|    | ARIC                                    | RE                          | SPIRAT        | ORY Q       | UESTIC       | ONNAIRE                         |           |
|----|---|-----------------------------|---------------|-------------|--------------|---------------------------------|-----------|
| ١  | ID<br>NUMBER:                           |                             | FORM COD      | E: R S      | x            | DATE: 03/22/2024<br>Version 2.0 |           |
|    |   |                             |               | ]]          |              |                                 |           |
| 0a | . Completion Date:                      |                             |               |             | 0b. Staff    |                                 |           |
| BF | EATHLESSNESS                            |                             |               |             |              |                                 |           |
| 1. |   | alking by any<br>Yes<br>No  |               |             | art or lung  | disease?                        |           |
| 2. |   | tness of brea<br>Yes<br>No  |               |             | el ground    | or walking up a sligh           | t hill?   |
| 3. |   | ver than peop<br>Yes<br>No  |               |             | ground be    | cause of breathlessr            | ness?     |
| 4. |   | o for breath w<br>Yes<br>No |               |             | n pace on    | level ground?                   |           |
| 5. | Do you ever have to stop ground?        | o for breath af             | ter walking   | about 100 y | vards (or at | fter a few minutes) o           | n level   |
|    |   | Yes<br>No                   |               |             |              |                                 |           |
| 6. | Are you too breathless to               | leave the ho<br>Yes         |               |             | essing or    | undressing?                     |           |
|    |   | No                          |               |             |              |                                 |           |
| 7. | Have you ever had to slee               | ep on 2 or mo<br>Yes        | re pillows to | help you b  | reathe?      |                                 |           |
|    |   | No                          |               |             |              |                                 |           |
| 8. | Have you ever been awak                 | Yes                         |               | breathing?  |              |                                 |           |
|    |   | No                          |               |             |              |                                 |           |
| СС | NDITIONS                                |                             |               |             |              |                                 |           |
| 9. | Has a doctor ever told yo called COPD)? | ou that you ha              | d emphyse     | ma or chror | nic obstruc  | tive pulmonary disea            | ise (also |
|    |   | Yes                         |               |             |              |                                 |           |

| 9a. How old were you v       | when the doctor first told you this?                 |
|------------------------------|--|
| 9b. Do you still have it?    | Yes  |
| 10. Has a doctor ever told y | /ou that you had chronic bronchitis?<br>Yes<br>No    |
| 10a. How old were you        | when the doctor first told you this?                 |
| 10b. Do you still have it    | ?<br>Yes<br>No                                       |
| 11. Did you have breathing   | problems as a child (before age 16)?<br>Yes<br>No    |
| 12. Have you ever had asth   | nma?<br>Yes<br>No                                    |
| 12a. Was it confirmed b      | by a doctor?<br>Yes<br>No                            |
| 12b. At what age did it      | start?   |
| 12c. Do you still have it    | ?<br>Yes <b>□</b> → <mark>Go to Item 13</mark><br>No |
| 12d.At what age did it s     | top?   |
| 13. Do you have allergies t  | hat trigger asthma symptoms?<br>Yes<br>No            |
| SLEEP                        |  |
| 14. Does someone else us     | ually sleep in the same room as you?<br>Yes<br>No    |

| 15. How often do you snore now?  | 15 How offer   |  |
|--|----------------|--|
| Rarely (1-2 nights a week)       B         Sometimes (3-5 nights a week)       C         Always or almost always (6-7 nights a week)       E         16. How often do you have times when you stop breathing during your sleep?       Never         Never       A         Rarely (1-2 nights a week)       B         Sometimes (3-5 nights a week)       B         Sometimes (3-5 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Always or almost always (6-7 nights a week)       C         Matter of hours you spent in bed.)       Hours of sleep per night         18. Overall, was your typical night's sleep during the past 4 weeks       D         Very sound or very restful       A         Sound or restful       B         Average qu  | 15. How oner   |  |
| Sometimes (3-5 nights a week)       C         Always or almost always (6-7 nights a week)       D         Other (note log)       E         16. How often do you have times when you stop breathing during your sleep?  |                |  |
| Always or almost always (6-7 nights a week)D<br>Other (note log)E<br>16. How often do you have times when you stop breathing during<br>your sleep?   |                |  |
| Other (note log)   |                |  |
| 16. How often do you have times when you stop breathing during your sleep?   |                |  |
| your sleep?  |                |  |
| Never       A         Rarely (1-2 nights a week)       B         Sometimes (3-5 nights a week)       C         Always or almost always (6-7 nights a week)       D         Other {note log}       E         17. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)       E         18. Overall, was your typical night's sleep during the past 4 weeks       E         Very sound or very restful       A         Sound or restful       B         Average quality       C         Restless       D         Very restless       E         Other (note log)       F         19. Have you ever been told by a doctor that you have sleep apnea?         Yes       →Go to END         19a.How old were you when you were first diagnosed with sleep apnea?         Yes       Yes         No       →Go to END         19b. Have you had any treatment for sleep apnea?         Yes       Yes         No       →Go to END         What type of treatment did you receive for sleep apnea?         Yes       Image: No         19b1. CPAP       Image: Im   | 16. How ofter  | n do you have times when you stop breathing during   |
| Rarely (1-2 nights a week)       B         Sometimes (3-5 nights a week)       C         Always or almost always (6-7 nights a week)       D         Other (note log)       E         17. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: Hours of sleep per night         18. Overall, was your typical night's sleep during the past 4 weeks         Very sound or very restful         Average quality         Very restless         Other (note log)         Very restless         Other (note log)         F         19. Have you ever been told by a doctor that you have sleep apnea?         Yes         No.         Yes         No      <   | your sleep     | p?   |
| Sometimes (3-5 nights a week)C         Always or almost always (6-7 nights a week)D         Other (note log)E         17. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past month, how many hours of actual sleep part of the number of hours you spent in bed.)         Image: the past did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past did you get at night? (This may be different than the number of hours you spent in bed.)         Image: the past did you restifue         No       Average quality  |                | NeverA   |
| Always or almost always (6-7 nights a week)D         Other (note log)  |                | Rarely (1-2 nights a week)B  |
| Other {note log}E         17. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Image: State in the number of hours you spent in bed.)         Very state in the number of nours you spent in the number of sleep apnea?         Very restless       Image: State in the number of nours restlution in the number of nours restlutin the number of nours restlution in the numb |                | Sometimes (3-5 nights a week)C   |
| <ul> <li>17. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)</li> <li>Hours of sleep per night</li> <li>18. Overall, was your typical night's sleep during the past 4 weeks</li> <li>Very sound or very restful</li></ul>   |                | Always or almost always (6-7 nights a week)D   |
| the number of hours you spent in bed.)   |                | Other {note log}E  |
| the number of hours you spent in bed.)  Hours of sleep per night Hours of sleep apnea?  Yes No   |                | a nach marth, haw many hawn of actual class, did you not at night? (This may ha different than |
| □       Hours of sleep per night         18. Overall, was your typical night's sleep during the past 4 weeks       □         Very sound or very restful  |                |  |
| 18. Overall, was your typical night's sleep during the past 4 weeks  |                |  |
| Very sound or very restful       A         Sound or restful       B         Average quality       C         Restless       D         Very restless       E         Other {note log}       F         19. Have you ever been told by a doctor that you have sleep apnea?         Yes   |                | Hours of sleep per night   |
| Very sound or very restful       A         Sound or restful       B         Average quality       C         Restless       D         Very restless       E         Other {note log}       F         19. Have you ever been told by a doctor that you have sleep apnea?         Yes   | 18. Overall, w | as your typical night's sleep during the past 4 weeks  |
| Average quality       C         Restless       D         Very restless       E         Other {note log}       F         19. Have you ever been told by a doctor that you have sleep apnea?       F         No       →Go to END         19a.How old were you when you were first diagnosed with sleep apnea?       Image: Context and the sleep apnea?         19b. Have you had any treatment for sleep apnea?       Yes         No       No       Image: Context and the sleep apnea?         Yes       Image: Context and the sleep apnea?   |                |  |
| Restless. D   Very restless. E   Other {note log}. F   19. Have you ever been told by a doctor that you have sleep apnea? Yes. No. I yes. No. I yes. I yes. Yes. No. Of to END 19b. Have you had any treatment for sleep apnea? Yes. No. I yes. So to END What type of treatment did you receive for sleep apnea? Yes. No. Yes. No. I yes. I yes  |                | Sound or restfulB  |
| Very restless       E         Other {note log}       F         19. Have you ever been told by a doctor that you have sleep apnea?         Yes       →Go to END         19a.How old were you when you were first diagnosed with sleep apnea?         19b. Have you had any treatment for sleep apnea?         Yes         No         Ofto to END         What type of treatment did you receive for sleep apnea?         19b1. CPAP         19b2. BILEVEL         19b3. Oral device   |                | Average qualityC   |
| Other {note log}   |                | RestlessD  |
| 19. Have you ever been told by a doctor that you have sleep apnea?<br>Yes  |                | Very restlessE   |
| Yes  |                | Other {note log}F  |
| Yes  |                |  |
| No   | 19. Have you   |  |
| 19a.How old were you when you were first diagnosed with sleep apnea?   |                |  |
| 19b. Have you had any treatment for sleep apnea?         Yes         No         No         What type of treatment did you receive for sleep apnea?         19b1. CPAP         19b2. BILEVEL         19b3. Oral device  | 19a How        |  |
| Yes $\Box$ No $\rightarrow$ Go to ENDWhat type of treatment did you receive for sleep apnea?19b1. CPAP $\Box$ 19b2. BILEVEL $\Box$ 19b3. Oral device $\Box$  | 198.110        |  |
| No $\bigcirc$ Go to ENDWhat type of treatment did you receive for sleep apnea?Yes19b1. CPAP $\bigcirc$ 19b2. BILEVEL $\bigcirc$ 19b3. Oral device $\bigcirc$   | 19b. Have      | e you had any treatment for sleep apnea?   |
| What type of treatment did you receive for sleep apnea?          Yes       No         19b1.       CPAP         19b2.       BILEVEL         19b3.       Oral device   |                |  |
| Yes       No         19b1. CPAP       □         19b2. BILEVEL       □         19b3. Oral device       □  |                | NoL.→Go to END   |
| Yes       No         19b1. CPAP       □         19b2. BILEVEL       □         19b3. Oral device       □  | What type      | of treatment did you receive for sleep apnea?  |
| 19b2. BILEVEL  |                | Yes No   |
| 19b3. Oral device  | 19b1.          |  |
|  | 19b2.          | BILEVEL  |
| 19b4. Surgery  | 19b3.          | Oral device  |
|  | 19b4.          | Surgery  |
| 19b5. Other  | 19b5.          | Other  |
| 19b5a. If other, specify:  |                |  |