APPENDICES

APPENDIX A: Letters to subjects

APPENDIX B: Map of Glendora study site

Baseline Questionnaire

Weekly Diary Form

Bi-Weekly Questionnaire

Asthma Checklist; Panic-Fear (20 P-F)

State-Trait Anxiety Inventory: Forms X-1 and X-2

State-Trait Anxiety Inventory for Children:

How-I-Feel Questionnaire Forms C-1 and C-2

APPENDIX C: Example of a pollen-spore report

APPENDIX A

UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO

SANTA BARBARA · SANTA CRUZ

DEPARTMENT OF MEDICINE
UCLA SCHOOL OF MEDICINE
CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

ASTHMATIC SUBJECTS NEEDED FOR A

RESEARCH PROJECT SPONSORED BY UCLA

The UCLA Department of Medicine (Pulmonary Disease Division) and School of Public Health are conducting a year-long study of the breathing effects of air pollution in individuals with active asthma and who reside in Glendora. The study involves periodic visits to our Glendora laboratory and the use of daily diaries and other unique devices to measure your breathing status. Subjects must be over the age of 7 years. A participation fee of $300 will be paid for completing the study.

For further information, please call_____or_____, Glendora-UCLA Pulmonary Research Laboratory,_____, Glendora, California_____.

Thank you for your interest and consideration.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

UCLA Environmental Effects Evaluation Program

SCHOOL OF PUBLIC HEALTH
LOS ANGELES, CALIFORNIA 90024

TO: Participants in the Glendora
Environmental Effects Evaluation Program

FROM: Roger Detels, M.D., Stanley Rokaw, M.D.,
Frank Massey, Ph.d., Donald Tashkin, M.D.,
Ms. Anne Coulson (Principal Investigators,
UCLA School of Public Health).

to Adults

RE: A new asthma study in Glendora

DATE: December 28, 1982

We wish to thank you for participating in our current "Environmental Effects Evaluation Program". Your participation has contributed greatly to our understanding and study of health effects of air pollution in the Los Angeles area.

Several of the UCLA investigators in the above project are now involved in a new and somewhat different type of research study, involving asthmatic individuals living in Glendora. These investigators (Henry Gong, Jr. M.D., Donald Tashkin, M.D., Gary Spivey, M.D., and Ms. Anne Coulson) are now inviting asthmatic subjects living in Glendora for possible participation. Since you may have bronchial asthma, (based on your responses in the previous questionnaire), we believe that you may qualify for this study. We thought that you would appreciate the opportunity to participate in this worthwhile study.

This new study is sponsored by the UCLA Department of Medicine (Pulmonary Disease Division) and the UCLA School of Public Health, with a grant from the California Air Resources Board, Sacramento, California.

The study will begin in January, 1983, for an 11 month study of effects of air pollution on asthmatic individuals living in Glendora. It will involve periodic visits to the Glendora UCLA Pulmonary Research laboratory at 535 Forestdale Avenue, Suite G, Glendora.

A participation fee of $300 will be paid to those who complete the required study schedule.

We will telephone you in the near future to discuss this new research project and your possible interest and participation. Should you wish to call the study office directly, please feel free to telephone Mr. John Dermand or Ms. Nancy Moore at (213) 914-4591 for further information.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

UCLA Environmental Effects Evaluation Program

SCHOOL OF PUBLIC HEALTH
LOS ANGELES, CALIFORNIA 90024

TO: Parents of participants in the Glendora Environmental Effects Evaluation Program

FROM: Roger Detels, M.D., Stanley Rokaw, M.D., Frank Massey, Ph.d., Donald Tashkin, M.D., Ms. Anne Coulson (Principal Investigators, UCLA School of Public Health).

to Parents

RE: A new asthma study in Glendora

DATE: January 5, 1983

We wish to thank you and your son for participating in our current "Environmental Effects Evaluation Program". Your participation has contributed greatly to our understanding and study of health effects of air pollution in the Los Angeles area.

Several of the UCLA investigators in the above project are now involved in a new and somewhat different type of research study, involving asthmatic individuals living in Glendora. These investigators (Henry Gong, Jr. M.D., Donald Tashkin, M.D., Gary Spivey, M.D., and Ms. Anne Coulson) are now inviting asthmatic subjects living in Glendora for possible participation. Since your son may have bronchial asthma, (based on his responses in the previous questionnaire), we believe that he may qualify for this study. We thought that your son would appreciate the opportunity to participate in this worthwhile study.

This new study is sponsored by the UCLA Department of Medicine (Pulmonary Disease Division) and the UCLA School of Public Health, with a grant from the California Air Resources Board, Sacramento, California.

The study will begin in January, 1983, for an 11 month study of effects of air pollution on asthmatic individuals living in Glendora. It will involve periodic visits to the Glendora UCLA Pulmonary Research laboratory at 535 Forestdale Avenue, Suite G, Glendora.

A participation fee will be paid to those who complete the required study schedule.

We will telephone you and your son in the near future to discuss this new research project and your son's possible interest and participation. Should you or your son wish to call the study office directly, please feel free to telephone Mr. John Dermand or Ms. Nancy Moore at (213) 914-4591 for further information.

As you know, the health effects of air pollution are of great concern to most people but particularly to those individuals with asthma. The UCLA investigators believe that this new asthma study will provide important insights and information about asthma and air pollution. We hope you and your son will support this effort to expand our knowledge in this area of asthma research.

Thank you for your consideration.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

UCLA Environmental Effects Evaluation Program

SCHOOL OF PUBLIC HEALTH
LOS ANGELES, CALIFORNIA 90024

TO: Participants in the Glendora
Environmental Effects Evaluation Program

to Minors

FROM: Roger Detels, M.D., Stanley Rokaw, M.D.,
Frank Massey, Ph.d., Donald Tashkin, M.D.,
Ms. Anne Coulson (Principal Investigators,
UCLA School of Public Health).

RE: A new asthma study in Glendora

DATE: January 5, 1983

We want to thank you for coming to our Glendora laboratory and taking part in our study of the health effects of air pollution.

We are about to begin a new research study involving people with asthma, who live in Glendora. Because you have told us that you have asthma symptoms, you may qualify for this study.

We would like the people taking part in our new study to give us information about their asthma for about 11 months starting in January, 1983. This will involve making short visits to our office in Glendora every 2 weeks for simple breathing tests. Study members must also record their asthma symptoms and medications in short diaries. A small breathing device will also be used at home every day to record your breathing which may change due to weather and air pollution.

For your help in our study we are offering a payment of $300 to those who qualify and complete the study.

One of our staff members, John Dermond or Nancy Moore, will be calling you and your parents to find out if you are interested and to answer any questions you have.

If you would like to call for more information, our office number is (213) 914-4591.

We look forward to speaking with you soon and thank you for your consideration.

As you know, the health effects of air pollution are of great concern to most people but particularly to those individuals with asthma. The UCLA investigators believe that this new asthma study will provide important insights and information about asthma and air pollution. We hope you will support this effort to expand our knowledge in this area of asthma research.

Thank you for your consideration.

American Lung Association The Christmas Seal People

of Los Angeles County
1670 West Beverly Boulevard, Los Angeles, California 90026
(213) 484-9300

TO: Participants in the Health Effects of Panelists Project

FROM: Stanley N. Rokaw, M.D., Medical Director
American Lung Association of Los Angeles County
(Co-Principal Investigator)

RE: Introducing a new asthma study in the Glendora-Azusa area.

I wish to acknowledge again your valued participation in our recently completed study, "Health Effects of Panelists" in Los Angeles County. Your participation has permitted an increased understanding of health effects possibly related to air pollution in residents of the Los Angeles area.

Several other UCLA investigators are taking a new and somewhat different research study involving asthmatic individuals living in the Glendora-Azusa area. These investigators (Henry Gong, M.D., Donald Tashkin, M.D., Gary Spivey, M.D., and Ms. Anne Coulson) have been recruiting subjects living in this area for possible participation. Their study is sponsored by the UCLA Department of Medicine (Pulmonary Disease Division) and the UCLA School of Public Health. It is an 11-month study of the effects of air pollution on lung function, specifically for individuals with active asthma who reside in the Glendora-Azusa area. The study will begin in January, 1983, and will involve periodic visits to the Glendora-UCLA research laboratory located at 535 Forestdale Avenue, Suite G, Glendora, California. A participation fee of $300 will be paid at the completion of the visits in this study.

With your experience in project participation during our previous study, they would like the opportunity of contacting you by telephone in the near future, to discuss this research project and your possible interest and participation. Should you wish to call the laboratory, please feel free to reach Mr. John Dermand or Ms. Nancy Moore at (213) 914-4591 on Tuesdays through Saturdays for further information; or let me know at the Lung Association office, 484-9300, extension 43. Thank you for your interest and consideration of this valuable opportunity to help expand our knowledge in this area of asthma research.

Yours truly,

Stanley N. Rokaw, M.D.

Stanley N. Rokaw, M.D.
Medical Director

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF MEDICINE
SCHOOL OF MEDICINE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

December 5, 1983

TO: Participants in the Glendora-UCLA Asthma Research Study

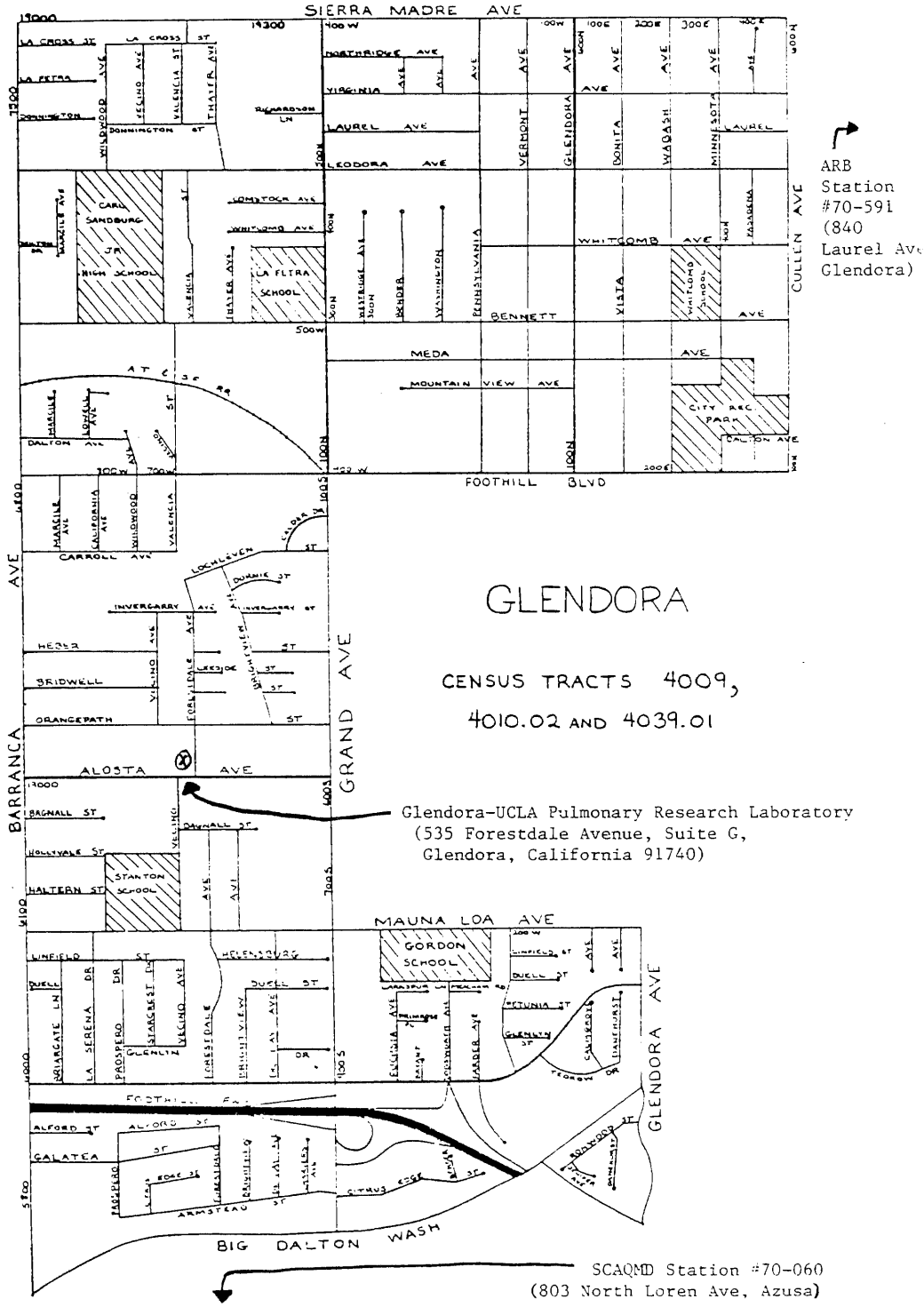
FROM: Henry Gong, Jr., M.D., Donald P. Tashkin, M.D., Gary H. Spivey, M.D., Ms. Anne Coulson, Mr. John Dermand, and Ms. Nancy Moore (UCLA Schools of Medicine and Public Health)

We wish to take this opportunity to thank you for your excellent and dedicated participation in the Glendora-UCLA Asthma Research Study. You made it! You are to be heartily congratulated for your many months of time and effort in this project. We hope that you may have learned more about your asthma and the effects of your medications and air pollution on your asthma during the study. Your important participation in the asthma study has provided new information about asthma and air pollution. Our task now is to analyze and interpret the enormous amount of collected data! If you so request, we would be pleased to send you a summary of our findings (probably during late 1984).

John Dermand and Nancy Moore will be closing the now familiar Glendora-UCLA Pulmonary Research Laboratory in Glendora on December 31, 1983. They will "miss you" since they have greatly enjoyed working with you. Like you, John and Nancy truly deserve special appreciation for their efforts from the UCLA investigators. Who knows? You may be seeing them again in another asthma-air pollution study in the future?!

As a final expression of our appreciation for your role in the asthma study, we have enclosed your well-deserved participation fee (UCLA check) which we hope will be useful during this holiday season! The entire UCLA team wish you a happy holiday season and a very healthy new year!

APPENDIX B


SIERRA MADRE AVE
FOOTHILL BLVD
GRAND AVE
BARRANCA AVE
GLENDORA AVE
CULLEN AVE
MAUNA LOA AVE
BIG DALTON WASH
GLENDORA
CENSUS TRACTS 4009, 4010.02 AND 4039.01
ARB Station #70-591 (840 Laurel Ave Glendora)
Glendora-UCLA Pulmonary Research Laboratory (535 Forestdale Avenue, Suite G, Glendora, California 91740)
SCAQMD Station #70-060 (803 North Loren Ave, Azusa)

Note: This page will be kept separate from the rest of the questionnaire.

GLENDORA-UCLA ASTHMA RESEARCH STUDY
BASELINE QUESTIONNAIRE (CONFIDENTIAL SHEET)

CORD UCLA I.D. [ ] [ ]

MLRL I.D. [ ]

Glendora I.D. [ ]

Interviewer _____ [ ]

Date Of Interview: [ ] MO [ ] DAY [ ] YEAR

Name: [ ] Last [ ] First [ ] MI

Sex: 1. Male [ ]
2. Female

Birthdate: [ ] MO [ ] DAY [ ] YEAR

Birthplace: City _____ State _____ (uncoded)

Current Street Address: [ ]

City [ ] Zip Code [ ]

Telephone Number: Home: [ ] [ ]

Work: [ ] [ ]

Subject's Current Physician: Name _____

Street _____

City _____ State ____ Zip Code _____

Telephone ( ) _____

Do we have your permission to notify the above physician
1) that you are participating in this study? [ ] NO [ ] YES
2) about any significant breathing abnormalities we may find during the study? [ ] NO [ ] YES

_____ Signature of Subject _____ Date

_____ Witness _____ Date

GLENDORA-UCLA ASTHMA RESEARCH STUDY
BASELINE QUESTIONNAIRE

GLENDORA I.D. [ ][ ][ ] 1 2 3

UCLA CORD I.D. [ ][ ][ ][ ][ ] 4 5 6 7 8 [ ][ ] 9 10

DATE OF INTERVIEW [ ][ ] 11 12 [ ][ ] 13 14 [ ][ ] 15 16

SEX: 1. MALE
2 FEMALE [ ] 17

BIRTH DATE: [ ][ ] 18 19 [ ][ ] 20 21 [ ][ ] 22 23

INFORMANT:
1. SUBJECT
2. PARENT
3. GUARDIAN
4. OTHER RELATIVE
5. OTHER _____ [ ] 24

RACE/ETHNICITY:
1. WHITE
2. BLACK
3. SPANISH SURNAME
4. CHINESE
5. JAPANESE
6. OTHER _____ [ ] 25

PREAMBLE: The purpose of this questionnaire is to find out more about your respiratory health and about factors which might affect your respiratory health. I will start by asking you some specific questions about breathing problems.

1. When you have respiratory (Breathing) problems, what is your major concern?

_____

_____

2. Has a doctor ever told you that you had asthma, chronic bronchitis, or emphysema? [ ] 26

1.NO
YES: 2.ASTHMA
3.CHRONIC BRONCHITIS
4.EMPHYSEMA
5.ASTHMA & BRONCHITIS
6.EMPHYSEMA & BRONCHITIS
7. ASTHMA & EMPHYSEMA
8. ALL OF THESE ILLNESSES

IF "NO", CODE ALL 9's for #3 AND GO TO #4. IF ANY "YES", GO TO #3

3. At what age was this first diagnosed by a doctor? ☐☐ 27 28

4. Do you cough on most days for as much as three months of the year? 1. NO 2. YES ☐ 29

5. Do you bring up phlegm, sputum, or mucus from your chest on most days for as much as 3 months of the year? (i.e., 3 months total out of the year)

1. NO 2. YES ☐ 30

6. Does your breathing ever sound wheezing or whistling?

1. NO 2. YES ☐ 31

7. In general, how frequently does your asthma occur during each month? (MARK "X" FOR EACH MONTH; USE CARD)

	1.NONE	2.RARE	3.OCC.	4.FREQ	5.VERY FREQ	
JAN.						☐ 32
FEB.						☐ 33
MAR.						☐ 34
APR.						☐ 35
MAY						☐ 36
JUNE						☐ 37
JULY						☐ 38
AUG.						☐ 39
SEPT.						☐ 40
OCT.						☐ 41
NOV.						☐ 42
DEC.						☐ 43

NOTE: RESPONSE EXPLANATION PAGE 4

NOTE:
1. NONE
2. RARELY =ONCE A MONTH
3. OCCASIONALLY =ONCE A WEEK OR EVERY 2-3 WEEKS
4. FREQUENTLY =EVERY OTHER DAY
5. VERY FREQUENTLY =DAILY ATTACKS
9. N/A

REGARDLESS OF DEGREE OF SEVERITY (DISCOMFORT)

8. In general, how discomforting (Severe) would you rate your asthma during each month? (MARK "X" FOR EACH MONTH; USE CARD)

	1. NON	2. VER MLD DIS	3. MLD DIS	4. MOD DIS	5. MOD SEV DIS	6. SEV DIS	7. VER SEV DIS		
JAN.									44
FEB.									45
MAR.									46
APR.									47
MAY									48
JUNE									49
JULY									50
AUG.									51
SEPT									52
OCT.									53
NOV.									54
DEC.									55

9. In general, how discomforting (severe) would you rate your asthma during the past 6 months?

1.NONE (NO PROBLEMS)
2.VERY MILD DISCOMFORT (MINIMAL PROBLEMS)
3.MILD DISCOMFORT
4.MODERATE DISCOMFORT
5.MODERATELY SEVERE DISCOMFORT (DISCOMFORT WITHOUT INTERFERENCE OF ROUTINE ACTIVITIES)
6.SEVERE DISCOMFORT (SOME INTERFERENCE OF ROUTINE ACTIVITIES BUT NOT INCAPACITATING)
7.VERY SEVERE DISCOMFORT (INTOLERABLE)

☐ 56

10. In general, how frequently have you been bothered by your asthma during the past 6 months?

1.NOT AT ALL
2.ONCE
3.ONCE EVERY 2-3 MONTHS
4.ONCE A MONTH
5.ONCE EVERY 2-3 WEEKS
6.ONCE OR TWICE A WEEK
7.EVERY OTHER DAY
8.DAILY (EVERYDAY)

☐ 57

11. When you are bothered by your asthma, are you usually bothered more during the day or during the night?

1.DAY
2.NIGHT
3.BOTH THE SAME

☐ 58

Which of the following will usually start an asthma attack? (EACH ITEM IS A SEPERATE QUESTION)

(1=NO; 2=NOT SURE (MAYBE); 3=YES)

12. Infections (Cold, flu, etc.) ☐ 59

13. Tension, stress, or anxiety ☐ 60

14. Exercise ☐ 61

15. Bad air pollution or smog ☐ 62

16. Certain drugs (Specify) _____ _____ ☐ 63

17. Certain foods (Specify) _____ _____ ☐ 64

18. Cold air ☐ 65

19. Animals or animal materials (Specify) _____ _____ ☐ 66

20. Plants, pollens, etc.(Specify) _____ _____ ☐ 68

21. Other (Specify) _____ _____ _____ ☐ 69

22. Are there times you have asthma attacks for unknown reasons?

    1.NO
    2.NOT SURE (MAYBE)
    3.YES

70

23. In what way (how) do your emotions or feelings affect your asthma? (CIRCLE ONE)

    Would you say they....
    1. definitely improve your asthma?
    2. maybe improve your asthma?
    3. both worsen and improve your asthma?
    4. have no effect on your asthma?
    5. maybe worsen your astnma?
    6. definitely worsen your asthma?

71

IF "NO EFFECT" CODE 9 FOR #24 AND GO TO #25. IF ANY EFFECTS, GO TO #24.

24. How would you rate this effect? (CIRCLE ONE)

    1. Trivial (very minor)
    2. Mild
    3. Moderate
    4. Strong
    5. Very Strong
    9. (N/A)

72

25. In what way (how) does air pollution affect your asthma? (CIRCLE ONE)

Would you say it....

1. definitely improves your asthma?
2. maybe improves your asthma?
3. both worsens and improves your asthma?
4. has no effect on your asthma?
5. maybe worsens your asthma?
6. definitely worsens your asthma?

73

IF "NO EFFECT", CODE 9 FOR #26 AND GO TO #27.
IF AN EFFECT, GO TO #26.

26. How would you rate this effect? (CIRCLE ONE)

1. Trivial (very minor)
2. Mild
3. Moderate
4. Strong
5. Very Strong
9. (N/A)

74

CARD NO. 80

UCLA-GLENDORA I.D. 1 2 3

27. What anti-asthma medications are your taking (regulary or as needed)?

	MEDICATION (BRAND NAME)	ROUTE	STRENGTH	FREQUENCY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(USE DICTIONARY FOR MEDICATIONS)

MED.		PHYSICIAN FREQUENCY			PATIENT FREQUENCY
1.	4 5 6	7 8	9	10 11	12
2.	13 14 15	16 17	18	19 20	21
3.	22 23 24	25 26	27	28 29	30
4.	31 32 33	34 35	36	37 38	39

(40 to 79 Blank)

CARD NO. 80

UCLA-GLENDORA I.D. 1 2 3

5.	4 5 6	7 8	9	10 11	12
6.	13 14 15	16 17	18	19 20	21
7.	22 23 24	25 26	27	28 29	30
8.	31 32 33	34 35	36	37 38	39

(40 to 51 Blank)

28. How often have you been in contact with a physician for your asthma during the past year?
    (RECORD NUMBER OF TIMES) _____ 52 53

29. When was the last time you contacted a physician for your asthma?

    1.OVER 2 YEARS AGO
    2.WITHIN THE PAST 2 YEARS
    3.WITHIN THE PAST YEAR
    4.WITHIN THE PAST 6 MONTHS
    5.WITHIN THE PAST 3 MONTHS
    6.WITHIN THE PAST MONTH
    7.WITHIN THE PAST 2-3 WEEKS
    8.WITHIN THE PAST WEEK

    54

30. Over the past year, how often have you visited an emergency room for your asthma?

    1.NONE (SKIP TO #31)
    2.ONCE
    3.TWICE
    4.3 TIMES
    5.4 TIMES
    6.5 TIMES
    7. MORE THAN 5 TIMES

    55

    (IF ONCE OR MORE)
    Where did you go?(CITY)

    _____

    _____

    _____ (UNCODED)

IF ANSWER IS "ONCE OR MORE", CODE 9 FOR #31 AND GO TO #32.

31. When was the last time you visited an emergency room for your asthma?

1. NEVER
2. OVER 5 YEARS AGO
3. OVER 4 YEARS AGO
4. OVER 3 YEARS AGO
5. OVER 2 YEARS AGO
6. 1 1/2 TO 2 YEARS AGO
7. WITHIN 1 1/2 YEARS AGO

☐ 56

32. Over the past year, how often have you been hospitalized for your asthma?

1. NONE (SKIP TO #33)
2. ONCE
3. TWICE
4. 3 TIMES
5. 4 TIMES
6. 5 TIMES
7. MORE THAN 5 TIMES
9. N/A

☐ 57

(IF ONCE OR MORE)

Where were you hospitalized? (CITY)

_____

_____

IF "NONE", GO TO #33
IF "ONCE OR MORE", CODE ALL 9's FOR #33 and go TO #34

33. When was the last time you have been hospitalized for your asthma?

1. NEVER
2. OVER 5 YEARS AGO
3. OVER 4 YEARS AGO
4. OVER 3 YEARS AGO
5. OVER 2 YEARS AGO
6. 1 1/2 TO 2 YEARS AGO
7. WITHIN 1 1/2 YEARS AGO
9. N/A

☐ 58

34. Have you ever had skin tests to diagnose allergies? (prick, scratch, or intradermal skin tests)

1. NO
2. NOT SURE
3. YES (IF YES) what year? _____

59

IF "NO", CODE 9 FOR #35 AND GO TO #36. IF "NOT SURE" OR "YES", GO TO #35.

35. Were the results positive or negative?

1. NEGATIVE
2. NOT SURE
3. POSITIVE

What did you react to: _____

_____

_____

60

36. Do you now have an allergic disease other than asthma?

1. NO
YES
2. ECZEMA
3. HAYFEVER
4. HIVES
5. ALLERGIC CONJUNCTIVITIS
6. SINUS PROBLEMS
7. OTHER (SPECIFY) _____
8. COMBINATIONS (SPECIFY)

_____

61

IF "NO", CODE 9 FOR #37 TO #40.
IF "YES", GO TO #37

37. In general, how frequently does your allergic problem (other than asthma) occur during each month? (MARK "X" EACH MONTH; USE CARD)

	1. NONE	2. RARE	3. OCC.	4. FREQ	5. VERY FREQ	
JAN.						☐ 62
FEB.						☐ 63
MAR.						☐ 64
APR.						☐ 65
MAY						☐ 66
JUNE						☐ 67
JULY						☐ 68
AUG.						☐ 69
SEPT.						☐ 70
OCT.						☐ 71
NOV.						☐ 72
DEC.						☐ 73

NOTE:
1. NONE
2. RARELY =ONCE A MONTH
3. OCCASIONALLY =ONCE A WEEK OR EVERY 2-3 WEEKS
4. FREQUENTLY =EVERY OTHER DAY
5. VERY FREQUENTLY =DAILY ATTACKS
9. N/A

REGARDLESS OF DEGREE OF SEVERITY (DISCOMFORT)

38. Does your allergic problem (excluding asthma) worsen your asthma?

1. NO
2. NOT SURE (MAYBE)
3. YES
9. N/A

74

IF "YES" OR "NOT SURE", GO TO #39. IF "NO", CODE 9 FOR #39 AND GO TO #40.

39. How would you rate this effect?

CIRCLE ONE:
1. Trivial (very minor)
2. Mild
3. Moderate
4. Strong
5. Very Strong

75

40. Do you now take medicine or other treatment for your allergic problem (other than asthma)?

1. NONE
2. ANTIHISTAMINES AND/OR DECONGESTANTS (TABLETS, SPRAY, DROPS)
3. HYPOSENSITIZATION INJECTIONS ("ALLERGY SHOTS")
4. STEROIDS (TABLETS OR INHALER)
5. 2 AND 3
6. 2 AND 4
7. 3 AND 4
8. ALL THREE (2,3,4,)
9. OTHER (SPECIFY)

76 77

_____

_____

10. OTHER AND ONE OR MORE OF THE ABOVE (SPECIFY)

_____

_____

99. N/A

41. During the past year, how often have you had a cold or flu?

1. NONE
2. ONCE
3. TWICE
4. 3 TIMES
5. 4 TIMES
6. 5 TIMES
7. MORE THAN 5 TIMES

☐ 78

42. When was your last cold or flu?

1. OVER 5 YEARS AGO
2. OVER 4 YEARS AGO
3. OVER 3 YEARS AGO
4. OVER 2 YEARS AGO
5. 1 1/2 TO 2 YEARS AGO
6. WITHIN 1 1/2 YEARS AGO

☐ 79

CARD NO. ☐ 80

UCLA-GLENDORA I.D. ☐☐☐ 1 2 3

43. Does a cold or flu worsen your asthmatic condition?

1. NO
2. NOT SURE (MAYBE)
3. YES

☐ 4

44. Do you now smoke cigarettes or other tobacco products regularly, occasionally, or not at all?

1. NOT AT ALL
2. OCCASIONALLY (ONCE OR TWICE A WEEK)
3. REGULARLY (DAILY)

[ ] 5

IF "NO" CODE 9 FOR #45 AND GO TO #46.
IF "YES" GO TO #45.

45. Which do you now smoke?

1. CIGARETTES
2. CIGARS
3. PIPE TOBACCO
4. 1 AND 2
5. 1 AND 3
6. 2 AND 3
7. ALL THREE
9. N/A

[ ] 6

46. Have you ever smoked more than one cigarette per day on a regular basis for at least one year?

1. YES
2. NO

[ ] 7

IF "NO" SKIP TO #48.
IF "YES", GO TO #47.

47. At what age did you first start smoking more than one cigarette per day on a regular basis for at least one year? (RECORD IN COLUMN X LINE 1 OF CHART BELOW)

A. At that age, approximately how many cigarettes did you smoke per day (RECORD IN COLUMN Y OF CHART)

B. Up to what age did you (smoke this amount on a regular basis/not smoke)?

> RECORD IN COLUMN X LINES 2-5 AS APPROPRIATE. GO BACK AND ASK Q47A AND RECORD IN COLUMN Y. CONTINUE TO ASK Q47A AND 47B UNTIL YOU HAVE REACHED RESPONDENT'S CURRENT AGE.

RESPONDENTS CURRENT AGE _____

		X. AGE	Y. # CIG. PER DAY	X.	Y.
START AGE	1.			8 9	10 11
	2.			12 13	14 15
	3.			16 17	18 19
	4.			20 21	22 23
	5.			24 25	26 27

TOTAL NUMBER CIGARETTES 28 29

TOTAL NUMBER YEARS 30 31

48. Have you ever had lung surgery or a chest injury?

1. NO
2. LUNG SURGERY
3. CHEST TRAUMA
4. 2 AND 3 (SPECIFY ABOVE)
5. NOT SURE (MAYBE) SPECIFY _____

_____

_____

32

49. Are you presently employed?

NO: 1 = STUDENT (22 OR UNDER)
2 = STUDENT (22+)
3 = HOUSEWIFE
4 = RETIRED FOR HEALTH REASON
5 = RETIRED
6 = UNEMPLOYED

YES: 7 = PART-TIME
8 = FULL-TIME

33

50. What is your present occupation? (or most recent occupation if you have been employed within the past 5 years). CODE 9'S IF NOT EMPLOYED DURING PAST 5 YEARS)

a. Kind of business or industry _____ (UNCODED)

b. Kind of work done _____ (UNCODED)

c. Dates of present employment:

From _____ To _____ NO. OF YEARS

34 35

(IF NOT PRESENTLY EMPLOYED, CODE 9'S FOR #51 AND #52 AND GO TO #53)

51. How far do you live from your place of work? [| |] 36 37 38

(RECORD NUMBER OF MILES ONE WAY)

52. How much time do you spend traveling to and from work each day? [| |] 39 40 41

(RECORD TIME IN MINUTES)

53. How long have you lived at your current residence? [|] 42 43

(IF LESS THAN ONE YEAR, CODE ALL 9'S AND WRITE NUMBER OF MONTHS HERE: _____)

54. Have you ever worked at a job in which you noticed changes in your breathing ability? (e.g., shortness of breath, more coughing or sneezing than usual, greater incidence of chest colds?)

1. NO
2. NOT SURE (MAYBE)
3. YES

[ ] 44

(IF "NO" CODE ALL 9'S FOR REMAINDER OF QUESTION.
IF "YES":

Kind of business or industry: (UNCODED)

_____

Kind of work done: (UNCODED)

_____

Dates of employment: From ____ To ____ NO. OF YEARS [|] 45 46

INTERVIEWER:

I am going to ask you a few questions about your response to air pollution.

55. In general, does air pollution affect you in any way?

1. NO
2. NOT SURE (MAYBE)
3. YES

47

IF "NO", CODE ALL 9'S FOR #56 AND #57 AND GO TO #58.
IF "YES" OR "NOT SURE", GO TO #56

56. How much would you say air pollution affects you?

Is the effect .....

1. Trivial (very minor)
2. Mild
3. Moderate
4. Strong
5. Very Strong

48

Which of these do you usually experience in response to air pollution? (You may indicate more than one.)

1. No 2. Not sure 3. Yes

57. Sore throat ☐ 47

58. Runny nose ☐ 48

59. Sneezing ☐ 49

60. Sinus irritation ☐ 50

61. Wheezing ☐ 51

62. Coughing ☐ 52

63. Breathlessness ☐ 53

64. Chest tightness ☐ 54

65. Eye irritation ☐ 55

66. Headache ☐ 56

67. Tiredness ☐ 57

68. Depression ☐ 58

69. Nervousness ☐ 59

70. Other _____ ☐ 60

71. In general, how may hours do you spend indoors on most days during the following times of the year?

a. Winter (DECEMBER, JANUARY, FEBRUARY) ☐☐ 61 62

b. Spring (MARCH, APRIL, MAY) ☐☐ 63 64

c. Summer (JUNE, JULY, AUGUST) ☐☐ 65 66

d. Fall (SEPTEMBER, OCTOBER, NOVEMBER) ☐☐ 67 68

72. Does smog affect the number of hours you spend indoors?

1. NO
   YES, do you spend more or less time indoors? ☐ 69

   2. YES, MORE TIME
   3. YES, LESS TIME

THANK YOU .....

CARD NO. ☐ 80

73. Do you presently have any type of air conditioner, humidifier, or filter system in your home?

YES: 1. air conditioner
2. humidifier
3. filter
4. humidifier and air conditioner
5. air conditioner and filter
6. humdifier and filter
7. all three

NO: 9. None of the three

70

74. If yes to #73, how often do you use it?

1. Rarely
2. Summer only, occasional
3. Summer only, often
4. Year-round, occasional
5. Year-round often
9. N/A

71

75. What type of heating system do you have in your home?

1. Forced air
2. Radiant
3. Floor or wall unit
4. Electric
5. Other_____
6. Don't know

72

76. What kind of fuel is used in your heating system?

1. Oil
2. Natural gas
3. Bottled gas
4. Electricity
5. Other_____
6. Don't know

73

77. What kind of fuel do you use for cooking (stove)?

2. Natural gas
4. Electricity
6. Don't know

74

78. Are there any smokers in your household (excluding yourself)?

0 = None
1 = 1 Smoker
2 = 2 Smokers

75

79. Are you exposed to smokers in a confined area at your work?

0 = No
1 = Yes

76

80. Subject's maximum education:

1. Grade school
2. Some high school
3. High school graduate
4. Some college
5. Bachelor degree
6. Masters degree
7. Doctorate

77

81. People in household:

Relationship	Age	Occupation	Max. Education
a.			
b.			
c.			
d.			
e.			

82. Total annual household income:

1. Less than $5,000
2. 5,000 - 9,999
3. 10,000 - 14,999
4. 15,000 - 19,999
5. 20,000 - 24,999
6. 25,000 - 29,999
7. 30,000 - 34,999
8. 35,000 - 39,999
9. 40,000 - 44,999
10. 45,000 - 49,999
11. 50,000 - 54,999
12. 55,000 - 59,999
13. Greater than or equal to 60,000
14. Don't know

78 79

Thank you.....

Card No. 80

GLENDORA–UCLA ASTHMA RESEARCH STUDY

WEEKLY DIARY FORM

NAME: _____

CODE: _____

Date this diary started _____ Month Day Year

1	2	3	4	5	6	7
NONE	VERY MILD	MILD	MODERATE	MODERATELY SEVERE	SEVERE	VERY SEVERE

INSTRUCTIONS: Please rate your symptoms below for the degree of discomfort (severity) each one caused you, using this seven-point scale:

GRADING SCALE FOR SYMPTOMS (Degree of discomfort)

1 = None (did not occur)
2 = Very mild discomfort
3 = Mild discomfort
4 = Moderate discomfort
5 = Moderately severe discomfort
6 = Severe discomfort
7 = Very severe incapacitating discomfort

	Sx1	Sx2
NIGHT		
DAY		

NIGHT RATING Enter Night Ratings on WAKING in the morning.

DATE							
DAY							
WHEEZING							
SHORTNESS OF BREATH							
CHEST TIGHTNESS							
COUGHING							
SPUTUM PRODUCTION							
TENSION OR ANXIETY							
ANY OTHER (Specify)							
ANY OTHER (Specify)							
OVERALL ASTHMA RATING							
TIMES AWAKENED BY ASTHMA							
AVERAGE DURATION OF ATTACKS (No. of hours)							
PEAK FLOW GAUGE READINGS (MORNING) 1							
2							
3							

DAY RATING Enter Day Ratings just before RETIRING for the night.

DATE							
DAY							
WHEEZING							
SHORTNESS OF BREATH							
CHEST TIGHTNESS							
COUGHING							
SPUTUM PRODUCTION							
TENSION OR ANXIETY							
ANY OTHER (Specify)							
ANY OTHER (Specify)							
OVERALL ASTHMA RATING							
NUMBER OF ASTHMA ATTACKS							
AVERAGE DURATION OF ATTACKS (No. of hours)							
PEAK FLOW GAUGE READINGS (EVENING) 1							
2							
3							

WEEKLY DIARY FORM (Cont.)

NAME: _____

CODE: _____

Date this diary started: _____
Month Day Year

CURRENT ANTI-ASTHMA and ALLERGY MEDICATIONS

TOTAL NUMBER OF DOSES FOR EACH DAY
(Fill out during evening measurements)

MEDICATION	DATE / DAY							CODE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

TECHNICAL PROBLEMS

Please record any problems, malfunction, or accidents that you may have encountered with either your peak flow meter or your inhaler-Nebulizer Chronolog. Also, please call us so that we may assist you or replace your instrument.

Date	Time	Problem**

** For example, peak flow meter does not work; inhaler is accidently dropped, activated, or immersed in water

THANK YOU, PLEASE RETURN THIS COMPLETED FORM TO THE
GLENDORA-UCLA PULMONARY RESEARCH LABORATORY
Phone: (213) 914-4591

GLENDORA-UCLA ASTHMA RESEARCH STUDY
BI-WEEKLY QUESTIONNAIRE

NAME_____

CODE_____ (1-3)

DATE_____ (4-9)
month day year

1. Have you had a cold or flu since your last visit here? ☐ (10)

1. No 2. Not sure 3. Yes

If yes, when did it begin? (month/day) ☐☐ ☐☐ (11-14)

when did it end? (month/day) ☐☐ ☐☐ (15-18)
(if not over yet, code 9's)

2. Have you had any of the following symptoms since your last visit here and when?

1. No 2. Not sure 3. Yes (coded in boxes)

(Record dates on line -- not coded)

Sore throat_____	☐	(19)	Headache_____	☐	(25)
Running nose_____	☐	(20)	Tiredness_____	☐	(26)
Sneezing_____	☐	(21)	Depression_____	☐	(27)
Sinus irritation_____	☐	(22)	Nervousness_____	☐	(28)
Eye irritation_____	☐	(23)	Muscles aches_____	☐	(29)
Fever_____	☐	(24)	Other (describe)_____	☐	(30)

3. If you have hay fever, has it been worse since your last visit here?

1. No 2. Not sure 3. Yes
9. Not applicable (Subject never has hay fever) ☐ (31)

4. Has anything made your asthma worse since your last visit here? ☐ (32)

1. No 2. Not sure 3. Yes

If yes, what made your asthma worse? _____ ☐☐ (33-34)
(Write cause in space and record code in box; see code list)

5. Has anything made your asthma better since your last visit here? ☐ (35)

1. No 2. Not sure 3. Yes

If yes, what made your asthma better? _____ ☐☐ (36-37)
(Write cause in space and record code in box; see code list)

BI-WEEKLY QUESTIONNAIRE

If an asthma attack with a rating of 6 or 7 is reported on the diary, ask question #6. If not, code 9's for #6 and go to #7.

6. I am going to ask you about your worst asthma attack since your last visit here.

Date (from diary): ☐☐ month ☐☐ day (38-41)

Time (1. Day 2. Night) ☐ (42)

What was your tension or anxiety level just before this attack? (Rated 1 - 7, 1=lowest, 7=highest) ☐ (43)

Did you need to contact a physician or go to an emergency room for this asthma attack?

1. No 2. Contact a physician 3. Go to emergency room ☐ (44)

[1] (80) (dup 1-9)

7. Did you travel outside the area on the map for most of the afternoon on any day since your last visit here (other than your routine travel)?

1. No 2. Yes ☐ (10)

If yes, which days?

	month	day			month	day	
1.	☐☐	☐☐	(11-14)	6.	☐☐	☐☐	(31-34)
2.	☐☐	☐☐	(15-18)	7.	☐☐	☐☐	(35-38)
3.	☐☐	☐☐	(19-22)	8.	☐☐	☐☐	(39-42)
4.	☐☐	☐☐	(23-26)	9.	☐☐	☐☐	(43-46)
5.	☐☐	☐☐	(27-30)	10.	☐☐	☐☐	(47-50)

8. On the average, how many hours a day did you spend outdoors in the afternoon (12 - 6 PM) since your last visit here?

a.) On weekdays (or work-days): ☐☐ (51-52)

b.) On weekends (or off-days): ☐☐ (53-54)

9. Do you have any other comments?

1. No 2. Yes ☐ (55)

If yes, record here _____

Additional comments by interviewer?

1. No 2. Yes ☐ (56)

If yes, record here _____

[2] (80)

Asthma Symptom Checklist

Name_____ Date_____

Age_____ Sex_____ Patient Number_____

The following is a list of things sometimes associated with asthma attacks. For each item, please circle the number which indicates whether it Never (1), Almost Never (2), Sometimes (3), Almost Always (4), or Always (5) applies to your asthma. REMEMBER: Respond to each item of this list in regard to its ability to describe how you feel during an asthma attack.

		Never	Almost Never	Sometimes	Almost Always	Always
1.	Cramps.....	1	2	3	4	5
2.	Panting.....	1	2	3	4	5
3.	Numb.....	1	2	3	4	5
4.	Mucous Congestion.....	1	2	3	4	5
5.	Cranky.....	1	2	3	4	5
6.	Irritable.....	1	2	3	4	5
7.	Hard to Breathe.....	1	2	3	4	5
8.	Headache.....	1	2	3	4	5
9.	Edgy.....	1	2	3	4	5
10.	Frightened.....	1	2	3	4	5
11.	Uncomfortable.....	1	2	3	4	5
12.	Short of Breath.....	1	2	3	4	5
13.	Chest Congestion.....	1	2	3	4	5
14.	Afraid of Being Left Alone.	1	2	3	4	5
15.	Afraid of Dying.....	1	2	3	4	5
16.	Frustrated with Things.....	1	2	3	4	5
17.	Heart Pounding.....	1	2	3	4	5
18.	Dizzy.....	1	2	3	4	5
19.	Rapid Breathing.....	1	2	3	4	5

		Never	Almost Never	Sometimes	Almost Always	Always
20.	WORN OUT.....	1	2	3	4	5
21.	PANICKY.....	1	2	3	4	5
22.	WEAK.....	1	2	3	4	5
23.	PINS AND NEEDLES FEELINGS..	1	2	3	4	5
24.	DON'T CARE ABOUT THINGS....	1	2	3	4	5
25.	FEEL ISOLATED.....	1	2	3	4	5
26.	WHEEZY.....	1	2	3	4	5
27.	WORRIED ABOUT THE ATTACK...	1	2	3	4	5
28.	ANGRY.....	1	2	3	4	5
29.	TINGLY IN SPOTS.....	1	2	3	4	5
30.	CHEST TIGHTENING.....	1	2	3	4	5
31.	TIRED.....	1	2	3	4	5
32.	SCARED.....	1	2	3	4	5
33.	FURIOUS.....	1	2	3	4	5
34.	NERVOUS.....	1	2	3	4	5
35.	FATIGUED.....	1	2	3	4	5
36.	FEEL HELPLESS.....	1	2	3	4	5
37.	CHEST FILLING UP.....	1	2	3	4	5
38.	SHORT TEMPERED.....	1	2	3	4	5
39.	LONELY.....	1	2	3	4	5
40.	WORRIED.....	1	2	3	4	5
41.	CHEST PAIN.....	1	2	3	4	5
42.	EXHAUSTED.....	1	2	3	4	5
43.	MAD AT THE WORLD.....	1	2	3	4	5
44.	COUGHING.....	1	2	3	4	5

	Never	Almost Never	Sometimes	Almost Always	Always
45. No Energy.....	1	2	3	4	5
46. Unhappy.....	1	2	3	4	5
47. Worried About Myself.....	1	2	3	4	5
48. Concerned About Asthma.....	1	2	3	4	5
49. Concerned in General.....	1	2	3	4	5
50. Feel Ignored.....	1	2	3	4	5

NAME: _____

SEX: _____

20 P-F

If a statement is TRUE or MOSTLY TRUE, as applied to you, circle the T before the statement. If a statement is FALSE or NOT USUALLY TRUE, as applied to you, circle the F before the statement.

T F 1. At times I have fits of laughing and crying that I cannot control.

T F 2. No one seems to understand me.

T F 3. I have never been in trouble because of my sex behavior.

T F 4. My feelings are not easily hurt.

T F 5. I would like to be a singer.

T F 6. The sight of blood neither frightens me nor makes me sick.

T F 7. Often I can't understand why I have been so cross and grouchy.

T F 8. I do not always tell the truth.

T F 9. I frequently have to fight against showing that I am bashful.

T F 10. I am worried about sex matters.

T F 11. My hands have not become clumsy or awkward.

T F 12. I am an important person.

T F 13. I frequently find myself worrying about something.

T F 14. I am more sensitive than most other people.

T F 15. I am not afraid of fire.

T F 16. I am not unusually self-conscious.

T F 17. I would like to be a soldier.

T F 18. I have had no difficulty starting or holding my urine.

T F 19. I feel like giving up quickly when things go wrong.

T F 20. I sometimes feel that I am about to go to pieces.

SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM X-1

NAME _____ DATE _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *feel* right now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	①	②	③	④
2. I feel secure	①	②	③	④
3. I am tense	①	②	③	④
4. I am regretful	①	②	③	④
5. I feel at ease	①	②	③	④
6. I feel upset	①	②	③	④
7. I am presently worrying over possible misfortunes	①	②	③	④
8. I feel rested	①	②	③	④
9. I feel anxious	①	②	③	④
10. I feel comfortable	①	②	③	④
11. I feel self-confident	①	②	③	④
12. I feel nervous	①	②	③	④
13. I am jittery	①	②	③	④
14. I feel "high strung"	①	②	③	④
15. I am relaxed	①	②	③	④
16. I feel content	①	②	③	④
17. I am worried	①	②	③	④
18. I feel over-excited and "rattled"	①	②	③	④
19. I feel joyful	①	②	③	④
20. I feel pleasant	①	②	③	④

CONSULTING PSYCHOLOGISTS PRESS
577 College Avenue, Palo Alto, California 94306

SELF-EVALUATION QUESTIONNAIRE

STAI FORM X-2

NAME _____ DATE _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21. I feel pleasant	①	②	③	④
22. I tire quickly	①	②	③	④
23. I feel like crying	①	②	③	④
24. I wish I could be as happy as others seem to be	①	②	③	④
25. I am losing out on things because I can't make up my mind soon enough	①	②	③	④
26. I feel rested	①	②	③	④
27. I am "calm, cool, and collected"	①	②	③	④
28. I feel that difficulties are piling up so that I cannot overcome them	①	②	③	④
29. I worry too much over something that really doesn't matter	①	②	③	④
30. I am happy	①	②	③	④
31. I am inclined to take things hard	①	②	③	④
32. I lack self-confidence	①	②	③	④
33. I feel secure	①	②	③	④
34. I try to avoid facing a crisis or difficulty	①	②	③	④
35. I feel blue	①	②	③	④
36. I am content	①	②	③	④
37. Some unimportant thought runs through my mind and bothers me	①	②	③	④
38. I take disappointments so keenly that I can't put them out of my mind	①	②	③	④
39. I am a steady person	①	②	③	④
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	①	②	③	④

Copyright © 1968 by Charles D. Spielberger. Reproduction of this test or any portion thereof by any process without written permission of the Publisher is prohibited.

APPENDIX C

Example of a pollen-spore report:

Rod Pair Numbers	Date and time rods placed on sampler.	Date and time rods removed from sampler.	Initials of person changing rods.	REMARKS
1	7 30 Am 5-24	7 30 Am 5-25	KTM	
2	7 30 Am 5-25	7 30 am 5-26	KTM	
3	7 30 Am 5-26	7 [illegible] 5-27	KTM	
4	7 30 Am 5-27	11 00 am 5-28	KTM	
5	11 00 Am 5-28	3 30 Am 5-29	KTM	
6	3 30 Am 5-29	7 45 Am 5-30	KTM	

These rods have been pre-coated on surface with black dot. Place rods in sampling device so that surface with black dot will impact the atmosphere when machine is turned on. Handle rods carefully so as not to disturb material on impact surface.

Please fill out information on sheet pertaining to time and date each pair of rods is placed on sampler and any pertinent remarks. Return sheet by wrapping it around the rod transfer and storage cylinder and place both cylinder and sheet into mailing tube provided.

00002910
ASSET

Estimated and Actual Count Per Sq. Cm. 1983	DATE 5/24–25	5/25–26	5/26–27	5/27–28	5/28–29	5/29–30
Family:						
1. Aceraceae (Box Elder, Maple type)						
2. Fagaceae (Oak, Beech type)	60	140	360	120	100	40
3. Hamamelidaceae Genus: Liquidambar						
4. Juglandaceae Genus: Juglans						
5. Leguminosae Genus: Acacia						
6. Magnolicaceae						
7. Corylaceae (Alder type)						
(Birch-Hazel type)						
8. Oleaceae Genus: Fraxinus (Ash)						
Genera: Ligustrum, Olea	60	100	120	100	120	
9. Platanaceae Genus: Platanus (Sycamore)						
10. Salicaceae Genus: Populus (Cottonwood-Aspen)						
11. Tiliaceae Genus: Tilia						
12. Ulmaceae Genus: Ulmus (Elm)						
13. Urticaceae (Mulberry, Nettle, Hemp.)	180	160	120	140	20	200
14. Myrtaceae Genus: Eucalyptus	40		20	20	40	20
15. Typhaceae Genus: Typha (Cattail)						
16. Pologonaceae Genus: Rumex						
17. Plantaginaceae Genus: Plantago (Plantain)						
18. Cyperaceae						
19. Amaranthaceae and Chenopodiaceae (Russian thistle, Lambs quarters, Pigweed type)				40		
20. Compositae Genus: Ambrosia (Ragweed, Marshelder type)	20	320	440	140	20	60
Genus: Artemesia (Mugwort, Sagebrush type)						
Other Compositae Genera						
21. Gramineae (Grasses)	40	120	240	200	360	120
22. Other *Pitosporum like*	60	60	260	240	500	100
23. Other				20	40	
Gymnosperms						
Family:						
1. Cupressaceae (Juniper-cypress)						
2. Taxodiaceae (Redwood type)						
3. Pinaceae (Pine-Spruce-Cedar)	40	40		40		
" (Thuga type)						
4. Podocarpaceae (winged)						
5. Other						
6. Other						

ESTIMATED AND ACTUAL COUNTS PER SQ. CM.	DATE 1983	5/24-25	5/25-26	5/26-27	5/27-28	5/28-29	5/29-30		
Class: Basidiomycetes									
Order: Agaricales									
Family:									
1. Agaricaceae									
2. Boletaceae									
Order: Lycoperdales									
Family:									
1. Lycoperdaceae									
Order: Uredinales		260	40	340	200	300	340		
Order: Ustilaginales					60	100	200		
Order: Polyporales									
Family:									
1. Polyporaceae									
Other Basidiomycetes		860	1820	1800	1600	820	900		
Class: Ascomycetes									
Order: Sphaeriales									
Family:									
1. Chaetomiaceae									
Order: Hypocreales									
Family:									
1. Nectriaceae									
Other Ascomycetes using Saccardo system									
A.									
B.									
C.									
Class: Fungi Imperfecti									
Order: Moniliales									
Family: Moniliaceae									
Genera:									
a. Penicillium									
b. Aspergillus				40					
c. Scopulariopsis									
d. Other									
Family: Dematiaceae									
Genera:									
a. Hormodendrum		80	120	160		100	80		
b. Alternaria		60	80	120	160	140	60		
c. Stemphillium						20			
d. Helminthosporium		20	80		40		20		
e. Pullularia									
f. Curvularia									
g. Torula									
h. Other									
Family: Tuberculariaceae									
Genera:									
a. Epicoccum		80	80	120	20	20	60		
b. Fusarium									
c. Other									
Miscellaneous:									
1. Algal cells									
2. Lichen									
3. Insect parts									
4. Fern, fern allies									
5. Other Moss like				300					

HOW-I-FEEL QUESTIONNAIRE

Developed by C. D. Spielberger, C. D. Edwards, J. Montuori and R. Lushene

STAIC FORM C-1

NAME _____ AGE _____ DATE _____

DIRECTIONS: A number of statements which boys and girls use to describe themselves are given below. Read each statement carefully and decide how you feel *right now*. Then put an X in the box in front of the word or phrase which best describes how you feel. There are no right or wrong answers. Do not spend too much time on any one statement. Remember, find the word or phrase which best describes how you feel right now, *at this very moment.*

1.	I feel	☐	very calm	☐	calm	☐	not calm
2.	I feel	☐	very upset	☐	upset	☐	not upset
3.	I feel	☐	very pleasant	☐	pleasant	☐	not pleasant
4.	I feel	☐	very nervous	☐	nervous	☐	not nervous
5.	I feel	☐	very jittery	☐	jittery	☐	not jittery
6.	I feel	☐	very rested	☐	rested	☐	not rested
7.	I feel	☐	very scared	☐	scared	☐	not scared
8.	I feel	☐	very relaxed	☐	relaxed	☐	not relaxed
9.	I feel	☐	very worried	☐	worried	☐	not worried
10.	I feel	☐	very satisfied	☐	satisfied	☐	not satisfied
11.	I feel	☐	very frightened	☐	frightened	☐	not frightened
12.	I feel	☐	very happy	☐	happy	☐	not happy
13.	I feel	☐	very sure	☐	sure	☐	not sure
14.	I feel	☐	very good	☐	good	☐	not good
15.	I feel	☐	very troubled	☐	troubled	☐	not troubled
16.	I feel	☐	very bothered	☐	bothered	☐	not bothered
17.	I feel	☐	very nice	☐	nice	☐	not nice
18.	I feel	☐	very terrified	☐	terrified	☐	not terrified
19.	I feel	☐	very mixed-up	☐	mixed-up	☐	not mixed-up
20.	I feel	☐	very cheerful	☐	cheerful	☐	not cheerful

CONSULTING PSYCHOLOGISTS PRESS
577 COLLEGE AVENUE, PALO ALTO, CALIFORNIA

HOW-I-FEEL QUESTIONNAIRE

STAIC FORM C-2

NAME _____ AGE _____ DATE _____

DIRECTIONS: A number of statements which boys and girls use to describe themselves are given below. Read each statement and decide if it is *hardly-ever,* or *sometimes,* or *often* true for you. Then for each statement, put an X in the box in front of the word that seems to describe you best. There are no right or wrong answers. Do not spend too much time on any one statement. Remember, choose the word which seems to describe how you usually feel.

1.	I worry about making mistakes	☐ hardly-ever	☐ sometimes	☐ often
2.	I feel like crying	☐ hardly-ever	☐ sometimes	☐ often
3.	I feel unhappy	☐ hardly-ever	☐ sometimes	☐ often
4.	I have trouble making up my mind . . .	☐ hardly-ever	☐ sometimes	☐ often
5.	It is difficult for me to face my problems .	☐ hardly-ever	☐ sometimes	☐ often
6.	I worry too much	☐ hardly-ever	☐ sometimes	☐ often
7.	I get upset at home	☐ hardly-ever	☐ sometimes	☐ often
8.	I am shy	☐ hardly-ever	☐ sometimes	☐ often
9.	I feel troubled	☐ hardly-ever	☐ sometimes	☐ often
10.	Unimportant thoughts run through my mind and bother me	☐ hardly-ever	☐ sometimes	☐ often
11.	I worry about school	☐ hardly-ever	☐ sometimes	☐ often
12.	I have trouble deciding what to do . . .	☐ hardly-ever	☐ sometimes	☐ often
13.	I notice my heart beats fast	☐ hardly-ever	☐ sometimes	☐ often
14.	I am secretly afraid	☐ hardly-ever	☐ sometimes	☐ often
15.	I worry about my parents	☐ hardly-ever	☐ sometimes	☐ often
16.	My hands get sweaty	☐ hardly-ever	☐ sometimes	☐ often
17.	I worry about things that may happen . .	☐ hardly-ever	☐ sometimes	☐ often
18.	It is hard for me to fall asleep at night .	☐ hardly-ever	☐ sometimes	☐ often
19.	I get a funny feeling in my stomach . . .	☐ hardly-ever	☐ sometimes	☐ often
20.	I worry about what others think of me .	☐ hardly-ever	☐ sometimes	☐ often

Copyright © 1970 by Dr. C. D. Spielberger
Reproduction of this test or any portion thereof
by any process without written permission of the Publisher is prohibited.