

NIAAA Recommended Alcohol Questions

Please complete the survey below.

Thank you!

Initial Form Completion Date

(Initial Data Form Completion Date)

During the last 12 months, how often did you usually have any kind of drink containing alcohol? (Choose only one)

- ☐ Every day
- ☐ 5 - 6 times a week
- ☐ 3 - 4 times a week
- ☐ twice a week
- ☐ once a week
- ☐ 2 - 3 times a month
- ☐ once a month
- ☐ 3 - 11 times in the past year
- ☐ 1 or 2 times in the past year
- ☐ None in the past year, but I did drink in the past
- ☐ I never drank any alcohol in my life

During your lifetime, what is the maximum number of drinks containing alcohol that you drank within a 24-hour period?

- ☐ 36 drinks or more
- ☐ 24 - 35 drinks
- ☐ 18 - 23 drinks
- ☐ 12 - 17 drinks
- ☐ 8 - 11 drinks
- ☐ 5 - 7 drinks
- ☐ 4 drinks
- ☐ 3 drinks
- ☐ 2 drinks
- ☐ 1 drink
- ☐ No drinks

So you have never had a drink containing alcohol in your entire life?

- ☐ No, I did drink
- ☐ Yes, I never drank

During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol?

- ☐ 25 drinks or more
- ☐ 19 - 24 drinks
- ☐ 16 - 18 drinks
- ☐ 12 - 15 drinks
- ☐ 9 - 11 drinks
- ☐ 7 - 8 drinks
- ☐ 5 - 6 drinks
- ☐ 3 - 4 drinks
- ☐ 2 drinks
- ☐ 1 drink

During the last 12 months, what is the largest number of drinks containing alcohol that you drank within a 24-hour period?

- ☐ 36 drinks or more
- ☐ 24 - 35 drinks
- ☐ 18 - 23 drinks
- ☐ 12 - 17 drinks
- ☐ 8 - 11 drinks
- ☐ 5 - 7 drinks
- ☐ 4 drinks
- ☐ 3 drinks
- ☐ 2 drinks
- ☐ 1 drink

During the last 12 months, how often did you have 5 or more (males) or 4 or more (females) drinks containing any kind of alcohol within a two-hour period? (Choose only one)

- ☐ Every day
- ☐ 5 - 6 times a week
- ☐ 3 - 4 times a week
- ☐ twice a week
- ☐ once a week
- ☐ 2 - 3 times a month
- ☐ once a month
- ☐ 3 - 11 times in the past year
- ☐ 1 or 2 times in the past year
- ☐ Never

Drug Use History

Please complete the survey below.

Thank you!

Drug Use

Do you presently use any of the drugs listed below?
(Mark all that apply)

- ☐ No, I presently use none of these drugs
☐ Marijuana
☐ Cocaine
☐ Heroin
☐ Methamphetamines

How many years have you used marijuana?

How many years have you used cocaine?

How many years have you used heroin?

How many years have you used methamphetamines?

Have you ever regularly used any of the drugs listed below? (Mark all that apply)

- ☐ No, I have not used any of these drugs
☐ Marijuana
☐ Cocaine
☐ Heroin
☐ Methamphetamines

How many years did you use marijuana?

How many years ago did you stop using marijuana?

How many years did you use cocaine?

How many years ago did you stop using cocaine?

How many years did you use heroin?

How many years ago did you stop using heroin?

How many years did you use methamphetamines?

How many years ago did you stop using methamphetamines?

Cannabis Questionnaire

Please complete the survey below.

Thank you!

Have you used marijuana/cannabis (in any form) in the past 12 months?

- ☐ Yes
☐ No

What is your PRIMARY reason for using marijuana/cannabis?

- ☐ Recreation
☐ Medical issues
☐ Combination (equally for both above)
☐ Not Applicable

Have you EVER used marijuana to reduce your use of illicit drugs?

- ☐ Yes
☐ No

If YES, which illicit drugs were you using marijuana to reduce your use of?

Do you have a MEDICAL marijuana registration?

- ☐ Yes
☐ No

If YES, did you use marijuana BEFORE you received a medical recommendation?

- ☐ Yes
☐ No

Has having a medical recommendation INCREASED or DECREASED your use of marijuana?

- ☐ Increased marijuana use
☐ Decreased marijuana use
☐ No change in use
☐ Not Applicable

If you are currently using medical marijuana, how satisfied are you with marijuana as a treatment option?

- ☐ Not at all satisfied
☐ Slightly satisfied
☐ Moderately satisfied
☐ Considerably satisfied
☐ Extremely satisfied
☐ Not applicable

Do you believe that smoking marijuana once or twice per week poses a risk to lung health?

- ☐ No risk
☐ Slight risk
☐ Moderate risk
☐ Great risk
☐ Don't know

How difficult do you think it is to obtain marijuana?

- ☐ Practically impossible
☐ Very difficult
☐ Fairly difficult
☐ Fairly easy
☐ Very easy
☐ Don't know/Not relevant

How do you use marijuana/cannabis?

- ☐ Smoking
☐ Edibles
☐ Vapor
☐ Tincture
☐ Not Applicable

How do you feel about adults trying marijuana once or twice?

- ☐ Neither approve or disapprove
☐ Somewhat disapprove
☐ Strongly disapprove
☐ Don't know

Do you believe that smoking marijuana is less harmful to lung health than smoking cigarettes?

- ☐ Agree
☐ Disagree

My marijuana use has affected my overall health (not just lung health):

- ☐ Agree (has made it BETTER)
☐ Agree (has made it WORSE)
☐ It did NOT affect my health either way
☐ Don't know/Not relevant

My marijuana use has affected my LUNG health:

- ☐ Agree (made it BETTER)
☐ Agree (made it WORSE)
☐ It did NOT affect my lung health either way
☐ Don't know/Not relevant

What percentage of the time do you smoke a joint?

How old were you when you FIRST started SMOKING marijuana/cannabis?

How many YEARS have you been SMOKING marijuana?

HOW do you SMOKE marijuana (as a percentage of overall use. In other words, if you smoke joints 90% of the time, place "90" next to "joint." All answers much add up to 100)

- ☐ Joint
☐ Blunt
☐ Pipe
☐ Hookah
☐ Dab
☐ Not Applicable

What percentage of the time do you smoke a joint?

(Percentage)

What percentage of the time do you smoke a blunt?

(Percentage)

What percentage of the time do you smoke a pipe?

(Percentage)

What percentage of the time do you smoke a hookah?

(Percentage)

What percentage of the time do you smoke a dab?

(Percentage)

Now think about the LAST 12 MONTHS through today. We want to know how many days you have smoked marijuana during the past 12 months. What would be the easiest way to tell us how many days you've smoked marijuana?

- ☐ Average number of days PER WEEK in 12 months?
☐ Average number of days PER MONTH in 12 months?
☐ Total number of days during the past 12 months?

On average, how many DAYS did you use marijuana EACH WEEK during the past 12 months?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ Not Applicable

On these days that you smoked marijuana, how many times did you smoke marijuana PER DAY (frequency)?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days, how much marijuana (in grams) did you smoke PER DAY?

- ☐ 0.5 grams
☐ 1.0 grams
☐ 1.5 grams
☐ 2.0 grams
☐ 2.5 grams
☐ 3.0 grams
☐ 3.5 grams
☐ 4.0 grams
☐ 4.5 grams or greater
☐ Not Applicable

On average, how much money do you spend on marijuana (to SMOKE) per week (in dollars)?

On average, How many DAYS did you smoke marijuana EACH MONTH during the past 12 months?

On these days that you smoked marijuana, how many times did you smoke PER DAY (average frequency per day of use)?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you smoked marijuana, how much marijuana did you smoke PER DAY?

- ☐ 0.5 grams
☐ 1.0 grams
☐ 1.5 grams
☐ 2.0 grams
☐ 2.5 grams
☐ 3.0 grams
☐ 3.5 grams
☐ 4.0 grams
☐ 4.5 grams or greater

On average, how much money do you spend on marijuana (to smoke) PER MONTH (in dollars)?

On average, how many DAYS in the past 12 months did you SMOKE marijuana?

On these days that you SMOKED marijuana, how many times did you smoke marijuana per day (frequency per day)?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you SMOKED marijuana, how much marijuana did you smoke (in grams)?

- ☐ 0.5 grams or less
☐ 1.0 grams
☐ 1.5 grams
☐ 2.0 grams
☐ 2.5 grams
☐ 3.0 grams
☐ 3.5 grams
☐ 4.0 grams
☐ 4.5 grams or greater

On average, how much money do you spend on marijuana (to smoke) per year?

Think specifically about the PAST 30 DAYS. In these past 30 days, how many days did you SMOKE marijuana?

On these days of smoking marijuana (in the past 30 days), how many times did you smoke marijuana PER DAY?

On these days of smoking marijuana (in the past 30 days), how MUCH marijuana did you smoke (in grams)?

- ☐ 0.5 grams or less
☐ 1.0 grams
☐ 1.5 grams
☐ 2.0 grams
☐ 2.5 grams
☐ 3.0 grams
☐ 3.5 grams
☐ 4.0 grams
☐ 4.5 grams or more
☐ Not applicable

How much money have you spent on marijuana (to smoke) in the past 30 days (in dollars)?

How old were you when you FIRST started EATING/CONSUMING marijuana products/edibles?

How many years have you been EATING or consuming marijuana and marijuana EDIBLES (in years)?

Now think about the past 12 months through today. We want to know how many days you've EATEN/CONSUMED marijuana EDIBLES during the past 12 months. What would be the easiest way to tell us how many days you've used EDIBLES

- ☐ Average number of days PER WEEK in past 12 months
☐ Average number of days PER MONTH in past 12 months
☐ Total number of days in the past 12 months

On average, how many DAYS did you eat or consume edible marijuana in EACH WEEK over the past 12 months?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

On these days that you consumed marijuana, how many times did you eat or consume edible marijuana PER DAY?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you consumed edible marijuana, how much marijuana (in grams) did you eat PER DAY?

- ☐ Less than 10 mg
☐ 10 to 30 mg
☐ 30 to 50 mg
☐ 50 to 70 mg
☐ 70 to 90 mg
☐ 90 to 110 mg
☐ 110 to 130 mg
☐ 130 to 150 mg
☐ Greater than 150 mg

On average, how much money do you spend on EDIBLE marijuana per week (in dollars)?

On average, how many DAYS did you eat marijuana or marijuana edibles EACH MONTH in the past 12 months?

On these days that you consumed edible marijuana, how many times did you eat or consume marijuana PER DAY?

On these days that you ate or consumed edible marijuana, how much marijuana (in grams) did you eat PER DAY?

- ☐ Less than 10 mg
☐ 10 to 30 mg
☐ 30 to 50 mg
☐ 50 to 70 mg
☐ 70 to 90 mg
☐ 90 to 110 mg
☐ 110 to 130 mg
☐ 130 to 150 mg
☐ Greater than 150 mg

On average, how much money do you spend on edible marijuana PER MONTH (in dollars)?

On average, how many days in the past 12 months did you eat marijuana or marijuana edibles?

On these days that you ate marijuana or consumed marijuana edibles, how many times did you eat or consume marijuana PER DAY?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you consumed or ate marijuana, how much marijuana did you eat PER DAY (in grams)?

- ☐ Less than 10 mg
☐ 10 to 30 mg
☐ 30 to 50 mg
☐ 50 to 70 mg
☐ 70 to 90 mg
☐ 90 to 110 mg
☐ 110 to 130 mg
☐ 130 to 150 mg
☐ Greater than 150 mg

On average, how much money did you spend on edible marijuana in the past year (in dollars)?

Think specifically about the PAST 30 DAYS. In the past 30 days, how many days did you eat or consume marijuana or marijuana edibles?

On these days that you consumed edible marijuana (in the past 30 days), how many times did you eat or consume marijuana PER DAY?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days (in the past 30 days), how much marijuana did you consume/eat (in grams)?

- ☐ Less than 10 mg
☐ 10 to 30 mg
☐ 30 to 50 mg
☐ 50 to 70 mg
☐ 70 to 90 mg
☐ 90 to 110 mg
☐ 110 to 130 mg
☐ 130 to 150 mg
☐ Greater than 150 mg

How old were you when you first started using vaporized (vaping) marijuana?

How many years have you been vaporizing (vaping) marijuana?

Now think about the PAST 12 MONTHS through today. We want to know how many DAYS you've vaped marijuana in the past 12 months. What would be the easiest way to tell us how many days you've vaped marijuana?

- ☐ Average number of days PER WEEK in the past 12 months
☐ Average number of days PER MONTH in the past 12 months
☐ Total number of days during the past 12 months

On average, how many days did you vaporize (vape) marijuana EACH WEEK during the past 12 months?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

On the days that you vaped marijuana, how many times PER DAY did you vape?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On the days that you vaped marijuana, how many grams of marijuana did you vape?

- ☐ Less than 10 mg
☐ 11 mg to 20 mg
☐ 21 mg to 30 mg
☐ 31 mg to 40 mg
☐ 41 mg to 50 mg
☐ 51 mg to 60 mg
☐ 61 mg to 70 mg
☐ 71 mg to 80 mg
☐ More than 80 mg

On average, how much money do you spend on marijuana vaping per week (in dollars)?

On average, how many DAYS did you vape marijuana in EACH MONTH during the past 12 months?

On days that you vaped marijuana, how many TIMES PER DAY did you vape?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On the days that you vaped marijuana, how MUCH marijuana did you vape (in grams)?

- ☐ Less than 10 mg
☐ 11 mg to 20 mg
☐ 21 mg to 30 mg
☐ 31 mg to 40 mg
☐ 41 mg to 50 mg
☐ 51 mg to 60 mg
☐ 61 mg to 70 mg
☐ 71 mg to 80 mg
☐ More than 80 mg

On average, how much money do you spend on marijuana vaping PER MONTH (in dollars)?

On average, how many days in the PAST 12 MONTHS did you vape marijuana?

On these days that you vaped marijuana, how many times
PER DAY did you vape?

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you vaped marijuana, how much
marijuana did you vape (in grams)?

☐ Less than 10 mg
☐ 11 mg to 20 mg
☐ 21 mg to 30 mg
☐ 31 mg to 40 mg
☐ 41 mg to 50 mg
☐ 51 mg to 60 mg
☐ 61 mg to 70 mg
☐ 71 mg to 80 mg
☐ More than 80 mg

On average, how much money do you spend on VAPING
marijuana per year (in dollars)?

Now, think specifically about the PAST 30 DAYS. In the
past 30 days, on how many days did you vape marijuana?

On these days that you vaped marijuana, how many times
did you vape marijuana PER DAY?

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 or more

On these days that you vaped marijuana (in the past 30
days), how MUCH marijuana did you vape PER DAY (in
grams)?

☐ Less than 10 mg
☐ 11 mg to 20 mg
☐ 21 mg to 30 mg
☐ 31 mg to 40 mg
☐ 41 mg to 50 mg
☐ 51 mg to 60 mg
☐ 61 mg to 70 mg
☐ 71 mg to 80 mg
☐ More than 80 mg

Think about your use of marijuana during the PAST 12 MONTHS as you answer the following questions:

	No	Yes
During the past 12 months, did you find that your usual amount of marijuana had less effect on you that it once did?	<input type="radio"/>	<input type="radio"/>

During the past 12 months, did you find that you had to use much more marijuana that you once did to get the effect you wanted?

☐☐

During the past 12 months, did you often use marijuana in larger amounts for a much longer period of time than you meant to?

☐☐

During the past 12 months, did you more than once WANT TO stop or cut down on using marijuana?

☐☐

During the past 12 months, did you more than once TRY to stop or cut down on using marijuana but found you could not?

☐☐

During the past 12 months, did you give up or cut down on activities that were important to you in order to use marijuana - like work, school or associating with friends or relatives?

☐☐

During the past 12 months, did you give up or cut down on activities that you were interested in or that gave you pleasure in order to use marijuana?

☐☐

During the past 12 months, did you have a period when you spent a lot of time using marijuana or getting over its bad after effects?

☐☐

During the past 12 months, did you have a period when you spent a lot of time making sure you always had enough marijuana available?

☐☐

During the past 12 months, did you continue to use marijuana even though it was making you feel depressed, uninterested in things, or suspicious or distrustful?

☐☐

During the past 12 months, did you continue to use marijuana even though you knew it was causing you a health problem or making a health problem worse?



Score:

Pulmonary and Medical History Questions

Please complete the survey below.

Thank you!

Bronchial Symptoms Survey Wheeze and Tightness in the Chest

Have you, at any time in the last 12 months, had wheezing or whistling in your chest? ☐ Yes ☐ No

Breathless when wheezing sound present? ☐ Yes ☐ No

Wheezing and whistling without cold? ☐ Yes ☐ No

Have you, at any time in the last 12 months, woken up with a feeling of tightness in your chest first thing in the morning? ☐ Yes ☐ No

Shortness of Breath

Have you, at any time in the last 12 months, had an attack of shortness of breath that came on during the day when you were not doing anything strenuous? ☐ Yes ☐ No

Have you, at any time in the last 12 months, had an attack of shortness of breath that came on after you stopped exercising? ☐ Yes ☐ No

Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath? ☐ Yes ☐ No

Cough and Phlegm from the Chest

Have you, at any time in the last 12 months, been woken at night by an attack of coughing? ☐ Yes ☐ No

Do you usually cough first thing in the morning? ☐ Yes ☐ No

Do you have a cough like this most mornings for as much as 3 months per year? ☐ Yes ☐ No

How many years have you had this cough? (Enter 88 for "Don't Know" or 99 for "Refused") _____

Do you usually bring up phlegm from your chest first thing in the morning? ☐ Yes ☐ No

Do you have phlegm like this most mornings for as much as 3 months per year? ☐ Yes ☐ No

How many years have you had this phlegm? (Enter 88 for "Don't Know" or 99 for "Refused") _____

Breathing

Which of the following statements best describes your breathing?

- ☐ I never or only rarely get trouble with my breathing
- ☐ I get repeated trouble with my breathing but it always gets completely better
- ☐ My breathing is never quite right

Animals, Dust, Feathers

When you are in a dusty part of the house or with animals (for example, dogs, cats or horses) or near feathers (including pillows and quilts) do you ever get a feeling of tightness in your chest?

- ☐ Yes
- ☐ No

When you are in a dusty part of the house or with animals (for example, dogs, cats or horses) or near feathers (including pillows and quilts) do you ever start to feel short of breath?

- ☐ Yes
- ☐ No

Have you ever had asthma?

- ☐ Yes
- ☐ No

Has a doctor diagnosed asthma?

- ☐ Yes
- ☐ No

Have you had an attack of asthma at any time in the last 12 months?

- ☐ Yes
- ☐ No

Are you currently taking any medicines (including inhalers, aerosols, or tablets) for asthma?

- ☐ Yes
- ☐ No

How would you say, in general, your health is?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Using a scale from 0 (being NO pain) to 10 (being EXTREME pain) what has been your average level of physical pain over the last 30 days?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Using the above scale (0 through 10), what is your current level of pain today?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

How many days have you experienced medical problems in the past 30 days? (Including flu, infections, colds)?

Yes

No

During the past 12 months, have you been told by a doctor or other health professional that you had sinusitis?

☐☐

During the past 6 months, have you been told by a doctor or other health professional that you had sinusitis?

☐☐

During the past 12 months, have you been told by a doctor or other health professional that you had chronic bronchitis?

☐☐

During the past 6 months, have you been told by a doctor or other health professional that you had chronic bronchitis?

☐☐

During the past 12 months, have you been told by a doctor or other health professional that you had pneumonia?

☐☐

During the past 6 months, have you been told by a doctor or other health professional that you had pneumonia?

☐☐

The next questions are about your medical history

0 1 2 3 4 5 6 7 8 9 10 or more

How many times IN YOUR LIFE have you been hospitalized overnight for medical problems (number of hospital admissions, NOT days in the hospital. Do NOT include hospitalizations for child birth or psychiatric conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many of these admissions were for respiratory (breathing) related issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 12 MONTHS have you been hospitalized overnight for a medical problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 12 MONTHS have these hospitalizations been related to pulmonary/respiratory (lungs and breathing) problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 6 MONTHS have you been hospitalized overnight for medical problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 6 MONTHS have you been hospitalized overnight for pulmonary/respiratory (lungs and breathing) problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you visited an urgent care or emergency room (ER, ED) in the PAST 12 MONTHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 12 MONTHS have these ED/ER or urgent care visits been due to pulmonary/respiratory (lungs and breathing) problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you visited an urgent care or emergency room (ER, ED) in the PAST 6 MONTHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times in the PAST 6 MONTHS have these ED/ER or urgent care visits been for pulmonary/respiratory (lungs and breathing) problems?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Do you have a primary care medical provider, someone you see on a regular basis for medical issues?

☐ Yes
☐ No

Have you seen a medical care provider in the PAST 12 MONTHS for issues related to your lungs? If yes, how many times?

☐ No
☐ Yes 1 times
☐ Yes 2 times
☐ Yes 3 times

In the last 6 months, did you go to any other doctor, clinic or an HMO (health maintenance organization) for medical care? These visits can include physical or respiratory therapy or any time of visit when you may have seen a doctor or nurse.

☐ Yes
☐ No

Was this visit to a health care professional due to a pulmonary/respiratory (lung) problem?

☐ Yes
☐ No

During the LAST 6 MONTHS did you receive help at home with medical problems, personal care, housekeeping or other services?

☐ Yes
☐ No

During the last 6 MONTHS did you see a dentist, oral surgeon or other professional dental care provider?

☐ Yes
☐ No