



## INSTRUCTIONS FOR BASELINE RESPIRATORY MEDICATION USE QUESTIONNAIRE RMU, VERSION 1.0 (QxQ)

### I. GENERAL INSTRUCTIONS

The Baseline Respiratory Medication Questionnaire is filled out by the study coordinator at the baseline visit while the participant is present. If the participant can produce a list of medications use this list along with discussion with the participant in order to collect all the information regarding current medications and/or supplements the participant is taking.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form.

**FORM DATE:** Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

**INITIALS:** Record the staff code of the person entering the data on this form. 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

Item 1. If that participant is taking theophylline (also known as Uniphyll, Theo-24 or Sio-Bid) select 'Yes'. If the participant is not taking theophylline select 'No'.

Item 2. If the participant is taking any oral corticosteroids (also known as prednisone, Medrol or dexamethasone) select 'Yes' and give the number of years and days in item 2a. If the participant is not taking any oral corticosteroids select 'No' and skip to item 3.

Item 2a. Enter the number of years and the number of days the participant has been using corticosteroids. If the participant is unsure of the number of days ask what month s/he began taking the corticosteroids and then give an approximate number of days.

Item 3. If the participant uses supplemental oxygen as prescribed by a doctor at home select either 'Yes' or 'Only at Night' dependant upon when s/he uses the oxygen. Answer how many hours each day supplemental oxygen is used in item 3a. If the participant does not use any supplemental oxygen select 'No' and skip to item 4.

Item 3a. Record how many hours in a 24 hour day the participant uses supplemental oxygen.

Item 4. If the participant has used any inhaled steroids (not including nasal steroids) in the past 3 months select 'Yes' and use all the items in 4a to detail the specific inhaled steroids used, the number of puffs taken everyday and the dosage of each. If the participant has not used inhaled steroids select 'No' and skip to item 5.

Items 4a1-10 list specific inhaled steroids the participant may have used in the past 3 months. If the steroid listed is one that has been used select 'Yes' then enter the puffs per day that steroid. On several of the steroid choices you will also need to select the dosage. If any

inhaled steroids are being taken that are NOT listed select 'Yes' on item 4a10 and use the space to describe the inhaled steroid.

- Item 5. If the participant has used any inhaled bronchodilators in the past 3 months select 'Yes' and use all the items in 5a to detail the specific inhaled steroids used and the number of puffs taken everyday. If the participant has taken and inhaled bronchodilator in the past 3 months that is not listed use item 5a15 to list the item and give the puffs per day. If the participant has not used inhaled steroids select 'No' and skip to item 6.
- Item 6. If the participant has used any nebulized bronchodilators in the past 3 months select 'Yes' and use all the items in 6a to detail the specific nebulized bronchodilators used. If the participant has not used nebulized bronchodilators select 'No' and skip to item 7.
- Item 7. If the participant has used a leukotriene antagonist in the past 3 months select 'Yes'. If the participant has not used a leukotriene antagonist in the past 3 months select 'No'.
- Item 8. If the participant has used any statin medications in the past 3 months select 'Yes' and use all the items in 8a to detail the specific statin medications used. If the participant has used a statin medication that is not listed in select 'Yes' on item 8a8 and use the space provided to specify the statin medication used. If the participant has not used statin medications select 'No' and skip to item 9.
- Item 9. If the participant has used any beta-blocker medications in the past 3 months select 'Yes' and use all the items in 9a to detail the specific beta-blocker medications used. If the participant has used a beta-blocker medication that is not listed in select 'Yes' on item 9a10 and use the space provided to specify the beta-blocker medication used. If the participant has not used beta-blocker medications select 'No' and skip to item 10.
- Item 10. If the participant has used any oral anti-oxidant supplements in the past 3 months select 'Yes' and use all the items in 10a to detail the specific supplements used. If the participant has used a anti-oxidant supplement that is not listed in select 'Yes' on item 10a8 and use the space provided to specify the anti-oxidant used. If the participant has not used anti-oxidant supplements select 'No' and skip to item 11.
- Item 11. Select 'Yes' if the participant takes an aspirin on a daily basis. Select 'No' if the participant does not take an aspirin on a daily basis.
- Item 12. Use this item to list any medications the participant has taken in the past 3 months that have not been recorded on the previous items. If the participant is has taken no other medications in the past 3 months leave this item blank and move to item 13.
- Item 13. Use this item to list any supplements the participant has taken in the past 3 months that have not been recorded on the previous items. If the participant is has taken no other supplements in the past 3 months leave this item blank and save the form.

Save and close the form.