DATE OF INTERVIEW: ___ / ___ / _________
INTERVIEW BEGAN AT: ___ h ___ min. (24:00 hour format)
NAME OF THE INTERVIEWER:

Demographic Variables

1. SEX

1. male
2. female

2. WHAT IS YOUR RACE? (Read the options so the person interviewed can answer)

1. white
2. black
3. yellow (asian)
4. mixed race (mestiza)
5. indigenous

3. WHAT IS YOUR DATE OF BIRTH?

___ / ___ / _________

4. HOW MANY FULL YEARS OF STUDY DO YOU HAVE?

_____ years

5. WHAT WAS THE LAST GRADE OF EDUCATION THAT YOU COMPLETED?

1. elementary
2. middle and high school
3. minor degree / other, non-university studies (Training College)
4. bachelor / Postgraduate / Master Degrees
5. none
6. does not know

ANTHROPOMETRY

Anthropometry

MEASURE THE INTERVIEWEE’S HEIGHT WITHOUT SHOES, SELECT THE UNITS OF MEASUREMENT ALONG WITH THE VALUE

6. HEIGHT OF THE PERSON INTERVIEWED:

___ ___ , ___ cm ___ in

7. WEIGHT OF THE PERSON INTERVIEWED:

___ ___ , ___ Kg ___ Lb

SPIROMETRY and OXIMETRY

QUESTIONS FOR EXCLUSION FROM UNDERGOING SPIROMETRY

8. HAVE YOU HAD SURGERY (AN OPERATION) OF THE LUNG, THORAX OR ABDOMEN, IN THE LAST 3 MONTHS?

1. yes
2. no

9. HAVE YOU HAD A HEART ATTACK OR MYOCARDIAL INfarction IN THE LAST 3 MONTHS?

1. yes
2. no

10. HAVE YOU HAD A RETINAL DETACHMENT OR EYE SURGERY (OPERATION) IN THE LAST 3 MONTHS?

1. yes
2. no

11. HAVE YOU BEEN HOSPITALISED FOR ANY OTHER HEART PROBLEM IN THE LAST 3 MONTHS?

1. yes
2. no

12. ARE YOU TAKING MEDICINE FOR TUBERCULOSIS AT THE MOMENT?

1. yes
2. no

13. ARE YOU PREGNANT AT THE MOMENT?

1. yes
2. no
14. OXIMETRY

BEFORE TAKING MEASUREMENTS, MAKE SURE THAT BOTH THE PERSON INTERVIEWED AND THE TEAM MEET THE CRITERIA FOR PROPER MEASUREMENT-TAKING (SEE GUIDE)

<table>
<thead>
<tr>
<th>MEASUREMENT NUMBER</th>
<th>PULSE (BPM)</th>
<th>OXYGEN SATURATION (%SaO2)</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<tr>
<td>6</td>
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</table>

14A. Pulse (BPM) 14B. OXYGEN SATURATION (%SaO2)

AVERAGE OF THE SIX MEASUREMENTS

14C. WAS YOUR PULSE ABOVE 120 BPM?

1. [ ] yes     2. [ ] no

If the person interviewed answered “yes” to any of the previous questions THE SPIROMETRY MUST NOT BE PERFORMED, YOU MUST STOP THE INTERVIEW AND REFER THE PATIENT TO THE INVESTIGATOR IMMEDIATELY, the patient will be redirected in the study according to protocol, otherwise go to question 15.

QUESTIONS FOR ALL PERSONS INTERVIEWED WHO DO NOT MEET CRITERIA FOR EXCLUSION AND WHO THEREFORE MUST BE UNDERGO SPIROMETRY

15. HAVE YOU HAD A RESPIRATORY INFECTION (COLD) IN THE LAST 3 WEEKS?

1. [ ] yes     2. [ ] no

16. HAVE YOU TAKEN ANY DRUG OR MEDICINE FOR YOUR BREATHING (FOR YOUR LUNGS), SUCH AS AEROSOL SPRAYS, INHALANTS OR NEBULISERS, IN THE LAST 3 HOURS?

1. [ ] yes     2. [ ] no

17. HAVE YOU SMOKED ANY KIND OF CIGARETTE (CIGAR, PIPE) IN THE LAST TWO HOURS?

1. [ ] yes     2. [ ] no

18. HAVE YOU DONE ANY STRENuous PHYSICAL EXERCISE, SUCH AS GYM, WALKING OR JOGGING, IN THE LAST HOUR?

1. [ ] yes     2. [ ] no

19. TEST RESULTS:

1. [ ] Test complete
2. [ ] Test incomplete

Test incomplete
(Mark one of the options below):

1. The person interviewed did not understand the instructions
2. The person interviewed was excluded for medical reasons (not eligible)
3. The person interviewed was not capable of undergoing the test (other reasons, please specify on question 20)
4. The person interviewed rejected

20. * PLEASE TAKE NOTE OF ANYTHING ABOUT THE SPIROMETRY RELATED TO WHETHER OR NOT THE PERSON INTERVIEWED IS ABLE TO UNDERGO THE TEST (FOR INSTANCE: KYPHOSCOLIOSIS, DENTURE[S], MISSING LIMB[S], ETC).

RESPIRATORY SYMPTOMS AND DISEASES

NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR BREATHING AND YOUR LUNGS. TRY TO ANSWER YES OR NO. IF IN DOUBT, JUST ANSWER NO.
Coughing

21. DO YOU USUALLY COUGH WITHOUT HAVING A COLD?

1. yes 2. no

[If “yes”, ask question 21A; if “no”, go to question 22]

21A. ARE THERE MONTHS WHEN YOU COUGH MOST OF THE DAYS OR ALMOST EVERY DAY?

1. yes 2. no

[If “yes”, ask question 21B and 21C; if “no”, go to question 22]

21B. DO YOU COUGH MOST OF THE DAYS FOR AT LEAST THREE MONTHS A YEAR?

1. yes 2. no

21C. FOR HOW MANY YEARS HAVE YOU HAD THIS COUGH?

1. less than 2 years 2. between 2 and 5 years 3. more than 5 years

Phlegm

22. DO YOU USUALLY HAVE PHLEGM WITHOUT HAVING A COLD THAT COMES FROM YOUR LUNG OR PHLEGM THAT IS HARD TO GET RID OFF?

1. yes 2. no

[If “yes”, go to question 22A; if “no”, go to question 23]

22A. ARE THERE MONTHS ON WHICH YOU HAVE PHLEGM MOST OF THE DAYS OR ALMOST EVERY DAY?

1. yes 2. no

[If “yes”, go to question 22B and 22C; if “no”, go to question 23]

22B. DO YOU HAVE THESE PHLEGM MOST OF THE DAYS AT LEAST FOR THREE MONTHS A YEAR?

1. yes 2. no

22C. FOR HOW MANY YEARS HAVE YOU HAD THESE PHLEGM?

1. less than 2 years 2. between 2 and 5 years 3. more than 5 years

Whistling / Squeaking / Wheezing in chest

23. HAVE YOU HAD ANY WHEEZING / WHISTLING / SQUEAKING IN YOUR CHEST IN THE LAST 12 MONTHS?

1. yes 2. no

[If “yes”, go to questions 23A and 23B; if “no”, go to question 24]

23A. DID YOU ONLY HAVE THIS (WHEEZE / WHISTLE / SQUEAK) IN YOUR CHEST WHEN YOU HAD A COLD IN THE LAST 12 MONTHS?

1. yes 2. no

23B. DID YOU EVER HAVE AN ATTACK OF WHEEZING / SQUEAKING / WHISTLING IN YOUR CHEST ALONG WITH DIFFICULTY BREATHING IN THE LAST 12 MONTHS?

1. yes 2. no

Shortness of Breath

24. DO YOU HAVE ANY PROBLEM THAT PREVENTS YOU FROM MOVING OR WALKING, THAT IS NOT DUE TO A LUNG OR HEART PROBLEM?

1. yes 2. no

[If “yes”, please ask, and write down what problem(s) and then go to question 26; if “no”, go to question 25, and ask questions 25A, 25B, 25C and 25D, regardless of whether the answer to each of those questions were yes or no]

WHAT PROBLEMS?........................................................................................................
........................................................................................................
........................................................................................................
25. DO YOU FEEL TO HAVING DIFFICULTY BREATHING WHEN WALKING AT A FASTER PACE ON A FLAT PATH OR ON A SLIGHT SLOPE?
1️⃣ yes  2️⃣ no

25A. DO YOU HAVE TO WALK SLOWER ON A FLAT PATH THAN PEOPLE OF YOUR AGE BECAUSE YOU HAVE SHORTNESS OF BREATH?
1️⃣ yes  2️⃣ no

25B. DO YOU HAVE TO CATH YOUR BREATH WHEN WALKING ON THE FLAT AT YOUR NORMAL PACE?
1️⃣ yes  2️⃣ no

25C. DO YOU HAVE TO CATH YOUR BREATH WHEN WALKING ON THE FLAT AFTER WALKING ABOUT 100 METRES OR WHEN WALKING FROM ONE STREET CORNER TO THE NEXT?
1️⃣ yes  2️⃣ no

25D. IS YOUR SHORTNESS OF BREATH SO STRONG THAT YOU CANNOT LEAVE THE HOUSE OR EVEN GET DRESS?
1️⃣ yes  2️⃣ no

26. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE LUNGS EMPHYSEMA?
1️⃣ yes  2️⃣ no

27. HAVE YOU EVER IN YOUR LIFE BEEN TOLD BY A DOCTOR THAT YOU HAVE ASTHMA, ASTHMATIC BRONCHITIS, BRONCHOSPASM OR ALLERGIC BRONCHITIS?
1️⃣ yes  2️⃣ no

27A. ARE YOU CURRENTLY SUFFERING FROM ASTHMA, BRONCHITIS, ASTHMATIC BRONCHITIS OR BRONCHOSPASM OR ALLERGIC BRONCHITIS?
1️⃣ yes  2️⃣ no

28. HAVE YOU EVER IN YOUR LIFE BEEN TOLD BY A DOCTOR THAT YOU HAVE CHRONIC BRONCHITIS?
1️⃣ yes  2️⃣ no

[If "yes", ask 28A; If "no", go to question 29]

28A. ARE YOU STILL SUFFERING FROM CHRONIC BRONCHITIS?
1️⃣ yes  2️⃣ no

29. HAVE YOU EVER IN YOUR LIFE BEEN TOLD BY A DOCTOR THAT YOU HAVE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)?
1️⃣ yes  2️⃣ no

Management

NOW I AM GOING TO ASK YOU ABOUT ANY MEDICINE YOU MAY BE TAKING TO HELP YOUR BREATHING OR YOUR LUNGS.

I WOULD LIKE TO KNOW ABOUT ANY MEDICATION YOU ARE USING ON A REGULAR BASIS (CONSTANTLY) AND ALSO ABOUT THE ANY MEDICATION YOU ONLY USE WHEN YOU ARE NOT FEELING WELL.

I WOULD ALSO LIKE YOU TO TELL ME ABOUT EACH ITEM OF MEDICATION MEDICINE YOU TAKE, HOW YOU TAKE IT AND HOW MANY TIMES A MONTH YOU TAKE IT.

30. IN THE LAST 12 MONTHS, DID YOU TOOK ANY MEDICATION FOR YOUR LUNGS OR YOUR BREATHING?
1️⃣ yes  2️⃣ no

[If “yes”, go to question 30A, if it is “no” go to question 31]
### 30A. Medication Name

### 30B. Medication Code

### 30C. Formulation

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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td></td>
<td>tablets</td>
<td>inhaler</td>
<td>nebuliser</td>
<td>syrup</td>
<td>suppository</td>
<td>injection</td>
<td>Other</td>
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</table>

### 30D. Do you take that medication: Most of the days; only when you feel symptoms or discomfort; or in both cases (always)?

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<tbody>
<tr>
<td></td>
<td>most days</td>
<td>symptoms</td>
<td>both (always)</td>
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[If the answer is "most days" only ask 30E; if it is "symptoms" or "both" ask 30E and 30F]

### 30E. When you take that medication, how many days a week do you take it?

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### 30F. When did you use that medication in the last 12 months, for how many months did you take it?

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<th>4</th>
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<tbody>
<tr>
<td></td>
<td>0-3 months</td>
<td>4-6 months</td>
<td>7-9 months</td>
<td>10-12 months</td>
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</table>

[If the answer is "most days" only ask 30E; if it is "symptoms" or "both" ask 30E and 30F]
### 30A. MEDICATION NAME

### 30B. MEDICATION CODE

### 30C. FORMULATION

<table>
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<tr>
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<td>syrup</td>
<td>suppository</td>
<td>injection</td>
<td>Other</td>
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</table>

### 30D. DO YOU TAKE THAT MEDICATION: MOST OF THE DAYS; ONLY WHEN YOU FEEL SYMPTOMS OR DISCOMFORT; OR IN BOTH CASES (ALWAYS)?

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<th>4</th>
<th>5</th>
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<th>7</th>
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<tr>
<td>most days</td>
<td>symptoms</td>
<td>both (always)</td>
<td>most days</td>
<td>symptoms</td>
<td>both (always)</td>
<td>most days</td>
</tr>
</tbody>
</table>

[If the answer is “most days” only ask 30E; if it is ‘symptoms’ or ‘both’ ask 30E and 30F]

### 30E. WHEN YOU TAKE THAT MEDICATION, HOW MANY DAYS A WEEK DO YOU TAKE IT?

| ___ days | ___ days | ___ days | ___ days |

### 30F. WHEN DID YOU USE THAT MEDICATION IN THE LAST 12 MONTHS, FOR HOW MANY MONTHS DID YOU TAKE IT?

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<th>1</th>
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<th>4</th>
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<td>4-6 months</td>
<td>7-9 months</td>
<td>10-12 months</td>
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31. PLEASE TELL ME ABOUT ANYTHING ELSE YOU HAVEN'T MENTIONED SO FAR THAT YOU ARE USING OR DOING TO HELP YOUR BREATHING OR YOUR LUNGS, FOR EXAMPLE: HOMEOPATHY, HERBAL PREPARATIONS, VITAMINS, BREATHING EXERCISES, PHYSIOTHERAPY, SWIMMING, ACUPUNCTURE, MASSAGE, ANY KIND OF SPECIAL FOOD, REHABILITATION, ETC.

<table>
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<tr>
<th>Therapies, Remedies or any other activity</th>
<th>Code</th>
</tr>
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32. HAS A DOCTOR OR OTHER HEALTHCARE PROFESSIONAL IN YOUR LIFE ASKED YOU TO BLOW INTO SOME KIND OF DEVICE (CALLED A SPIROMETER OR PEAK FLOW METER) TO KNOW ABOUT THE FUNCTIONING OF YOUR LUNGS?

1 yes  2 no

[If "yes", ask 32A; If "no", go to question 33]

32A. HAVE YOU USED THAT DEVICE IN THE LAST 12 MONTHS?

1 yes  2 no

COPD Ambulatory Medical control

IN THE LAST 12 MONTHS:

33. HOW MANY TIMES HAVE YOU HAD TO CONSULT WITH

33A. GENERAL PRACTITIONER OR FAMILY DOCTOR?

___ times

33B. AN SPECIALIST?

___ times

34. HAVE YOU HAD AN ACUTE CHANGE IN YOUR USUAL BREATHING SYMPTOMS, (SHORTNESS OF BREATH AND/OR COUGHING AND/OR PHLEGM) DIFFERENT THAN HOW IT USUALLY VARIES DAILY, THAT LEAD YOU TO CHANGE YOUR USUAL MEDICATION?

1 yes  2 no

[If "yes" go to 34A, 34B and 34C. If "no" go to question 35]

34A. HOW MANY TIMES HAVE YOU HAD THESE ACUTE CHANGES IN YOUR USUAL BREATHING SYMPTOMS?

___ times

IN THE LAST 12 MONTHS:

34B. ABOUT THESE CHANGES, HOW MANY TIMES HAVE YOU HAD TO CONSULT WITH..

34B1. GENERAL PRACTITIONER OR FAMILY DOCTOR?

___ times

34B2. AN SPECIALIST?

___ times

34B3. AN EMERGENCY SPECIALIST?

___ times

IN THE LAST 12 MONTHS:

34C. HOW MANY TIMES HAVE YOU HAD TO BE HOSPITALISED BECAUSE OF THESE CHANGES?

___ times

34C1. HOW MANY DAYS, ON AVERAGE, HAVE YOU HAD TO BE HOSPITALISED BECAUSE OF THESE CHANGES?

___ times

34C2. HAVE YOU HAD TO BE ADMITTED IN AN INTENSIVE CARE UNIT BECAUSE OF THESE CHANGES?

1 yes, Specify N* times: ___  2 no

[Ask question 35 for all the participants]
35. HAS THERE EVER BEEN A PERIOD IN YOUR LIFE WHEN YOUR BREATHING (LUNG) PROBLEMS WERE SO STRONG THAT THEY PREVENTED YOU TO CARRYING OUT YOUR DAILY ACTIVITIES OR PREVENTED YOU FROM GOING TO WORK?

1 □ yes  2 □ no

[If “yes”, ask 35A; If “no”, go to question 36]

35A. HOW MANY TIMES DO YOU FEEL IN THAT WAY IN THE LAST 12 MONTHS?

_____ times

[If question 35A is >0 go to 35B; if question 35A is = 0 then go to 36]

35B. HOW MANY TIMES DID YOU NEED TO SEE THE DOCTOR FOR THIS PROBLEM IN THE LAST 12 MONTHS?

_____ times

[Even if it’s “0” times, ask question 35C]

35C. HOW MANY TIMES HAVE YOU NEEDED TO BE HOSPITALISED FOR THIS PROBLEM IN THE LAST 12 MONTHS?

_____ times

[If question 35C is >0 go to 35C1; if question 35C is =0 go to 36]

35C1. HOW MANY DAYS IN ALL HAVE YOU BEEN HOSPITALISED FOR LUNG PROBLEMS IN THE LAST 12 MONTHS?

_____ days

Smoking
NOW I AM GOING TO ASK YOU ABOUT YOUR SMOKING HABITS. FIRST OF ALL I AM GOING TO ASK YOU ABOUT CIGARETTE SMOKING.

36. HAVE YOU EVER IN YOUR LIFE SMOKED CIGARETTES?

1 □ yes  2 □ no

[If the person interviewed smoked less than 20 packs in their whole life or less than 1 cigarette a day in one year, code as “no”.] [If yes, ask questions 36A to 36C; if “no”, go to question 38]

36A. HOW OLD WERE YOU WHEN YOU STARTED SMOKING ON A REGULAR BASIS?

_____ years

36B. HOW OLD WERE YOU WHEN YOU GAVE UP SMOKING CIGARETTES COMPLETELY?

_____ years

36C. WHEN YOU DID SMOKE, HOW MANY CIGARETTES ON AVERAGE DID YOU SMOKE A DAY?

_____ cigarettes/ day

37. DO YOU CURRENTLY SMOKE ANY TYPE OF CIGARETTES?

1 □ yes  2 □ no

[“Currently” means any cigarettes at all in the last 30 days. If “no” go to question 38; If “yes” continue with questions 37A to 37B]

37A. HOW MANY CIGARETTES A DAY DO YOU SMOKE?

_____ cigarettes/ day

37B. HOW OLD WHERE YOU WHEN YOU BECAME A REGULAR SMOKER?

_____ years

[“Regular smoker” means at least 1 cigarette every 30 days]

37C. DURING ALL THE TIME YOU SMOKED, HOW MANY CIGARETTES A DAY, ON AVERAGE, DID YOU USED TO SMOKE A DAY?

_____ cigarettes/ day

38. HAVE YOU EVER IN YOUR LIFE DID SMOKE A PIPE OR CIGARS?

1 □ yes  2 □ no

38A. DO YOU CURRENTLY SMOKE A PIPE OR CIGARS?

1 □ yes  2 □ no

“Currently” means 50 or more pipes and/or cigars lit up in the last 30 days. [If the person interviewed has never smoked (i.e. answered “no” to questions 36, 37, 38 and 38A), just go to question 42] [If the person interviewed has at any time smoked (i.e. answered “yes” to any of questions 36 to 38A), keep going and ask question 42]
39. HAS A DOCTOR EVER IN YOUR LIFE ADVISED YOU TO GIVE UP SMOKING?

1 ☐ yes  ☐ no

[If “yes” ask: 39A to current smokers only and 39B to everyone, if “no” go straight to question 40]

39A. HAVE YOU BEEN ADVISED TO GIVE UP SMOKING IN THE LAST 12 MONTHS?

1 ☐ yes  ☐ no

39B. HAVE YOU EVER USED ANY KIND OF TREATMENT PRESCRIBED TO YOU BY A DOCTOR TO HELP YOU GIVE UP SMOKING?

1 ☐ yes  ☐ no

[If “yes”, ask 39B1 and then question 40; if “no”, go to question 40]

39B1. WHAT TYPE OF MEDICATION DID YOU USE TO HELP YOU GIVE UP SMOKING?

1 ☐ Nicotine substitute (chewing gum, patches, aerosols)
2 ☐ Bupropion
3 ☐ Varenicline
4 ☐ Others (tofranil, etc.)

Others Specify.............................................................

40. HAVE YOU EVER USED ANYTHING NOT PRESCRIBED, TO HELP YOU STOP SMOKING?

1 ☐ yes  ☐ no

41. HAVE YOU EVER USED OR DONE ANYTHING ELSE TO HELP YOU STOP SMOKING?

1 ☐ yes  ☐ no

[If “yes” ask 41A; otherwise go to question 42]

41A. WHAT DID YOU DO?

1 ☐ hypnosis
2 ☐ acupuncture
3 ☐ others (laser, etc.)

42. HAVE YOU EVER IN YOUR LIFE DID WORK FOR ONE OR MORE YEARS IN A JOB WHERE THERE WERE DUSTS, SMOKE OR FUMES?

1 ☐ yes  ☐ no

[If “yes” ask 42A; otherwise go to question 43]

42A. FOR HOW MANY YEARS DID YOU WORK IN PLACES LIKE THAT?

_______ years

43. HAVE YOU EVER IN YOUR LIFE BEEN TOLD BY A DOCTOR THAT YOU HAD OR HAVE ANY OF THE FOLLOWING DISEASES:

43A. HEART DISEASES?

1 ☐ yes  ☐ no

43B. HIGH BLOOD PRESSURE (HYPERTENSION)?

1 ☐ yes  ☐ no

[If 43B is “yes” then ask 43B1; if “no” go to question 43C]

43B1. ARE YOU CURRENTLY TAKING ANY MEDICATION TO CONTROL YOUR BLOOD PRESSURE?

1 ☐ yes  ☐ no

43C. DIABETES (HIGH BLOOD SUGAR)?

1 ☐ yes  ☐ no

43D. LUNG CANCER?

1 ☐ yes  ☐ no

43E. STROKE, EMBOLISM, ISCHEMIA?

1 ☐ yes  ☐ no

43F. TUBERCULOSIS?

1 ☐ yes  ☐ no

[If 43F is “yes” then ask 43F1; otherwise go to question 43G]
43F1. HAVE YOU EVER TOOK ANY TREATMENT FOR TUBERCULOSIS?
1 □ yes  2 □ no

43G. GASTRITIS OR ULCER?
1 □ yes  2 □ no

44. IN THE LAST 12 MONTHS, HOW MANY TIMES HAVE YOU HAD TO BE HOSPITALISED BECAUSE OF THESE OTHER DISEASES?
_____ times

45. HAVE YOU EVER IN YOUR LIFE HAD AN OPERATION (SURGERY) IN WHICH A PART OF YOUR LUNG WAS REMOVED?
1 □ yes  2 □ no

46. WERE YOU HOSPITALISED IN YOUR CHILHOOD (WHEN YOU WERE UNDER 10 YEARS OF AGE) FOR LUNG PROBLEMS?
1 □ yes  2 □ no

47. HAVE YOU HAD A FLU VACCINATION IN THE LAST 12 MONTHS?
1 □ yes  2 □ no

48. HAS ANY DOCTOR OR HEALTHCARE PROFESSIONAL EVER TOLD YOU THAT YOUR FATHER, MOTHER, BROTHERS OR SISTERS WERE DIAGNOSED FOR CHRONIC EMPHYSEMA, CHRONIC BRONCHITIS OR COPD?
1 □ yes  2 □ no

49. HAVE YOU BEEN LIVING WITH ANYONE WHO SMOKES ANY KIND OF CIGARETTE, PIPE OR CIGAR IN YOUR HOUSE WITHIN THE LAST TWO WEEKS?
1 □ yes  2 □ no

NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT OTHER EXPOSURES TO TOBACCO SMOKE, BUT IN THE LAST 12 MONTHS.

49A. NOT COUNTING YOURSELF, HOW MANY PEOPLE USUALLY SMOKE IN YOUR HOME?
0 □ none  ____ people

49B. FOR HOW MANY HOURS EACH DAY ARE YOU EXPOSED TO OTHER PEOPLE’S CIGARETTE SMOKE AT HOME?
0 □ none  ____ hours

49C. FOR HOW MANY HOURS A DAY ARE YOU EXPOSED TO OTHER PEOPLE’S CIGARETTE SMOKE IN OTHER PLACES?
0 □ none  ____ hours

49D. DID YOU FATHER REGULARLY SMOKE, DURING YOUR CHILHOOD?
1 □ yes  2 □ no  9 □ don’t know

49E. DID YOU MOTHER REGULARLY SMOKE DURING YOUR CHILHOOD OR BEFORE YOU WERE BORN?
1 □ yes  2 □ no  3 □ don’t know

[If “yes” go to question 49F, if “no” go to question 50]

49F. WHEN YOUR MOTHER WAS PREGNANT WITH YOU:
1 □ she stopped smoking before getting pregnant
2 □ she diminished or gave up smoking during the pregnancy
3 □ she smoked as usually during the pregnancy
4 □ don’t know

Indoor air pollution

50. WAS A COAL BURNING STOVE USED IN YOUR HOME FOR COOKING FOR MORE THAN 6 MONTHS OF YOUR LIFE?
1 □ yes  2 □ no
50A. FOR HOW MANY YEARS WAS A COAL BURNING STOVE USED FOR COOKING IN YOUR HOME?
   ___ years

50B. HOW MANY HOURS A DAY ON AVERAGE DID YOU SPEND NEAR THE COAL BURNING STOVE?
   ___ hours

50C. IS A COAL BURNING STOVE STILL USED TO COOK IN YOUR HOME?
   1 □ yes                2 □ no

50D. DOES THIS STOVE HAVE OR DID HAVE A CHIMNEY?
   1 □ yes                2 □ no

51. WERE WOOD, FIREWOOD, MANURE, CROP RESIDUES, STRAW OR LEAVES USED IN YOUR HOME FOR COOKING FOR MORE THAN 6 MONTHS OF YOUR LIFE?
   1 □ yes                2 □ no

51A. FOR HOW MANY YEARS WERE WOOD, FIREWOOD, MANURE, CROP RESIDUES, STRAW OR LEAVES USED FOR COOKING IN YOUR HOME?
   ___ years

51B. ON AVERAGE, HOW MANY HOURS A DAY DID YOU SPEND NEAR THE FIRE OF THE STOVE FUELED BY WOOD, FIREWOOD, MANURE, CROP RESIDUES, STRAW OR LEAVES?
   ___ hours

51C. DO YOU STILL USE WOOD, FIREWOOD, MANURE, CROP RESIDUE, STRAW OR LEAVES TO COOK IN YOUR HOME?
   1 □ yes                2 □ no

51D. DOES THIS STOVE HAVE A CHIMNEY?
   1 □ yes                2 □ no

52. HAVE YOU USED COAL TO HEAT YOUR HOME FOR MORE THAN 6 MONTHS?
   1 □ yes                2 □ no

52A. FOR HOW MANY YEARS HAVE YOU USED COAL TO HEAT YOUR HOME?
   ___ years

52B. DO YOU STILL USE COAL TO HEAT YOUR HOME?
   1 □ yes                2 □ no

52C. HOW MANY DAYS A YEAR ON AVERAGE A YEAR DID YOU SPEND NEAR THAT HEATER?
   ___ days

53. WERE WOOD, FIREWOOD, MANURE, CROP RESIDUES OR LEAVES USED TO HEAT YOUR HOME FOR MORE THAN 6 MONTHS OF YOUR LIFE?
   1 □ yes                2 □ no

53A. FOR HOW MANY YEARS WAS WOOD, FIREWOOD, MANURE, CROP RESIDUES, STRAW OR LEAVES USED TO HEAT YOUR HOME?
   ___ years

53B. ARE WOOD, FIREWOOD, MANURE, CROP RESIDUES, STRAW OR LEAVES STILL USED TO HEAT YOUR HOME?
   1 □ yes                2 □ no

53C. HOW MANY DAYS ON AVERAGE A YEAR DID YOU SPEND NEAR THAT HEATER?
   ___ days
### Use of Oxygen

54. DO YOU CURRENTLY USE OXYGEN AT HOME AS TREATMENT?

1. ☐ yes  2. ☐ no

[If “yes”, ask questions 54A and 54B; if “no” go to question 55]

54A. HOW MANY HOURS A DAY DO YOU USE THE OXYGEN?

_____ hours

54B. DO YOU PAY FOR THE OXYGEN YOU USE OR IS IT PROVIDED BY AN INSTITUTION?

1. ☐ Paid for  2. ☐ Provided

### Medical Service

55. ARE YOU ENTITLED TO ANY HEALTHCARE SERVICES IN AN INSTITUTION?

1. ☐ yes  2. ☐ no

[If “yes” ask 55A; otherwise say thank you and fill in the end-of-interview data]

55A. WHAT KIND OF INSTITUTION ARE YOU ENTITLED TO HEALTHCARE? (Mark all applicable)

1. ☐ PUBLIC
2. ☐ PRIVATE HEALTH INSURANCE
3. ☐ COMMUNITY-BASED HEALTH PLAN
4. ☐ OTHERS

55B. DOES YOUR HEALTHCARE SERVICES PAID FOR YOU LUNG MEDICATION? (Mark all applicable)

1. ☐ YES
2. ☐ NO
3. ☐ PARTIALY

TIME INTERVIEW ENDED: ___ ___ h ___ ___ min.

(24:00 hour format)