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**LONGITUDINAL STUDIES OF HIV-ASSOCIATED
 LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)**

PULMONARY HIV QUESTIONNAIRE

I. HOW IS THE QUESTIONNAIRE BEING ADMINISTERED?

- Interviewer (1)
- Subject completed on computer (2)
- Subject completed on paper (3)

II HAART REGIMEN

HAART (Highly Active Antiretroviral Therapy) is defined as three or more drugs, including one highly-active compound.

- | | | | |
|--|-----|-----|---------|
| | Yes | No | Unknown |
| A. Have you started a HAART regimen since your last study visit? | (1) | (2) | (3) |

III. RESPIRATORY SYMPTOMS

***The following questions are about respiratory or chest symptoms.
 If unsure the answer is 'Yes', please answer 'No'.***

A. COUGH

Since your last study visit, have you experienced an increase in the regularity of any of the following respiratory conditions?

- | | | |
|------------------------|-----|-----|
| | Yes | No |
| 1. Coughing | (1) | (2) |
| 2. Bringing up phlegm | (1) | (2) |
| 3. Wheezing | (1) | (2) |
| 4. Shortness of Breath | (1) | (2) |

IV. HISTORY OF LUNG DISEASES

Since your last study visit, has a doctor or health care provider told you that you had any of the following conditions?

- | | | |
|---|-----|-----|
| | Yes | No |
| 1. Asthma | (1) | (2) |
| 2. Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis | (1) | (2) |
| 3. Lung Cancer | (1) | (2) |
| 4. Sarcoidosis | (1) | (2) |
| 5. Sleep Apnea | (1) | (2) |
| 6. Pulmonary hypertension or high blood pressure in your lungs | (1) | (2) |
| 7. Tuberculosis (TB) | (1) | (2) |
| 8. Pneumocystis pneumonia (PCP) | (1) | (2) |

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9. Pneumonia or bronchopneumonia (1) (2)
 10. Chest operations (1) (2)

V. SMOKING

A. CIGARETTES

1. Have your smoking habits changed since your last study visit? (1) (2)
 (if 'No', skip to 2)
- 1a. In what way did your smoking habits change since your last study visit?
 Was non-smoker at previous visit but now smoke cigarettes (1)
 Was smoker at previous visit but have now stopped smoking (2)
- 1b. How often do you now smoke?
 Every day (1)
 Some days (2)
 Not at all (3)
- 1c. On average, how many cigarettes do you now smoke a day?

cigarettes
 don't know (1)
- 1d. During the past 30 days, on how many days did you smoke a cigarette?

days
 don't know (1)
- 1e. During the past 30 days, on the days that you smoked, how many
 cigarettes did you smoke per day?

cigarettes
 don't know (1)

<p>If you have STARTED smoking since last study visit, skip to 2. If you have STOPPED smoking since last study visit, answer 1f.</p>
--

- 1f. How long has it been since you last smoked cigarettes regularly?
 Less than 6 months ago (1)
 6 – 12 months (2)
 More than 1 year ago

B. CIGAR AND PIPE SMOKING

1. Do you now smoke cigars regularly? (1) (2)
 2. Do you now smoke a pipe regularly? (1) (2)

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If you are a non-smoker, skip to Section VI

C. QUIT ATTEMPTS (Detailed)

1. **Since your last study visit**, have you stopped smoking for more than one day **because you were trying to quit?**

Yes	(1)
No <i>(skip to D)</i>	(2)
don't know <i>(skip to D)</i>	(3)

2. **Since your last study visit**, did you use any of the following products to help you quit? ***(Check all that apply.)*** Yes

a. Nicotine patches	(1)
b. Nicotine gum	(1)
c. Nicotine lozenges	(1)
d. Nicotine inhaler	(1)
e. Nicotine nasal spray	(1)
f. Zyban (Wellbutrin or bupropion)	(1)
g. Chantix (varenicline)	(1)
h. Other medications	(1)
ha. <i>specify:</i>	
i. I did not use any medications.	(1)

3. **Since your last study visit**, did you use any of the following to help you quit? ***(Check all that apply.)*** Yes

a. Talked with your own doctor or nurse about quitting	(1)
b. One-on-one counseling from doctor, nurse, or other health professional	(1)
c. Stop smoking clinic or class/group	(1)
d. Telephone helpline	(1)
e. Book, pamphlet, video, or audio tape	(1)
f. Online or web-based counseling services	(1)
g. Alternative techniques: (hypnosis, acupuncture, biofeedback, herbal remedy, etc.)	(1)
h. Tapering down	(1)
i. Other program or service	(1)
ia. <i>specify:</i>	
j. I did not use any programs or services	(1)

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C. QUIT ATTEMPTS (Brief)

1. **Since your last study visit**, have you stopped smoking for more than one day **because you were trying to quit?**
 - Yes (1)
 - No (*skip to G*) (2)
 - Don't know (3)

2. In the past 12 months, did you use any of the following products to help you quit? (**Check all that apply.**) Yes
 - a. Nicotine patches (1)
 - b. Nicotine gum (1)
 - c. Nicotine lozenges (1)
 - d. Nicotine inhaler (1)
 - e. Nicotine nasal spray (1)
 - f. Zyban (Wellbutrin or bupropion) (1)
 - g. Chantix (varenicline) (1)
 - h. Other medications (1)
 - ha. *specify:*
 - i. I did not use any medications (1)

D. FAGERSTROM TEST OF NICOTINE DEPENDENCE (FTND)

This section of questions asks about your smoking behavior. Don't worry if you are not sure about an answer... We are simply interested in finding out what you think.

1. How soon after you wake up do you smoke your first cigarette?
 - Within 5 minutes (1)
 - 6-30 minutes (2)
 - 31-60 minutes (3)
 - After 60 minutes (4)

2. Do you find it difficult to keep from smoking in places where it is not allowed, like in church, at the library, at the movies, in the hospital, etc.?
 - Yes (1)
 - No (2)

3. Which cigarette would you hate most to give up?
 - The first one in the morning (1)
 - All the others (2)

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4. Do you smoke more frequently during the first hours after waking than during the rest of the day?
- Yes (1)
No (2)
5. Do you smoke if you are so sick that you are in bed most of the day?
- Yes (1)
No (2)

VI. ALCOHOL USE

Note: One "drink" is equal to 12 ounces of beer (1 can), or 4 ounces of wine (1 glass), or 1 ounce of liquor (1 shot).

- A. **Since your last study visit**, have you had a drink containing alcohol?
- Yes (1)
No (*skip to F*) (2)

Items B and D below refer to the last 12 months or since last visit

- B. How often do you have a drink containing alcohol?
- Never (*skip to F*) (1)
2 – 3 times per week (2)
Monthly or less (3)
4 or more times per week (4)
2 – 4 times per month (5)
- C. How many drinks containing alcohol do you have on a typical day when you are drinking?
- 1 or 2 (1)
3 or 4 (2)
5 or 6 (3)
7 to 9 (4)
10 or more (5)

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VII. RECREATIONAL DRUG USE HISTORY

- A. **Since your last study visit, have you smoked or snorted any drug(s)?** Yes No refused
 (1) (2) (3)

If 'No', skip to B

		(a) Since your last study visit, have you smoked or snorted [drug]?		(b) Since your last study visit, on average, how often did you use this type of drug?		(c) How long has it been since you last used this type of drug?	
1.	Marijuana (hash)	Yes (1) No (2) refused (3)		Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	
2.	Crack/ready rock or freebase cocaine (smoked)	Yes (1) No (2) refused (3)		Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	
3.	Cocaine by snorting	Yes (1) No (2) refused (3)		Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	

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(a) Since your last study visit, have you smoked or snorted [drug]?			(b) Since your last study visit, on average, how often did you use this type of drug?		(c) How long has it been since you last used this type of drug?	
4.	Heroin by snorting	Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	
5.	Crystal meth- amphetamine by snorting or smoking	Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	

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(a) Since your last study visit, have you injected [drug]?			(b) Since your last study visit, on average, how often did you use this type of drug?		(c) How long has it been since you last used this type of drug?	
4.	Crystal methamphetamine by injection	Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (7)	
5.	Other amphetamine by injection	Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)		Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)	

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C. **Since your last study visit, have you ingested any drug(s)?** Yes No Refused
 (1) (2) (3)

If 'No', skip to Section IX

(a) Since your last study visit, have you smoked or snorted [drug]?		(b) Since your last study visit, on average, how often did you use this type of drug?		(c) How long has it been since you last used this type of drug?	
1.	Marijuana (hash) Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)	Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)		
2.	Street methadone or Buprenorphine purchased on the street taken orally not from a program Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)	Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)		
3.	Prescription opiates (Oxycontin, Percocet) purchased on the street taken orally Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)	Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)		
4.	Methamphetamine or other amphetamines taken orally Yes (1) No (2) refused (7)	Several times per day (1) Once per day, every day (2) More than once per week, but less than once per day (3) Once per week (4) 2 – 3 times per month (5) Once per month (6) Several times per year (7) Once per year (8) refused (77)	Within the past 30 days (1) More than 30 days ago but within last 12 months (2) More than 12 months ago (3) refused (4)		

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IX. DOMESTIC AND OCCUPATIONAL EXPOSURE

A. OCCUPATIONAL EXPOSURE (brief)

- | | Yes | No |
|--|-----|-----|
| 1. Since your last study visit , have you burned wood or coal for heating your home or for cooking? | (1) | (2) |
| 2. Since your last study visit , has there been any flooding or water damage in your house? | (1) | (2) |
| 3. Since your last study visit , have you noted any mold or mildew on any surface, other than food, inside your home? | (1) | (2) |
| 4. Since your last study visit , have you had any of the following pets living in your home? | | |
| a. Cat | (1) | (2) |
| b. Dog | (1) | (2) |
| c. Other furry pets | (1) | (2) |
| d. Birds | (1) | (2) |
| 5. Since your last study visit , have you noticed any of the following pests in your home? | | |
| a. Cockroaches | (1) | (2) |
| b. Mice/ rats | (1) | (2) |
| 6. Since your last study visit , have you been exposed at work or in your hobbies to vapors, gas, dust or fumes? | (1) | (2) |

B. OCCUPATIONAL EXPOSURE (detailed)

In addition to section A above, please answer the question below

- | | | |
|---|------------|-----------|
| 1. Since your last study visit , in any of your jobs or hobbies, did you come into regular contact with any vapors, gases, dusts or fumes? | Yes
(1) | No
(2) |
|---|------------|-----------|

If 1 is 'No', skip to Section X

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2. **Since your last study visit**, have you come into regular contact with any of the following **specific vapors, gases, dusts, or fumes?** (If exposure was for less than one year, enter '0' and count reply as 'No'.)

	Yes	No	Don't know	(i.) Number of years
a. Irritant gases, such as chlorine or ammonia	(1)	(2)	(3)	___
b. Fire, smoke or other combustion products	(1)	(2)	(3)	___
c. Incinerators, boilers or oil refineries	(1)	(2)	(3)	___
d. Coal dust or powder	(1)	(2)	(3)	___
e. Silica or sand, or concrete or cement dust	(1)	(2)	(3)	___
f. Indoor fuel powered motors, compressors, or engines	(1)	(2)	(3)	___
g. Diesel engine exhaust	(1)	(2)	(3)	___
h. Wheat flour or other grain dusts	(1)	(2)	(3)	___
i. Animal feeds or fodder	(1)	(2)	(3)	___
j. Cotton dust or cotton processing	(1)	(2)	(3)	___
k. Wood dust or saw dust	(1)	(2)	(3)	___
l. Cadmium fumes or batteries or silver solder	(1)	(2)	(3)	___
m. Other metal dusts or metal fumes	(1)	(2)	(3)	___
n. Welding or flame cutting	(1)	(2)	(3)	___
o. Fiberglass, asbestos, or other man-made fibers	(1)	(2)	(3)	___
p. Explosives or blasting fumes	(1)	(2)	(3)	___
q. Other	(1)	(2)	(3)	___
qa. specify: _____				

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G. During the **past four weeks**, how much have you been bothered by **emotional problems** (such as feeling anxious, depressed or irritable)?

- (1) Not at all (2) Slightly (3) Moderately (4) Quite a lot (5) Extremely

H. During the **past four weeks**, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

- (1) Not at all (2) Very little (3) Somewhat (4) Quite a lot (5) Could not do daily activities

Thank you for completing these questions!

X. ADMINISTRATIVE MATTERS

A. General comments: _____

B. Form completed by: _____
signature

C. Date form completed: - - 2 0
mmm dd yyyy

D. Lung HIV Staff No.: -