## Multi-Ethnic Study of Atherosclerosis Exam 5



**COPD Questionnaire** 

## Participant Id#:

**Acrostic:** 

| Date: |  |  | / |  |  | / |  |  |  |  |
|-------|--|--|---|--|--|---|--|--|--|--|
|-------|--|--|---|--|--|---|--|--|--|--|

| Are you unable                     | to walk due to a conditi           | on other thar  | n shortness of breath?                                          |
|------------------------------------|------------------------------------|----------------|-----------------------------------------------------------------|
| <ul><li>Yes →</li><li>No</li></ul> | Nature of condition:               |                |                                                                 |
| Are you trouble                    | d by shortness of breath           | n when hurry   | ying on level ground or walking up a slight hill?               |
| ○ Yes →                            | a. Do you have to w                |                | han people of your age on level ground because                  |
| ○ No                               | O Yes                              | ○ No           | O Does not apply                                                |
|                                    | b Do you ever hav                  | e to stop for  | breath when walking at your pace on level ground?               |
|                                    | ○ Yes                              | ○ No           | O Does not apply                                                |
|                                    | c Do you ever hav on level ground? | e to stop for  | breath when walking about 100 yards (or after a few minutes)    |
|                                    | ○ Yes                              | ○ No           | O Does not apply                                                |
|                                    | d Are you too shor                 | t of breath to | o leave the house or short of breath on dressing or undressing? |
|                                    | ○ Yes                              | ○ No           | <ul> <li>Does not apply</li> </ul>                              |
|                                    |                                    |                |                                                                 |
| What limits you                    | r walking the most?                |                |                                                                 |
| O Short                            | tness of breath                    | Both           |                                                                 |
|                                    |                                    |                |                                                                 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>4. In the past year, have you been to the emergency room or hospitalized for lung problems?</li> <li>○ Yes → How many times?</li> <li>○ No</li> </ul> |
| 5. In the past year, have you been treated with antibiotics for a chest illness?                                                                               |
| <ul><li>Yes → How many times?</li><li>No</li></ul>                                                                                                             |
| 6. In the past year, have you been treated with steroid pills or injections, such as prednisone or solumedrol for chest illness?                               |
| <ul><li>Yes → How many times?</li><li>No</li></ul>                                                                                                             |
| 7. Since your last clinic visit, have you had to sleep on two or more pillows to help you breathe?  O Yes O No O Don't Know                                    |
| 8. Are you taking a statin (for high cholesterol) on a regular basis?                                                                                          |
| ○ Yes ○ No ○ Don't Know                                                                                                                                        |
| 9. Are you taking a high-dose fish oil supplement (eg. Lovaza) on a regular basis?                                                                             |
| ○ Yes ○ No ○ Don't Know                                                                                                                                        |
| We would like to ask you some questions about issues that may be related to your <u>breathing</u> . Please answer to best of your knowledge.                   |
| The following questions are about respiratory or chest symptoms. <u>If you are in doubt whether your answer is your no, please answer no.</u>                  |
| 10. Have you ever had a problem with sneezing, or a runny or blocked nose when you did not have a cold or the flu?                                             |

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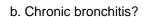
○ Yes ○ No

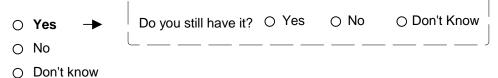
## 11. Since your last visit with us, has a doctor ever told you that you had any of the following:

a. Pneumonia or bronchopneumonia?

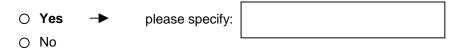
| ○ Yes | <b>→</b> | How many times have you had pneumonia or bronchopneumonia since your last visit? |     | times |
|-------|----------|----------------------------------------------------------------------------------|-----|-------|
| O No  |          |                                                                                  | _'_ |       |

O Don't know



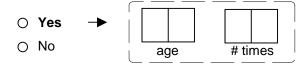


c. Other chest or lung illnesses, operations or injuries?



O Don't know

d. Deep Vein Thrombosis (DVT)?



e. Pulmonary hypertension?



f. Cor pulmonale



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|--------|---------------|--------|
|--------|---------------|--------|

## The following questions are about your smoking habits (current and past).

| 12. Do you or did you s                                                         | moke more during                            | the first 2 hours o                                                                                          | of the day than du                                 | uring the rest of the  | day?                     |
|---------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|
| ○ Yes                                                                           | ○ No                                        |                                                                                                              |                                                    |                        |                          |
| a. Which cigare                                                                 | ette would you hate                         | to or have hated                                                                                             | most to give up?                                   |                        |                          |
| ○ First ci                                                                      | garette of the day                          | <ul><li>Any other</li></ul>                                                                                  | er cigarette of the                                | e day                  |                          |
|                                                                                 | I you find it hard to<br>gs, on airplanes)? | not smoke in plac                                                                                            | ces where it is for                                | bidden (for exampl     | e, at work,              |
| ○ Yes                                                                           | ○ No                                        |                                                                                                              |                                                    |                        |                          |
| c. Do you or did                                                                | you smoke when                              | you are so ill that                                                                                          | you are in bed m                                   | ost of the day?        |                          |
| ○ Yes                                                                           | ○ No                                        |                                                                                                              |                                                    |                        |                          |
| d. Do you now s                                                                 | smoke or did you s                          | moke menthol cig                                                                                             | arettes?                                           |                        |                          |
| ○ Yes                                                                           | ○ No                                        |                                                                                                              |                                                    |                        |                          |
| 13. Have you taken any<br>(Ventolin, Proventil), sal<br>Azmacort, Beclovent, Fl | lmeterol/fluticason                         | e (Advair), ipratrop                                                                                         |                                                    |                        |                          |
| ○ Yes<br>                                                                       | ○ No                                        |                                                                                                              |                                                    |                        |                          |
|                                                                                 |                                             |                                                                                                              |                                                    |                        |                          |
| Name of Med                                                                     | dication                                    | Day                                                                                                          | that you last to                                   | ook?                   | Time that you last took? |
| Name of Med                                                                     | <u>dication</u>                             | Day O Day before yesterday                                                                                   | O Yesterday                                        | OToday                 | Time that you last took? |
| Name of Med                                                                     | dication                                    | O Day before                                                                                                 |                                                    |                        |                          |
| Name of Med                                                                     | dication                                    | O Day before yesterday  Day before                                                                           | ○ Yesterday                                        | OToday                 |                          |
| Name of Med                                                                     | dication                                    | O Day before yesterday  Day before yesterday  Day before                                                     | O Yesterday                                        | ○Today<br>○Today       |                          |
| Name of Med                                                                     |                                             | O Day before yesterday  O Day before yesterday  O Day before yesterday  O Day before                         | O Yesterday  O Yesterday  O Yesterday              | ○Today  ○Today  ○Today |                          |
|                                                                                 | oxygen?                                     | O Day before yesterday  O Day before yesterday  O Day before yesterday  O Day before                         | O Yesterday  O Yesterday  O Yesterday              | ○Today  ○Today  ○Today |                          |
| 14. Do you usually use                                                          | oxygen?  How many:                          | O Day before yesterday  O Day before yesterday  O Day before yesterday  O Day before                         | O Yesterday  O Yesterday  O Yesterday              | ○Today  ○Today  ○Today |                          |
| 14. Do you usually use                                                          | oxygen?  How many:                          | Day before yesterday  Day before yesterday  Day before yesterday  Day before yesterday  Day before yesterday | O Yesterday  O Yesterday  O Yesterday  O Yesterday | ○Today  ○Today  ○Today |                          |

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