Phase 38 Data Directory

SECTION 6

RESPIRATORY ASSESSMENT

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Dunedin Multidisciplinary Health & Development Research Unit
DMHDRU

SELF-ADMINISTERED RESPIRATORY QUESTIONS – PHASE 38 **SNUM** | | | | |

PLEASE CIRCLE THE APPROPRIATE ANSWERS.
IF YOU ARE UNSURE OF THE ANSWER, PLEASE CHOOSE 'NO'

Wheeze and tightness in the chest

1. Have you, at any time in your life, heard a wheezing noise coming from your chest? ("Wheezing" means a whistling sound, however high or low pitched and however faint) NO YES

IF 'NO' GO TO QUESTION 2. IF 'YES' GO TO QUESTION 1(a):

1(a) Have you ever been at all breathless when the wheezing noise was present? NO YES

1(b) Have you, at any time in your life, had this wheezing noise when you did not have a cold? NO YES

2. Have you had wheezing or whistling in your chest at any time in the last 12 months? NO YES

3. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? NO YES

Shortness of breath

4. Have you had an attack of shortness of breath that came on during the day when you were at rest, at any time in the last 12 months? NO YES

5. Have you had an attack of shortness of breath that came on following strenuous activity at any time in the last 12 months? NO YES

6. Have you been woken at night by an attack of shortness of breath at any time in the last 12 months? NO YES

Cough and phlegm from the chest

7. Have you been woken by an attack of coughing, at any time in the last 12 months? NO YES

IF 'NO' GO TO QUESTION 8. IF 'YES'. GO TO QUESTION 7(a)

7(a) Have you woken with coughing when you did not have a cold? NO YES

8. Do you usually cough on getting up or first thing in the morning? NO YES ☐

IF 'NO' GO TO QUESTION 9. IF 'YES' GO TO QUESTION 8(a)

8(a) Have you coughed on getting up or first thing in the morning on most mornings for at least 3 months each year? NO YES ☐

9. Do you usually bring up phlegm from your chest on getting up or first thing in the morning? NO YES ☐

10. Have you brought up phlegm from your chest on getting up or first thing in the morning, on most mornings for at least 3 months each year? NO YES ☐

11. Do you usually have a cough throughout the day (apart from colds)? NO YES ☐

12. Do you usually bring up phlegm from your chest throughout the day (apart from colds)? NO YES ☐

Breathing

13. Do you ever have trouble with your breathing? NO YES ☐

IF 'NO' GO TO QUESTION 14. IF 'YES' GO TO QUESTION 13(a)

13(a) Do you have this trouble: (circle 1 or 2 or 3) ☐

1. continuously, so that your breathing is never quite right?
2. repeatedly, but it always gets completely better?
3. only rarely?

14. Does your chest ever sound wheezy or whistling: (answer all lines a, b and c)

(a) when you have a cold? NO YES ☐

(b) occasionally apart from colds? NO YES ☐

(c) most days or nights? NO YES ☐

IF 'YES' TO ANY OF 14 a, b, or c, GO TO QUESTION 14(d)

14(d) For how many years has this been present ..... years ☐☐

15. Have you ever had an attack or episode of wheezing that made you feel short of breath? NO YES ☐

IF 'NO' GO TO QUESTION 16. IF 'YES. GO TO QUESTION 15(a)

15(a) How old were you when you had your first such an attack or episode? ..... years ☐☐

15(b) Have you had two or more such attacks or episodes? NO YES ☐

15(c) Have you ever required medicine or treatment for these attacks or episodes? NO YES ☐

15(d) If YES, list those that you took

_____

_____

_____

16. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? NO YES ☐

Animals, Dust, Feathers

17. When you are in a dusty part of the house or with animals (for instance, dogs, cats or horses) or near feathers (including pillows, quilts and eiderdowns) do you ever:

(a) get a feeling of tightness in your chest? NO YES ☐

(b) start to feel short of breath? NO YES ☐

Asthma

18. Have you ever had asthma? NO YES ☐

IF 'NO' GO TO QUESTION 19. IF 'YES' GO TO QUESTION 18(a)

18(a) Was this confirmed by a doctor? NO YES ☐

18(b) How old were you when you had your first an attack or episode of asthma? ..... years ☐☐

18(c) How old were you when your doctor confirmed that you had asthma? ……years ☐☐

18(d) How old were you when you had your most recent attack or episode of asthma? ..... years ☐☐

18(e) Have you had an attack or episode of asthma in the last 12 months? NO YES ☐

18(f) Are you currently taking any medications (including inhalers, aerosols, or tablets) for asthma? NO YES ☐

18(g) Do you still have asthma? NO YES ☐

18(h) If you no longer have asthma, at what age did it stop? ..... years ☐☐

Other conditions

19. Have you had sinusitis in the last 12 months? NO YES ☐

20. Have you had "hay fever" in the last 12 months? NO YES ☐

21. Have you had eczema or skin allergy in the last 12 months? NO YES ☐

22. In the past 12 months have you ever had heartburn? (A burning pain or discomfort behind the breastbone rising up in the chest. *Do not count pain from angina or heart trouble)* ☐

NO YES

IF 'NO' GO TO QUESTION 23. IF 'YES' GO TO QUESTION 22(a)

22(a) If YES how bothersome was the heartburn for you? (please circle)

0 = I have not been bothered by heartburn
1 = A little bit bothersome
2 = Moderately bothersome
3 = Quite a bit bothersome
4 = Extremely bothersome ☐

23. In the past 12 months have you had a bitter or sour tasting fluid that comes to your throat or mouth? ☐

NO YES

IF 'NO' GO TO NEXT PAGE. IF 'YES' GO TO QUESTION 23(a)

23(a) If YES how bothersome was the bitter or sour tasting fluid that comes to your throat or mouth for you? (please circle)

0 = I have not been bothered by bitter or sour tasting fluid
1 = A little bit bothersome
2 = Moderately bothersome
3 = Quite a bit bothersome
4 = Extremely bothersome ☐

Nijmegen Questionnaire

Please circle the score that best describes the frequency with which you experience the symptoms listed below:

	Never	Seldom	Sometimes	Often	Very Often
Chest pain	0	1	2	3	4
Feeling tense	0	1	2	3	4
Blurred vision	0	1	2	3	4
Dizziness	0	1	2	3	4
Confusion or loss of touch with reality	0	1	2	3	4
Fast or deep breathing	0	1	2	3	4
Shortness of breath	0	1	2	3	4
Tightness across chest	0	1	2	3	4
Bloated sensation in stomach	0	1	2	3	4
Tingling in fingers and hands	0	1	2	3	4
Difficulty in breathing or taking a deep breath	0	1	2	3	4
Stiffness or cramps in fingers and hands	0	1	2	3	4
Tightness around the mouth	0	1	2	3	4
Cold hands or feet	0	1	2	3	4
Palpitations in the chest	0	1	2	3	4
Anxiety	0	1	2	3	4

ADMINISTERED ASTHMA QUESTIONNAIRE – PHASE 38 **SNUM** ☐☐☐☐

asq1. Have you ever been troubled by coughing a lot when you run or just after stopping running? NO YES ☐

asq2. Does going into cold air make you cough a lot even when you do not have a cold? NO YES ☐

asq3. Do you sometimes cough in bed at night when you do not have a cold? (more than occasional nights) NO YES ☐

asq4. Have you ever had asthma? NO YES ☐

asq4(a) How old were you when you first had asthma? ……. years ☐☐

asq5. Have you ever had wheezy breathing (a whistling noise in the chest)? NO YES ☐

asq5(a) How old were you when you first had wheezy breathing? ……. years ☐☐

asq6. Have you <u>ever</u> noticed wheezy breathing (a whistling noise in the chest) <u>when you have a cold</u> ? NO YES ☐

asq7. The next four questions relate to when you <u>do not</u> have a cold.

Have you <u>ever</u> noticed wheezy breathing when you:

(a) go out in cold air? NO YES ☐

(b) run or just after running? NO YES ☐

(c) are in bed at night? NO YES ☐

(d) wake up in the morning? NO YES ☐

<u>IF 'YES' TO ANY OF QUESTIONS 4-7 GO TO QUESTION 8.</u>
<u>IF 'NO' GO TO QUESTION 15</u>

asq8. Have you had any of these symptoms (any of the above)

(a) in the last 6 years? NO YES ☐

(b) in the last 12 months? NO YES ☐

<u>IF SYMPTOMS HAVE OCCURRED IN THE LAST 6 YEARS GO TO QUESTION 9. IF NOT GO TO QUESTION 19.</u>

asq9. How often have you had attacks or episodes of asthma or wheezing in the last 6 years?

..... episodes per ..... year

asq10. How often have you had attacks or episodes of asthma or wheezing in the last 12 months?

..... episodes per ..... year

asq11. On average, how long does each attack or episode last? ....

asq11(a) 1= minutes, 2= hours, 3= days

asq12. When did you last notice any wheeze or asthma? ..... days ago

asq13. Have you had any treatment for asthma or wheezing

(a) in the last 6 years? NO YES

(b) in the last 12 months? NO YES

If YES, what treatment did you take?

Drug name (generic)	Formulation (tab, inhaler strength)	Dose (no. puffs)	Frequency (daily/prn)	Current (yes/no)	Age when commenced

(c) Have you taken any treatment today? NO YES

Specify drug and time .....am/pm

asq14. Have you taken any complimentary / alternative treatments?

(a) in the last 6 years? NO YES

(b) in the last 12 months? NO YES

Treatment	When

asq15. In the last 6 years, have you lost any time off work or study because of asthma or wheezing? NO YES ☐

asq16. If YES, how many days have you lost

(a) in the last 6 years? ..... days ☐☐☐

(b) in the last 12 months? ..... days ☐☐☐

asq17. Have you ever been admitted to hospital because of asthma or wheezing? NO YES ☐

asq18. If YES, how many times

(a) in the last 6 years? ..... admissions ☐☐

(b) in the last 12 months? ..... admissions ☐☐

Occupation

asq19. Have you ever had a breathing problem as a result of your work? NO YES ☐

IF 'NO' GO TO QUESTION 21. IF 'YES' GO TO QUESTION 20

asq20. What was the breathing problem?_____ ☐☐

asq21. Have you ever had to change your job because it affected your breathing? NO YES ☐

IF 'NO' GO TO QUESTION 23. IF 'YES' GO TO QUESTION 22

asq22. What was this job? (be as precise as possible) ☐☐☐☐☐☐

_____

asq23. Have you ever worked in a job which exposed you to dust or fumes (***see exposures list***)? NO YES ☐

IF 'NO' GO TO QUESTION 25. IF 'YES' GO TO QUESTION 24

asq24. What was this job? (Be as precise as possible) ☐☐☐☐☐☐

_____

asq25. In your work, are you exposed to other people's cigarette smoke? NO YES ☐

Your home environment

asq26. Is there a sheepskin/wool rest on your bed? NO YES ☐

asq27. Do you have any animals at your usual residence? NO YES ☐

Circle: (a) Cat ☐

(b) Dog ☐

(c) Horse ☐

(d) Other ..... ☐

asq28. Is there any mould in your home? NO YES ☐

Circle: (a) Kitchen ☐

(b) Bathroom ☐

(c) Bedroom ☐

(d) Other ..... ☐

asq29. Is your home damp? NO YES ☐

asq30. Is your home dusty? NO YES ☐

asq31. Is your home cold in winter? NO YES ☐

asq32. How many persons (<u>including yourself</u>) are living in the same house as you?

(a) Under age 18? ..... ☐☐

(b) Age18-61? ..... ☐☐

(c) Age 62 or more? ..... ☐☐

asq33. Does anyone regularly smoke inside your home? NO YES ☐

asq34. Do you have any gas appliances (gas cookers, gas heaters, gas fires) in your home? NO YES ☐

asq35. Do you have any *unflued* gas heaters or gas fires in your home ? (that is not vented directly outside) NO YES ☐

ASTHMA TREATMENTS – PHASE 38 **SNUM** ☐☐☐☐

AM1. Short-acting beta-agonist inhaler NO YES ☐
(eg. Ventolin, Bricanyl, Salamol, Respogen…)

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM2. Long-acting beta-agonist inhaler NO YES ☐
(eg. Serevent, Oxis, Foradil, Symbicort*, Seretide*)

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM3. Inhaled corticosteroid NO YES ☐
(eg. Flixotide, Pulmicort, Beclazone, Symbicort*, Seretide*….)

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM4. Oral corticosteroid NO YES ☐
(eg. Prednisone, Prednisolone….)

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM5. Ipratropium (eg. Atrovent, combivent…) NO YES

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

Age started

Current (i.e used recently or still has available to use if needed)

AM6. Theophylline (eg. Theodur, Nuelin) NO YES

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

Age started

Current (i.e used recently or still has available to use if needed)

AM7. Leukotriene antagonist (eg. Montelukast) NO YES

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

Age started

Current (i.e used recently or still has available to use if needed)

AM8. Cromoglycate, Nedocromil (eg. Intal, Vicrom, Tilade) NO YES

IF YES: How often?
- Rarely = 1
- Intermittent/infrequent = 2
- Weekly = 3
- Most days = 4
- More than daily = 5

Age started

Current (i.e used recently or still has available to use if needed)

AM9. Alternative treatment 1 (drug-like) NO YES ☐

Name _____

IF YES: How often? Rarely = 1
Intermittent/infrequent = 2
Weekly = 3
Most days = 4
More than daily = 5 ☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM10. Alternative treatment 2 (drug-like) NO YES ☐

Name _____

IF YES: How often? Rarely = 1
Intermittent/infrequent = 2
Weekly = 3
Most days = 4
More than daily = 5 ☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM11. Alternative treatment 3 (physical) NO YES ☐

Name _____

IF YES: How often? Rarely = 1
Intermittent/infrequent = 2
Weekly = 3
Most days = 4
More than daily = 5 ☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM12. Alternative treatment 4 (physical) NO YES ☐

Name _____

IF YES: How often? Rarely = 1
Intermittent/infrequent = 2
Weekly = 3
Most days = 4
More than daily = 5 ☐

Age started ☐☐

Current (i.e used recently or still has available to use if needed) ☐

AM13. Emergency treatment Beta-agonist NO YES ☐

Name _____

AM14. Emergency treatment Oral cortcosteroid NO YES ☐

Name _____

AM15. Emergency treatment IV treatment NO YES ☐

Name _____

AM16. Emergency treatment Other NO YES ☐

Name _____

AM17. Interviewer code ☐☐

AM18. Checked by ☐☐

RESPIRATORY WORKSHEET – PHASE 38 **SNUM** ☐☐☐☐

rw1. EXHALED NITRIC OXIDE

First eNO _____

Second eNO _____

Mean eNO _____ ☐☐.☐

rw2. EXHALED CARBON MONOXIDE

First eCO _____

Second eCO _____

a. Mean eCO _____ ☐☐.☐

b. Do you smoke? NO YES ☐

c. Have you smoked today? NO YES ☐

d. Hours since last cigarette _____ ☐☐

rw3. RECENT BRONCHODILATORS

(a) Have ***any*** short-acting bronchodilators been used in the last 8 hours? NO YES ☐

(b) *If **YES***, how many hours ago? _____ ☐

(c) Have ***any*** long-acting bronchodilators been used in the last 24 hours? NO YES ☐

(d) *If **YES***, how many hours ago? _____ ☐☐

rw4. LUNG FUNCTION – PRE-BRONCHODILATOR

(a) FVC	*x.xx*	
(b) FEV_1	*x.xx*	
(c) FEF_{25-75}	*x.xx*	
(d) FEF_{25}	*xx.xx*	
(e) FEF_{50}	*x.xx*	
(f) FEF_{75}	*x.xx*	
(g) PEF	*xx.xx*	
(h) SVC	*x.xx*	
(i) TLC	*xx.xx*	
(j) RV	*x.xx*	
(k) FRC	*x.xx*	
(l) R_{aw}	*x.xx*	
(m) SG_{aw}	*x.xxx*	
(n) DL_{CO}	*xx.x*	
(o) VA	*x.xx*	
(p) DL_{CO}/VA	*x.xx*	
(q) R5	x.xx	
(r) R10	x.xx	
(s) R15	x.xx	
(t) R20	x.xx	
(u) X5	-x.xx	
(v) Fres	xx.xx	
(w) AX	xx.xx	

(x) Poor flow-volume technique?	If Yes, error code	
(y) Poor lung volumes technique	If Yes, error code	
(z) Poor R_{aw} technique	If Yes, error code	
(za) Poor DL_{CO} technique	If Yes, error code	

rw5. LUNG FUNCTION – POST SALBUTAMOL

(a) FVC	*x.xx*	☐☐☐
(b) FEV_1	*x.xx*	☐☐☐
(c) FEF_{25-75}	*x.xx*	☐☐☐
(d) FEF_{25}	*xx.xx*	☐☐☐☐
(e) FEF_{50}	*x.xx*	☐☐☐
(f) FEF_{75}	x.xx	☐☐☐
(g) PEF	xx.xx	☐☐☐☐
(h) R5	x.xx	☐☐☐
(i) R10	x.xx	☐☐☐
(j) R15	x.xx	☐☐☐
(k) R20	x.xx	☐☐☐
(l) X5	-x.xx	☐☐☐☐
(m) Fres	xx.xx	☐☐☐☐
(n) AX	x.xx	☐☐☐
(o) Poor flow-volume technique	If Yes, error code	☐☐☐☐☐☐

rw6. REFUSALS/TECHNICAL PROBLEMS

CODES:

None = 0

Technical failure = 1

Refusal = 2

Not enough time = 3

Uncertain quality = 4

(a) exhaled NO	☐
(b) exhaled CO	☐
(c) Spirometry	☐
(d) IOS	☐
(e) Body Box	☐
(f) DLco	☐
(g) Salbutamol	☐
(h) Post bronchodilator spirometry	☐
(i) Post bronchodilator IOS	☐

PHASE 38 – RESPIRATORY HEALTH

ID No. ☐☐☐☐

SMOKING QUESTIONNAIRE

INTRODUCTION

The next interview is about tobacco smoking.

Display card SMK1

No (0)	Sometimes (1)	Yes (2)	
SMex1. Do you live with a spouse or partner who smokes cigarettes? (*No spouse/partner = 0*)	0	1	2	☐
SMex2. Do any of the people you currently live with, other than a partner or a spouse, smoke cigarettes? (*Live alone = 0)*	0	1	2	☐
SMex3. If someone in your household wants to smoke, does he/she have to go outside in order to smoke?	0	1	2	☐

Display card SMK2

None (0)	Less Than Half (1)	About Half (2)	More Than Half (3)	All (4)	
SMex4. How many of your friends smoke or use tobacco?	0	1	2	3	4	☐

SMex5. Which of these statements best describes your work place's policy for smoking in work areas? ☐

0. Smoking is not allowed in ANY work areas
1. Smoking is allowed in SOME work areas
2. Smoking is allowed in ALL work areas

No (0)	Maybe (1)	Yes (2)	
SM1. Have *you* ever smoked for as long as a year?	0	1	2	☐

No means less than 20 packs of cigarettes in your lifetime or less than 1 cigarette/day for as long as a year .

IF <u>NO</u> skip to SM5. IF <u>YES</u> continue.

SM2. How old were you when you first started smoking? _____ years ☐☐

SM3. How old were you when you began to smoke regularly? _____ years ☐☐

	No (0)	Yes (2)	
SM4a. Have you ever cut down or stopped smoking? *If NO skip to SM5*	0	2	☐

After you started smoking regularly, how many times have you quit for:
Display card SMK3

SM4b. More than 1 year _____ ☐☐

SM4c. Between 7 and 12 months _____ ☐☐

SM4d. Between 1 and 6 months _____ ☐☐

SM4e. Less than 1 month _____ ☐☐

ASK OF ALL STUDY MEMBERS	No (0)	Yes (2)	
SM5. In the last year have you smoked daily for a month or more?	0	2	☐

IF <u>NO</u> smoking this year, END.

SM6. How many cigarettes per day? _____ per day ☐☐

SM7. How many cigarettes per day do you now smoke, <u>on average</u> ? _____ per day ☐☐

SM8. What brand do/did you smoke?_____ ☐
Probe "light" or "regular" ; what type of tobacco
[code 1 = cigarette, 2 = roll your own]

(a) If roll your own, how many grams do you smoke in the average week?_____ ☐☐

Thinking back over the past year….

SM_FT1. How soon after you wake up do you smoke your first cigarette? _____ minutes ☐☐☐
(*> 16 hours = 966*)

	No (0)	Yes (2)	
SM_FT2. Do you smoke if you are so ill that you are in bed most of the day?	0	2	☐
SM_FT3. Do you find it difficult to stop smoking in no-smoking areas?	0	2	☐

Display card SMK4

SM_FT4. Which cigarette would you hate most to give up?

0. None
1. First of the morning
2. After a hot drink
3. After a meal
4. With alcohol
5. When craving
6. Other _____

SM_FT5. Do you smoke more frequently in the first hours after waking than during the rest of the day? No = 0 Yes = 2

		No (0)	**Maybe** (1)	**Yes** (2)
SM10.	Does smoking make you feel ill (dizzy, nauseous, etc.)?	0	1	2
SM11.	Do you chain smoke (one cigarette after another)?	0	1	2
SM11b.	Have you often felt a strong desire for a cigarette, a craving?	0	1	2
SM12.	<u>In the last year</u> have you often had periods of days when you smoked a lot more cigarettes than you intended?	0	1	2
SM13.	<u>In the last year</u> have you tried to quit or cut down on smoking?	0	1	2

IF <u>YES</u>, ASK SM14 & SM15, OTHERWISE GO TO SM16

SM14. Were you able to quit or cut-down for at least one month at a time? 0 1 2

SM15. How many times have you tried in the last year? _____
(Code number of times, 6 = 6 or more)

SM16. Now I'm going to ask you about some problems you may have had in the past year when you have tried to cut down or quit smoking, OR when you wanted to have a cigarette but were unable to (e.g., you had none with you, you were at work or on an aeroplane, etc.)

	No (0)	**Maybe** (1)	**Yes** (2)
a. Were you irritable or angry?	0	1	2
b. Were you nervous?	0	1	2
c. Did you have difficulty sleeping?	0	1	2
d. Were you restless?	0	1	2
e. Did you have trouble concentrating?	0	1	2
f. Did your heart slow down?	0	1	2
g. Did your appetite increase or did you gain weight?	0	1	2

	No (0)	Maybe (1)	Yes (2)	
h. Were you depressed?	0	1	2	☐
i. Did you have headaches?	0	1	2	☐
j. Were you drowsy?	0	1	2	☐
k. Did you have upset stomach?	0	1	2	☐
l. Did your hands shake?	0	1	2	☐
m. Did you crave a cigarette?	0	1	2	☐

(Confirm that symptoms were due to cessation of smoking and WERE NOT due to other physical or mental health problems. ASK: Were these problems due to your trying to cut down or quit?)

SM17.	In the past year did any of these problems, after cutting down or going without cigarettes, bother you a great deal or interfere with your job or activities at home?	0	1	2	☐
SM18.	Do you keep smoking tobacco to avoid problems like getting irritable or gaining weight (or any problem coded ***yes*** in Question 16)?	0	1	2	☐
SM19.	In the last year have you given up or greatly reduced any important activity in order to smoke – such as sports, work or associating with friends or relatives?	0	1	2	☐
SM21.	Have you continued to smoke when you had a serious illness that you knew made it unwise to smoke?	0	1	2	☐
SM22.	In the last year did smoking cause you any health problems (*pause* . . .) like coughs, problems with your heart or blood pressure or lung trouble?	0	1	2	☐
SM23.	In the last year did smoking cause you any other physical, emotional or psychological problems?	0	1	2	☐

IF <u>YES</u> TO SM22 OR SM23, ASK:

SM24.	Did you continue to smoke after you knew it caused you these problems?	0	1	2	☐
SM25.	In the past year, have you kept smoking after objections from your partner, family, friends, doctor, minister or employer?	0	1	2	☐

SLEEP QUALITY

The following questions are about your usual sleep habits in the past month. *(Note: Probe both hours and minutes. Record in military time)*

Think about the nights during your work week, when you have to go to work the next day.

SQ1. What time do you usually go to bed during your work week? (midnight = 00 hrs; ie 12:30am = 00:30). ☐☐:☐☐ hr ☐☐ min

SQ2. How long does it take for you to fall asleep (from the time when you got to bed)? (minutes) ☐☐☐

SQ3. What time do you usually wake up on work days? ☐☐:☐☐ hr ☐☐ min

SQ4. With an alarm clock, or without? With (0) Without (1) ☐

SQ5. How many minutes does it take before you get up out of bed after you wake up? ☐☐☐

SQ6. How many hours of actual sleep do you get on work nights? This may be different than the number of hours you spend in bed. ☐☐:☐☐ hr ☐☐ min

Now, think about the nights when you are free the next day, like weekends or whenever you don't work.

SQ7. What time do you usually go to bed on free nights? ☐☐:☐☐ hr ☐☐ min

SQ8. How long does it take for you to fall asleep (from the time when you got to bed)? (minutes) ☐☐☐

SQ9. What time do you usually wake up on free days? ☐☐:☐☐

SQ10. With an alarm clock, or without? With (0) Without (1) ☐

SQ11. How many minutes does it take before you get up out of bed after you wake up? ☐☐☐

SQ12. How many hours of actual sleep do you get on free nights? ☐☐:☐☐

Display response card SQ1

Definitely a morning person (0)	More morning than evening (1)	Neither or don't know (2)	More evening than morning (3)	Definitely an evening person (4)

SQ13. We hear about morning people and evening people, are you one of these? 0 1 2 3 4 ☐

Never (0)	Occasionally (1)	Most Weeks (2)	Most Days (3)

SQ14. Does your job require you to work at night? 0 1 2 3 ☐

SQ15. Does your work-shift change to different hours? 0 1 2 3 ☐

SQ16. How many hours do you generally spend outdoors on <u>workdays</u>, without a roof over your head? ☐☐:☐☐

SQ17. At this time of year, how many hours do you generally spend outdoors <u>on your free days</u>, without a roof over your head?

☐☐:☐☐

☐☐ hr

☐☐ min

SQ18. What season of the year is it where you live now?

1. Winter
2. Spring
3. Summer
4. Fall

☐

I am going to read you a list of reasons why your sleep may be disturbed. Please tell me how often you have had problems sleeping in the last month because of each one. How often have you had problems sleeping because you…

Display response card SQ2

	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)	Nearly every day (4)	
SQ19. Could not get to sleep within 30 minutes?	0	1	2	3	4	☐
SQ20. Woke up in the middle of the night?	0	1	2	3	4	☐
SQ21. Woke up too early in the morning?	0	1	2	3	4	☐
SQ22. Had to get up to use the bathroom?	0	1	2	3	4	☐
SQ23. Could not breathe comfortably?	0	1	2	3	4	☐
SQ24. Coughed or snored loudly?	0	1	2	3	4	☐
SQ25. Felt too cold?	0	1	2	3	4	☐
SQ26. Felt too hot?	0	1	2	3	4	☐
SQ27. Had pain?	0	1	2	3	4	☐
SQ28. Any other reason(s) that your sleep was disturbed? Please describe, including how often you have had trouble sleeping because of this reason(s):	0	1	2	3	4	☐

_____

As a reminder, your answers should reflect your sleep quality over the past month	**Not during the past month (0)**	**Less than once a week (1)**	**Once or twice a week (2)**	**Three or more times a week (3)**	**Nearly every day (4)**	
SQ29. How often have you taken medicine (prescribed or over-the-counter) to help you sleep?	0	1	2	3	4	
SQ30. How often have you used alcohol to help you sleep?	0	1	2	3	4	
SQ31. How often have you used cannabis to help you sleep?	0	1	2	3	4	
SQ32. How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	0	1	2	3	4	
SQ33. How often have you felt that your sleep was unrefreshing?	0	1	2	3	4	
SQ34. How often have sleep problems affected your work?	0	1	2	3	4	
SQ35. How often have sleep difficulties made you feel irritable?	0	1	2	3	4	
SQ36. How often have sleep problems caused you to have trouble concentrating?	0	1	2	3	4	
SQ37. How often have sleep problems caused you to forget things?	0	1	2	3	4	
SQ38. How often have sleep difficulties made you feel fatigued or have low energy?	0	1	2	3	4	
asq33. How often do you feel tired when you wake after sleeping (don't include naps)?	0	1	2	3	4	
SQ39. How often have sleep problems made you feel sleepy during the day?	0	1	2	3	4	
SQ40. How often has it been a problem for you to keep up enthusiasm to get things done after a bad night of sleep?	0	1	2	3	4	
SQ41. How often in the past month have you had nightmares or bad dreams?	0	1	2	3	4	

If no to bad dreams or nightmares, skip to SQ 44 and code 0's

Display response card SQ3

None at all 0	Very Little 1	Moderate 2	Severe 3

SQ42. How much anxiety did you feel during the nightmares or bad dreams? 0 1 2 3

SQ43. How much anger did you feel during the nightmares or bad dreams? 0 1 2 3

Display response card SQ4

Very bad 0	Fairly bad 1	Fairly good 2	Very good 3

SQ44. During the past month, how would you rate your sleep quality overall? 0 1 2 3

asq37e. How many times do you usually wake during your sleep? _____

asq37f. Do you take an extra nap in the day? NO = 0 YES = 1

SQ45. We have been talking about sleep difficulty Have you had sleep difficulty due to factors . outside of your control (baby, neighbors, partner snoring, etc)? NO = 0 YES = 1

Specify *main* reason: _____

	No	Sometimes	Yes
SQ46. In the past year, was there any time when you wanted to talk to a doctor or other professional about your sleep difficulties?	0	1	2
SQ47 Did you do so?	0	1	2

SQ Notes: ***(record study member's comments)*** NO = 0 YES = 1

_____

_____

_____

_____

_____

asq31. Have you ever been told that you snore? NO = 0 YES = 1 ☐

IF 'NO' GO TO QUESTION asq32. IF 'YES' CONTINUE

asq31.1 How often do you snore? ☐
1 = almost never
2 = rarely / only after drinking
3 = occasionally (1-2 nights per week)
4 = frequently (3-4 nights per week)
5 = almost every night

asq31.2 How loud do you snore? ☐
1 = Quieter than talking
2 = As loud as talking (heard in the bedroom only)
3 = Louder than talking (heard outside the bedroom)

asq31.3 Does your snoring bother other people? NO = 0 YES = 1 ☐

asq31.4 Has your snoring caused domestic/marital tension? NO = 0 YES = 1 ☐

asq32. Has anyone noticed that you stop breathing during your sleep? NO = 0 YES = 1 ☐

Display response card SQ5

asq32.1 IF YES, how often? ☐
1 = almost never
2 = rarely (less than once a week)
3 = occasionally (1-2 nights per week)
4 = frequently (3-4 nights per week)
5 = almost every night

asq35. Have you ever fallen asleep while driving? NO=0 YES=1 ☐

asq36. Do you ever have difficulty driving a car because you become sleepy or tired? NO=0 YES=1 ☐

asq36.1 IF YES, how often? ☐
1 = almost never
2 = rarely
3 = occasionally, only on long journeys
4 = most journeys
5 = almost every journey

Display response card SQ5

asq37d. Do you sleep well? ☐
1 = almost never
2 = rarely (less than once a week)
3 = occasionally (1-2 nights per week)
4 = most night (3-4 nights per week)
5 = almost every night

SQ48. Interviewer: Where is this interview taking place?

01. New Zealand
02. Australia
03. Europe
04. United States
05. Other: _____

SQ49. Interviewer: In what month is this interview taking place?

01. January
02. February
03. March
04. April
05. May
06. June
07. July
08. August
09. September
10. October
11. November
12. December

PAIN & FATIGUE

Now I want you to think about the past 7 days.
Show card **PAINIMP**

In the past 7 days…

PAININ3. How much did pain interfere with your enjoyment of life?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ8. How much did pain interfere with your ability to concentrate?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ9. How much did pain interfere with your day to day activities?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ10. How much did pain interfere with your enjoyment of recreational activities?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ14. How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ26. How often did pain keep you from socializing with others?

not at all	a little bit	somewhat	quite a bit	very much
1	2	3	4	5

PAININ44. What was the major cause of your pain?

_____

Still thinking about the past 7 days.

SHOW card **FATIG**

FATIMP40. How often did you have enough energy to exercise strenuously?

never	rarely	sometimes	often	always
1	2	3	4	5

FATEXP20. How often did you feel tired?

never	rarely	sometimes	often	always
1	2	3	4	5

FATEXP5. How often did you experience extreme exhaustion?

never	rarely	sometimes	often	always
1	2	3	4	5

FATEXP18. How often did you run out of energy?

never	rarely	sometimes	often	always
1	2	3	4	5

FATIMP33. How often did your fatigue limit you at work (include work at home)?

never	rarely	sometimes	often	always
1	2	3	4	5

FATIMP30. How often were you too tired to think clearly?

never	rarely	sometimes	often	always
1	2	3	4	5

FATIMP21. How often were you too tired to take a bath or shower?

never	rarely	sometimes	often	always
1	2	3	4	5

FAMILY HEALTH UPDATE

At the last assessment we interviewed your parents about your family's health history. We'd like to update that information. Specifically, we want to find out about biological risk factors for illness.

FH1. Have any of your biological parents or siblings had any of these health conditions? ***Show card FAMHLTH1, and read list. First ask if anyone had health conditions a-q. Then, ask who had the health conditions that the SM responded "yes" to.***

Condition		YES	WHO			Code each box as 0/1		
			Dad	Mum	Sib	Dad	Mum	Sib
a.	Heart attack	☐	☐	☐	☐	☐	☐	☐
b.	Bypass surgery/ balloon angioplasty/ Stent	☐	☐	☐	☐	☐	☐	☐
c.	Other heart problems	☐	☐	☐	☐	☐	☐	☐
d.	Stroke	☐	☐	☐	☐	☐	☐	☐
e.	High cholesterol	☐	☐	☐	☐	☐	☐	☐
f.	High blood pressure	☐	☐	☐	☐	☐	☐	☐
g.	Diabetes	☐	☐	☐	☐	☐	☐	☐
h.	Dementia / Alzheimer's	☐	☐	☐	☐	☐	☐	☐
i.	Asthma	☐	☐	☐	☐	☐	☐	☐
j.	Chronic Bronchitis	☐	☐	☐	☐	☐	☐	☐
k.	Emphysema	☐	☐	☐	☐	☐	☐	☐
l.	Breast/ovarian cancer	☐	☐	☐	☐	☐	☐	☐
m.	Testicular/prostate cancer	☐	☐	☐	☐	☐	☐	☐
n.	Colon/ rectal cancer	☐	☐	☐	☐	☐	☐	☐
o.	Lung cancer	☐	☐	☐	☐	☐	☐	☐
p.	Melanoma/ skin cancer	☐	☐	☐	☐	☐	☐	☐
q.	Other cancer	☐	☐	☐	☐	☐	☐	☐

Since you were 32, have any of your biological family members passed away?

FH2. **Person 1**

a. Who _____ Dad (1) Mum (2) Sib (3)

b. Age of death _____

c. Cause of death_____

FH3. **Person 2**

a. Who _____ Dad (1) Mum (2) Sib (3)

b. Age of death _____

c. Cause of death_____

FH4. **Person 3**

a. Who _____ Dad (1) Mum (2) Sib (3)

b. Age of death _____

c. Cause of death_____

FH5. **Person 4**

a. Who _____ Dad (1) Mum (2) Sib (3)

b. Age of death _____

c. Cause of death_____

Cause of Death Codes

1 = heart attack/
2 = stroke
3 = cancer
4 = illness
5 = accident
6 = other

Interviewer ID

Module No. **8 0 6**

NO

YES

None

Less than half

About half

More than half

All

How many times have you quit for….

More than 1 year

Between 7 and 12 months

Between 1 and 6 months

Less than 1 month

Cigarette you would most hate to give up

None

First of the morning

After a hot drink

After a meal

With alcohol

When craving

Other

SQ1

Definitely a morning person

More morning than evening

Neither or don’t know

More evening than morning

Definitely an evening person

SQ2

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

Nearly every day

None at all

Very little

Moderate

Severe

Very bad

Fairly bad

Fairly good

Very good

SQ5

Almost never

Rarely (less than once a week)

Occasionally (1-2 times per week)

Frequently (3-4 times per week)

Almost every night

Not at all

A little bit

Somewhat

Quite a bit

Very much

Never

Rarely

Sometimes

Often

Always

Heart attack

Bypass surgery/ balloon angioplasty

Other heart problems

Stroke

High cholesterol

High blood pressure

Diabetes

Dementia/ Alzheimer’s

Asthma

Chronic bronchitis

Emphysema

Breast/ovarian cancer

Testicular/prostate cancer

Colon/ rectal cancer

Lung cancer

Melanoma/ skin cancer

Other cancer