

# The questionnaire for COPD patients in communities of Pudong District, Shanghai

**Investigation Date:** \_\_\_\_year\_\_month\_\_day

**Beginning time:** \_\_\_\_hour\_\_minute

**Name of investigator:** \_\_\_\_\_

Note: Please choose the relevant item with “√”, or fill in the blank.

## Geographic information

1. Name: \_\_\_\_\_

2. Sex: ①Male ②Female

3. Birthdate: \_\_\_\_year\_\_month\_\_day

4. Nationality: \_\_\_\_\_

5. Tel: \_\_\_\_\_

6. Identification number: \_\_\_\_\_

7. Home Address: \_\_\_\_\_

8. Status of marriage: ①Married ②Unmarried ③Divorced ④Bereavement ⑤

Separated ⑥Other

9. Education years: ①0-6 ②7-9 ③10-12 ④13-15 ⑤16 or more

10. Occupation: ①Workman ②Farmer ③Army man ④Officer ⑤

Professional ⑥Staff ⑦Retired ⑧Unemployed ⑨Other\_\_\_\_\_

11. Household income of per capita monthly (RMB):

①<1000 ②1000~ ③3000~ ④5000~ ⑤>=8000 ⑥Unknown

12. Medical Insurance (For multiple choices):

① None ② Basic medical insurance for urban staffs ③ Basic medical insurance for urban residents ④ Comprehensive insurance for immigrate employees ⑤ New rural cooperative medical insurance ⑥ Commercial medical insurance ⑦ Other\_\_\_\_\_

### **Disease-related information**

13. Date of COPD diagnosis: \_\_\_\_\_ year \_\_\_month

14. Comorbidities (For multiple choices):

① Other pulmonary diseases: Pneumonia Chronic bronchitis  
Emphysema Asthma Pulmonary cancer Other\_\_\_\_\_

②Hypertension ③Diabetes ④Kidney disease ⑤Heart disease ⑥  
Other\_\_\_\_\_

⑦None ⑧Unknown

15. COPD family history in 1-degree relatives (For multiple choices):

①None ②Father ③Mother ④Brother (Yes:\_\_\_/No:\_\_\_) ⑤Sister (Yes:  
/No:\_\_\_) ⑥Son (Yes:\_\_\_/No:\_\_\_) ⑦Daughter (Yes:\_\_\_/No:\_\_\_) ⑧  
Unknown

16.Do you take drugs for COPD regularly in recent one year?

①Yes ②No, occasionally ③Never (Go to question 18, please)

17.Which kinds of the followings are taken by you? (For multiple choices)

①Inhaled  $\beta$  2 receptor agonist ②Oral  $\beta$  2 receptor agonist ③M choline  
receptor antagonist (inhalant) ④Corticosteroids ⑤Expectorants ⑥  
Phosphodiesterase inhibitor ⑦Other\_\_\_\_\_

18.Numbers of COPD exacerbation in recent one year: \_\_\_\_\_

19. Did you see doctor for COPD exacerbation in recent one year?

- ①Yes    ②No

20. Complications (For multiple choices):

- ① Spontaneous pneumothorax    ② Pulmonary arterial hypertension    ③  
Chronic pulmonary heart disease    ④ Venous thromboembolism    ⑤  
Respiratory insufficiency or failure    ⑥Other\_\_\_\_\_    ⑦None

21. Do you know about your lung function?

- ①Yes    ②No

22. How often do you test your lung function?

- ① twice or more every year    ② once every year    ③ once every  
2-years    ④ once every 3-years    ⑤ once over 4 or more years  
⑥ None

23. Why not to have a lung function test? (For multiple choices)

- ① Unknown    ② No suggestion from Doctor    ③ No devices for that  
④ Not necessary    ⑤ Other\_\_\_\_

### **Lifestyle and occupation exposures**

24. Do you smoke now?

- ①No

②Yes, years of smoking:\_\_\_\_, average number of smoking daily:\_\_\_\_, age  
of beginning smoking:\_\_\_\_

③Smoking cessation, years of smoking cessation:\_\_\_\_, years of smoking  
before cessation:\_\_\_\_, average number of smoking daily before cessation  
\_\_\_\_, age of stopping smoking: \_\_\_\_\_

(Smoking refers continuous smoking at least one cigarette daily for more than

six months; smoking cessation refers to continuous smoking at least one cigarette daily for more than six months in the past, but now has completely stopped smoking)

24. How often have you been exposed to second-hand smoke?

①Never ②Occasionally ③Frequently, exposure years:\_\_\_\_, average exposure hours daily: \_\_\_\_\_

(Second-hand smoking defined as that non-smokers inhale cigarette smoke from smokers lasting for 15 minutes or longer.)

25. Do you drink any alcohol?

①Never

②Beer, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

③Yellow wine, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

④Liquor, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

⑤Wine, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

⑥Others\_\_\_\_\_, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

⑦Cessation, years of drinking:\_\_\_\_, average times of drinking weekly:\_\_\_\_, average volume of drinking: \_\_\_\_\_

26. Have you been working in certain conditions with dust, asbestos, pernicious smoke or harmful gas for one year at least? ①Yes ②No

27. Which heating equipment do you have at home?

①Air conditioner ②Heating underground ③Never ④Other\_\_\_\_\_

28. Do you use fresh air ventilation system usually?

① Yes, from \_\_\_ Year \_\_\_ Month      ② No

29. Do you use kitchen ventilator usually?      ① Yes      ② No

30. How often do you have physical exercises for half hour or longer?

① No      ② <once weekly      ③ once or twice weekly      ④ 3 times or more weekly

31. Which kind of the followings do you have mostly?

① Walking      ② Jogging      ③ Dancing      ④ Wushu      ⑤ Swimming

⑥ Play football or basketball or other ballgames      ⑦ Other \_\_\_\_\_

**Thank you for your cooperation !**

**Terminal time:** \_\_\_ hour \_\_\_ minute

**Investigator signature:** \_\_\_\_\_

