

Online Supplement

TOBACCO SMOKE EXPOSURE QUESTIONNAIRE

A. OCCUPATIONAL HISTORY

A.I. Airline Related Occupational History

1. Have you ever been employed as an airline flight attendant? YES NO*
- *If you answered No, please do not complete this questionnaire as you are not eligible to participate in this study.*

2. Please tell us on which airlines and on what routes you have worked as a flight attendant. Please follow the format of the following example (use as many rows as needed):

Airline	Domestic		International	
	What years? From To	How many hours/ month?	What years? From To	How many hours/ month?
United	1972-1980	70	1981-1992	80
United	1993-1999	40		

3. Did you fly both domestic and international routes at the same time during a period of your employment?
- YES NO*
- * If you answered NO, please skip to question 4.*

If yes, what years? _____

During this period, approximately what percentage of your routes was domestic and what percentage was international?

Domestic _____% International _____%

A.II. Non-airline Related Occupational History

4. Please list other former occupations and approximate dates of employment: *(List only occupations of at least 1 year duration; list in broad categories such as: "Business executive", "health care worker", "teacher", "bar/restaurant employees", "student")*

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Non-airline job	Dates (years)	Hours per week worked	Any smokers there who smoked around you?	Number of smokers in the same room	Average hours per day you have seen or smelled smoke at work

5. Did you retire early from your job (airline or non-airline) due to health problems?

YES

NO*

* If you answered NO, please skip to question 6.

If yes, please explain? _____

B. MEDICAL HISTORY

6. Has a **doctor** ever told you that you have any of the following medical problems?

Medical Condition	Yes	No	Age at Diagnosis
a. High blood pressure			
b. Diabetes			
c. Heart Attack			
d. Heart Bypass surgery			
e. Coronary Angioplasty or stent			
f. Congestive heart failure			
g. Asthma			
h. Chronic bronchitis			
i. Emphysema			
j. Sleep Apnea			
k. Lung cancer			
l. Breast cancer			
m. Thyroid disease			
n. Sinus problems			
o. Ear Infections			
p. <i>Other:</i>			
q. <i>Other:</i>			
r. <i>Other:</i>			

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6. Do you take any medications? YES NO*
**If you answered No, please go to question 7.*

Medication Type	Date Started

7. Do you ever experience chest pain or discomfort with exertion: YES NO

8. Do you ever experience shortness of breath? YES NO*
**If you answered NO, please skip to question 11.*

9. Do you experience shortness of breath in bed at night? YES NO

10. Do you experience shortness of breath with regular activity? YES NO

11. Are you able to perform less physical activity than other healthy people your age?
YES NO

If YES, reason: _____

12. Please choose the ONE best description of your usual level of activity:

_____ VERY ACTIVE: Running, fast walking, or other cardiovascular exercise at least once a week for 30 minutes at a time.

_____ ACTIVE: Standing or walking most of the day; lifting groceries, heavy housework, care of young children, or similar activities.

_____ SEDENTARY: Sitting most of the day, without regular physical activity, Except minor household or office tasks.

_____ LIMITED: Often stay in bed for part of the day; perform physical activity only when necessary or require assistance with household tasks.

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13. Do you have a cough?

- Daily
 Monthly
 Rarely (2-3 times per year)
 Never

14. Do you have nasal congestion, throat, or eye irritation, not related to a cold or hay fever?

- Daily
 Monthly
 Rarely (2-3 times per year)
 Never

15. Have you been exposed to vapors, dust, gases, or fumes (OTHER than tobacco smoke) at your workplace? YES NO*

**If you answered NO, please skip to question 16*

If yes, what were you exposed to? _____

If yes, for how many years were you exposed to this agent? _____

16. Are you currently exposed, for at least one hour daily, to vapors, dust, gas or fumes (other than tobacco smoke) at your workplace? YES NO

C. SMOKING HISTORY

17. Have you ever smoked cigarettes regularly (at least 1 cigarette per day and a total of 100 cigarettes in your lifetime?) YES* NO

**If you answered Yes, please do not complete this questionnaire as you are not eligible to participate in this study.*

18. Do you smoke cigarettes now? DAILY SOME DAYS NO*

**if you answered NO, please skip to question 23*

19. On average, how many cigarettes per day do you smoke? (One pack = 20 cigarettes) _____cigarettes per day

20. On average, how many cigarettes per day did you smoke when you were smoking at your heaviest? _____cigarettes per day

21. How old were you when you started to smoke cigarettes regularly? _____years old

22. How old were you when you last smoked cigarettes regularly? _____years old

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D. SECOND-HAND SMOKE EXPOSURE HISTORY

D.I. Childhood Exposure History

23. When your mother was pregnant with you, did either of your parents smoke?

Mother Father Both Neither Don't know

24. Growing up until age 18, did anyone regularly smoke indoors in your home?

YES NO*

**if you answered NO, please skip to question 25*

If yes, please complete the table below:

Age range (e.g., 13-16)	Lived with smoker (yes/no)	Who? (mother, father, other)	Hours /week spent time with other smokers? (e.g. babysitter, friends, relatives)	Number of hours/weeks in car with smoker?

D.II. Adulthood Exposure History

25. After age 18, have you ever lived with anyone who smoked cigarettes indoors in your home?

YES NO*

**If you answered no, please skip to question 26*

If yes, please complete the table below:

Age Range (e.g., 19-24)	Number of people who smoked indoors in your home	How many packs of cigarettes did they smoke per day altogether?			
		<u>less than 1</u>	<u>1</u>	<u>2</u>	<u>More than 2</u>

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26. After age 18, approximately how many hours a week did you spend in locations **other than home or work** where smoking occurred around you?

Age Range (e.g., 18-22)	Hours / Week in Each Location					
	friends' home	In a car	Restaurants	Bars, lounges	other locations (name)	other locations (name)

Please circle the best answer for the following questions:

27. Over the past 12 months, how often have you gone to places other than your home or work where people smoked around you indoors, close enough to see or smell the smoke?

More than once week More than once a month Less than once a month Never

28. Have you experienced irritation of your eyes or throat from other people's smoke?

a) At Home: More than once week More than once a month Less than once a month Rarely/ Never

b) At work: More than once week More than once a month Less than once a month Rarely/ Never

c) Other places: More than once week More than once a month Less than once a month Rarely/ Never