

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

SMAST

Please complete the survey below.

Thank you!

SMAST

- 1) Do you feel you are a normal drinker?
 Less than other people / As much as most other people
 More than other people

- 2) Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
 No
 Yes

- 3) Do you ever feel guilty about your drinking?
 No
 Yes

- 4) Do friends or relatives think you are a normal drinker?
 No
 Yes

- 5) Are you able to stop drinking when you want to?
 No
 Yes

- 6) Have you ever attended a meeting of Alcoholics Anonymous?
 No
 Yes

- 7) Have you ever gone to anyone for help about your drinking?
 No
 Yes

- 8) Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?
 No
 Yes

- 9) Have you ever gotten into trouble at work because of your drinking?
 No
 Yes

- 10) Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
 No
 Yes

- 11) Have you ever been in the hospital because of your drinking?
 No
 Yes

- 12) Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
 No
 Yes

- 13) Have you ever been arrested, even for a few hours, because of other drunken behavior?
 No
 Yes

CAGE

Please complete the survey below.

Thank you!

CAGE

- 1) Have you ever felt you should CUT down your drinking?
 No
 Yes

- 2) Have people ANNOYED you by criticizing your drinking?
 No
 Yes

- 3) Have you ever felt bad or GUILTY about your drinking?
 No
 Yes

- 4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?
 No
 Yes

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
- Methamphetamine

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 used any of the drugs listed below?
(Mark all that apply)

- No, I use none 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 impossibly
 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:

DFAQ-CU Inventory

Please complete the survey below.

Thank you!

Instructions: Please read each of the following questions and mark the response alternative that best describes your use of cannabis. Note that the term cannabis is being used to refer to marijuana, cannabis concentrates, and cannabis-infused edibles.

1. Have you ever used cannabis?

- No
- Yes

*If response is no, do not complete the rest of the questionnaire, scroll to the bottom and submit

2. Which of the following best captures when you last used cannabis?

- over a year ago
- 9-12 months ago
- 6-9 months ago
- 3-6 months ago
- 1-3 months ago
- less than 1 month ago
- last week
- this week
- yesterday
- today
- I am currently high

*If response is "today" or "I am currently high" then answer 2b below

2b. How high are you right now?

- I am not at all high
 - I am a little bit high
 - I am moderately high
 - I am very high
 - I am extremely high
-

3. Which of the following best captures the average frequency you currently use cannabis?

- I do not use cannabis
 - less than once a year
 - once a year
 - once every 3-6 months (2-4 times/yr)
 - once every 2 months (6 times/yr)
 - once a month (12 times/yr)
 - 2-3 times a month
 - once a week
 - twice a week
 - 3-4 times a week
 - 5-6 times a week
 - once a day
 - more than once a day
-

4. Which of the following best captures how long you have been using cannabis at this frequency?

- less than 1 month
- 1-3 months
- 3-6 months
- 6-9 months
- 9-12 months
- 1-2 years
- 2-3 years
- 3-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- more than 20 years

5. Before the period of time you indicated above, how frequently did you use cannabis?

- I did not use cannabis
- less than once a year
- once a year
- once every 3-6 months (2-4 times/yr)
- once every 2 months (6 times/yr.)
- once a month
- 2 - 3 times a month
- once a week
- twice a week
- 3 - 4 times a week
- 5 - 6 times a week
- once a day
- more than once a day

6. How many days in the past week did you use cannabis?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

7. Approximately how many days of the past month did you use cannabis?

8. Which of the following best captures the number of times you have used cannabis in your entire life?

- 1 - 5 times in my life
- 6 - 10 times in my life
- 11 - 50 times in my life
- 51 -100 times in my life
- 101 - 500 times in my life
- 501 - 1000 times in my life
- 1001 - 2000 times in my life
- 2001 - 5000 times in my life
- 5001 - 10,000 times in my life
- More than 10,000 times in my life

9. Which of the following best captures your pattern of cannabis use throughout the week?

- I do not use cannabis at all
- I only use cannabis on weekends
- I only use cannabis on weekdays
- I use cannabis on weekends and weekdays

10. How many hours after waking up do you typically first use cannabis?

- I do not use cannabis at all
- 12 - 18 hours after waking up
- 9 - 12 hours after waking up
- 6 - 9 hours after waking up
- 3 - 6 hours after waking up
- 1 - 3 hours after waking up
- within 1 hour of waking up
- within ½ hour of waking up
- immediately upon waking up

11. How many times a day, on a typical weekday, do you use cannabis?

12. How many times a day, on a typical weekend, do you use cannabis?

13. What is the primary method you use to ingest cannabis?

- I do not use cannabis
 joints
 blunts (cigar sized joints)
 hand pipe
 bong (water pipe)
 hookah
 vaporizer (e.g., Volcano, vape pen)
 edibles
 other

Please describe:

14. Which of the following other methods to ingest cannabis do you use regularly (at least 25% of the time use you cannabis)? [Mark all that apply]

- none
 joints
 blunts (cigar sized joints)
 hand pipe
 bong (water pipe)
 hookah
 vaporizer (e.g., Volcano, Vape pen)
 edibles
 other

Please describe:

15. What is the primary form of cannabis you use?

- None
 Marijuana
 Concentrates (e.g., oil, wax, shatter, butane hash oil, dabs)
 edibles
 other

Please describe:

16. What other forms of cannabis do you use regularly (at least 25% of the time you use cannabis)? [Mark all that apply]

- None
 Marijuana
 Concentrates (e.g., Oil, Wax, Shatter, Butane Hash Oil, Dabs)
 Edibles
 Other

Please describe:

***If response to questions 15 and 16 = 0 (None) then skip to question 29

***If responses to questions 15 or 16 = A (Marijuana) then answer questions 17-21

**If responses to question 15 or 16 = B (Concentrates) then answer questions 22-26

*If responses to question 15 or 16 = C (Edibles) then answer question 27

Note: If you use more than one form of cannabis then complete all of the associated questions listed above.

Please use the image below to refer to various quantities of marijuana. The image is not to scale; the dollar bill is included to help provide size perspective.

For questions 17 to 19 below, clearly indicate the number of grams of marijuana you use with a number between 0 - 100. Do NOT include other forms of cannabis you may use (such as concentrates). You may use up to 3 decimals to indicate amounts under 1 gram.

Note: 1/8 of a gram = 0.125 grams, 1/4 of a gram = 0.25 grams, 1/2 of a gram = 0.5 grams, 3/4 of a gram = 0.75 grams. 1/8 of an ounce = 3.5 grams, 1/4 of an ounce = 7 grams, 1/2 ounce = 14 grams, 1 ounce = 28 grams



17. In a typical session, how much marijuana do you personally use?

18. On a typical day you use marijuana, how much do you personally use?

19. In a typical week you use marijuana, how much marijuana do you personally use?

20. On a typical day you use marijuana, how many sessions do you have?

21. What is the average THC content of the marijuana you typically use? Leave blank if you do not know.

- 0-4%
- 5-9%
- 10-14%
- 15-19%
- 20-24%
- 25-30%
- greater than 30%

**If response to questions 15 or 16 = B (Concentrates) then answer questions 22-26 below

22. In a typical session you use cannabis concentrates, how many hits do you personally take?

23. On a typical day you use cannabis concentrates, how many hits do you personally take?

24. How many hits of cannabis concentrates did you personally take yesterday?

25. On a typical day you use cannabis concentrates, how many sessions do you have?

26. What is the average THC content of the concentrates you typically use? Leave blank if you do not know.

- 0-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50-59%
- 60-69%
- 70-79%
- 80-90%
- greater than 90%

**If response to questions 15 or 16 = C (Edibles) then answer question 27 below

27. When you eat edibles how many milligrams of THC do you personally ingest in a typical session?

28. What is your current age?

29. How many years in total have you used cannabis?

30. How old were you when you FIRST tried cannabis?

31. Has there been any time in your life when you used cannabis regularly (2 or more times per month for 6 months or longer)?

- No
- Yes

*If response = 1 (Yes) then answer questions 31b and 31c below

31b. How old were you when you FIRST STARTED using cannabis regularly? (2 or more times/month)

31c. Has there been any time in your life when you used cannabis on a daily or near daily basis for 6 months or longer?

- No
 Yes

*If response = 1 (Yes) then answer question 31ci below

31ci. How old were you when you FIRST STARTED using cannabis on a daily or near daily basis?

32. Which of the following best captures the average frequency that you used cannabis before the age of 16?

- more than once a day
 once a 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
 once every 2 months (6 times/yr.)
 once every 3-6 months (2-4 times/yr.)
 once a year
 less than once a year
 never

33. Do you have a physician's recommendation to use cannabis for medicinal purposes?

- No
 Yes
 Yes, but I use it for both medicinal and recreational purposes

*If response = 1 or 2 (Yes) then answer questions 33b and 33c

33b. Which medical condition(s) do you use cannabis for?

33c. What percentage of the time do you use cannabis for recreational (rather than medicinal) purposes?

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

Agricultural Exposure

Have you ever lived on a farm?

- Yes, and I still live on a farm
- Yes, but I no longer live on a farm
- No, I never lived on a farm

At what age did you first live on a farm?

At what age did you last live on a farm? (if currently living on a farm, enter current age)

Was there ever any time between these two points when you did not live on a farm? Please round to nearest whole year. If < 6 months, enter 0; if ≥ 6 months, enter 1 year

Have you ever worked on a farm?

- Yes, and I still work on a farm
- Yes, but I no longer work on a farm
- No, I never worked on a farm

Did you work with hogs or poultry in confinement barns?

- Yes
- No

Did you work with cattle on feed lots? Yes
 No

Did you work with dairy cattle in barns? Yes
 No

Did you work with harvest grain? Yes
 No

Did you handle stored grain? Yes
 No

At what age did you first work on a farm? _____

At what age did you last work on a farm? (if currently working on a farm, enter current age) _____

Was there ever any time between these two points when you did not work on a farm? Please round to nearest whole year. If < 6 months, enter 0; if >=6 months, enter 1 year _____

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)? _____

Have you EVER been told by a doctor, nurse or other health professional that you have or have had ASHTMA? Yes
 No

Do you STILL have asthma?

Yes

No

Asthma Control Test

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Not relevant (does not have asthma)
In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often have you had shortness of breath?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often have you used your rescue inhaler or nebulizer machine (such as Albuterol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your asthma control during the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, how often did you have wheezing, shortness of breath, chest tightness or phlegm production?

Never

Less than once per week

Once or twice per week

More than 2 times per week but not every day

Everyday but not all the time

Everyday, all the time

	Yes	No
During the past 12 months, have you been told by a doctor or other health professional that you had sinusitis?	<input type="radio"/>	<input type="radio"/>
During the past 6 months, have you been told by a doctor or other health professional that you had sinusitis?	<input type="radio"/>	<input type="radio"/>

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?

I cough: Most days of the week
 Several days of the week
 A Few times a month
 Only with chest infections
 Not at all

I bring up phlegm (sputum): Most days of the week
 Several days of the week
 A Few times a month
 Only with chest infections
 Not at all

I have shortness of breath: Most days of the week
 Several days of the week
 A few day per month
 Only with chest infections
 Not at all

I have attacks of wheezing: Most days of the week
 Several days of the week
 A few day per month
 Only with chest infections
 Not at all

How many attacks of chest trouble did you have during the last year? 3 or more
 1 or 2 attacks
 None

How often do you have good days (with little chest trouble)? No good days
 A few good days
 Most days are good
 Everyday is good

If you have a wheeze, is it worse in the morning? Yes
 No

How would you describe your chest condition?

- Causes me a lot of problems and is the most important health problem I have
 Causes me a few problems
 Causes me no problems

The next questions are about what activities make you feel breathless

	True	False
Getting washed or dressing myself	<input type="radio"/>	<input type="radio"/>
Walking around the home	<input type="radio"/>	<input type="radio"/>
Walking outside on the level ground	<input type="radio"/>	<input type="radio"/>
Walking up one flight of stairs	<input type="radio"/>	<input type="radio"/>
Walking up a hill	<input type="radio"/>	<input type="radio"/>

The next questions are about your cough and breathlessness

	True	False
My cough hurts	<input type="radio"/>	<input type="radio"/>
My cough makes me tired	<input type="radio"/>	<input type="radio"/>
I am breathless when I walk	<input type="radio"/>	<input type="radio"/>
I am breathless when I bend over	<input type="radio"/>	<input type="radio"/>
My cough or breathing disturbs my sleep	<input type="radio"/>	<input type="radio"/>
I get exhausted easily	<input type="radio"/>	<input type="radio"/>

The next few questions are about other effects that your chest trouble may have on you

	True	False
My cough or breathing is embarrassing in public	<input type="radio"/>	<input type="radio"/>
My chest trouble is a nuisance to my family, friends or neighbors	<input type="radio"/>	<input type="radio"/>
I get afraid or panic when I cannot get my breath	<input type="radio"/>	<input type="radio"/>
I feel that I am not in control of my chest problem	<input type="radio"/>	<input type="radio"/>
I have become frail or invalid because of my chest	<input type="radio"/>	<input type="radio"/>
Exercise is not safe for me	<input type="radio"/>	<input type="radio"/>
Everything seems too much of an effort	<input type="radio"/>	<input type="radio"/>

The next few questions are about how your activities might be affected by your breathing

	True	False
I take a long time to get washed or dressed	<input type="radio"/>	<input type="radio"/>
I cannot take a bath or shower, or if I can it takes me a long time	<input type="radio"/>	<input type="radio"/>
I walk slower than other people or stop frequently to rest	<input type="radio"/>	<input type="radio"/>
Jobs such a housework take a long time or I have to stop frequently to rest	<input type="radio"/>	<input type="radio"/>
If I walk up a flight of stairs, I have to go slowly or stop to rest	<input type="radio"/>	<input type="radio"/>
If I hurry or walk fast, I have to stop or slow down	<input type="radio"/>	<input type="radio"/>
My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, play bowling or golf	<input type="radio"/>	<input type="radio"/>
My breathing makes it difficult to do things such as carry heavy loads, dig in the garden, shovel snow, jog, play tennis or swim	<input type="radio"/>	<input type="radio"/>

We would like to know how your chest trouble USUALLY affects your daily life

	True	False
I cannot play sports or physical games	<input type="radio"/>	<input type="radio"/>
I cannot go out for entertainment or recreation	<input type="radio"/>	<input type="radio"/>
I cannot go out of the house to do shopping	<input type="radio"/>	<input type="radio"/>
I cannot do housework	<input type="radio"/>	<input type="radio"/>
I cannot move from my bed or chair	<input type="radio"/>	<input type="radio"/>

How does your chest trouble affect you?

- It does NOT stop me from doing anything I would like to do
- It Stops me from doing one or two things I would like to do
- It stops me from doing most of the things I would like to do
- It stops me from doing everything I would like to do

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