

Appendix 2: questionnaire for baseline and follow-up [posted as supplied by author]

Community Code _____
Name _____
ID _____
Date: _____/_____/_____ (dd/mm/yy)

Demographics

1. What is the participant's sex? Male 1 Female 2
2. What is your date of birth? _____/_____/_____ (dd/mm/yy)
3. How many years of schooling you have completed?
< 6 yrs (Primary School) 1
6-9 yrs (Middle School) 2
More than 10 yrs (High School or over) 3
4. Your current occupation is _____.

Awareness of COPD and smoking

1. Do you have an idea of COPD? Yes 1 No 2
2. Do you know which diseases are associated with smoking?
Hypertension 1 Coronary 2 Stroke 3 Lung cancer 4 COPD 5

Risk factors for COPD

1. Have you ever smoked cigarettes?
Yes 1 no 2

[“Yes,” means more than 100 cigarettes in a lifetime]
(If yes, ask questions 1.A through 1. I; otherwise, skip to Question 2)

- 1.A. How old were you when you first started regular cigarette smoking?
_____ years old
- 1.B. On average over the entire time that you smoke(d), about how many cigarettes per day do (did) you smoke?
_____ cigarettes/day
- 1.C. On average over the entire time that you smoke(d), do (did) you primarily smoke manufactured, Hand-rolled cigarettes, a pipe or cigar?
Manufactured 1 Hand-rolled cigarettes 2 A pipe or cigar 3
- 1.D. Do you still smoke cigarettes now?
Yes 1 no 2
- 1.D.1. After conformed by the participant's family members (husband, wife, father, mother, son or daughter), do the participant still smoke cigarettes now?
Yes 1 no 2
- 1.E. If you still continued smoking, how many cigarettes per day do (did) you currently smoke?

_____ cigarettes/day

1.F. Compared with last year, what is accuracy decrepit about your current smoking amounts?

Increase 1, No change 2, decrease 3.

1.G. If you still continued smoking, do (did) you currently primarily smoke manufactured, hand-rolled cigarettes, a pipe or cigar?

Manufactured 1 Hand-rolled cigarettes 2 A pipe or cigar 3

1.H. If you have stopped smoking, how old were you when you last stopped?

_____ years old

1.I. Has a doctor or other health care provider ever advised you to quit smoking?

Yes 1 No 2

[If yes, ask Questions 1I1 and 1I2. If no, skip directly to next section]

1.I.1. Have you received advice to stop smoking within the past 12 months?

Yes 1 No 2

1.I.2. Have you used any medication (prescription or non-prescription) to help you stop smoking?

Yes 1 No 2

Now I am going to ask you about risk factors for COPD.

2. Compared with last year, what is accuracy decrepit about your current working condition?

Improve 1 No change 2 Worsen 3

3. Compared with last year, what is accuracy decrepit about your current outdoor air pollution?

Improve 1 No change 2 Worsen 3

4. Compared with last year, what is accuracy decrepit about your current indoor air pollution?

Improve 1 No change 2 Worsen 3

5. Compared with last year, what is accuracy decrepit about your current passive smoking?

Increase 1 No change 2 decrease 3

Management Section

1. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work?

[If yes, ask Question 1A. If no, skip to examination section]

Yes 1 No 2

1A. How many such episodes have you had in the past 12 months?

_____ episodes

[If 1A >0, ask Question 1B, else skip to examination section]

1B. For how many of these episodes did you need to see a doctor in the past 12 months?

_____ episodes

[If 1B >0, ask Question 1C, else skip to examination section]

1C. For how many of these episodes did you get hospitalized

_____ episodes

[If 1C >0, ask Question 1D, else skip to examination section]

1D. All together, for how many total days were you hospitalized for breathing problems in the past 12 months?

Safety Questions for Spirometry and Spirometry test

1. In the past two months have you had any surgery on your chest or abdomen?
Yes 1 No 2

2. Have you had a heart attack within the past two months?
Yes 1 No 2

3. Do you have a detached retina or have you had eye surgery within the past two months?
Yes 1 No 2

4. Have you been hospitalized for any other heart problem within the the past month?
Yes 1 No 2

[If the participant answers “Yes” to any of Questions 1 through 4, do **NOT** proceed with the test].

5. Have you had a respiratory infection (cold) in the last three weeks?
Yes 1 No 2

6. Have you used any medication for breathing in the last three hours?
Yes 1 No 2

7. Please note any items about the spirometry test concerning the ability of the participant to adequately perform the maneuver (e.g. kyphosis, dentures, missing limbs, etc.).

8. Height cm Weight: . . .kg BP: . . . / . . . mmHg

9. Record the maximum three acceptable maneuvers

	Series	FEV1 (L)	FVC (L)
Baseline	1		
	2		
	3		
Post-bronchodilators	1		
	2		
	3		

10. number of no-recorded spirometric testing: . . times

11. Spirometry Test Outcome
Completed .1
Test Not Completed .2

[If 11 = 1, ask question 11A-11C, otherwise to next]

11A. diagnosis of COPD
Yes .1 No .2

11B. Reversibility Test
Positive .1 Negative .2

11C. GOLD staging:
Stage I .1 Stage II .2 Stage III .3 Stage IV .4

Respond to follow-up

1 Has the participant completed this follow-up?

Yes 1 No 2

2 Which has the participant completed during this follow-up?

Questionnaire 1 Spirometry 2

3. Causes of failure to complete this follow-up:

The participant unable to contact with 1

The participant did not understand instructions 2

The participant was medically excluded. 3

The participant was unable to physically cooperate 4

The participant refused 5

The participant died 6

Operator :