



# RESPIRATORY QUESTIONNAIRE

ID NUMBER:

FORM CODE: 

R	S	E
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DATE: 06/01/2011  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /

0b. Staff ID:

### A. COUGH

1. Do you usually cough in the winter (during the day, or at night) 4 or more days out of the week?

Yes .....

No.....

2. Do you usually cough at other times of the year (during the day, or at night) 4 or more days out of the week?

Yes .....

No.....

#### IF 'YES' TO QUESTIONS 1 OR 2:

a. Do you usually cough like this on most days for as much as three months each year?

Yes .....

No.....

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

3. Do you usually bring up phlegm or sputum when you cough?

Yes .....

No.....

### B. WHEEZING

4. Have you ever had wheezing or whistling in your chest?

Yes .....

No.....  → **GO TO QUESTION 5**

a. Have you had this wheezing or whistling when you did not have a cold?

Yes .....

No.....

b. At about what age did the wheezing or whistling start?.....

c. Do you still have it?

Yes .....  → **GO TO QUESTION 4e**

No.....

d. How many years has it been since you last experienced wheezing or whistling? ....

e. Have you ever had an attack of wheezing that has made you feel short of breath?

Yes .....

No.....

f. Have you had an attack in the past 12 months?

Yes .....

No.....

**C. BREATHLESSNESS**

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

Yes .....

No.....

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

Yes .....

No.....

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

Yes .....

No.....

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

Yes .....

No.....

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

Yes .....

No.....

10. Are you too breathless to leave the house or breathless on dressing or undressing?

Yes .....

No.....

**D. CONDITIONS**

11. Has a doctor ever told you that you had emphysema or chronic obstructive pulmonary disease (also called COPD)?

Yes .....

No.....  → **Go to Item 12**

a. How old were you when the doctor first told you this? .....

b. Do you still have it?

Yes .....

No.....

12. Has a doctor ever told you that you had chronic bronchitis?

Yes .....

No.....  → **Go to Item 13**

a. How old were you when the doctor first told you this? .....

b. Do you still have it?

Yes .....   
No.....

13. Did you have breathing problems as a child (before age 16)?

Yes .....   
No.....

14. Have you ever had asthma?

Yes .....   
No.....  → **Go to Item 15**

a. Was it confirmed by a doctor?

Yes .....   
No.....

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

c. Do you still have it?

Yes .....  → **Go to Item 16**  
No.....

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

15. Do you have allergies that trigger asthma symptoms?

Yes .....   
No.....

### E. ALLERGIES

16. Have you ever had hay fever, nasal allergies, or allergic rhinitis?

Yes .....   
No.....  → **Go to Item 17**

a. Have you had it the past 12 months?

Yes .....   
No.....

17. In the past 12 months, have you had a problem with sneezing, runny nose, or blocked nose when you did not have a cold or the flu?

Yes .....   
No.....

### F. SLEEP

18. Does someone else usually sleep in the same room as you?

Yes .....   
No.....

19. How often do you snore now? .....

Never .....A

Rarely (1-2 nights a week) .....B

Sometimes (3-5 nights a week).....C

Always or almost always (6-7 nights a week).....D

Other {note log}.....E

20. How often do you have times when you stop breathing during your sleep? .....

Never .....A

Rarely (1-2 nights a week) .....B

Sometimes (3-5 nights a week).....C

Always or almost always (6-7 nights a week).....D

Other {note log}.....E

21. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Hours of sleep per night

22. Overall, was your typical night's sleep during the past 4 weeks .....

Very sound or very restful .....A

Sound or restful .....B

Average quality .....C

Restless.....D

Very restless.....E

Other {note log}.....F

23. Have you ever been told by a doctor that you have sleep apnea?

Yes .....

No.....  → **Go to END**

a. How old were you when you were first diagnosed with sleep apnea? .....

b. Have you had any treatment for sleep apnea?

Yes .....

No.....  → **Go to END**

c. What type of treatment did you receive for sleep apnea?

	Yes	No
a. CPAP .....	<input type="checkbox"/>	<input type="checkbox"/>
b. BILEVEL.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral device .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Surgery.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other .....	<input type="checkbox"/>	<input type="checkbox"/> specify: _____



# INSTRUCTIONS FOR RESPIRATORY SYMPTOMS (RSE) FORM

## I. General Instructions

The Respiratory Symptoms Form is completed during the interview portion of the participant clinic visit and assesses respiratory conditions and diseases. 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.

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 a 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 Each Item

First read the following script to the participant: "The following questions are about respiratory or chest symptoms. If you are in doubt whether the answer is yes or no, answer no."

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. The technologist at the clinic who has completed this form must enter his/her code number in the boxes provided.

### A. COUGH

- 1. Ask if the participant usually coughs in the winter 4 or more days out of the week. Inform the participant that this includes coughing during the day or at night. Read the question exactly as worded and record the response.
- 2. Ask if the participant usually coughs at other times of the year 4 or more days out of the week. Read the question exactly as worded and record the response. If clarification is needed, indicate that other times of the year include spring, summer, and fall.

If the response question 1 or question 2 is YES, go to question 2a. If the responses to questions 1 and 2 are both NO, go to question 3.

- 2a. Ask if the participant usually coughs like this on most days for as much at three months each year. Read the question exactly as worded and record the response. Inform the participant that "most" means at least 4 days per week. If clarification is needed, indicate that "like this" means at any time of the year, during the day or at night.
- 2b. Ask for how many years the participant has had this cough. Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports nine years record "09" for years in the boxes provided. If he/she reports "less than 1 year," record "00".
- 3. This question is asked of all participants (not only those who reported coughing in questions 1 or 2). Ask if the participant usually brings up phlegm or sputum when he/she coughs. Read the

question exactly as worded and record the response. Emphasis is placed upon phlegm coming up from the chest. Postnasal discharge is discounted. Include, if volunteered, phlegm with the first smoke or “on first going outdoors.”

## **B. WHEEZING**

4. Ask if the participant has ever had wheezing or whistling in his/her chest. Read the question exactly as worded and record the response. Participants who respond NO are skipped to question 5.
- 4a. Ask if the participant has had the wheezing or whistling in his/her chest when he/she did not have a cold. Read the question exactly as worded and record the response.
- 4b. Ask the participant to estimate the age at which the wheezing or whistling started? Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 5, record “05” in the boxes provided. If he/she reports “less than 1 year,” record “00”.
- 4c. Ask if the participant still experiences wheezing or whistling in the chest. Read the question exactly as worded and record the response. Participants who respond YES are skipped to question 4e.
- 4d. Ask the participant how many years it has been since he/she last experienced wheezing or whistling in the chest? Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports that it has been 2 years since last experiencing wheezing or whistling, record “02” for years in the boxes provided. If he/she reports “less than 1 year,” record “00”.
- 4e. Ask the participant if he/she has ever had an attack of wheezing that made him/her feel short of breath. Read the question exactly as worded and record the response.
- 4f. Ask if the participant has had an attack of wheezing in the past 12 months. Read the question exactly as worded and record the response.

## **C. BREATHLESSNESS**

5. Ask if the participant is disabled from walking by any condition other than heart or lung disease. Read the question exactly as worded and record the response. If the participant responds YES or is obviously is confined to a wheelchair, enter YES.
6. Ask if the participant is troubled by shortness of breath when he/she is walking at a hurried pace on level ground or walking up a slight hill? Read the question exactly as worded and record the response.
7. Ask if the participant needs to walk slower than other people of the same age when he/she is walking on level ground because of breathlessness. Read the question exactly as worded and record the response. If clarification is needed, indicate that breathlessness also means feeling short of breath.
8. Ask if the participant ever needs to stop for breath when walking at his/her own pace on level ground. Read the question exactly as worded and record the response.

9. Ask if the participant ever needs to stop for breath after walking about 100 yards or for several minutes on level ground. Read the question exactly as worded and record the response.
10. If the participant does not walk (e.g., confined to a wheelchair), then skip this question. Ask if the participant feels too breathless or short of breath to leave the house or feels breathless when dressing or undressing. Read the question exactly as worded and record the response. If clarification is needed, indicate that the question refers to usually feeling this way.

#### **D. CONDITIONS**

11. Ask if the participant has ever been told by a doctor that he/she has emphysema or chronic obstructive pulmonary disease (also called COPD). This condition is sometimes known as chronic obstructive airways disease. COPD is different from asthma in that the airway inflammation responsible for producing shortness of breath is chronic in nature (i.e., not reversible). Read the question exactly as worded and record the response. Participants who respond NO are skipped to question 12.
- 11a. Ask the participant to estimate at what age he/she was first diagnosed with emphysema or chronic obstructive pulmonary disease (also called COPD). Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 5, record "05" in the boxes provided. If he/she reports "less than 1 year," record "00".
- 11b. Ask the participant if he/she still has emphysema or chronic obstructive pulmonary disease (also called COPD). Read the question exactly as worded and record the response.
12. Ask if the participant has ever been told by a doctor that he/she had chronic bronchitis. Read the question exactly as worded and record the response. Participants who respond NO are skipped to question 13.
- 12a. Ask the participant to estimate at what age he/she first diagnosed with chronic bronchitis. Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 5, record "05" in the boxes provided. If he/she reports "less than 1 year," record "00".
- 12b. Ask the participant if he/she still has chronic bronchitis. Read the question exactly as worded and record the response.
13. Ask the participant if he/she had breathing problems as a child? Specify that "as a child" refers to before the age of 16. Read the question exactly as worded and record the response.
14. Ask if the participant ever had asthma. This does not have to be doctor-diagnosed. Read the question exactly as worded and record the response. Participants who respond NO are skipped to question 15.
- 14a. Ask if the asthma was diagnosed by a doctor. Read the question exactly as worded and record the response.
- 14b. Ask the participant to estimate at what age he/she was when she/he started to have asthma. Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 5, record "05" in the boxes provided. If he/she reports "less than 1 year," record "00".

- 14c. Ask the participant if he/she still has asthma? Read the question exactly as worded and record the response. Participants who respond YES are skipped to question 16
- 14d. Age asthma stopped is considered to be the age the participant was the last time symptoms/attacks of asthma occurred. Ask the participant to estimate at what age he/she was the last time symptoms/attacks of asthma occurred. Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 9, record "09" in the boxes provided. If he/she reports "less than 1 year," record "00".
15. Ask the participant whether he/she has allergies that trigger asthma symptoms. Read the question exactly as worded and record the response. If clarification is needed, describe that "allergies" include all kinds of allergies, including seasonal allergies (also called hay fever), and allergies to animals, food, medications, mold, and other allergens.

### **E. ALLERGIES**

16. Ask the participant whether he/she has ever had hay fever, nasal allergies, or allergic rhinitis. Read the question exactly as worded and record the response. Participants who respond NO are skipped to question 17.
- 16a. Ask the participant whether he/she has had any hay fever, nasal allergies, or allergic rhinitis in the past 12 months. Read the question exactly as worded and record the response.
17. Ask the participant whether he/she has had a problem with sneezing, runny nose, or blocked nose when he/she did not have a cold or the flu. Read the question exactly as worded and record the response. If clarification is needed, describe that these symptoms could be due to allergies or a sinus infection.

### **F. SLEEP**

18. Ask the participant whether someone else usually sleeps in the same room that he/she sleeps in. Read the question exactly as worded and record the response. If clarification is needed, indicate that this includes someone who usually sleeps in the same bed or in a different bed that is in the same room. This question is phrased as "sleep in the same room" to reduce discomfort a participant may feel being asked about sharing a bed.
19. Ask the participant to estimate how many days per week he/she currently snores. Read the question exactly as worded and record the letter corresponding to the response option. If clarification is needed, read the response options, including the number of nights per week. If the participant responds with an answer that does not correspond to the options given, use response "E" and make a note of the response.
20. Ask the participant to estimate how many days per week he/she has the experience of stopping breathing during his/her sleep. Read the question exactly as worded and record the letter corresponding to the response option. If clarification is needed, read the response options, including the number of nights per week. If the participant responds with an answer that does not correspond to the options given, use response "E" and make a note of the response.
21. Ask the participant to estimate the number of hours he/she slept per night, during the past month. Read the question exactly as worded and record the response. If clarification is needed, explain that this includes only hours of actual sleep, not hours spent in bed reading, watching



TV, trying to fall asleep, etc. Do not leave the boxes empty. For example, if he/she reports 8 hours, record "08" in the boxes provided.

22. Ask the participant which term best describes his/her typical night's sleep during the past month. Read the question and response options exactly as worded and record the letter corresponding to the response option. If the participant responds with an answer that does not correspond to the options given, use response "E" and make a note of the response.
23. Ask the participant whether he/she has ever been told by a doctor that he/she has sleep apnea. Read the question exactly as worded and record the response. For participants who respond NO, this is the end of the respiratory questionnaire.
- 23a. Ask the participant to estimate at what age he/she was when she/he was first diagnosed with sleep apnea. Read the question exactly as worded and record the response. Do not leave the boxes empty. For example, if he/she reports age 5, record "05" in the boxes provided. If he/she reports "less than 1 year," record "00".
- 23b. Ask the participant if he/she has had any treatment for sleep apnea. Read the question exactly as worded and record the response. If clarification is needed, indicate that this refers to treatment that occurred in the past or to current treatment. For participants who respond NO, this is the end of the respiratory questionnaire.
- 23c. Ask the participant what type of treatment he/she receives/received for sleep apnea. Read the question and each of the response options exactly as worded and record the responses. If clarification is needed, CPAP (pronounced "see-pap") is also known as "continuous positive airway pressure" is a ventilation machine that is used with a mask, which is worn at night. BILEVEL is also known as "bi-level CPAP" or "BiPAP." If the participant responds that he/she uses/used a type of treatment not listed, check YES for response option E and ask the participant to identify the treatment. This is the end of the respiratory questionnaire.