CARET Cancer Prevention Study

Respiratory History Questionnaire

We would like to ask you some questions about your health.

Please read each question carefully and answer all questions. There are no right or wrong answers. Complete responses to all questions will improve the quality of this study, however, you may choose not to answer some questions. An interviewer will go over this booklet with you during your visit.

- Be certain to completely blacken in each of your answers, and erase completely
 if you make any changes.
- Do not make any other marks on this form.
- If you wish to make comments, please use the comments section on the last page.

Please print your name in the space provided

First Name

Last Name

RES Version 01 Revised: 4-15-91

AFFIX LABEL BETWEEN LINES * B L A N K *

FOR OFFICE USE ONLY

INTER-VIEWER DATE STUDY PARTICIPANT CENTER I.D. NUMBER DAY YR NUMBER 0000 000 00 000000 DDDD 1 OOO O O 000000 222 2 222 222222 22 333 3 333 33 333333 4 4 4 444 44444 44 (5) 555 (5) (5) (5) (5) 5555 6 6 6 666 66 666666 7 7 000 OD 0000000 (8) (8) (8) 333 (8) (8) 88888 999 999 99 999999

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FORM 08

PLEASE DO NOT MARK IN THIS AREA

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These questions pe	ertain mainly to your lungs. If you are in doubt about whether your	answer is <i>Ye</i>	s or <i>No</i> , mark /
1. COUGH			
1.1 Do you usu	ally have a cough? (Count a cough with the first smoke or on	No	Yes
first going	first going out-of-doors. Exclude clearing of throat.)	00	<u></u>
1.2 Do you usu	ally cough at all on getting up or first thing in the morning?	00	O ₁
1.3 Do you usu	ally cough at all during the rest of the day or at night?	Oa	01
1.4 Do you usu of the wee	ally cough as much as 4 to 6 times a day, four or more days out k?	00	O ₁ ———
If you answ	wered Yes to any of the above answer the following:		
1.5 Do you u	sually cough like this on most days for 3 consecutive months or m	ore during t	he year?
C	o No O Yes		4
1.6 For how	many years have you had this cough? years		
2. PHLEGM			
	ally bring up phlegm from your chest? (Count phlegm with noke or on first going out-of-doors. Exclude phlegm	No	Yes
	ose. Count swallowed phlegm.)	00	0,
	re days out of the week?	00	01
2.3 Do you usu morning?	ally bring up phlegm at all on getting up, or first thing in the	00	01
2.4 Do you usu	ally bring up phlegm at all during the rest of the day or at night?	00	O ₁ ———
If you answ	wered Yes to any of the above answer the following:		
2.5 Do you br	ing up phlegm like this on most days for 3 consecutive months or	more during	the year?
	o No O i Yes		4
2.6 For how n	nany years have you had trouble with phlegm? years		
3. EPISODES OF	COUGH AND PHLEGM		
	eriods or episodes of (increased*) cough and phlegm lasting for 3 who usually have cough and/or phlegm)	veeks or mo	re each year?
O o No	◯ ¡ Yes ──		
3.1 If you ans	wered Yes, for how long have you had at least 1 such episode per	year?	years
ä			
v * -			

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4. WHEEZING

Does your chest ever sound wheezy or whistling:

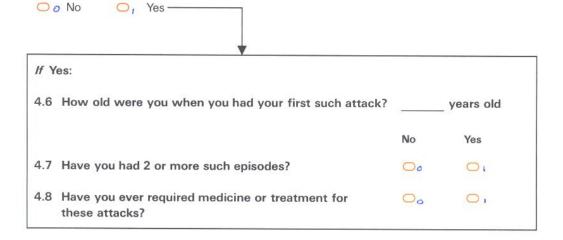
4.1 When you have a cold?

4.2 Occasionally apart from colds?

4.3 Most days or nights?

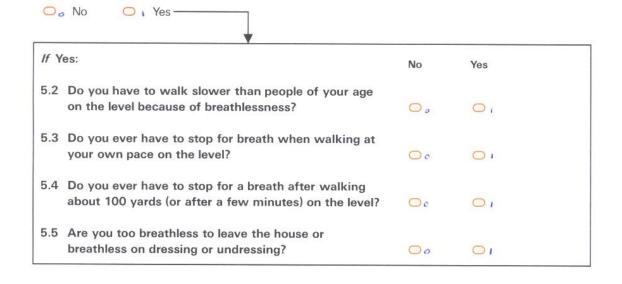
A.4 If Yes, for how many years has this been present? ______ years

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



5. BREATHLESSNESS

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



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ere is anything else that you feel we should know about your health, please use this space to make addition nents.				
7	hank you for your help. Please take a few minutes to review any questions you may have missed.			