Aud Cont Pulm Exposure Data

Subject ID

Form Completion Date

(Initial Data Form Completion Date)

Brochial Symptoms Survey Wheeze and Tightness in the Chest

1. Have you, at any time in the last 12 months, had wheezing or whistling in your chest?  
   - Yes
   - No
   - Don't Know
   - Refused

1a. Breathless when wheezing sound present?  
   - Yes
   - No
   - Don't Know
   - Refused

1b. Wheezing and whistling without cold?  
   - Yes
   - No
   - Don't Know
   - Refused

2. 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
   - Don't Know
   - Refused

Shortness of Breath

3. 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
   - Don't Know
   - Refused

4. 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
   - Don't Know
   - Refused

5. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath?  
   - Yes
   - No
   - Don't Know
   - Refused

Cough and Phlegm from the Chest

6. Have you, at any time in the last 12 months, been woken at night by an attack of coughing?  
   - Yes
   - No
   - Don't Know
   - Refused

7. Do you usually cough first thing in the morning?  
   - Yes
   - No
   - Don't Know
   - Refused
7a. Do you have a cough like this most mornings for as much as 3 months per year?

- Yes
- No
- Don't Know
- Refused

7b. How many years have you had this cough? (Enter 88 for "Don't Know" or 99 for "Refused")

8. Do you usually bring up phlegm from your chest first thing in the morning?

- Yes
- No
- Don't Know
- Refused

8a. Do you have phlegm like this most mornings for as much as 3 months per year?

- Yes
- No
- Don't Know
- Refused

8b. How many years have you had this phlegm? (Enter 88 for "Don't Know" or 99 for "Refused")

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**Breathing**

9. 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
- Don't Know
- Refused

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**Animals, Dust, Feathers**

10a. 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
- Don't Know
- Refused

10b. 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
- Don't Know
- Refused

11. Have you ever had asthma?

- Yes
- No
- Don't Know
- Refused

11a. Has a doctor diagnosed asthma?

- Yes
- No
- Don't Know
- Refused

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

- Yes
- No
- Don't Know
- Refused

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

- Yes
- No
- Don't Know
- Refused
### Agricultural Exposure

14. 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

14a. At what age did you first live on a farm?

14b. At what age did you last live on a farm? (if currently living on a farm, enter current age)

14c. 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

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### Agricultural Exposure

15. 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

15a. Did you work with hogs or poultry in confinement barns?
- [ ] Yes
- [ ] No

15b. Did you work with cattle on feed lots?
- [ ] Yes
- [ ] No

15c. Did you work with dairy cattle in barns?
- [ ] Yes
- [ ] No

15d. Did you work with harvest grain?
- [ ] Yes
- [ ] No

15e. Did you handle stored grain?
- [ ] Yes
- [ ] No

15f. At what age did you first work on a farm?

15g. At what age did you last work on a farm? (if currently working on a farm, enter current age)

15h. 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

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