other exercises or play other sports?.....YES Y

NO N

Go to Item 64  
Screen 14

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPA screen 11 of 17)

52. What is your second most frequent sport or exercise:.....

[Do not show card]

If the activity is coded enter code and go to item 53, if not coded enter 499 and specify the activity below.

a.

53. How many hours a week do you do this activity?... [rc 5]

Less than 1	A
At least 1 but not quite 2	B
At least 2 but not quite 3	C
At least 3 but not quite 4	D
4 or more	E

54. How many months a year do you do this activity?... [rc 6]

Less than 1	A
At least 1 but not quite 4	B
At least 4 but not quite 7	C
At least 7 but not quite 10	D
10 or more	E

55. Do you do other exercises or play other sports?.....YES Y

NO N

Go to Item 64  
Screen 14

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 12 of 17)

<p>56. What is your third most frequent sport or exercise:..... <input style="width: 30px; height: 15px;" type="text"/></p> <p>[Do not show card]</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If the activity is coded enter code and go to item 57, if not coded enter 499 and specify the activity below.</p> </div> <p>a. <input style="width: 100px; height: 15px;" type="text"/>  <input style="width: 100px; height: 15px;" type="text"/></p> <p>57. How many hours a week do you do this activity?... [rc 5]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Less than 1</td> <td style="width: 20%; text-align: right;">A</td> </tr> <tr> <td>At least 1 but not quite 2</td> <td style="text-align: right;">B</td> </tr> <tr> <td>At least 2 but not quite 3</td> <td style="text-align: right;">C</td> </tr> <tr> <td>At least 3 but not quite 4</td> <td style="text-align: right;">D</td> </tr> <tr> <td>4 or more</td> <td style="text-align: right;">E</td> </tr> </table>	Less than 1	A	At least 1 but not quite 2	B	At least 2 but not quite 3	C	At least 3 but not quite 4	D	4 or more	E	<p>58. How many months a year do you do this activity?... [rc 6]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Less than 1</td> <td style="width: 20%; text-align: right;">A</td> </tr> <tr> <td>At least 1 but not quite 4</td> <td style="text-align: right;">B</td> </tr> <tr> <td>At least 4 but not quite 7</td> <td style="text-align: right;">C</td> </tr> <tr> <td>At least 7 but not quite 10</td> <td style="text-align: right;">D</td> </tr> <tr> <td>10 or more</td> <td style="text-align: right;">E</td> </tr> </table> <p>59. Do you do other exercises or play other sports?.....YES Y  NO N</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> <p>Go to Item 64 Screen 14</p> </div>	Less than 1	A	At least 1 but not quite 4	B	At least 4 but not quite 7	C	At least 7 but not quite 10	D	10 or more	E
Less than 1	A																				
At least 1 but not quite 2	B																				
At least 2 but not quite 3	C																				
At least 3 but not quite 4	D																				
4 or more	E																				
Less than 1	A																				
At least 1 but not quite 4	B																				
At least 4 but not quite 7	C																				
At least 7 but not quite 10	D																				
10 or more	E																				

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 13 of 17)

<p>60. What is your fourth most frequent sport or exercise:..... <input style="width: 30px; height: 15px;" type="text"/></p> <p>[Do not show card]</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If the activity is coded enter code and go to item 61, if not coded enter 499 and specify the activity below.</p> </div> <p>a. <input style="width: 100px; height: 15px;" type="text"/>  <input style="width: 100px; height: 15px;" type="text"/></p> <p>61. How many hours a week do you do this activity?... [rc 5]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Less than 1</td> <td style="width: 20%; text-align: right;">A</td> </tr> <tr> <td>At least 1 but not quite 2</td> <td style="text-align: right;">B</td> </tr> <tr> <td>At least 2 but not quite 3</td> <td style="text-align: right;">C</td> </tr> <tr> <td>At least 3 but not quite 4</td> <td style="text-align: right;">D</td> </tr> <tr> <td>4 or more</td> <td style="text-align: right;">E</td> </tr> </table>	Less than 1	A	At least 1 but not quite 2	B	At least 2 but not quite 3	C	At least 3 but not quite 4	D	4 or more	E	<p>62. How many months a year do you do this activity?... [rc 6]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Less than 1</td> <td style="width: 20%; text-align: right;">A</td> </tr> <tr> <td>At least 1 but not quite 4</td> <td style="text-align: right;">B</td> </tr> <tr> <td>At least 4 but not quite 7</td> <td style="text-align: right;">C</td> </tr> <tr> <td>At least 7 but not quite 10</td> <td style="text-align: right;">D</td> </tr> <tr> <td>10 or more</td> <td style="text-align: right;">E</td> </tr> </table> <p>63. Do you do other exercises or play other sports?.....YES Y  NO N</p>	Less than 1	A	At least 1 but not quite 4	B	At least 4 but not quite 7	C	At least 7 but not quite 10	D	10 or more	E
Less than 1	A																				
At least 1 but not quite 2	B																				
At least 2 but not quite 3	C																				
At least 3 but not quite 4	D																				
4 or more	E																				
Less than 1	A																				
At least 1 but not quite 4	B																				
At least 4 but not quite 7	C																				
At least 7 but not quite 10	D																				
10 or more	E																				

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 14 of 17)

<p>J. LEISURE TIME</p>			
64. During leisure time would you say you play sports or exercise:.....	Never N	65. In comparison with others of your own age do you think your physical activity during leisure time is:.....	Much less A
[rc 2]	Seldom L		Less B
	SoMetimes M		The same C
	Often O		More D
	Very Often V		Much more E

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 15 of 17)

66. During leisure time do you sweat:.....	Never N	68. During leisure time do you walk:.....	Never N
[rc 2]	Seldom L		Seldom L
	SoMetimes M		SoMetimes M
	Often O		Often O
	Very Often V		Very Often V
67. During leisure time do you watch television:.....	Never N		
[rc 2]	Seldom L		
	SoMetimes M		
	Often O		
	Very Often V		

RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAA screen 16 of 17)

69. During leisure time do you bicycle:.....	Never N	K. OTHER ACTIVITIES	
[rc 2]	Seldom L	70. How many minutes do you walk and/or bicycle per day to and from work or shopping?...	
	SoMetimes M	[If seasonal, give average over the past year]	
	Often O	[rc 8]	Less than 5 A
	Very Often V		At least 5 but not quite 15 B
			At least 15 but not quite 30 C
			At least 30 but not quite 45 D
			45 or more E



RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM (RPAAs screen 17 of 17)

<p>71. Have you done any heavy physical activity within the last 12 hours?.....YES Y</p> <p style="text-align: right;">NO N</p> <p style="margin-left: 40px;"> <input type="text" value="Go to Item 72"/> </p> <p>a. How long ago did you complete it?</p> <p style="margin-left: 80px;"> <input type="text"/> <input type="text"/> hours, <input type="text"/> <input type="text"/> minutes         </p> <p>72. How many <u>flights</u> of stairs do you climb <u>up</u> each day?...          [One flight equals 10 steps]</p> <p style="margin-left: 80px;"> <input type="text"/> <input type="text"/> flights per day         </p>	<p>L. ADMINISTRATIVE INFORMATION</p> <p>73. Date of data collection:.....  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">- <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">- <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>month</span> <span>day</span> <span>year</span> </div> </div></div></p> <p>74. Method of data collection:.....Computer C  <span style="margin-left: 150px;">Paper form P</span> </p> <p>75. Code number of person completing this form:.....  <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-left: 100px;"> </div> </p>
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RESPIRATORY SYMPTOMS/PHYSICAL ACTIVITY FORM INSTRUCTIONS

11-01-

I. GENERAL INSTRUCTIONS

The Respiratory Symptoms/Physical Activity Form should be completed during the interview portion of the participant clinic visit. The interviewer must be certified and should be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document. Items on the form enclosed in brackets are instructions to the interviewer, and should not be stated verbally during the interview. Items in double quotes are to be read aloud. Skip rules are enclosed in boxes. When after a brief explanation doubt remains as to whether the answer should be "Yes" or "No", the answer should be recorded as "No".

The Respiratory Symptoms portion of the questionnaire has been adapted from the Epidemiology Standardization Project and the detailed instructions below are taken directly from that source. Questions must be put to the subject exactly as they are printed; small changes may make unexpectedly large differences in responses. Unequivocal answers must be recorded as such, whether they seem reasonable or not. Probing questions should rarely be needed. When they have to be asked, they should depart as little as possible from the wording of the initial question, and must not be such as to suggest any particular answer to the respondent.

II. DETAILED INSTRUCTIONS FOR RESPIRATORY QUESTIONS

Read instruction to respondent.

A. COUGH

If respondent answers No to 1, skip 2, but 3 and 4 must be asked of all respondents. Do not ask questions 5 and 6, unless there is a positive response to 1 of the previous questions. For question 6, record actual number of years.

"These questions pertain mainly to your chest."

A. COUGH

- |   |     |   |
|---|-----|---|
| 1. Do you usually have a cough?.....  | YES | Y |
| [Count a cough with first smoke<br>or on first going out-of-doors<br>Exclude clearing throat.]    | NO  | N |
| <div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 3</div>     |     |   |
| 2. Do you usually cough as much as 4 to<br>6 times a day, 4 or more days out<br>of the week?..... | YES | Y |
|   | NO  | N |
| 3. Do you usually cough at all on<br>getting up, or first thing in<br>the morning?.....           | YES | Y |
|   | NO  | N |
| 4. Do you usually cough at all<br>during the rest of the day<br>or at night?.....                 | YES | Y |
|   | NO  | N |

If any of questions 1, 3, and 4 are answered "Yes" answer questions 5 and 6, if not, go to item 7

5. Do you usually cough like this on most days for 3 consecutive months or more during the year?.....YES Y  
 NO N

6. For how many years have you had this cough?.....

B. PHLEGM

7. Do you usually bring up phlegm from your chest?.....YES Y  
 NO N  
 [Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.]

Go to Item 9  
Screen 3

8. 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

9. Do you usually bring up phlegm at all on getting up, or first thing in the morning?.....YES Y  
 NO N

10. Do you usually bring up phlegm at all during the rest of the day or at night?.....YES Y  
 NO N

If any of questions 7, 9, and 10 are answered "Yes", answer questions 11 and 12, if not, go to item 13

11. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?.....YES Y  
 NO N

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

6. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

B. PHLEGM

If the respondent answers No to 7, skip 8, but ask 9 and 10 of all respondents. Emphasis should be placed upon phlegm as coming up from the chest and postnasal discharge is discounted. This may be determined by: "Do you raise it up from your lungs, or do you merely clear it from your throat?" Some subjects admit to bringing up phlegm without admitting to cough. This claim should be accepted without changing the replies to "cough." Phlegm coughed up from the chest counts as positive. Include, if volunteered, phlegm with first smoke or "on first going out-of-doors." Do not ask questions 11 and 12 unless there is a positive response to 1 of the previous questions. For question 12, record actual number of years.

12. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

C. WHEEZING

13. Does your chest ever sound wheezy or whistling when you have a cold?.....YES Y  
 NO N

14. Does your chest ever sound wheezy or whistling apart from colds?.....YES Y  
 NO N

If either question 13 or 14 are answered "Yes", answer questions 15 and 16, if not, go to item 17

15. Does your chest sound wheezy or whistling most days or nights?.....YES Y  
 NO N

16. For how many years has this wheezy or whistling sound been present?.....

17. Have you ever had an attack of wheezing that has made you feel short of breath?.....YES Y  
 NO N

Go to Item 21  
Screen 5

18. How old were you when you had your first such attack?.....

19. Have you had 2 or more such episodes?.....YES Y  
 NO N

20. Have you ever required medicine or treatment for the(se) attack(s)?.....YES Y  
 NO N

D. BREATHLESSNESS

21. Are you disabled from walking by any condition other than heart or lung disease?.....YES Y  
 NO N

Go to Item 27  
Screen 6

22. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?.....YES Y  
 NO N

Go to Item 27  
Screen 6

C. WHEEZING

These questions are intended to identify subjects who have occasional and/or frequent wheezing. Those questions pertaining to asthma are asked in questions 17 through 21, and 35 through 39 but these questions may check that diagnosis. Subjects may confuse wheezing with snoring or bubble sounds in the chest; a demonstration "wheeze" will help if further clarification is requested. Can ask, "Does your husband (or wife) regularly complain of your wheezing (not snoring) at night?" Ask questions 13 and 14 of everyone; do not ask 15 or 16 if answers to 13 and 14 are No.

16. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

18. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "1½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

D. BREATHLESSNESS

If a subject volunteers that he is disabled from walking by any condition other than heart or lung disease, or obviously is confined to a wheelchair or uses crutches continuously, then questions 22 through 26 are not to be asked. If asked, the questions refer to the average condition during the preceding winters. No attempt is made to separate out cardiac breathlessness. If question 22 is No, skip remaining questions 23 through 26.

- 23. Do you have to walk slower than people of your age on the level because of breathlessness?.....YES Y  
NO N
- 24. Do you ever have to stop for breath when walking at your own pace on the level?.....YES Y  
NO N
- 25. 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
- 26. Are you too breathless to leave the house or breathless on dressing or undressing?..... YES Y  
NO N

E. BRONCHITIS

- 27. Have you ever had chronic bronchitis?.....YES Y  
NO N  

Go to Item 31

 \_\_\_\_\_
- 28. Do you still have it?.....YES Y  
NO N
- 29. Was it confirmed by a doctor?.....YES Y  
NO N

30. At what age did it start?.....

F. EMPHYSEMA

- 31. Have you ever had emphysema?.....YES Y  
NO N  

Go to Item 35  
Screen 7

 \_\_\_\_\_
- 32. Do you still have it?.....YES Y  
NO N
- 33. Was it confirmed by a doctor?.....YES Y  
NO N

34. At what age did it start?.....

E. BRONCHITIS

27. This diagnosis may be confused with pneumonia or bronchial asthma. The prominent feature is rapid onset of cough and phlegm that completely changes in character for those who have cough and phlegm always and returns to its former state or comes and goes over relatively short periods of time. Do not ask 28 through 30 if 27 is No.

30. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

F. EMPHYSEMA

31. Do not ask 32 through 34 if 31 is No.

34. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

G. ASTHMA

35. Have you ever had asthma?.....YES Y

NO N  
 Go to Section H

36. Was it confirmed by a doctor?.....YES Y

NO N

37. At what age did it start?.....

38. Do you still have it?.....YES Y

NO N  
 Go to Section H

39. At what age did it stop?.....

H. WORK ACTIVITY

"Now I'm going to ask you some questions about your physical activity. We are interested in your physical activity during the past year. I'll begin by asking about your activity level at work."

40. At work do you sit:.....Never N  
 [rc 1]

Seldom L

SoMetimes M

Often O  
 Go to Item 47  
 Screen 9

Always A

Does not work D

41. At work do you stand:.....Never N  
 [rc 1]

Seldom L

SoMetimes M

Often O

Always A

G. ASTHMA

35. Do not ask 36 through 39 if 35 is No.

37. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

38. Do not ask 39 if 38 is Yes.

39. Record the answer to this question rounding down to the nearest whole number. If the respondent answers "2½ years," code it as 02. For periods of less than 1 year, code as a zero. For "unknown," draw two horizontal lines through both boxes. If a range is given such as "5 to 8 years," use the midpoint of the range (6.5) and round as indicated above (recording as 06).

III. DETAILED INSTRUCTIONS FOR PHYSICAL ACTIVITY QUESTIONS

H. WORK ACTIVITY

Show response cards [RC] as indicated.

40. The Response Card does not include response D: "Does not work." Use this code only if the participant responds spontaneously that he/she does not work. In this case, skip to question 47.

These questions pertain to work activity. One answer per question.



48. Which sport or exercise do you do most frequently:.....

Three empty boxes for coding the activity.

[Do not show card]

If the activity is coded enter code and go to item 49, if not coded enter 499 and specify the activity below.

Two rows of 12 empty boxes for specifying the activity.

49. How many hours a week do you do this activity?... [rc 5]

- Less than 1 A
At least 1 but not quite 2 B
At least 2 but not quite 3 C
At least 3 but not quite 4 D
4 or more E

50. How many months a year do you do this activity?... [rc 6]

- Less than 1 A
At least 1 but not quite 4 B
At least 4 but not quite 7 C
At least 7 but not quite 10 D
10 or more E

51. Do you do other exercises or play other sports?.....YES Y

NO N
Go to Item 64 Screen 14

52. What is your second most frequent sport or exercise:.....

Three empty boxes for coding the activity.

[Do not show card]

If the activity is coded enter code and go to item 53, if not coded enter 499 and specify the activity below.

Two rows of 12 empty boxes for specifying the activity.

A code sheet is provided, listing most physical activities and a corresponding three digit code. This sheet is not to be shown to the participant, because we do not want to prompt recall of activities. The three digit codes of the reported activities are to be entered in the three boxes of questions 48, 52, 56, and 60, as needed. If an activity cannot fit into one of the categories on the card, code the box 499 and specify the activity in the space provided. Some codes, such as swimming, require additional probing to determine speed.

In general, the hours per week should exclude rest time. If the reported hours seem excessive, repeat it to the participant to be certain. If the activity is seasonal, it should be averaged over the months the activity is engaged in.

The follow-up question "How many months a year do you do this activity?" will be confusing if the participant just began performing the activity. In that case, the interviewer should project for a one year period the participant's pattern of activity for the months since taking it up. For example, if the person took up an activity four months ago and has done it for three months out of four, that would project to a nine month per year pattern (assuming the activity could be done year round). Do your best to place it into a year time frame, based on current habit.



53. How many hours a week do you do this activity?...  
[rc 5]
- Less than 1 A
  - At least 1 but not quite 2 B
  - At least 2 but not quite 3 C
  - At least 3 but not quite 4 D
  - 4 or more E

54. How many months a year do you do this activity?...  
[rc 6]
- Less than 1 A
  - At least 1 but not quite 4 B
  - At least 4 but not quite 7 C
  - At least 7 but not quite 10 D
  - 10 or more E

55. Do you do other exercises or play other sports?.....YES Y  
NO N

Go to Item 64  
Screen 1←

56. What is your third most frequent sport or exercise:.....
- [Do not show card]

If the activity is coded enter code and go to item 57, if not coded enter 499 and specify the activity below.

a.

57. How many hours a week do you do this activity?...  
[rc 5]
- Less than 1 A
  - At least 1 but not quite 2 B
  - At least 2 but not quite 3 C
  - At least 3 but not quite 4 D
  - 4 or more E

58. How many months a year do you do this activity?...  
[rc 6]
- Less than 1 A
  - At least 1 but not quite 4 B
  - At least 4 but not quite 7 C
  - At least 7 but not quite 10 D
  - 10 or more E

59. Do you do other exercises or play other sports?.....YES Y

NO N

Go to Item 64  
Screen 14

60. What is your fourth most frequent sport or exercise:.....

[Do not show card]

If the activity is coded enter code and go to item 61, if not coded enter 499 and specify the activity below.

a. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

61. How many hours a week do you do this activity?... [rc 5]

- Less than 1 A
- At least 1 but not quite 2 B
- At least 2 but not quite 3 C
- At least 3 but not quite 4 D
- 4 or more E

62. How many months a year do you do this activity?... [rc 6]

- Less than 1 A
- At least 1 but not quite 4 B
- At least 4 but not quite 7 C
- At least 7 but not quite 10 D
- 10 or more E

63. Do you do other exercises or play other sports?.....YES Y

NO N

J. LEISURE TIME

64. During leisure time would you say you play sports or exercise:.....Never N

- SeLdom L
- SoMetimes M
- Often O
- Very Often V

63. Indicate if the participant does more than four sports or exercises.

J. LEISURE TIME

These pertain to leisure time activity. Leisure time is defined as time away from work. If the respondent is confused by "leisure time," you may provide this definition. One answer per question.

65. In comparison with others of your own age do you think your physical activity during leisure time is:.....Much less A  
 [rc 7] Less B  
 The same C  
 More D  
 Much more E

66. During leisure time do you sweat:..... Never N  
 [rc 2] SeLdom L  
 SoMetimes M  
 Often O  
 Very Often V

67. During leisure time do you watch television:..... Never N  
 [rc 2] SeLdom L  
 SoMetimes M  
 Often O  
 Very Often V

68. During leisure time do you walk:.....Never N  
 [rc 2] SeLdom L  
 SoMetimes M  
 Often O  
 Very Often V

69. During leisure time do you bicycle.....Never N  
 [rc 2] SeLdom L  
 SoMetimes M  
 Often O  
 Very Often V

K. OTHER ACTIVITIES

70. How many minutes do you walk and/or bicycle per day to and from work or shopping?...  
 [If seasonal, give average over the past year] [rc 8]  
 Less than 5 A  
 At least 5 but not quite 15 B  
 At least 15 but not quite 30 C  
 At least 30 but not quite 45 D  
 45 or more E

66. This question asks about sweating at leisure as a result of activity, not climate or temperature. If the participants say they sweat a lot because it is hot outside, try to get them to focus on sweat due to activity and beyond ambient conditions.

K. OTHER ACTIVITIES

70. This question should be completed even if walking or bicycling was listed in questions 48, 52, 56, 60, 68 or 69. Include time walking to and from car, but don't include time at work or shopping.

71. Have you done any heavy physical activity within the last 12 hours?.....YES Y

NO N  
Go to Item 72

a. How long ago did you complete it?

hours, minutes

72. How many flights of stairs do you climb up each day?... [One flight equals 10 steps]

flights per day

72. Includes stair climbing at home, at work, or during leisure time. If participant climbs larger or smaller flights of stairs than 10 steps, translate into 10 step flights, rounding down to the nearest whole number.

L. ADMINISTRATIVE INFORMATION

73. Date of data collection:..... month - day - year

73. Enter the date on which the subject was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1986 would be entered as:

05 - 03 - 86  
month day year

74. Method of data collection:.....Computer C  
Paper form P

74. If the form was completed partially on paper and partially on the computer, code as "Paper form."

75. Code number of person completing this form?.....

75. The person at the clinic who has completed this form must enter his/her code number in the boxes provided

.    **PHYSICAL ACTIVITY  
RESPONSE CARDS**

<u>RESPONSE CARD NUMBER</u>	<u>TITLE</u>	<u>RESPONSES</u>
[RC 1]		NEVER SELDOM SOMETIMES OFTEN ALWAYS
[RC 2]		NEVER SELDOM SOMETIMES OFTEN VERY OFTEN
[RC 3]		MUCH LIGHTER LIGHTER AS HEAVY HEAVIER MUCH HEAVIER
[RC 4]	SPORTS LIST	ALPHABETIZED LIST OF SPORT CODES, IF NOT CODED CODE AS 499 AND SPECIFY IN THE SPACE PROVIDED
[RC 5]	HOURS	LESS THAN 1 AT LEAST 1 BUT NOT QUITE 2 AT LEAST 2 BUT NOT QUITE 3 AT LEAST 3 BUT NOT QUITE 4 4 OR MORE
[RC 6]	MONTHS	LESS THAN 1 AT LEAST 1 BUT NOT QUITE 4 AT LEAST 4 BUT NOT QUITE 7 AT LEAST 7 BUT NOT QUITE 10 10 OR MORE
[RC 7]		MUCH LESS LESS THE SAME MORE MUCH MORE
[RC 8]	MINUTES	LESS THAN 5 AT LEAST 5 BUT NOT QUITE 15 AT LEAST 15 BUT NOT QUITE 30 AT LEAST 30 BUT NOT QUITE 45 45 OR MORE

## ATHEROSCLEROSIS RISK IN COMMUNITIES STUDY

## CODING LIST FOR THE RESPIRATORY/PHYSICAL ACTIVITY FORM SPORTS

ACTIVITY	CODE
Archery	1
Aqua Aerobics/Swimnastics/Water Exercise	2
Backpacking	4
Badminton	7
Baseball	10
Basketball, Game	13
Basketball, Non-game	16
Biathlon	19
Bicycle Racing	22
Bicycling < 10 mph	25
Bicycling $\geq$ 10 mph	28
Billiards	31
Eobsledding	37
Body Building	40
Bowling	43
Boxing	46
Broomball	49
Calisthenics	52
Canoeing < 2.6 mph	55
Canoeing in Competition	58
Carpentry/Woodworking	60
Car Racing	61
Crew	67
Cricket	70
Croquet	73
Crossbowing	76
Curling	79
Dancing, Aerobics (Low to moderate)	82
Dancing, Aerobic (high intensity)	85
Dancing, Ballet	88
Dancing - Jazz, Modern	91
Dancing - Ballroom and/or Square	94
Darts	97
Diving	100
Equestrian Events	109
Fencing	112
Field Hockey	115
Figure Skating	118
Fishing from Bank or Boat	121
Fishing in Stream with Wading Boots	124
Floor Exercise	125
Football, Game	127
Football, Non-game	130
Frisbee - Competition/Games	133
Frisbee - Recreational	136
Gardening/Yard Work	139
Golf - Using Cart	142
Golf - Walking and Carrying Clubs	145

## CODING LIST FOR THE RESPIRATORY/PHYSICAL ACTIVITY FORM SPORTS, continued

ACTIVITY	CODE
Gut Buster/Stomach Exercise	146
Gymnastics (Beam, High Bar, Horse, Parallel and Uneven bars, Rings)	148
Gymnastics (Floor Exercise, Vault)	151
Hockey Sack	154
Handball	157
Hang Gliding	160
Hiking	163
Hiking in the Mountains	166
Hiking on Flat Trail	169
Hockey	172
Horseback Riding	175
Horseshoes/Quoits	178
Hunting	181
Hurling	184
Ice Sailing	187
Ice Skating	190
Jacket Wrestling	193
Jai-Alai	196
Jogging < 6 mph	199
Jogging $\geq$ 6 mph	202
Judo	205
Juggling	208
Jujitsu	211
Jumping Rope	214
Karate	217
Kayaking	220
Kick Boxing	223
Lacrosse	226
Lawn Bowling	229
Luge	232
Mini-Trampoline	235
Motocross	238
Mountain Climbing	241
Mowing Lawn with Riding Mower or Walking Behind Power Mover	244
Mowing Lawn Pushing Hand Mower	247
Nautilus	249
Orienteering	250
Paddleball	253
Polo	259
Power Lifting	262
Racewalking	265
Racquetball	268
Roller Skating	271
Rowing	274
Rugby	277
Running $\geq$ 6 mph	280
Running, Cross-County	283

## CODING LIST FOR THE RESPIRATORY/PHYSICAL ACTIVITY FORM SPORTS, continued

ACTIVITY	CODE
Sailing - Calm Waters	286
Sailing - Rough Waters	289
Scuba Diving	292
Sculling < 95 meters/min.	295
Sculling $\geq$ 95 meters/min.	298
Shoveling	301
Shuffleboard	304
Skateboarding	310
Ski Jumping	313
Skiing, Cross-Country	316
Skiing, Downhill	319
Sky Diving	322
Sledding or Tobogganing	325
Snorkeling	328
Snow Blowing/Shoveling	331
Snowmobling/All Terrain Vehicle	333
Snow Shoeing	334
Soccer	337
Softball	340
Speed Skating	343
Squash	346
Stair Climbing	349
Surfing	352
Swim, Recreational	355
Swimming, Backstroke $\leq$ 35 yds/min.	358
Swimming, Backstroke $>$ 35 yds/min.	361
Swimming, Breaststroke $<$ 40 yds/min.	364
Swimming, Breaststroke $>$ 40 yds/min.	367
Swimming, Butterfly	370
Swimming, Crawl	373
Swimming, Elementary Backstroke	376
Swimming, Sidestroke $\geq$ 40 yds/min.	379
Synchronized Swimming	382
Table Tennis	385
Tae Kwon Do	388
Tai Chi	391
Team Handball	394
Tennis	397
Trampoline	400
Trapshooting	403
Unicycling	406
Volleyball	409
Walking Briskly	412
Walking During Work Break	415
Walking for Pleasure	418
Walking To and From Work	421
Water Polo	424
Water Skiing	427
Weight Lifting	430
Whitewater Rafting	433



## CODING LIST FOR THE RESPIRATORY/PHYSICAL ACTIVITY FORM SPORTS, continued

ACTIVITY	CODE
Windsurfing	436
Woodcutting	437
Wrestling	439
Wrist Wrestling	442
Yachting	448
Yard Work (See Gardening)	
Yoga	451
Coding Error - DO NOT USE	488
Health Club, Not Otherwise Specified	498
Unspecified	499