



INSTRUCTIONS FOR RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE FOR FOLLOW-UP RDF, VERSION 2.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Respiratory Disease and Smoke Exposure Questionnaire for Follow-up should be completed during the participant's Clinic 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

Item 1. **Cough** Select only one option among the two possible choices.

- Select No if the subject reports not usually have a cough (exclude clearing of throat). [Go to Q2]
- Select Yes if the subject reports usually have a cough (exclude clearing of throat).

Item 1a. **How often cough** If Yes to Item 1, select only one option among the two possible choices.

- Select No if the subject reports not usually coughing as much as 4 times a day, 4 or more days out of the week.
- Select Yes if the subject reports usually coughing as much as 4 times a day, 4 or more days out of the week.

Item 2. **Cough upon getting up in the morning** Select only one option among the two possible choices.

- Select No if the subject reports not usually coughing at all upon getting up or first thing in the morning.
- Select Yes if the subject reports usually coughing at all upon getting up or first thing in the morning.

Item 3. **Cough during the rest of the day or at night** Select only one option among the two possible choices.

- Select No if the subject reports not usually coughing at all during the rest of the day or at night.
- Select Yes if the subject reports usually coughing at all during the rest of the day or at night.

Item 3a. **Cough most days** If Yes to Item 1, 2 or 3, select only one option among the two possible choices.

- Select No if the subject reports not coughing like this on most days, for 3 consecutive months or more during the year.
- Select Yes if the subject reports coughing like this on most days, for 3 consecutive months or more during the year.

Item 3b. **Number of years had cough** If Yes to Item 1, 2 or 3, record the number of years the subject reports having this cough in years.

Item 4. **Phlegm from chest** Select only one option among the two possible choices.

- Select No if the subject reports not bringing up phlegm from his/her chest. [Go to Q5]
- Select Yes if the subject reports bringing up phlegm from his/her chest.

Item 4a. **How often phlegm from chest** If Yes to Item 4, select only one option among the two possible choices.

- Select No if the subject reports not usually bringing up phlegm from chest as much as 4 times a day, 4 or more days out of the week.
- Select Yes if the subject reports usually bringing up phlegm from chest as much as 4 times a day, 4 or more days out of the week.

Item 5. **Bringing up phlegm from chest upon getting up in the morning** Select only one option among the two possible choices.

- Select No if the subject reports not bringing up phlegm from chest at all upon getting up or first thing in the morning.
 - Select Yes if the subject reports bringing up phlegm from chest at all upon getting up or first thing in the morning.

Item 6. **Bringing up phlegm during the rest of the day or at night** Select only one option among the two possible choices.

- Select No if the subject reports not bringing up phlegm from chest at all during the rest of the day or at night.
- Select Yes if the subject reports bringing up phlegm from chest at all during the rest of the day or at night.

Item 6a. **Bringing phlegm most days** If Yes to Item 4, 5, or 6, select only one option among the two possible choices.

- Select No if the subject reports not bringing up phlegm from chest like this on most days, for 3 consecutive months or more during the year.
- Select Yes if the subject reports coughing like this on most days, for 3 consecutive months or more during the year.

Item 6b. **Number of years had cough** If Yes to Item 4, 5, or 6, record the number of years the subject reports having trouble with phlegm in years.

Item 7. **Periods or episodes of cough with phlegm that lasted 1 week or more** Select only one option among the two possible choices.

- Select No if the subject reports not having periods or episodes of cough with phlegm that lasted 1 week or more since his/her last SPIROMICS visit. (If subject usually has cough and phlegm, please count only periods or episodes of increased cough and phlegm). [Go to Q8]
- Select Yes if the subject reports having periods or episodes of cough with phlegm that lasted 1 week or more since his/her last SPIROMICS visit. (If subject usually has cough and phlegm, please count only periods or episodes of increased cough and phlegm).

Item 7a. **Number of episodes of phlegm** If Yes to Item 7, record the number of episodes the subject reports having in the past 12 months.

Item 7b. **Number of years had cough** If Yes to Item 7, record the number of years the subject reports having at least one such episode per year.

Item 8. **Wheezing or whistling in your chest** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest. [Go to Q11]
- Select Yes if the subject reports having wheezing or whistling in his/her chest.

Item 8a. **How old when started** If Yes to Item 8, record the how old the subject was when s/he first had wheezing or whistling in his/her chest in years.

Item 9. **Wheezing or whistling in your chest that made short of breath** Select only one option among the two possible choices.

- Select No if the subject reports never having an attack of wheezing or whistling in his/her chest that made him/her feel short of breath. [Go to Q10]
- Select Yes if the subject reports having an attack of wheezing or whistling in his/her chest that made him/her feel short of breath.

Item 9a. **How old when started** If Yes to Item 9, record the how old the subject was when s/he first had an attack of wheezing or whistling in his/her chest that made him/her feel short of breath in years.

Item 10. **Wheezing or whistling in your chest at any time** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest at any time since his/her last SPIROMICS visit. [Go to Q11]
- Select Yes if the subject reports wheezing or whistling in his/her chest at any time since his/her last SPIROMICS visit.

If Yes to Item 10, respond to Items 10a1-4

Item 10a1. **When had a cold** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest when s/he had a cold since his/her last SPIROMICS visit.
- Select Yes if the subject reports wheezing or whistling in his/her chest when s/he had a cold since his/her last SPIROMICS visit.

Item 10a2. **Occasionally apart from colds** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest occasionally apart from colds since his/her last SPIROMICS visit.
- Select Yes if the subject reports wheezing or whistling in his/her chest occasionally apart from colds since his/her last SPIROMICS visit.

Item 10a3. **More than once a week** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest more than once a week since his/her last SPIROMICS visit.
- Select Yes if the subject reports wheezing or whistling in his/her chest more than once a week since his/her last SPIROMICS visit.

Item 10a4. **Most days or nights** Select only one option among the two possible choices.

- Select No if the subject reports not having wheezing or whistling in his/her chest most days or nights since his/her last SPIROMICS visit.
- Select Yes if the subject reports wheezing or whistling in his/her chest Most days or nights since his/her last SPIROMICS visit.

Item 11. **Awakened from sleep by coughing** Select only one option among the two possible choices.

- Select No if the subject reports not having been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection since his/her last SPIROMICS visit.
- Select Yes if the subject reports having been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection since his/her last SPIROMICS visit.

Item 12. **Awakened from sleep by shortness of breath or a feeling of tightness in your chest** Select only one option among the two possible choices.

- Select No if the subject reports not having been awakened from sleep by shortness of breath or a feeling of tightness in your chest since his/her last SPIROMICS visit.
- Select Yes if the subject reports having been awakened from sleep by shortness of breath or a feeling of tightness in your chest since his/her last SPIROMICS visit.

Note: Item 13 has been removed.

Item 14. **Bothered by watery, itchy, or burning eye when did not have a cold or the flu** Select only one option among the two possible choices.

- Select No if the subject reports not being bothered by watery, itchy, or burning eye when s/he did not have a cold or the flu since his/her last SPIROMICS visit.
- Select Yes if the subject reports being bothered by watery, itchy, or burning eye when s/he did not have a cold or the flu since his/her last SPIROMICS visit.

Item 15. **Unable to walk due to a condition other than shortness of breath** Select only one option among the two possible choices.

- Select No if the subject reports not being unable to walk due to a condition other than shortness of breath.
- Select Yes if the subject reports being unable to walk due to a condition other than shortness of breath.

Item 15a. **Nature of condition** If Yes to Item 15, record the nature of the condition because of which the subject reports being unable to walk due to a condition other than shortness of breath in the space provided.

Item 16. **Newly diagnosed with asthma** 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 asthma since his/her last SPIROMICS visit. [Go to 17]
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with asthma since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been newly diagnosed by a doctor or other health professional with asthma since his/her last SPIROMICS visit. [Go to 17]

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

- Select No if the subject reports not having received medical treatment, taken medications, or used an inhaler for asthma since his/her last SPIROMICS visit. [Go to 17]
- Select Yes if the subject reports having received medical treatment, taken medications, or used an inhaler for asthma since his/her 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 his/her last SPIROMICS visit. [Go to 19]
- Select Yes if the subject reports having had hay fever (allergy involving the nose and/or eyes) since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has had hay fever (allergy involving the nose and/or eyes) since his/her last SPIROMICS visit. [Go to 19]

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

- Select No if the subject reports not been diagnosed with hay fever by a doctor or other health professional since his/her last SPIROMICS visit. [Go to 19]
- Select Yes if the subject reports been diagnosed as having had hay fever by a doctor or other health professional since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been diagnosed as having had hay fever by a doctor or other health professional since his/her last SPIROMICS visit. [Go to 19]

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

- Select No if the subject reports not having received medical treatment, taken medications, or used an inhaler for hay fever since his/her last SPIROMICS visit. [Go to 17]
- Select Yes if the subject reports having received medical treatment, taken medications, or used an inhaler for hay fever since his/her 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 his/her last SPIROMICS visit. [Go to 20]
- Select Yes if the subject reports having had pneumonia or bronchopneumonia since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has had pneumonia or bronchopneumonia since his/her last SPIROMICS visit. [Go to 20]

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

- Select No if the subject reports not been diagnosed with pneumonia or bronchopneumonia by a doctor or other health professional since his/her last SPIROMICS visit.
- Select Yes if the subject reports been diagnosed as having had pneumonia or bronchopneumonia by a doctor or other health professional since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been diagnosed as having had pneumonia or bronchopneumonia by a doctor or other health professional since his/her last SPIROMICS visit.

Item 19b. **Incidents of pneumonia or bronchopneumonia** Record the number of times the subject reports having had pneumonia or bronchopneumonia since his/her last SPIROMICS visit in the space provided.

Item 20. **Newly diagnosed with chronic bronchitis** 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 chronic bronchitis since his/her last SPIROMICS visit.
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with chronic bronchitis since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been newly diagnosed by a doctor or other health professional with chronic bronchitis since his/her 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 his/her last SPIROMICS visit.
- Select Yes if the subject reports having been newly diagnosed by a doctor or other health professional with emphysema since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been newly diagnosed by a doctor or other health professional with emphysema since his/her last SPIROMICS visit.

Note: Item 21a has been removed.

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

- Select No if the subject reports not having had COPD since his/her last SPIROMICS visit. [Go to 20]
- Select Yes if the subject reports having had COPD since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has had COPD since his/her last SPIROMICS visit. [Go to 20]

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

- Select No if the subject reports not been diagnosed with COPD by a doctor or other health professional since his/her last SPIROMICS visit.
- Select Yes if the subject reports been diagnosed as having had COPD by a doctor or other health professional since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has been diagnosed as having had COPD by a doctor or other health professional since his/her last SPIROMICS visit.

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

- Select No if the subject reports not having had sleep apnea since his/her last SPIROMICS visit. [Go to 24]
- Select Yes if the subject reports having had sleep apnea since his/her last SPIROMICS visit.
- Select Don't know if the subject does not know if s/he has had sleep apnea since his/her last SPIROMICS visit. [Go to 24]

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 his/her last SPIROMICS visit. [Go to 17]
- Select Yes if the subject reports having received any treatment for sleep apnea since his/her last SPIROMICS visit.

Item 23b. **Use a CPAP or BIPAP** 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 his/her last SPIROMICS visit.
- Select Yes if the subject reports having had any surgery for sleep apnea since his/her 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 his/her last SPIROMICS visit. [Go to 24]
- Select Yes if the subject reports having received some other treatment for sleep apnea since his/her last SPIROMICS visit.

Item 23e **Specify Other** If the 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 his/her last SPIROMICS visit. [Go to 24b]
- Select Yes if the subject reports having had any other chest illnesses for sleep apnea since his/her last SPIROMICS visit.

Item 24a1 **Specify Other** If the Q24a is Yes, please describe the 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 other chest operations since his/her last SPIROMICS visit. [Go to 24c]
- Select Yes if the subject reports having had any other chest operations for sleep apnea since his/her last SPIROMICS visit.

Item 24b1 **Specify Other** If the Q24a is Yes, please describe the other 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 other chest injuries since his/her last SPIROMICS visit. [Go to 25]
- Select Yes if the subject reports having had any other chest injuries for sleep apnea since his/her last SPIROMICS visit.

Item 24c1 **Specify Other** If the Q24a is Yes, please describe the other chest injuries in the space provided.

Item 25. **Smoke cigarettes** 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 30]
- Select Yes if the subject reports having smoked cigarettes in the last 12 months.

- Item 26. **Still smoke cigarettes** Select only one option among the two possible choices.
- Select No if the subject reports not having still smoked cigarettes as of one month ago. [Go to 29]
 - Select Yes if the subject reports having still smoked cigarettes as of one month ago.

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

Item 28. **Number of cigarettes smoke** Record the number of cigarettes the subject reports smoking per day now in the space provided.

Item 29. **Average number of cigarettes smoke** Record the average number of cigarettes the subject reports smoking per day now in the space provided.

- 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 32]
 - 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 in the space provided.

Note: Items 31a - 31e have been removed.

- Item 32. **Smoke a pipe** Select only one option among the two possible choices.
- Select No if the subject reports not having smoked a pipe in the last 12 months. [Go to 36]
 - Select Yes if the subject reports having smoked a pipe in the last 12 months.

- Item 33. **Still smoke a pipe** Select only one option among the two possible choices.
- Select No if the subject reports not having still smoked a pipe as of one month ago. [Go to 35]
 - Select Yes if the subject reports having still smoked a pipe as of one month ago.

Item 34. **Amount of a pipe tobacco smoke** Record the amount of a pipe tobacco the subject reports smoking per day now in ounces per day in the space provided.

Item 35. **Average amount of a pipe tobacco smoke** Record the average amount of a pipe tobacco the subject reports smoking per day in the last 12 months in ounces per week in the space provided.

- Item 36. **Smoke cigars regularly** Select only one option among the two possible choices.
- Select No if the subject reports not having smoked cigars regularly in the last 12 months. [Go to 40]
 - Select Yes if the subject reports having smoked regularly 1 cigar per week in the last 12 months.

- Item 37. **Still smoke cigars regularly** Select only one option among the two possible choices.
- Select No if the subject reports not having still smoked cigars regularly as of one month ago. [Go to 39]
 - Select Yes if the subject reports having still smoked cigars regularly as of one month ago.

Item 38. **Amount of cigars regularly smoke** Record the amount of cigars the subject reports regularly smoking per day now per day in the space provided.

Item 39. **Average amount of cigars regularly smoke** Record the average amount of cigars the subject reports regularly smoking per week in the last 12 months in ounces per week in the space provided.

Item 40. **Approach to tobacco smoking** Select only one option among the five possible choices.

- Select Never allow smoking in home if the subject reports never allowing smoking in home.
- Select Smoking is allowed only in certain rooms if the subject reports allowing smoking only in certain rooms.
- Select Smoking is allowed in all rooms if the subject reports allowing smoking in all rooms.
- Select Refused if the subject refuses to answer the question.
- Select Don't know if the subject does not know where smoking is allowed in the home.

Item 41. **Lived with someone who smoked tobacco products** Select only one option among the four possible choices.

- Select No if the subject reports not living in the same household with someone who smoked tobacco products in the last 12 months. [Go to 45]
- Select Yes if the subject reports living in the same household with someone who smoked tobacco products in the last 12 months.
- Select Refused if the subject refuses to answer the question. [Go to 45]
- Select Don't know if the subject does not know if s/he lived in the same household with someone who smoked tobacco products. [Go to 45]

Item 42. **Currently living with someone who smoked tobacco products** Select only one option among the four possible choices.

- Select No if the subject reports not currently living in the same household with someone who smoked tobacco products. [Go to 45]
- Select Yes if the subject reports currently living in the same household with someone who smoked tobacco products.
- Select Refused if the subject refuses to answer the question. [Go to 45]
- Select Don't know if the subject does not know if s/he currently lives in the same household with someone who smoked tobacco products. [Go to 45]

Item 43. **Number housemates who smoke** Record the number of people in the subject's household who currently smoke in the space provided.

Note: Items 44 and 44a have been removed.

Item 45. **Smoke in home in last 7 days** Select only one option among the three possible choices.

- Select No if the subject reports not having anyone smoke tobacco in his/her home during the past seven days. [Go to 53]
- Select Yes if the subject reports having anyone smoke tobacco in his/her home during the past seven days.
- Select No answer if the subject does not answer the question. [Go to 53]

Item 46. **Number of total hours housemates smoke** Record the number of hours in total that anyone in the subject reports being exposed to someone else's tobacco smoke in his/her home during the last 7 days in the space provided.

Note: Items 47 - 52 have been removed.

Item 53. **Smoke in another person's home in last 7 days** Select only one option among the three possible choices.

- Select No if the subject reports not having been in another person's home where someone was smoking tobacco during the past seven days. [Go to 57]

- Select Yes if the subject reports having been in another person's home where someone was smoking tobacco during the past seven days.
- Select No answer if the subject does not answer the question. [Go to 57]

Item 54. **Number of total hours housemates smoke** Record the number of hours in total that the subject reports being exposed to someone else's tobacco smoke in another person's home in the last 7 days the space provided.

Note: Items 55 and 56 have been removed.

Item 57. **Smoke exposure while traveling in a car in last 7 days** Select only one option among the three possible choices.

- Select No if the subject reports not having been traveling in a car while someone else was smoking tobacco during the past seven days. [Go to 58a]
- Select Yes if the subject reports having been traveling in a car while someone else was smoking tobacco during the past seven days.
- Select No answer if the subject does not answer the question. [Go to 58a]

Item 58. **Number of total hours exposed while traveling in a car** Record the number of hours in total that the subject reports traveling in a car while someone else was smoking tobacco during the past seven days the space provided.

Item 58a. **Currently working** Select only one option among the three possible choices.

- Select No if the subject reports not currently working. [Go to 69]
- Select Yes if the subject reports currently working.
- Select No answer if the subject does not answer the question. [Go to 69]

Item 59. **Smoking at workplace** Select only one option among the three possible choices.

- Select No if the subject reports no one smoking tobacco inside his/her workplace, that is, while s/he were working indoors during the past seven days. [Go to 63]
- Select Yes if the subject reports someone smoking tobacco inside his/her workplace, that is, while s/he were working indoors during the past seven days.
- Select No answer if the subject does not answer the question. [Go to 63]

Item 60. **Number of total hours exposed while at work** Record the number of hours in total that the subject reports being exposed to someone else's tobacco smoke inside his/her workplace during the past seven days the space provided.

Note: Items 61 and 62 have been removed.

Item 63. **Smoking in outdoor workplace areas** Select only one option among the three possible choices.

- Select No if the subject reports not having an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke. [Go to 69]
- Select Yes if the subject reports having an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke.
- Select No answer if the subject does not answer the question. [Go to 69]

Item 64. **Number of times walk through smoking area** Record the number of times that the subject reports walking through the area in his/her workplace where tobacco cigarette smokers routinely gather or congregate to smoke during the past seven days the space provided.

Item 65. **Number of total hours spent in outdoor smoking workplace area** Record the number of hours that the subject reports spending in an outdoor smoking area while people were smoking during the past seven days the space provided.

Note: Item 66 has been removed.

Item 67. **Number of total hours spent near coworkers who were smoking tobacco outdoors** Record the number of hours that the subject reports spending near coworkers who were smoking tobacco outdoors during the past seven days the space provided.

Note: Item 68 has been removed.

Item 69. **Smoking in outdoor location (besides work)** Select only one option among the three possible choices.

- Select No if the subject reports not having been in a location (besides work) where someone was smoking tobacco products outside. [Go to 73]
- Select Yes if the subject reports having been in a location (besides work) where someone was smoking tobacco products outside.
- Select No answer if the subject does not answer the question. [Go to 73]

Item 70. **Location** Record the location where someone was smoking tobacco products outside during the past seven days the space provided.

Note: Item 71 has been removed.

Item 72. **Exposure at location** Record the number of hours that the subject reports being exposed to someone else's tobacco smoke at this outdoor location during the past seven days the space provided.

Item 73. **Smoking in a bar, nightclub, cocktail lounge, sports arena, or concert hall** Select only one option among the three possible choices.

- Select No if the subject reports not having been in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone was smoking tobacco products. [Go to 75]
- Select Yes if the subject reports having been in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone was smoking tobacco products outside.
- Select No answer if the subject does not answer the question. [Go to 75]

Item 74. **Number of total hours spent a bar, nightclub, cocktail lounge, sports arena, or concert hall where smoking** Record the number of hours that the subject reports being in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone was smoking tobacco products during the past seven days the space provided.

Item 75. **A bar or other place of entertainment that was visibly smoky** Select only one option among the three possible choices.

- Select No if the subject reports not having been in a bar or other place of entertainment that was visibly smoky.
- Select Yes if the subject reports having been in a bar or other place of entertainment that was visibly smoky.
- Select No answer if the subject does not answer the question.

Item 76. **Smell tobacco smoke in a bar or other place of entertainment** Select only one option among the three possible choices.

- Select No if the subject reports not having smelled tobacco smoke in a bar or other place of entertainment.
- Select Yes if the subject reports having smelled tobacco smoke in a bar or other place of entertainment.
- Select No answer if the subject does not answer the question.

Item 77. **Other location** Select only one option among the three possible choices.

- Select No if the subject reports not having been in another location where s/he was exposed to tobacco smoke.
- Select Yes if the subject reports having been in another location where s/he was exposed to tobacco smoke.
- Select No answer if the subject does not answer the question.

Item 78. **Location** Record the other location where subject reported being exposed to tobacco smoke during the past seven days the space provided.

Item 79. **Exposure at other location** Record the number of hours that the subject reports being exposed to someone else's tobacco smoke in this other location during the past seven days the space provided.

Item 80. **Smoked marijuana** Select only one option among the two possible choices.

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

Item 81. **Smoked marijuana regularly** 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 his/her 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 his/her last SPIROMICS visit.

Item 82. **Number of joints per week** Record the number of joints per week that the subject reports smoking on average since his/her last SPIROMICS visit the space provided.

Item 83. **Number of pipers per week** Record the number of pipes per week that the subject reports smoking on average since his/her last SPIROMICS visit the space provided.

Note: Items 84, 85 and 86 have been removed.

Save and close the form.