



RESPIRATORY SYMPTOMS FORM

NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: B 07-2

NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503.

INSTRUCTIONS: This form is completed during the participant's 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 on the paper form, 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.

RESPIRATORY SYMPTOMS FORM (RPAB screen 1 of 5)

<p>All of these questions apply to the time period since your ARIC visit on <u>(date)</u>."</p> <p>COUGH</p> <p>Do you usually have a cough?.....YES Y</p> <p style="margin-left: 40px;">[Count a cough with first smoke or on first going out-of-doors. Exclude clearing throat.]</p> <p style="margin-left: 100px;">NO N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 100px;">Go to Item 4</div> <p>Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?.....YES Y</p> <p style="margin-left: 100px;">NO N</p>	<p>3. Do you usually cough like this on most days for 3 consecutive months or more during the year?.....YES</p> <p style="text-align: right;">NO</p> <p>B. PHLEGM</p> <p>4. Do you usually bring up phlegm from your chest?.....YES</p> <p style="margin-left: 40px;">[Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.]</p> <p style="text-align: right;">NO</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 100px;">Go to Item 7</div>
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RESPIRATORY SYMPTOMS FORM (RPAB screen 2 of 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

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

Remember, the following questions still refer to the time period since you last ARIC visit."

C. WHEEZING

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

8. Does your chest ever sound wheezy or whistling apart from colds?.....YES
 NO

If either question 7 or 8 are answered "Yes," answer question 9; if not, go to item 10.

RESPIRATORY SYMPTOMS FORM (RPAB screen 3 of 5)

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

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

Go to Item 13

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

12. Have you required medicine or treatment for the(se) attack(s)?.....YES
 NO

"The remaining questions still refer to the time period since your last ARIC visit."

D. BREATHLESSNESS

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

Go to Item 19

RESPIRATORY SYMPTOMS FORM (RPAB screen 4 of 5)

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 19

Do you have to walk slower than people of your age on the level because of breathlessness?.....YES Y
 NO N

16. Do you ever have to stop for breath when walking at your own pace on the level?.....YES
 NO

17. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?.....YES
 NO

18. Are you too breathless to leave the house or breathless on dressing or undressing?.....YES
 NO

RESPIRATORY SYMPTOMS FORM (RPAB screen 5 of 5)

ADMINISTRATIVE INFORMATION

9. Date of data collection:.....

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 month day year

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

11. Code number of person collecting data:.....

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INSTRUCTIONS FOR RESPIRATORY SYMPTOMS FORM
RPA, VERSION B, 7/25/89
PREPARED 10/19/89

I. GENERAL INSTRUCTIONS

The Respiratory Symptoms Form is completed during the interview portion of the participant clinic visit. The interviewer must be certified and should understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name are completed as described in that document. Items on the form enclosed in brackets are instructions to the interviewer, and are not stated verbally during the interview. Items in double quotes are 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. 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 INSTRUCTIONS TO THE PARTICIPANT.

"I would like to ask you some questions about respiratory symptoms you may have had since your first ARIC Visit on (___/___/___). Although you may have experienced one or more of these conditions more than once in your life, we are asking you to restrict your answers to the last (3) years." (If it has been more than 3 years since the baseline exam, insert the correct number of years in the parenthesis.)

A. COUGH

1. The explanation in the [] is read only if the participant asks for clarification. If the response is NO, go to item 4.
2. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.
3. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

B. PHLEGM

4. Emphasis is placed upon phlegm coming up from the chest. Postnasal discharge is discounted. The following probe may be used: "Do you raise it up from your lungs, or do you merely clear it from your throat?" Some respondents admit to bringing up phlegm without reporting a cough. A positive response to phlegm with a negative response to cough is 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." A brief explanation of acceptable responses is provided in the []. If the response is NO, go to item 7.

5. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

6. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

C. WHEEZING

These questions attempt to identify respondents with occasional and/or frequent wheezing. Questions 10-12 pertain to asthma.

7. Participants may confuse wheezing with snoring or bubble sounds in the chest; a demonstration "wheeze" often helps if further clarification is requested.

8. If the response to both Items 7 and 8 is NO, go to Item 10.

9. Again, respondents may confuse wheezing with snoring. The following probe can be helpful: "Does your husband (or wife) regularly complain of your wheezing (not snoring) at night?"

10. If the response is NO, go to Item 13.

11. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

12. READ THE QUESTION using the plural in the parenthesis if the participant reported more than one episode of wheezing in Item 11.

D. BREATHLESSNESS

13. If the participant volunteers that he/she is disabled from walking (does not walk) by any condition other than heart or lung disease, or obviously is confined to a wheelchair, enter YES and go to Item 19.

14. Questions 13-18 refer to average conditions. No attempt is made to separate out cardiac breathlessness. If the response is NO, go to Item 19.

15. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

16. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

17. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

18. READ THE QUESTION EXACTLY AS WORDED AND RECORD THE RESPONSE.

E. ADMINISTRATIVE INFORMATION

19. Record the date on which the interview took place.

20. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

21. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.