



# Exam 7 MESA Lung IV Questionnaire Training




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# MESA Lung Symptoms Questionnaire

- Included in the E7 Medical History Questionnaire



**MESA Exam 7**  
Medical History  
Interviewer Administered

19. Do you usually have a cough on most days for 3 or more months during the year?

Yes → For how many years have you had this cough?   years

No

20. Do you usually bring up phlegm from your chest on most days for 3 or more months during the year?

Yes → For how many years have you brought up phlegm from your chest like this?   years

No

21. In the last 12 months, have you had wheezing or whistling in your chest?

Yes →

No

21a. In the last 12 months, how often have you had this wheezing or whistling? (*Read the options*)

most days or nights       a few days or nights a **month**

a few days or nights a **week**       a few days or nights a **year**

21b. In the last 12 months, have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?

Yes

No

Yes

No

Don't know

22. Are you unable to walk due to a condition other than shortness of breath?

23. Do you get short of breath when hurrying on level ground or walking up a slight hill?

24. Do you walk slower than people of the same age on level ground because of breathlessness or have to stop for breath when walking at your own pace on level ground?

25. Do you stop for breath after walking about 100 yards or after a few minutes on level ground?

26. Are you too breathless to leave the house or breathless when dressing?

27. In the past 12 months, have you had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work?

- Yes →
- No
- Don't know

27a. How many such episodes have you had in the past 12 months?

Don't know

27b. For how many of these episodes did you need to see a doctor or other healthcare provider in the past 12 months?

Don't know

27c. For how many of these episodes were you hospitalized overnight in the past 12 months?

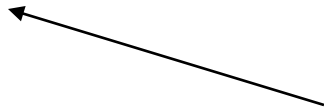
Don't know

27d. All together, for how many total days were you hospitalized overnight for breathing problems in the past 12 months?

Don't know

28. Did your mother smoke cigarettes when she was pregnant with you before you born?

- Yes
- No
- Refused
- Don't know



New Exposure Question

# Environmental Exposures Questionnaire

- Air Pollution Questions were previously asked
  - To **prospectively** examine the relationship between an individual assessment of long-term air pollution exposures and the *progression* of subclinical CVD and emphysema
- Lung IV: We are reassessing exposure to air pollutants and asking about exposure to metals
  - To assess whether CT emphysema subtypes have differing environmental risk factors
  - Hypothesis: Different environmental risk factors such as second-hand smoke, occupational exposures and ambient air pollution are associated with distinct progression of specific CT emphysema subtypes from Exam 5 to Exam 7.



# Who completes the Questionnaire?

- All MESA participants will be asked to complete the questionnaire as part of the core exam
- Administration:
  - Self-administered: in clinic or remotely via REDCap
  - Interviewer-administered via REDCap



# Organization of the Environmental Exposures Q

- Section A: Primary Residence Characteristics – Asked of all participants
- Section B: Secondary Residence – Asked only if change in secondary residence and spend > 4 weeks per year in 2<sup>o</sup> residence
- Section C: Transportation and Commuting – If travel 2+ days per week
- Section D: Location Activities – If spend ~2+ hr/day away from home
- Section E: Hobbies – New
- Section F: Food Frequency - New



# General Instructions

- If a participant has multiple appropriate responses for a question where only one response is required, use the one that accounts for the majority of the time.



# General Instructions

- Group Living Arrangements Rule: If the participant lives in a group setting where they spend the majority of their non-sleeping time in communal living quarters, refer to the entire residence for the response. If the participant lives in a group setting and spends the majority of their non-sleeping time in their own private quarters, then refer only to their quarters for the response.

# Section A Details

- Questions 1-6 identify characteristics of the participant's primary residence
- 3 Cue Cards are provided to assist the participant in answering questions about:
  - Type of residence (Card #1)
  - Floor of residence (Card #2)
  - Type of heating system (Card #3)
- Ask all questions before moving to other required sections

# Section B Details

- Section B focuses on exposures at a secondary residence and is completed if the participant reported a secondary residence in the participant tracking form

## Section B: Secondary Residence

7. Did you report a new secondary residence address on the Participant Tracking Form?

- Yes  
 No → **Skip to Question 13**

8. Do you spend more than four weeks per year living at another address (secondary residence)?

- Yes →  
 No

8a. How many weeks per season do you spend at your secondary residence during:

Winter (Dec. - Feb.):

Spring (Mar-May):

Summer (Jun-Aug):

Fall (Sep-Nov):

Total Weeks:

8b. Is total weeks at secondary residence 8 weeks or more?

- Yes → **Go to Question 9**  
 No → **Go to Question 13**

In REDCap, 8b is not asked – it will calculate on its own. If <8 weeks, questionnaire skips to Section C.

# Section C Details

- Section C asks about exposures related to Transportation and Commuting
- Section C is completed if ppt. commutes or travels 2+ days per week

## Section C: Transportation and Commuting

13. Do you commute, or otherwise travel, more than two days per week?

- Yes  
 No → Skip to Question 17

14. On average, how many hours each day do you spend doing the following during your travel time:

- a. walking or biking        hours        minutes
- 
- b. in a private car or taxi        hours        minutes
- 
- c. on a bus        hours        minutes
- 
- d. on a train or subway        hours        minutes
- 
- e. other        hours        minutes      Please specify: \_\_\_\_\_

15. On average, what percent of your travel time do you spend on or next to:

- Freeways, expressways, highways, toll roads, etc.         %
- 
- Other major, heavily traveled roads or streets         %
- 
- Residential or lightly traveled roads, streets, or paths         %

16. What traffic condition best describes the majority of your travel time during the day?

- Light traffic, moving at the speed limit  
 Heavy traffic, moving below the speed limit  
 Congested or "stop and go"  
 Heavy traffic, moving at or above the speed limit  
 Not applicable

# Section C Hints

- Record hours and minutes spent traveling by each mode of transportation each day. This includes BOTH commute time and recreational time using that mode of transportation.
- If the participant does not use one of the modes of transportation, mark 00 in the appropriate boxes.
- The overall goal is to determine how much time the participant spends traveling for work and leisure activities and the distribution of transportation types.

# Section D Details

- Section D asks about exposures that may have occurred at a separate, non-residential location
- Assesses occupational or volunteer exposures

17. Do you usually spend **2 hours or more per day or 10 hours or more per week** at a single location (working, school, volunteering, socializing, etc.) or doing a specific activity away from your household?

- Yes
- No → **Skip to Question 20**

18. Is this an indoor location or an outdoor location?

- Indoor location
- Outdoor location → **Skip to Question 20**

19. What do you do at this location?

- School → **Skip to Question 20**
- Work →
- Volunteer →
- Hobby
- Other, please specify: \_\_\_\_\_

19a. Briefly describe the industry you work or volunteer in:

\_\_\_\_\_

19b. Briefly describe your activities when you work or volunteer:

\_\_\_\_\_

19c. Are you regularly exposed there to vapors, gases, dusts, or fumes?

- Yes
- No

# Section E Details

- These questions are new to MESA and evaluate exposures to pollutants through various activities

## Section E: Hobbies

21. Do you engage in any of the following hobbies or interests?

	Yes	No	Don't know
Jewelry making or repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stained glass making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soldering/welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pottery and ceramics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make, cut, or set tile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recycle or fix batteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunt with guns, firearm practice and/or cast bullets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Section F Details

- This section is new to the environmental exposures questionnaire; however, MESA participants may have completed a (much longer!) Food Frequency Questionnaire (FFQ) as part of a previous exam.
- In REDCap, participants will be able to see the categories of responses:

Never    A few times a year    2-3 times a month    Once a week    Twice a week    3-4 times a week    5-6 times a week    Every day

- Hint: If you need to read the responses, over the phone, read each response for every food category.





# Other Lung IV Forms:

- Spirometry & Nasal Swab Completion Form
  - Completed by the Spirometry Tech
  - Will be covered during spirometry/nasal swab training
- Lung CT Completion Form
  - Completed by the CT Tech
  - Will be covered during CT Tech Training

# Got Questions?

- MESA Lung IV Resources
  - MESA E7 MOP
  - CC Staff:
    - Karen Stukovsky ([hincklek@uw.edu](mailto:hincklek@uw.edu))
    - Amy Hoffman ([ajulian@uw.edu](mailto:ajulian@uw.edu))
  - Experienced interviewers
- Thanks for the great work that you are doing!

# What if REDCap Fails and Paper Forms are used?

- Ask all questions in the Exam 7 Environmental Exposures Questionnaire. Note that secondary residence will not be prepopulated, so you may need to ask:
- Question 7: **Do you have a secondary residence?**
- Question 8b: You may need to calculate the total weeks spent at the secondary residence, across all seasons. If 8 or more weeks, proceed with the secondary residence questions. If less than 8 weeks, skip to Section C: Commute and Travel