



## **SPIROMICS - HEART FAILURE INSTRUCTIONS FOR RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE - BRIEF RDB, VERSION 1.0, QUESTION BY QUESTION (QxQ)**

### **I. GENERAL INSTRUCTIONS**

The SPIROMICS-HF Respiratory Disease and Smoke Exposure Questionnaire – Brief is to be completed during the participant’s Heart Failure visit **ONLY** if it is more than three months after the completion of the RDF form collected at SPIROMICS Visit 5.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

### **II. DETAILED INSTRUCTIONS FOR EACH ITEM**

Please answer every question on this form.

**NOTE:** Items 1 through 15 have been removed.

Read the script that precedes Q16 to the participant then ask the following questions.

Item 16. **Newly diagnosed with asthma:** Select only one option among the three possible choices.

- Select No if the subject reports not being newly diagnosed by a doctor or other health professional with asthma since their last SPIROMICS visit. [Go to Q17]
- Select Yes if the subject reports being newly diagnosed by a doctor or other health professional with asthma since their last SPIROMICS visit.
- Select Don’t know if the subject does not know if they have been newly diagnosed by a doctor or other health professional with asthma since their last SPIROMICS visit. [Go to Q17]

Item 16a. **Medical treatment for asthma:** Select only one option among the two possible choices.

- Select No if the subject reports not receiving medical treatment, taking medications, or using an inhaler for asthma since their last SPIROMICS visit.
- Select Yes if the subject reports receiving medical treatment, taking medications, or using an inhaler for asthma since their last SPIROMICS visit.

Item 17. **Hay fever:** Select only one option among the three possible choices.

- Select No if the subject reports not having had hay fever (allergy involving the nose and/or eyes) since their last SPIROMICS visit. [Go to Q19]
- Select Yes if the subject reports having had hay fever (allergy involving the nose and/or eyes) since their last SPIROMICS visit.

- Select Don't know if the subject does not know if they have had hay fever (allergy involving the nose and/or eyes) since their last SPIROMICS visit. [Go to Q19]

Item 17a. **Diagnosed with hay fever:** Select only one option among the three possible choices.

- Select No if the subject reports not being diagnosed with hay fever by a doctor or other health professional since their last SPIROMICS visit.
- Select Yes if the subject reports being diagnosed with hay fever by a doctor or other health professional since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been diagnosed with hay fever by a doctor or other health professional since their last SPIROMICS visit.

Item 17b. **Medical treatment for hay fever:** Select only one option among the two possible choices.

- Select No if the subject reports not receiving medical treatment, taking medications, or using a nasal spray for hay fever since their last SPIROMICS visit.
- Select Yes if the subject reports receiving medical treatment, taken medications, or using a nasal spray for hay fever since their last SPIROMICS visit.

**NOTE:** Items 18, 18a, and 18b have been removed.

Item 19. **Pneumonia or bronchopneumonia:** Select only one option among the three possible choices.

- Select No if the subject reports not having had pneumonia or bronchopneumonia since their last SPIROMICS visit. [Go to Q20]
- Select Yes if the subject reports having had pneumonia or bronchopneumonia since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have had pneumonia or bronchopneumonia since their last SPIROMICS visit. [Go to Q20]

Item 19a. **Diagnosed with pneumonia or bronchopneumonia:** Select only one option among the three possible choices.

- Select No if the subject reports not being diagnosed with pneumonia or bronchopneumonia by a doctor or other health professional since their last SPIROMICS visit.
- Select Yes if the subject reports being diagnosed with pneumonia or bronchopneumonia by a doctor or other health professional since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been diagnosed with pneumonia or bronchopneumonia by a doctor or other health professional since their last SPIROMICS visit.

Item 19b. **Incidents of pneumonia or bronchopneumonia:** Record the number of times the subject reports having had pneumonia or bronchopneumonia since their last SPIROMICS visit.

Item 20. **Newly diagnosed with chronic bronchitis:** Select only one option among the three possible choices.

- Select No if the subject reports not being newly diagnosed by a doctor or other health professional with chronic bronchitis since their last SPIROMICS visit.
- Select Yes if the subject reports being newly diagnosed by a doctor or other health professional with chronic bronchitis since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been newly diagnosed by a doctor or other health professional with chronic bronchitis since their last SPIROMICS visit.

**NOTE:** Item 20a has been removed.

Item 21. **Newly diagnosed with emphysema:** Select only one option among the three possible choices.

- Select No if the subject reports not having been newly diagnosed by a doctor or other health professional with emphysema since their last SPIROMICS visit.
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with emphysema since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been newly diagnosed by a doctor or other health professional with emphysema since their last SPIROMICS visit.

**NOTE:** Item 21a has been removed.

Item 22. **Diagnosed with COPD:** Select only one option among the three possible choices.

- Select No if the subject reports not having been newly diagnosed by a doctor or other health professional with COPD since their last SPIROMICS visit. [Go to Q23]
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with COPD since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been diagnosed by a doctor or other health professional with COPD since their last SPIROMICS visit. [Go to Q23]

Item 22a. **Medical treatment for COPD:** Select only one option among the two possible choices.

- Select No if the subject reports not receiving medical treatment, taking medications, or using an inhaler for COPD since their last SPIROMICS visit.
- Select Yes if the subject reports receiving medical treatment since their last SPIROMICS visit.

Item 23. **Sleep Apnea:** Select only one option among the three possible choices.

- Select No if the subject reports not having been newly diagnosed by a doctor or other health professional with sleep apnea since their last SPIROMICS visit. [Go to Q24]
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with sleep apnea since their last SPIROMICS visit.
- Select Don't know if the subject does not know if they have been newly diagnosed by a doctor or other health professional with sleep apnea since their last SPIROMICS visit. [Go to Q24]

Item 23a. **Treatment for sleep apnea:** Select only one option among the two possible choices.

- Select No if the subject reports not having received any treatment for sleep apnea since their last SPIROMICS visit. [Go to Q24]
- Select Yes if the subject reports having received any treatment for sleep apnea since their last SPIROMICS visit.

Item 23b. **CPAP or BIPAP use:** Select only one option among the two possible choices.

- Select No if the subject reports not using a CPAP or BIPAP.
- Select Yes if the subject reports using a CPAP or BIPAP.

Item 23c. **Surgery for sleep apnea:** Select only one option among the two possible choices.

- Select No if the subject reports not having had any surgery for sleep apnea since their last SPIROMICS visit.
- Select Yes if the subject reports having had any surgery for sleep apnea since their last SPIROMICS visit.

Item 23d. **Other treatment for sleep apnea:** Select only one option among the two possible choices.

- Select No if the subject reports not having received some other treatment for sleep apnea since their last SPIROMICS visit. [Go to Q24]
- Select Yes if the subject reports having received some other treatment for sleep apnea since their last SPIROMICS visit.

Item 23e. **Specify Other:** If the answer to Q23d is Yes, please describe the other treatment in the space provided.

Item 24a. **Chest illnesses:** Select only one option among the two possible choices.

- Select No if the subject reports not having had any other chest illnesses since their last SPIROMICS visit. [Go to Q24b]
- Select Yes if the subject reports having had any other chest illnesses for sleep apnea since their last SPIROMICS visit.

Item 24a1. **Specify Other:** If the answer to Q24a is Yes, please describe any other chest illnesses in the space provided.

Item 24b. **Chest operations:** Select only one option among the two possible choices.

- Select No if the subject reports not having had any chest operations since their last SPIROMICS visit. [Go to Q24c]
- Select Yes if the subject reports having had any chest operations for sleep apnea since their last SPIROMICS visit.

Item 24b1. **Specify Other:** If the answer to Q24b is Yes, please describe any chest operations in the space provided.

Item 24c. **Chest injuries:** Select only one option among the two possible choices.

- Select No if the subject reports not having had any chest injuries since their last SPIROMICS visit. [Go to Q25]
- Select Yes if the subject reports having had any chest injuries for sleep apnea since their last SPIROMICS visit.

Item 24c1. **Specify Other:** If the answer to Q24c is Yes, please describe any chest injuries in the space provided.

Item 25. **Cigarette smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked cigarettes in the last 12 months. [Go to Q30]
- Select Yes if the subject reports having smoked cigarettes in the last 12 months.

Item 26. **Continued cigarette smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not still smoking cigarettes as of one month ago. [Go to Q29]
- Select Yes if the subject reports still smoking cigarettes as of one month ago.

**NOTE:** Items 27, 27a, 27b, and 27c have been removed.

Item 28. **Number of cigarettes smoked per day:** Record the number of cigarettes the subject reports smoking per day currently.

Item 29. **Average number of cigarettes smoked per week:** Record the number of cigarettes the subject reports smoking per day on average over the last 12 months.

Item 30. **Menthol cigarettes:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked menthol cigarettes. [Go to Q32]
- Select Yes if the subject reports having smoked menthol cigarettes.

Item 30a. **Number years of smoking menthol cigarettes:** Record the number of years that the subject reports smoking menthol cigarettes.

**NOTE:** Items 31a - 31e have been removed.

Item 32. **Pipe smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked a pipe regularly in the last 12 months. [Go to Q36]
- Select Yes if the subject reports having smoked a pipe regularly in the last 12 months.

Item 33. **Continued pipe smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not smoking a pipe as of one month ago. [Go to Q35]
- Select Yes if the subject reports smoking a pipe as of one month ago.

Item 34. **Amount of pipe tobacco per day:** Record the amount of pipe tobacco the subject reports currently smoking per day in ounces per day.

Item 35. **Average amount of pipe tobacco per week:** Record the amount of pipe tobacco the subject reports smoking per week on average over the last 12 months in ounces per week.

Item 36. **Cigar smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked cigars regularly (more than 1 cigar per week) in the last 12 months. [Go to Q40]
- Select Yes if the subject reports having smoked regularly (more than 1 cigar per week) in the last 12 months.

Item 37. **Continued cigar smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not smoking cigars currently (as of one month ago.) [Go to Q39]
- Select Yes if the subject reports smoking cigars currently (as of one month ago).

Item 38. **Number of cigars smoked per day:** Record the number of cigars the subject reports smoking per day currently.

Item 39. **Average number of cigars smoked per week:** Record the number of cigars the subject reports smoking per week on average in the last 12 months .

**NOTE:** Items 40 – 79 have been removed.

Read the script that precedes Q80 to the participant then ask the following questions.

Item 80. **Marijuana smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked marijuana (cannabis, pot, or hashish) since their last SPIROMICS visit. [Go to End]
- Select Yes if the subject reports having smoked marijuana (cannabis, pot, or hashish) since their last SPIROMICS visit.

Item 81. **Regular marijuana smoking:** Select only one option among the two possible choices.

- Select No if the subject reports not having smoked marijuana (cannabis, pot, or hashish) regularly (fives time or more in a given year) since their last SPIROMICS visit. [Go to End]
- Select Yes if the subject reports having smoked marijuana (cannabis, pot, or hashish) regularly (fives time or more in a given year) since their last SPIROMICS visit.

Item 82. **Number of marijuana joints per week:** Record the number of marijuana joints per week that the subject reports smoking on average since their last SPIROMICS visit.

Item 83. **Number of marijuana pipes per week:** Record the number of marijuana pipes per week that the subject reports smoking on average since their last SPIROMICS visit.

**NOTE:** Items 84, 85 and 86 have been removed.

Save and close the form.