

Disaster Response Research Project Questionnaire Part II

Questions	Past 6 months	Past 12 months	Total years?	No	Don't know	No Answer
1. Have you had wheezing or whistling in your chest at any time? (if no skip to Question # 4)						
2. Have you been at all breathless when the wheezing noise was present?						
3. Have you had this wheezing or whistling when you did not have a cold?						
4. Have you woken up with a feeling of tightness in your chest?						
5. Have you had an attack of shortness of breath that came on during the day when you were at rest?						
6. Has your chest sounded wheezy during or after exercise or strenuous activity?						
7. Have you had an attack of shortness of breath that came on following strenuous activity?						
8. Have you been woken by an attack of shortness of breath?						
9. Have you been woken by an attack of coughing?						
10. Do you usually cough first thing in the morning?						
11. Do you usually cough during the day, or at night during the winter? (if no skip to Question #15)						
12. Do you cough like this on most days for as long as three months?						
13. Do you usually bring up phlegm from your chest first thing in the morning?						
14. Do you usually bring up phlegm from your chest during the day or night?						
15. Do you ever have trouble with your breathing? (if no skip to Question #20)						
a) Continuously so that your breathing is never quite right?						
b) Repeatedly, but it always gets completely better?						
c) Only rarely?						
16. Are you disabled from walking by a condition other than heart or lung?						
17. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?						
18. Do you get short of breath walking with other people of your own age on level ground?						
19. Do you have to stop for breath when walking at your own pace on level ground?						
20. Have you used any medicines to help your breathing at any time? (If no skip to Question#23)						
21. Have you had any injections to help your breathing?						
22. Have you used any other remedies to help your breathing?						
23. Has your doctor ever prescribed medicines, including inhalers, for your breathing problems?						

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24. Have you visited a hospital due to breathing problems? (If no skip to Question #29)						
25. Was this hospital visit due to asthma, shortness of breath or wheezing?						
26. Have you spent the night in the hospital because of breathing?						
27. Have you been seen by a general practitioner because of breathing problems?						
28. Have you seen a specialist (chest physician, allergy specialist, internal medicine specialist, ENT doctor) because of your breathing problems?						
29. Do you have regular appointments because of your breathing problems?						
30. Have you had any clinical or laboratory tests because of asthma, wheezing, or shortness of breath?						
31. How many days of work have you lost because of asthma, wheezing, or shortness of breath? (number)						
32. Have there been any days when you had to give up activities other than work because of your asthma, wheezing or shortness of breath?						
33. Have you ever had asthma (If no skip to Question #49)	Yes:					
34. Was this confirmed by a doctor?	Yes:					
35. How old were you when you had your first attack?	Age:					
36. How old were you when you when you had your last attack?	Age:					
37. Have you had an asthma attack in the past-						
38. How many asthma attacks have you had (write number)						
39. Have you ever visited the ER or been hospitalized due to your asthma, bronchospasm, or wheezing?						
40. Has your asthma or wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?						
41. How many times have you woken up because of your asthma?						
42. How often have you had trouble with your breathing because of your asthma?						
a. continuously						
b. about once a day						
c. at least once a week, but less than once a day						
d. less than once a week						
43. Are you currently taking any medicines including inhalers, aerosols or pills for asthma? (If No skip to Q#47)						
44. How often do you use your "rescue" inhaler, puffer, or nebulizer on average?						
a. Does not have "rescue" inhaler, puffer, or nebulizer.						

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b. Have a "rescue" inhaler, puffer, or nebulizer, but never uses it.						
c. A few times a month or less.						
d. One to three times per week.						
e. Daily, but less than four times per day.						
f. Four times per day or more.						
45. Do you have a peak flow meter of your own? (If No skip to Question #47)	Yes:					
46. How often have you used it over the last (number of times)						
47. Do you have written instructions from your doctor on how to manage your asthma if it gets worse or if you have an attack?	Yes:					
48. (If female)Have you been pregnant (at least 25 weeks) since your asthma started?						
49. Have you ever been hospitalized for lung disease?						
50. Has anyone in your immediate family suffered from chronic respiratory disease? If yes, state relation.	Yes: Relation:					
51. Have you ever had allergies? (If no skip to Question #63)						
52. Do you have any nasal allergies, including hay fever?						
53. Has a doctor ever diagnosed you with allergies? (if no skip to Question #63)						
54. Have you been vaccinated for an allergy?						
55. Which of the following did your doctor diagnose you with?						
a. Hay fever (Rhinitis allergies)						
b. Skin allergies						
c. Food allergies						
d. Medicinal						
e. Other						
56. Have you ever had a problem with sneezing, or a runny or a blocked nose when you did not have a cold, the flu, or in cold weather?						
57. Has this nose problem been accompanied by itchy or watery eyes?						
58. In which month(s) of the year did these nose problems most occur?	Month(s):					
59. Have you used any medication to treat nasal disorders? (If no skip to Question #62)						
60. Have you used any nasal sprays as treatment of your nasal disorder?						
61. Have you used any pills, capsules, or tablets for the treatment of your nasal disorder?						
62. Have you ever had eczema or any kind of skin allergy?						

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63. Have you ever had an itchy rash on your skin that was coming and going?						
64. When you are near animals, such as cats, dogs or horses, do you						
a. Start to cough?						
b. Start to wheeze?						
c. Get a feeling of tightness in your chest?						
d. Start to feel short of breath?						
e. Get a runny or stuffy nose or start to sneeze?						
f. Get itchy or watering eyes?						
65. When you are in a dusty part of the house, or near pillows or duvets do you ever						
a. Start to cough?						
b. Start to wheeze?						
c. Get a feeling of tightness in your chest?						
d. Get a runny or stuffy nose or start to sneeze?						
e. Get itchy or watering eyes?						
66. When you are near trees, grass or flowers, or when there is a lot of pollen around do you ever						
a. Start to cough?						
b. Start to wheeze?						
c. Get a feeling of tightness in your chest?						
d. Start to feel short of breath?						
e. Get a runny or stuffy nose or start to sneeze?						
f. Get itchy or watering eyes?						
67. Have you ever avoided getting or gotten rid of a pet because of allergies or respiratory health concerns?						
68. Are you currently						
a. Employed (including military service)						
b. Self employed						
c. Unemployed, looking for work						
d. Not working because of poor health						
e. Full-time home maker						
f. Full-time student						
g. Retired						
h. Other						
69. Have any of your jobs ever made your chest tight or wheezy?						
70. Have you ever had to leave any of these jobs because they affected your breathing?						

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71. Have you been involved in an accident at home, work or elsewhere that exposed you to high levels of vapors, gas, dust or fumes? (If no skip to Question #73)						
72. Did you experience respiratory symptoms immediately following this exposure?						
73. Could you describe to me what it was?:						
74. How often do you usually exercise so much that you get out of breath or sweat? (Mark only one)						
a. every day						
b. 4-6 times a week						
c. 2-3 times a week						
d. once a week						
e. once a month						
f. less than once a month						
75. Do you avoid engaging in vigorous exercise because of wheezing or asthma?						
76. Have you ever smoked for as long as a year?						
77. Do you now smoke, as of one month ago? (If No skip to Question #81)						
78. How much do you now smoke on average? NUMBER						
a. number of cigarettes per day						
b. number of cigarillos per day						
c. number of cigars a week						
d. pipe tobacco (ounces / week)						
79. Have you stopped or cut down smoking? (If no skip to Question #80)						
80. On average of the entire time you smoked, before you stopped or cut down, how much did you smoke?						
a. number of cigarettes per day						
b. number of cigarillos per day						
c. number of cigars a week						
d. pipe tobacco in a) ounces / week						
81. Do you or did you inhale the smoke?						
82. Have you been regularly exposed to tobacco smoke, 'regularly' means on most days or nights?						
83. Not counting yourself, how many people in your household smoke? (number)						
84. Do people smoke regularly in the room where you work?						
85. How many hours per day are you exposed to other people's tobacco smoke? (in hours)						
86. In general, how would you rate your health? (excellent, very good, good, fair, poor)						

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87. Have you been unable to accomplish as much as you would like?						
88. Were you unable to complete work or other activities as carefully as usual?						
Do you have difficulty:						
89. Climbing several flights of stairs?						
90. Climbing one flight of stairs?						
91. Walking more than one mile?						
92. Walking several blocks?						
93. Walking one block?						
94. Bathing or dressing yourself?						
95. Have you had physical and/or emotional problems that interfered with your normal social activities with family, friends, neighbors or groups?						
96. Have you felt so down in the dumps nothing could cheer you up?						
97. Have you felt calm and peaceful?						
98. Do you have a lot of energy?						
99. Do you feel you get sick easier than other people?						

Questionnaire Sources:

Questions obtained from ECRHS

<http://www.ecrhs.org/Quests/ECRHSIImainquestionnaire.pdf>

1-5, 7-9, 11-12, 14-20, 21-38, 41, 43, 45-49, 52, 54, 56-63, 64-65
68, 71-83

Questions modified from ECRHS

10, 13 (removed winter)

Questions from LEIP

6, 39, 40, 42, 44, 50, 51, 55, 64-67, 69-70

Questions modified from SF-36

84-97