We would like to ask you some questions about issues that may be related to your breathing. Please answer to the best of your knowledge.

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

1. Do you usually have a cough on most days for 3 or more months during the year?
   - Yes
   - No

2. Do you usually bring up phlegm from your chest on most days for 3 or more months during the year?
   - Yes
   - No

3. Have you ever had wheezing or whistling in your chest?
   - Yes
   - No

   Did you ever have wheezing or whistling in your chest when you were...
   - younger than 2 years old?
   - 2 - 18 years old?
   - older than 18 years old?
     - Yes
     - No
     - Don't know

   In the last 12 months, have you had wheezing or whistling in your chest?
   - Yes
   - No

   In the last 12 months, how often have you had this wheezing or whistling?
   (Read the options)
   - most days or nights
   - a few days or nights a week
   - a few days or nights a month
   - a few days or nights a year

   In the last 12 months, have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?
   - Yes
   - No

4. Have you ever had a problem with sneezing, or a runny or blocked nose when you did not have a cold or the flu?
   - Yes
   - No

5. Is your breathing currently worse than usual?
   - Yes
   - No
The following questions are about respiratory conditions.

6. Have you ever had hay fever (allergies involving the nose and/or eyes)?
   - Yes  
   - No  
   - Don't know

7. Did you have respiratory problems before the age of 16 years?
   - Yes  
   - No  
   - Don't know

8. Have you ever had asthma?
   - Yes  
   - No

   For some people, asthma symptoms completely go away as they grow older. Later in life, however, asthma may recur. At approximately what ages did you experience each of the following events?
   - Age developed first asthma symptoms:  
   - Age doctor first diagnosed asthma:  
   - Age at start of 10 year (or more) period without asthma symptoms:  
   - Age at first recurrence of asthma symptoms:  
   - As a child (age not known):  
   - Never diagnosed by a doctor:  
   - Not applicable (symptoms never went away for 10 or more years):  
   - Don't know

9. Has a doctor ever told you that you had any of the following:
   - Pneumonia or bronchopneumonia?
     - Yes  
     - No  
     - Don't know
   - Chronic bronchitis?
     - Yes  
     - No  
     - Don't know
   - Chronic obstructive pulmonary disease or COPD?
     - Yes  
     - No  
     - Don't know
   - Pulmonary fibrosis or IPF?
     - Yes  
     - No  
     - Don't know
   - Other chest or lung illnesses, operations or injuries?
     - Yes  
     - No  
     - Don't know

   if yes, please specify:
The following questions are about exposure to smoke.

10 In your childhood, did you live with a regular cigarette smoker who smoked in your home?
   - Yes
   - No
   - Don't know

In your childhood, how many smokers lived in your home?  

11 As an adult, have you ever lived with a regular cigarette smoker (not including yourself) who smoked in your home?
   - Yes
   - No
   - Don't know

As an adult, for how many total years did you live with them when they were smoking?  

12 As an adult, have you ever regularly spent time, when you were not at home, indoors where people were smoking cigarettes (for example, at work)?
   - Yes
   - No
   - Don't know

As an adult, for how many total years have you spent time, when you are not at home, indoors where people were smoking cigarettes?  

13 Have you ever been exposed at work to:
   - Vapors or gas
   - Dust
   - Fumes

If yes to any  
For how many years were you exposed at work to vapors, gas, dust or fumes?  

How long ago was your last exposure?  
   - current
   - months
   - years

Was the exposure:  
   - mild
   - moderate
   - severe

14 Have you ever smoked cigarettes?  
("No" means less than 20 packs of cigarettes or 12 oz. of tobacco in your lifetime or less than 1 cigarette a day for one year at any time in your life.)
   - Yes
   - No
   - Don't know

On the average of the entire time you smoked...
   a. How many cigarettes did you smoke per day?  

b. Did you inhale the cigarette smoke?  
   (Read the options)
   - Not at all
   - Slightly
   - Moderately
   - Deeply

c. In the morning, how much time after you woke up did you smoke your first cigarette?  

   - hours
   - minutes
Please answer the following questions about your family history of respiratory conditions.

15 For each specific disease or condition, you are asked if your relative has ever been told by a doctor if they have had it, and if so, the age at which it occurred, and if they ever smoked cigarettes.

*If response to “blood relation is “Yes” or “Don’t Know”, continue and obtain history. If “No”, skip to the next relation. For siblings and children, start with the first born (oldest) and continue to the last born (youngest). Use supplemental sheets if necessary.*

Always bubble in appropriate response. Enter Y for YES, N for NO, D for DON’T KNOW. If YES to specific disease or condition, enter approximate AGE at first diagnosis or first occurrence.

<table>
<thead>
<tr>
<th>Blood relation</th>
<th>Chronic bronchitis</th>
<th>Emphysema</th>
<th>Chronic obstructive pulmonary disease (COPD)</th>
<th>Did or does he/she smoke cigarettes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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<tr>
<td>Mother</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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<tr>
<td>Siblings</td>
<td></td>
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<tr>
<td>1.</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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<tr>
<td>2.</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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<tr>
<td>3.</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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<tr>
<td>2.</td>
<td>Y N D</td>
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<td>3.</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
<td>Y N D</td>
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</tbody>
</table>

Have you taken any inhalers, “puffers” or inhaled corticosteroids in the last three days (for example, albuterol [Ventolin, Proventil], salmeterol [Serevent], ipratropium [Atrovent, Combivent], tiotropium [Spiriva], Advair, Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, or Vanceril)?

○ Yes

○ No

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Day that you last took?</th>
<th>Time that you last took?</th>
</tr>
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For MESA Field Center Use Only:

Interviewer ID:    
Reviewer ID:       
Data Entry ID:     

8/10/2004