

Attachment 3 Pulmonary Health Questionnaire

Form Approved
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**Exposure to Aerosolized Brevetoxin During Red Tide Events
Pulmonary Health Questionnaire**

National Center for Environmental Health
Centers for Disease Control and Prevention

Florida Department of Health

University of Miami School of Medicine

Name: _____
(Last) (First) (Middle Initial)

Birth Date : ____/____
mm / yyyy

Current Address:

(Number, Street, or Rural Route)

(City or Town, State, Zip Code)

Home Phone: (_____) _____ - _____

Public reporting burden for this collection of information is estimated to vary from 4 to 6 minutes per response, with an average response of 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Reports Clearance Officer; Paperwork Reduction Project (0920-0494); M.S. D-24; 1600 Clifton Road NE, Atlanta, Ga. 30333

1. INTERVIEWER

3. LOCATION

STREET ADDRESS

NAME OF BEACH

CITY

STATE, ZIP

4. SEX

- 1. FEMALE
- 2. MALE

First, I would like to ask a few questions about yourself.

5. What is your race?

- 1. AMERICAN INDIAN, ALASKA NATIVE
- 2. ASIAN
- 3. BLACK OR AFRICAN AMERICAN
- 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5. WHITE
- 88. DON'T KNOW
- 99. REFUSED

6. Are you of Hispanic origin?

- 1. NO
- 2. YES
- 88. DON'T KNOW
- 99. REFUSED

7. How many years of school have you completed?

- _____ Number of years
- 88. DON'T KNOW
 - 99. REFUSED

Now, I have a few questions about your health.

8. Have you ever had asthma?

- 1. NO
- 2. YES
- 88. DON'T KNOW
- 99. REFUSED

9. Have you ever had an asthma attack?

- 1. NO
- 2. YES
- 88. DON'T KNOW
- 99. REFUSED

IF NO TO BOTH QUESTIONS 8 AND 9, SKIP TO QUESTION 10.

9a. At about what age did the asthma start? _____ AGE (YEARS)

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

9b. Was asthma confirmed by a doctor?

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

9c. Do you still have asthma?

- 1. NO (GO TO QUESTION 9c1)
- 2. YES (GO TO QUESTION 9c2)
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

9c1. How old were you when it stopped?

_____ AGE (YEARS)

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

9c2. Do you now take any medicines, including non-prescription medicines, for asthma?

- 1. NO
- 2. YES
SPECIFY _____

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

10. Have you ever done any pulmonary function tests? By pulmonary function tests, I mean spirometry, peak flow, etc.

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW

99. REFUSED

Now, I would like to ask you about a series of symptoms, how often you may have had these symptoms, and whether or not they change.

Symptom	11. Shortness of breath with wheezing or whistling.	12. Shortness of breath or coughing that came on when you were just lying in bed or not doing any special effort.	13. Tightness in the chest that lasts for more than 1 minute.	14. Do you usually have a stuffy nose, or drainage at the back of your nose?
Have you experienced the symptom?	1. NO 2. YES	1. NO 2. YES	1. NO 2. YES	1. NO 2. YES
When did your symptoms first occur?	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED
When was the last time you had these symptoms?	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED	____/____/____ (DATE) mm dd yyyy 77. NA 88. DON'T KNOW 99. REFUSED
About how often do you have these symptoms?	1. ONLY ONCE 2. ONLY A FEW DAYS EVER 3. A FEW DAYS EACH YEAR 4. A FEW DAYS EACH MONTH 5. A FEW DAYS EACH WEEK 6. USUALLY AT LEAST ONCE EACH DAY OR NIGHT 77. NA 88. DON'T KNOW 99. REFUSED	1. ONLY ONCE 2. ONLY A FEW DAYS EVER 3. A FEW DAYS EACH YEAR 4. A FEW DAYS EACH MONTH 5. A FEW DAYS EACH WEEK 6. USUALLY AT LEAST ONCE EACH DAY OR NIGHT 77. NA 88. DON'T KNOW 99. REFUSED	1. ONLY ONCE 2. ONLY A FEW DAYS EVER 3. A FEW DAYS EACH YEAR 4. A FEW DAYS EACH MONTH 5. A FEW DAYS EACH WEEK 6. USUALLY AT LEAST ONCE EACH DAY OR NIGHT 77. NA 88. DON'T KNOW 99. REFUSED	1. ONLY ONCE 2. ONLY A FEW TIMES EVER 3. A FEW TIMES EACH YEAR 77. NA 88. DON'T KNOW 99. REFUSED
	Shortness of breath with wheezing or whistling. <i>Continued</i>	Shortness of breath or coughing that came on when you were just lying in bed or not doing any special effort. <i>Continued</i>	Tightness in the chest that lasts for more than 1 minute. <i>Continued</i>	Do you usually have a stuffy nose, or drainage at the back of your nose? <i>Continued</i>
Are/were your symptoms worse during a particular season?	1. NO, ABOUT THE SAME IN ALL SEASONS 2. WORSE IN SPRING 3. WORSE IN SUMMER 4. WORSE IN FALL 5. WORSE IN WINTER 77. NA	1. NO, ABOUT THE SAME IN ALL SEASONS 2. WORSE IN SPRING 3. WORSE IN SUMMER 4. WORSE IN FALL 5. WORSE IN WINTER 77. NA	1. NO, ABOUT THE SAME IN ALL SEASONS 2. WORSE IN SPRING 3. WORSE IN SUMMER 4. WORSE IN FALL 5. WORSE IN WINTER 77. NA	1. NO, ABOUT THE SAME IN ALL SEASONS 2. WORSE IN SPRING 3. WORSE IN SUMMER 4. WORSE IN FALL 5. WORSE IN WINTER 77. NA

	88. DON'T KNOW 99. REFUSED	88. DON'T KNOW 99. REFUSED	88. DON'T KNOW 99. REFUSED	88. DON'T KNOW 99. REFUSED
Are/were your symptoms worse during a particular time or day or night?	1. NO, NOT WORSE AT ANY SPECIFIC TIME OF DAY OR NIGHT 2. WORSE WHEN I FIRST WAKE UP 3. WORSE WHILE AT WORK 4. WORSE AFTER LEAVING WORK 5. WORSE WHILE LYING IN BED 77. NA 88. DON'T KNOW 99. REFUSED	1. NO, NOT WORSE AT ANY SPECIFIC TIME OF DAY OR NIGHT 2. WORSE WHEN I FIRST WAKE UP 3. WORSE WHILE AT WORK 4. WORSE AFTER LEAVING WORK 5. WORSE WHILE LYING IN BED 77. NA 88. DON'T KNOW 99. REFUSED	1. NO, NOT WORSE AT ANY SPECIFIC TIME OF DAY OR NIGHT 2. WORSE WHEN I FIRST WAKE UP 3. WORSE WHILE AT WORK 4. WORSE AFTER LEAVING WORK 5. WORSE WHILE LYING IN BED 77. NA 88. DON'T KNOW 99. REFUSED	1. NO, NOT WORSE AT ANY SPECIFIC TIME OF DAY OR NIGHT 2. WORSE WHEN I FIRST WAKE UP 3. WORSE WHILE AT WORK 4. WORSE AFTER LEAVING WORK 5. WORSE WHILE LYING IN BED 77. NA 88. DON'T KNOW 99. REFUSED
Do/did your symptoms get better when you are/were off or work on the weekend or vacation?	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED

Now, I have a few questions about cigarette smoking.

15. Have you ever smoked more than 100 cigarettes during your life?
- 1. NO (GO TO QUESTION 16)
 - 2. YES
 - 88. DON'T KNOW
 - 99. REFUSED

- 15a. During the time you smoked, how many packs of cigarettes did you smoke each day?
- 1. <2 PACK
 - 2. 1 PACK
 - 3. 1 2 PACKS
 - 4. >1 2 PACKS
 - 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

- 15b. For how many years did you smoke? _____ YEARS
- 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

- 15c. Do you smoke now?
- 1. NO (GO TO QUESTION 15c1)
 - 2. YES (GO TO QUESTION 15d)
 - 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

15c1. About how many years ago did you quit?

- _____ YEARS
- 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

GO TO QUESTION 16

- 15d. Did you smoke in the last month?
- 1. NO
 - 2. YES
 - 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

- 15e. Do you smoke some days or every day?
- 1. SOME DAYS
 - 2. EVERY DAY
 - 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

- 15f. About how many cigarettes do you smoke each day?
- _____ NUMBER OF CIGARETTES
- 77. NA
 - 88. DON'T KNOW
 - 99. REFUSED

Now, I just have a few more questions about other illnesses that may affect your lungs.

		Have you ever had?	OR	Do you now have?
Hay fever	16a	<ul style="list-style-type: none"> 1. NO 2. YES 88. DON'T KNOW 99. REFUSED 	16b	<ul style="list-style-type: none"> 1. NO 2. YES 88. DON'T KNOW 99. REFUSED
Allergies	17a	<ul style="list-style-type: none"> 1. NO 2. YES <p style="text-align: center;">Specify</p> <p>_____</p> <p>_____</p> <p>_____</p>	17b	<ul style="list-style-type: none"> 1. NO 2. YES <p style="text-align: center;">Specify</p> <p>_____</p> <p>_____</p> <p>_____</p>

		88. DON'T KNOW 99. REFUSED			88. DON'T KNOW 99. REFUSED
Emphsema	18a	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	18b	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	
Tuberculosis	19a	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	19b	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	
Bronchitis	20a	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	20b	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	
Sinus problems	21a	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	21b	1. NO 2. YES 88. DON'T KNOW 99. REFUSED	
Other	22a.	1. NO 2. YES Specify	22b.	1. NO 2. YES Specify	
		88. DON'T KNOW 99. REFUSED			88. DON'T KNOW 99. REFUSED

Now, just a couple of questions about your general health:

23. In the past year, did you have to go to the hospital because you had breathing problems or because there was any other problem with your chest or lungs (including trouble catching your breath, wheezing, etc.)?
1. NO (end interview)
2. Yes (go to question 23a)

- 77. NA
- 88...DON'T KNOW
- 99. REFUSED

For each of the times you went to the hospital, can you tell me why you went and when?

23a. Why did you go to the hospital (FIRST TIME)?

- 1. ASTHMA ATTACK
- 2. TROUBLE BREATHING
- 3. CHEST TIGHTNESS
- 4. WHEEZING
- 5. HEART ATTACK
- 6. OTHER

Specify _____

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

23a1. When did you go to the hospital (FIRST TIME)?

_____/_____
mm yyyy

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

23b. Why did you go to the hospital (SECOND TIME)?

- 1. ASTHMA ATTACK
- 2. TROUBLE BREATHING
- 3. CHEST TIGHTNESS
- 4. WHEEZING
- 5. HEART ATTACK
- 6. OTHER

Specify _____

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

23b1. When did you go to the hospital (SECOND TIME)?

_____/_____
mm yyyy

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

23c. Why did you go to the hospital (THIRD TIME)?

- 1. ASTHMA ATTACK
- 2. TROUBLE BREATHING
- 3. CHEST TIGHTNESS
- 4. WHEEZING
- 5. HEART ATTACK
- 6. OTHER

Specify _____

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

23c1. When did you go to the hospital (THIRD TIME)?

_____/_____
mm yyyy

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED