版本日期: 2018.5.9

筛查问卷 版本号: 1.0



## Evaluating screening strategies for identifying undiagnosed COPD in China: a Breathe Well project

中国慢阻肺筛查策略评估: 健康呼吸 Breathe Well 研究项目

## Lung health questionnaire

肺部健康问卷

Participant Initials 研究对象编号	
Study ID 问卷编号	
Date 填写日期	
Interviewer ID 研究人员编号	

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Some questions in the following booklets may appear similar. However, it is important that we ask these questions in slightly different ways so please complete all questions, answering them as accurately as possible.

一些问题可能相似,但是我们以稍微不同的方式提出这些问题很重要。

因此,请您完成所有的问题,并尽可能准确地作答。

<b>CD</b> (	Q Age group, years 年龄
40-	49
2.	What is your weight in kilograms? 您的体重(公斤)?
	kilograms 公斤
	What is your height in meters? 您的身高(米)?
	metres 米
3. III	Smoking 及烟强度,包年 What is the total number of years you have smoked? 您一共吸烟多少年? years 年
	How many cigarettes do you currently smoke each day (or 'did smoke each day' if ex-smoker)? 目前您每天吸多少支烟?(或,如果是既往吸烟者,过去您每天吸多少支烟?)cigarettes支
4.	Does the weather affect your cough? 您的咳嗽是否受天气影响?
Yes	□ No □

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是		否						
5.	Do you ever cou 您不感冒的时	-				en you don't have 子中咳痰)	a cold?	
Yes 是	=	No 否						
6.	Do you usually o	_			your chest f	irst thing in the m	orning?	
Yes 是	=	No 否						
7.	How frequently 您喘息的次数							
	asionally or more 付候或更频繁	e ofte		ever 🗌 不 🔲				
8.	Do you have or 目前或既往您			lergies?				
Yes 是	$\overline{}$	No 否						
CAR	TURE							
1.		ived (	or worked in a p	olace with dir	ty or pollute	ed water or air, sn	noke or sec	cond-hand smoke or
	dust? 您是否曾经在	有脏	的或受到污染的	的水或空气,	烟雾或二	手烟雾或灰尘的	地方生活耳	丈工作?
Yes 是	=	No 否						
2.	Does your breat 您的呼吸是否		_			ality?		
Yes 是	$\equiv$	No 否						
3.	tennis or swim?	•				rry heavy loads, sh 铲土或积雪,慢		

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Yes 是	□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
4.	Compared to others your age, do 和您的同龄人相比,您是否容					
Yes 是	□ No □ □ 否 □					
5.	bronchitis, or pneumonia?		, or other activities due to a cold, 错过了工作、学校或其他活动?			
0	= =	2 or more 2 或以上				
	yright© 2015 by Cornell Universi 双所有©2015 康奈尔大学,肯塔	ty, University of Kentucky, and Ev 基大学和 Evidera。版权所有	idera. All Rights Reserved			
Syn 1.	Symptom-based questionnaire  1. How frequently are you exposed to second-hand smoking? 您接触二手烟的频率是多少?					
	rs per week	er week				
2. Do you often cough when you do not have a cold? 您是否在不感冒的时候经常咳嗽?						
Yes 是	□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
3.	3. Do you have more signs of shortness of breath compared with others of the same age? 和同龄人相比,您是否有更多的呼吸急促的症状?					
Yes 是	□ No □ 否 □					
4.	Have you had long-term exposur 您是否长期地接触粉尘或化学					
Yes	□ No □	4				

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是		否 🗌			
5.		history of chronic respirat 用,您是否有慢性呼吸疾病	cory diseases when you were a child 病的病史?	d?	
Yes 是	是	No □ 否 □			
COI	PD-SQ				
	Do you often o	ough?			
1.	您是否经常呀				
Yes 是		No □ 否 □			
2.	Family history	of respiratory disease			
是否有呼吸疾病家族史?					
Yes 是		No □ 否 □			
3.		omass smoke from cookin E产生的生物烟雾?	g fires		
Yes 是		No □ 否 □			