

**APPENDIX:
SELF-REPORTED ASTHMA AND SELF-REPORTED COPD**

As shown in Table A1, among the 569 participants who were excluded because of self-reported asthma, 50%-57% had normal spirometry. The latter likely occurred because asthma is characterized by reversible airways obstruction (airflow limitation due to asthma may have reverted back to normal spirometry). Otherwise, 28%-40% of those who had self-reported asthma also had airflow limitation at the baseline visit.

As discussed in Methods section of the article, our focus was on chronic obstructive pulmonary disease (COPD) as the cause of airflow-limitation. Accordingly, in our final analytical sample, having excluded participants who had self-reported asthma made it more likely that those who had airflow limitation had COPD, thereby increasing specificity.

Table A1. Frequency distribution of self-reported asthma by ethnicity and spirometric category

Spirometric Group	Self-Reported Asthma		
	White-Americans N = 311	African-Americans N = 165	Mexican-Americans N = 93
	n (%)		
Normal	167 (54)	82 (50)	53 (57)
Airflow-limitation	122 (39)	66 (40)	26 (28)
Restrictive-pattern	22 (7)	17 (10)	14 (15)
Total	311 (100)	165 (100)	93 (100)

As noted in the Discussion section of the article, we posit that self-reported, physician-diagnosed COPD may have a limited diagnostic accuracy. As shown in Table A2, across the three ethnicities, more than half of the participants who had self-reported, physician-diagnosed COPD had normal spirometry. Unlike asthma, COPD is most often characterized by irreversible airways obstruction.

Table A2. Frequency distribution of self-reported COPD by ethnicity and spirometric category

Spirometric Group	Self-Reported COPD		
	White-Americans N = 319	African-Americans N = 93	Mexican-Americans N = 66
	n (%)		
Normal	181 (57)	59 (63)	40 (61)
Airflow-limitation	120 (38)	25 (27)	18 (27)
Restrictive-pattern	18 (6)	9 (10)	8 (12)
Total	319 (100)	93 (100)	66 (100)