

New Interim History Form Version 11.10.2014

Visit Date:

(MM/DD/YYYY)

Study Visit:

- SAC I
 SAC II

Chest Symptoms (ATS/DLD)

1. Does the participant usually have a cough with colds? Yes
 No
 No colds since last visit.

2. Does he/she usually have a cough without having a cold? Yes
 No

If NO to both questions 1 and 2, skip to question 4.**If YES to EITHER questions 1 and 2, answer question 3.**

3. Did the participant cough on most days (4 or more days per week)? Yes
 No

4. How often has the participant had a cough, wheeze, shortness of breath or chest tightness during the past MONTH? 2 or fewer times per week
 3 - 6 times per week
 Daily
 Continuously

5. In the past MONTH, how often has the participant awakened from sleep because of coughing, wheezing, shortness of breath or chest tightness? 2 or fewer times per month
 3 - 4 times per month
 5- 9 times per month
 10 or more times per month

6. In the past MONTH, how often has the participant had cough, wheeze, shortness of breath, or chest tightness while exercising or playing? 2 or fewer times per month
 3- 4 times per month
 5 - 9 times per month
 10 or more times per month

7. Has the participant seemed congested in the chest or brought up phlegm (mucous) WITH colds? Yes
 No
 No colds since last visit

8. Has he/she seemed congested in the chest or brought up phlegm (mucous) WITHOUT having a cold? Yes
 No

If NO to both questions 7 and 8, skip to question 10.

If YES to EITHER questions 7 and 8, answer question 9.

9. Did he/she seem congested in the chest or bring up phlegm (mucous) from his/her chest on most days (4 or more days per week)?

Yes
 No

10. Has the participant's chest ever sound wheezy or whistling even when he/she had a cold?

Yes
 No
 No colds since last visit

11. Did the participant's chest ever sound wheezy or whistling even when he/she did Not have a cold?

Yes
 No

If NO to both question 10 and 11, skip to question 13.

If YES to EITHER question 10 and 11, answer question 12.

12. Did the participant's chest sound wheezy or whistling most days or nights?

Yes
 No

13. Has the participant had an attack of wheezing that has caused him/her to be short of breath

Yes
 No

If YES, to question 13, answer questions 13a, 13b, and 13c.

If NO, to question 13, skip to question 14.

13a. Has he/she had 2 or more such attacks?

Yes
 No

13b. Has he/she required medicine or treatment for any of these attacks?

Yes
 No

13c. Was his/her breathing completely normal between attacks?

Yes
 No

14. Since the last visit, has the participant had an attack of any of the following after playing hard or exercising? (check all that apply)

Wheezing (whistling sound)
 Coughing
 Shortness of breath
 Chest tightness
 None of the above
(check all that apply)

15. How often does respiratory symptoms (cough, wheezing, shortness of breath) keep the participant from doing what he/she wants to do?

2 or fewer times per month
 3 - 4 time per month
 5 - 9 times per month
 10 or more times per month

16. Think about all activities that the participant did during the past MONTH. How much was he/she bothered by respiratory symptoms (cough, wheeze, shortness of breath)?

- Not bothered at all
- Hardly bothered
- Quite bothered
- Bothered a little
- Somewhat bothered
- Very bothered
- Extremely bothered

Sleep Symptoms or Problems:

17. During the past month, which of the following symptoms or problems has the participant had?

Snores?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Difficulty breathing while asleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Stops breathing during sleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Noisy breathing?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Restless sleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Sweating when sleeping?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Nightmares?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Sleep walking?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Sleep talking?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Screaming in his/her sleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Kicks or jerks legs in sleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Uncomfortable feelings in his/her legs; creepy/crawly before falling asleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Resists going to bed at bedtime?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Trouble falling asleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Feels like he/she can't move arms or legs when falling asleep?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Wakes up at night?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Gets out of bed at night?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Trouble staying in his/her bed at night?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Grinds his/her teeth?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

Wets bed?

- Never. (Does not happen.)
- Not often. (< 1 night a week.)
- Sometimes. (1 to 2 nights a week.)
- Often. (3 to 5 nights a week.)
- Always. (6 to 7 nights a week.)
- Don't know.

18. If snoring or noisy breathing is present, how noisy has the participant usually been in the past month?

- Does not apply.
- Only slightly louder than heavy breathing.
- About as loud as mumbling or talking.
- Louder than talking.
- Extremely loud - can be heard through a closed door.
- Not sure.

19. Morning Waking and Daytime Symptoms:

Noisy breathing?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Morning headaches?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Trouble getting out of bed in the morning?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Takes a long time to become alert in the morning?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Tardy for school or is missing school because of sleepiness?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Acts sleepy or seems overtired a lot?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Falls asleep in school?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Naps after school?

Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Gets weak in the knees or face with laughing or strong emotions?

- Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Feels like she/he can't move arms or legs when waking up?

- Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

Has nighttime like dreams during the day when awake?

- Never. (Does not happen.)
 Not often. (< 1 day a week.)
 Sometimes. (1 to 2 days a week.)
 Often. (3 to 5 days a week.)
 Always. (6 to 7 days a week.)
 Don't know.

20. During the past month, please describe the participant's sleep/wake schedule on school or weekdays:

Usual Bedtime:

((HH:MM))

Usual Bedtime (AM or PM)?

- AM
 PM
 (Select one.)

Time when participant really falls asleep:

((HH:MM))

Falls asleep (AM or PM)?

- AM
 PM
 (Select one.)

Usual wake time:

((HH:MM))

Usual wake time (AM or PM)?

- AM
 PM
 (Select one.)

21. During the past month, please describe the participant's sleep/wake schedule on non-school days or weekends:

Usual Bedtime:

((HH:MM))

Usual bedtime (AM or PM)?

AM
 PM
(Select one.)

Time when participant really falls asleep:

((HH:MM))

Falls asleep (AM or PM)?

AM
 PM
(Select one.)

Usual wake time:

((HH:MM))

Usual wake time (AM or PM)?

AM
 PM
(Select one.)

Daily Napping:

22. During the past month, has the participant taken daily naps?

None
 Yes
(If YES, answer the next two questions.)

Number of naps?

Hours of napping?

Smoking Exposure:

23. Since the last visit date, has the participant smoked cigarettes?

Yes
 No
(If NO, skip to question 38.)

24. On average, how many days per week has the participant smoked cigarettes?

(DAYS)

25. On the days the participant smoke, about how many cigarettes did the participant smoke per day?

(Number of cigarettes)

26. Since the last visit date, has the participant smoked a pipe or cigar?

Yes
 No

27. Since the last visit date, has the participant been exposed to second hand tobacco, cigarette, pipe or cigar smoke?

- Yes
 - No
- (If NO, the form is complete.)

27a. On average, how many days per week has the participant been exposed to second hand cigarette, pipe, or cigar smoke?

(DAYS)

27b. On average, how many hours per day has the participant been exposed to second hand smoke?

(HOURS)