

Online Supplement

Original Research

Veterans Airflow Obstruction Screening Questionnaire (VAFOSQ): A Survey to Identify Veterans with Airflow Obstruction

Folarin Sogbetun, MD¹ William L. Eschenbacher, MD^{1,2} Jeffrey A. Welge, PhD³ Ralph J. Panos, MD^{1,2}

- 1. Division of Pulmonary, Critical Care, and Sleep Medicine, Cincinnati, Veterans Affairs Medical Center Cincinnati, Ohio
- 2. Division of Pulmonary, Critical Care, and Sleep Medicine, Cincinnati, University of Cincinnati College of Medicine Cincinnati, Ohio
- 3. Department of Psychiatry & Behavioral Neuroscience, Department of Environmental Health (Division of Biostatistics and Bioinformatics), University of Cincinnati College of Medicine, Cincinnati, Ohio

Appendix A. Veterans Airflow Screening Questionnaire

Age: _____ years

Serial Number _____

Gender: (Circle one) Male Female

1. Have you ever been told by a healthcare provider that you have any of these disorders:

(Check all that apply.)

Chronic Obstructive
Pulmonary Disease (COPD)

Heart Attack
(myocardial infarction)

High Blood Pressure
(hypertension)

Asthma

Stroke

Osteoporosis

Emphysema

Heart Failure

Depression

Chronic Bronchitis

Anemia

Anxiety

Lung Cancer

Pulmonary Embolism

Weight Loss

Sleep Apnea

Blood Clot
(deep vein thrombosis)

2. Please describe the current status of your health: (Circle one.)

Very Good Good Fair Poor Very Poor

3. Have you ever been prescribed an Albuterol or other breathing inhaler? (Circle one) **Yes No**

4. Did your mother smoke? (Circle one) **Yes No**

5. Did your father smoke? (Circle one) **Yes No**

6. Other than your parents, have you ever lived with someone who smokes? (Circle one) **Yes No**

If yes: How many years have you lived with someone who smokes? _____ years

7. What is your smoking status? (Check one)

I have never smoked

I am a former smoker

i. Age started smoking: _____ **years**

ii. Age quit smoking: _____ **years**

iii. Average number of packs of cigarettes smoked per day: _____

I am a current smoker

iv. Age started smoking: _____ **years**

v. Average number of packs of cigarettes smoked per day: _____

8. Do you ever feel short of breath? (Circle one) **Yes No**

If yes, which **one** listed below best describes your breathlessness? (Check one)

I only get breathless with strenuous exercise.

I get short of breath when hurrying on level ground or walking up a slight hill.

On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace.

I stop for breath after walking about 100 yards or after a few minutes on level ground.

I am too breathless to leave the house or I am breathless when dressing.

9. How often do any of your breathing symptoms (shortness of breath, cough, and/or sputum production) get worse? (Circle one.)

Not at all Occasionally A few days a month Most days a week Everyday

Functional Impairment (Circle one)

<u>In the past 3 months</u> how often?	Not at all	A little of the time	Some of the time	Most of the time
Did you feel short of breath?	0	1	2	3
Did you have tightness in your chest, a feeling of suffocation or an inability to take a deep breath?	0	1	2	3
Did breathing problems limit your enjoyment of everyday life?	0	1	2	3
Did breathing problems limit you in performing your usual activities, including your job, housework, or school work?	0	1	2	3
Did breathing problems keep you from your usual social activities?	0	1	2	3
Did you feel fed up or frustrated because of breathing problems?	0	1	2	3
Did you get tired easily?	0	1	2	3
Did you wake up short of breath?	0	1	2	3

Did breathing problems keep you awake at night?	0	1	2	3
Did you feel fed up or frustrated because of your breathing problems?	0	1	2	3
Have you felt concern or fear of not being able to breathe or being short of breath?	0	1	2	3

10. Do you bring up phlegm for 3 or more consecutive months during the year? (Circle one.)

(Circle one) **Yes** **No**

If yes, for how many years have you coughed up phlegm regularly? _____ Years

If yes, would you describe your phlegm as:

(Circle one) **White** **Yellow or Green** **Both**

Phlegm

In the past 3 months: (Check box)

Yes **No**

Do you bring up phlegm in the morning?

Do you bring up phlegm during the day?

Do you bring up phlegm at night?

Do you ever have phlegm without a cold?

Do you ever bring up phlegm in winter?

Colds

Select answers that apply to you: (Check box)

Yes No

- I get a lot of chest colds.
- When I get a cold it really stays with me.
- My colds last for weeks rather than days.
- I seem to catch a cold more easily than other people do.
- I get bronchitis at least once every winter.
- I have frequent bouts with bronchitis.

Chest Congestion, Cough and Wheezing

11. Do you ever experience wheezing or a whistle in your chest? (Circle one) Yes No

If yes: How old were you when you first had wheezing or a whistle in your chest? _____ years

If yes: How many years have you had wheezing or a whistle in your chest? _____ years

12. Have you had any wheezing or a whistle in your chest over the past 3 months?

(Circle one) **Yes No**

13. Do you have a cough when you do not have a chest infection?

(Circle one) **Yes No**

If yes: How many years have you had this cough? _____ years

Cough and Wheezing

In the past 3 months how often do you have each of the following? **(Circle one)**

Not	Occasionally	A few days	Most days	Everyday
------------	---------------------	-------------------	------------------	-----------------

	at all		a month	a week	
A cough first thing in the morning	0	1	2	3	4
A cough throughout the day	0	1	2	3	4
A cough that wakes you up at night	0	1	2	3	4
A persistent, nagging cough	0	1	2	3	4
A cough that makes your chest hurt	0	1	2	3	4
Coughing “attacks” when you exercise	0	1	2	3	4
A need to cough to clear your chest	0	1	2	3	4
Awakening with wheezing	0	1	2	3	4
Wheezing during the day	0	1	2	3	4
Wheezing at night	0	1	2	3	4

Wheezing with a cold	0	1	2	3	4
Wheezing without a cold	0	1	2	3	4
Shortness of breath from wheezing	0	1	2	3	4
A feeling like something might be “stuck” in your chest or lungs	0	1	2	3	4
Noisy breathing when you sleep	0	1	2	3	4
Noisy breathing during the day (gurgling, bubbling, rattling)	0	1	2	3	4
Do you ever cough up any ‘stuff’, such as mucous or phlegm? A cough first thing in the morning	0	1	2	3	4

14. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

(Circle one) **Yes** **No**

15. During the past month, have you often been bothered by little interest or pleasure in doing things?

(Circle one) **Yes** **No**