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OMB#: 0925-0584  
Exp. 2/28/2011

## HCHS/SOL Respiratory Questionnaire

ID NUMBER:	<input type="text"/>								
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FORM CODE: RSE  
VERSION: A 8/24/07

Contact Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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Acrostic: \_\_\_\_\_

### ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### A. Respiratory Symptoms

The following questions are about respiratory or chest symptoms. If you are in doubt whether the answer is yes or no, answer no.

1. In the past 12 months, have you had a cough on most days or nights of the week during at least three months in a row? (*"Most" means at least 4 days or nights per week*)

No 0   
Yes 1

2. Have you had a cough on getting up or first thing in the morning on most mornings (at least 4 per week) for at least three months in a row?

No 0   
Yes 1

3. If "YES" to Question 1 OR Question 2, for how many years have you had this cough?

Years

4. In the past 12 months, have you brought up phlegm from your chest on most days or nights of the week during at least three months in a row? (*"Most" means at least 4 days or nights per week*)

No 0   
Yes 1

5. Have you brought up phlegm on getting up or first thing in the morning on most mornings (at least 4 per week) for at least three months in a row?

No 0   
Yes 1

6. If "YES" to Question 4 or Question 5, for how many years have you had trouble with this phlegm?

Years

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

No 0  → **GO TO QUESTION 18**  
 Yes 1

8. About how old were you when you first had wheezing or whistling in your chest?

Age in years (Answer "1" if younger than 1 year)

9. Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath?

No 0  → **GO TO QUESTION 13**  
 Yes 1

10. About how old were you when you had your first such attack?

Age in years (Answer "1" if younger than 1 year)

11. Have you had 2 or more such attacks?

No 0   
 Yes 1   
 Don't know 9

12. Have you ever required medicine or treatment for such attacks?

No 0   
 Yes 1   
 Don't know 9

13. In the last 12 months, have you had wheezing or whistling in your chest at any time?

No 0  → **GO TO QUESTION 18**  
 Yes 1

In the last 12 months, does your chest ever sound wheezy or whistling...

14. When you have a cold?

No 0   
 Yes 1

15. Occasionally apart from colds?

No 0   
 Yes 1

16. More than once a week?

No 0   
 Yes 1

17. Most days and nights?

No 0   
 Yes 1

18. In the last 12 months, have you been awakened from sleep either by coughing (apart from a cough associated with a cold or chest infection) or by shortness of breath or a feeling of tightness in your chest?

No 0   
 Yes 1

19. When you are near animals (such as cats, dogs, or horses) or near feathers (including pillows, quilts or comforters) or in a dusty or moldy part of the house, do you ever:

- |   | No                         | Yes                        |
|---|----------------------------|----------------------------|
| a. start to cough, wheeze, feel short of breath, or feel a tightness in your chest? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. get a runny or stuffy nose or start to sneeze, or get itching or watering eyes?  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

20. When you are near trees, grass, or flowers, or when there is a lot of pollen in the air, do you ever:

- |   | No                         | Yes                        |
|---|----------------------------|----------------------------|
| a. start to cough, wheeze, feel short of breath, or feel a tightness in your chest? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. get a runny or stuffy nose, start to sneeze, or get itching or watering eyes?    | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

21. Have you ever had allergen skin testing?

No	0 <input type="checkbox"/>
Yes	1 <input type="checkbox"/>

22. Do you have chronic sinusitis?

No	0 <input type="checkbox"/>
Yes	1 <input type="checkbox"/>

23. When you exercise or exert yourself or when the air is cold, do you ever start to cough, wheeze, feel short of breath, or feel tightness in your chest?

- |     |                            |
|-----|----------------------------|
| No  | 0 <input type="checkbox"/> |
| Yes | 1 <input type="checkbox"/> |

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

- |     |                            |   |                          |
|-----|----------------------------|---|--------------------------|
| No  | 0 <input type="checkbox"/> | → | <b>GO TO QUESTION 29</b> |
| Yes | 1 <input type="checkbox"/> |   |                          |

25. Do you have to walk slower than people of your age on level ground because of shortness of breath?

- |                |                            |
|----------------|----------------------------|
| No             | 0 <input type="checkbox"/> |
| Yes            | 1 <input type="checkbox"/> |
| Does not apply | 2 <input type="checkbox"/> |

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

- |                |                            |
|----------------|----------------------------|
| No             | 0 <input type="checkbox"/> |
| Yes            | 1 <input type="checkbox"/> |
| Does not apply | 2 <input type="checkbox"/> |

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

- |                |                            |
|----------------|----------------------------|
| No             | 0 <input type="checkbox"/> |
| Yes            | 1 <input type="checkbox"/> |
| Does not apply | 2 <input type="checkbox"/> |

28. Are you too short of breath to leave the house or short of breath on dressing or undressing?

- No 0   
 Yes 1   
 Does not apply 2

29. During the past 12 months, about how many days of work or school did you miss because of respiratory illnesses or symptoms?

- None 0   
 1-5 1   
 6-15 2   
 16 or more 3   
 Not applicable—does not go to work or school 4  → **GO TO QUESTION 32**

30. During the past 12 months, have you had respiratory symptoms (cough, phlegm, wheeze, or shortness of breath) that changed on weekends, vacations, or other times when you were away from your current job? If more than one current job, consider the job you spend the most time doing.

- No 0  → **GO TO QUESTION 32**  
 Yes 1   
 Don't know 2  → **GO TO QUESTION 32**  
 Not applicable –  
 do not have a current job that involves work out of the home 3  → **GO TO QUESTION 32**

31. Do your respiratory symptoms get better or worse when you are away from your current job?

- Better 1   
 Worse 2   
 Don't know 9

### B. Respiratory Conditions

32. Have you ever had asthma?

- No 0  → **GO TO QUESTION 38**  
 Yes 1   
 Don't know 9  → **GO TO QUESTION 38**

33. At about what age did it start?

Age in years (Answer "1" if younger than 1 year)

**If age is known → GO TO QUESTION 34**

33a. As a child; age not known

34. Was it diagnosed by a doctor or other health professional?

- No 0   
 Yes 1   
 Don't know 9

35. Do you still have it?

- No 0   
 Yes 1  → **GO TO QUESTION 37**  
 Don't know 9

36. At what age did it stop?

Age in years (*Answer "1" if younger than 1 year*)

37. In the past 12 months, have you received medical treatment, taken medications or used an inhaler for asthma?

No            0   
Yes            1

38. Have you ever had hay fever (allergy involving the nose and/or eyes)?

No            0  → **GO TO QUESTION 40**  
Yes            1   
Don't know    9  → **GO TO QUESTION 40**

39. In the past 12 months, have you received medical treatment, taken medications or used a nasal spray for hay fever?

No            0   
Yes            1

40. Has a doctor ever told you that you had pneumonia or bronchopneumonia?

No            0  → **GO TO QUESTION 42**  
Yes            1   
Don't know    9  → **GO TO QUESTION 42**

41. At about what age did you first have pneumonia or bronchopneumonia?

Age in years (*Answer "1" if younger than 1 year*)

***If age is known* → GO TO QUESTION 42**

41a. As a child; age not known

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

No            0  → **GO TO QUESTION 44**  
Yes            1   
Don't know    9  → **GO TO QUESTION 44**

43. At about what age did you first have chronic bronchitis?

Age in years (*Answer "1" if younger than 1 year*)

***If age is known* → GO TO QUESTION 44**

43a. As a child; age not known

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

- No            0     **→ GO TO QUESTION 47**
- Yes            1
- Don't know    9     **→ GO TO QUESTION 47**

45. At about what age did it start?

Age in years (*Answer "1" if younger than 1 year*)

46. In the past 12 months, have you received medical treatment, taken medications or used an inhaler for COPD or emphysema?

- No            0
- Yes            1

**C. Family History Questions**

*The following questions refer to blood relatives. When asked about siblings, do not include half-brothers or half-sisters.*

47. Has a doctor ever said that these relatives had an attack of asthma?

- |               |                  |                            |  |     |                            |
|---------------|------------------|----------------------------|--|-----|----------------------------|
| a. Mother     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| b. Father     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| c. Sibling(s) | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |

48. Has a doctor ever said that these relatives had chronic bronchitis, COPD, or emphysema?

- |               |                  |                            |  |     |                            |
|---------------|------------------|----------------------------|--|-----|----------------------------|
| a. Mother     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| b. Father     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| c. Sibling(s) | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |

49. Has a doctor ever said that these relatives had hay fever (allergy involving the nose and/or eyes)?

- |               |                  |                            |  |     |                            |
|---------------|------------------|----------------------------|--|-----|----------------------------|
| a. Mother     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| b. Father     | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |
| c. Sibling(s) | No or Don't know | 0 <input type="checkbox"/> |  | Yes | 1 <input type="checkbox"/> |

**D. Tuberculosis Screening**

50. Were you ever told that you had active tuberculosis or TB?

- No 0  → **GO TO QUESTION 52**
- Yes 1
- Refused 2
- Don't know 9

51. Were you ever prescribed any medicine to treat active tuberculosis or TB?

- No 0
- Yes 1
- Refused 2
- Don't know 9

52. Have you ever been given a TB or tuberculosis skin test (e.g., PPD)?

- No 0  → **GO TO QUESTION 55**
- Yes 1
- Refused 2  → **GO TO QUESTION 55**
- Don't know 9  → **GO TO QUESTION 55**

53. Was it:

- Positive 1
- Negative 2  **GO TO QUESTION 55**
- Don't know 9  **GO TO QUESTION 55**

54. Were you prescribed any medicine to keep you from getting sick with TB?

- No 0
- Yes 1
- Don't know 9

55. Have you ever had a shot (vaccination) to prevent TB called BCG?

- No 0
- Yes 1
- Refused 2
- Don't know 9

**E. Current Home Environment**

56. During the last 12 months, has there been any flooding or water damage in your home?

- No 0
- Yes 1

57. During the last 12 months, have you noted any mold or mildew on any surface, other than food, inside your home?

- No 0
- Yes 1