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
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.
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).

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.
UCLA Environmental Effects Evaluation Program

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).

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.
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).

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.
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 Derrmand 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.
Medical Director
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
GLENDORA

CENSUS TRACTS 4009,
4010.02 AND 4039.01

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. _____________

Name: _____________ _____________ _____________
First
Last

Sex: 1. Male □
2. Female

Birthdate: _____________ _____________ _____________

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
GLENDO RA-UCLA ASTHMA RESEARCH STUDY
BASELINE QUESTIONNAIRE

GLENDO RA 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

BIRTH DATE:  

18 19 20 21 22 23

SEX: 1. MALE  

2 FEMALE

17

INFORMANT: 1. SUBJECT  

2. PARENT  

3. GUARDIAN  

4. OTHER RELATIVE  

5. OTHER

1. WHITE  

2. BLACK  

3. SPANISH SURNAME  

4. CHINESE  

5. JAPANESE  

6. OTHER

24

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?

1. NO

2. YES

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 #2.
3. At what age was this first diagnosed by a doctor? □ ☐

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

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 □ ☐

6. Does your breathing ever sound wheezing or whistling? 1. NO 2. YES □ ☐

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

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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)

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(MARK "X" FOR EACH MONTH; USE CARD)

41  42  43  44  45  46  47  48  49  50  51  52  53  54  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)

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)

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

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

12. Infections (Cold, flu, etc.)

13. Tension, stress, or anxiety

14. Exercise

15. Bad air pollution or smog

16. Certain drugs (Specify)

17. Certain foods (Specify)

18. Cold air

19. Animals or animal materials (Specify)

20. Plants, pollens, etc. (Specify)

21. Other (Specify)
22. Are there times you have asthma attacks for unknown reasons?
   1. NO
   2. NOT SURE (MAYBE)
   3. YES

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 asthma?
   6. definitely worsen your asthma?

   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
   6. (N/A)
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?

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)

CARD NO. 80
UCLA-GLENDORA I.D. 123
27. What anti-asthma medications are you taking (regularly or as needed)?

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<tr>
<th>MEDICATION (BRAND NAME)</th>
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(USE DICTIONARY FOR MEDICATIONS)

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CARD NO. 80

UCLA-GLENDORA I.D. 1 2 3

(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

29. When was the last time you contacted a physician for your asthma?
   1. OVER 2 YEARS AGO 54
   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

30. Over the past year, how often have you visited an emergency room for your asthma?
   1. NONE (SKIP TO #31) 55
   2. ONCE
   3. TWICE
   4. 3 TIMES
   5. 4 TIMES
   6. 5 TIMES
   7. MORE THAN 5 TIMES

   (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

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
      (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
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? __________

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: __________

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

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

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)

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<th>1. NONE</th>
<th>2. RARE</th>
<th>3. OCC.</th>
<th>4. FREQ</th>
<th>5. FREQ</th>
</tr>
</thead>
<tbody>
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<tr>
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<td>APR.</td>
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<td>MAY</td>
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<td>JUNE</td>
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<td>JULY</td>
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<td>NOV.</td>
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<tr>
<td>DEC.</td>
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<td>73</td>
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</tbody>
</table>

NOTE: 1. NONE  2. RARELY  3. OCCASIONALLY  4. FREQUENTLY  5. VERY FREQUENTLY  6. N/A
       = ONCE A MONTH  = ONCE A WEEK OR EVERY 2-3 WEEKS  = EVERY OTHER DAY  = DAILY ATTACKS
       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

   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

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)

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

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

CARD NO. □

UCLA-GLENDORA I.D. □□□

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

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

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 [ ]

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

1. YES
2. NO [ ]

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)?

<table>
<thead>
<tr>
<th>START AGE</th>
<th>X. AGE</th>
<th>Y. CIG. PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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</tr>
</tbody>
</table>

RECORD IN COLUMN X LINES 2-5 AS APPROPRIATE. GO BACK AND ASK Q47A AND RECORD IN COLUMN Y. CONTINUE TO ASK Q47A AND Q47B UNTIL YOU HAVE REACHED RESPONDENT'S CURRENT AGE.

TOTAL NUMBER CIGARETTES

TOTAL NUMBER YEARS
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 ______

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

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?
(RECORD NUMBER OF MILES ONE WAY)
36 37 38

52. How much time do you spend traveling to and from work each day?
(RECORD TIME IN MINUTES)
39 40 41

53. How long have you lived at your current residence?
(IF LESS THAN ONE YEAR, CODE ALL 9'S AND WRITE NUMBER OF MONTHS HERE: _____)
42 43

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

(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

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
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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>57. Sore throat</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Runny nose</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59. Sneezing</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60. Sinus irritation</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. Wheezing</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. Coughing</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. Breathlessness</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64. Chest tightness</td>
<td>54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65. Eye irritation</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66. Headache</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. Tiredness</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68. Depression</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. Nervousness</td>
<td>59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Other</td>
<td>60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
71. In general, how many hours do you spend indoors on most days during the following times of the year?

a. Winter (DECEMBER, JANUARY, FEBRUARY) \[G1 62\]

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
2. 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. humidifier and filter
      7. all three

NO: 9. None of the three

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
6. Don't know
7. N/A

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

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

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

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

0 = None
1 = 1 Smoker
2 = 2 Smokers □

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

0 = No
1 = Yes □

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 □

81. People in household:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Occupation</th>
<th>Max. Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
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<tr>
<td>b.</td>
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<td>c.</td>
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<td>d.</td>
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<td>e.</td>
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</tbody>
</table>
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

Thank you......

Card No. 80
## Weekly Diary Form

**Date this diary started:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

### 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

### Instructions:

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Night Rating</th>
<th>Day Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Tightness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum Production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension or Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Other (Specify)</td>
<td></td>
<td></td>
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<tr>
<td>Any Other (Specify)</td>
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</tr>
</tbody>
</table>

### Overall Asthma Rating

<table>
<thead>
<tr>
<th>Times Awakened by Asthma</th>
<th>Average Duration of Attacks (No. of hours)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Peak Flow Gauge Readings (Morning)

<table>
<thead>
<tr>
<th>Day Rating</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
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</table>

### Day Rating (Enter Day Ratings just before retiring for the night)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Date</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing</td>
<td></td>
<td></td>
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<tr>
<td>Shortness of Breath</td>
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<tr>
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<td>Coughing</td>
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<tr>
<td>Sputum Production</td>
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<tr>
<td>Tension or Anxiety</td>
<td></td>
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<tr>
<td>Any Other (Specify)</td>
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<tr>
<td>Any Other (Specify)</td>
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</table>

### Overall Asthma Rating

<table>
<thead>
<tr>
<th>Number of Asthma Attacks</th>
<th>Average Duration of Attacks (No. of hours)</th>
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### Peak Flow Gauge Readings (Evening)

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<td>2</td>
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<td>3</td>
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</table>
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)

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DATE</th>
<th>CODE</th>
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<td>9.</td>
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<tr>
<td>10.</td>
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</table>

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
GLENDOURA-UCLA PULMONARY RESEARCH LABORATORY
Phone: (213) 914-4591
GLENDOA-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?
   1. No  2. Not sure  3. Yes  (10)

   If yes, when did it begin? (month/day)  (11-14)
   when did it end? (month/day)  (15-18)

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?

   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?

   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)? □ (10)
   If yes, which days? □ □ □ month □ □ □ day (11-14) 6. □ □ □ month □ □ □ day (31-34)
      1. □ □ □ month □ □ □ day (15-18) 7. □ □ □ month □ □ □ day (35-38)
      3. □ □ □ month □ □ □ day (19-22) 8. □ □ □ month □ □ □ day (39-42)
      4. □ □ □ month □ □ □ day (23-26) 9. □ □ □ month □ □ □ day (43-46)
      5. □ □ □ month □ □ □ day (27-30) 10. □ □ □ month □ □ □ day (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 ____________________________ (80)
   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.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cramps</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Panting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Numb</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Mucous Congestion</td>
<td>1</td>
<td>2</td>
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<td>5</td>
<td>Cranky</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12</td>
<td>Short of Breath</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>13</td>
<td>Chest Congestion</td>
<td>1</td>
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<td>Afraid of Being Left Alone</td>
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<tr>
<td>19</td>
<td>Rapid Breathing</td>
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<td>2</td>
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<td>Almost Never</td>
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<td>45. No Energy</td>
<td>1</td>
<td>2</td>
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<tr>
<td>46. Unhappy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>47. Worried About Myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>48. Concerned About Asthma</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>49. Concerned in General</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>50. Feel Ignored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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
# 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I feel pleasant</td>
<td></td>
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<tr>
<td>22. I tire quickly</td>
<td></td>
<td></td>
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<tr>
<td>23. I feel like crying</td>
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<tr>
<td>24. I wish I could be as happy as others seem to be</td>
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<tr>
<td>25. I am losing out on things because I can’t make up my mind soon enough ...</td>
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<tr>
<td>26. I feel rested</td>
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<tr>
<td>27. I am “calm, cool, and collected”</td>
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<tr>
<td>28. I feel that difficulties are piling up so that I cannot overcome them ......</td>
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<tr>
<td>29. I worry too much over something that really doesn’t matter</td>
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<tr>
<td>30. I am happy</td>
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<tr>
<td>31. I am inclined to take things hard</td>
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<tr>
<td>32. I lack self-confidence</td>
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<tr>
<td>33. I feel secure</td>
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<tr>
<td>34. I try to avoid facing a crisis or difficulty</td>
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<tr>
<td>35. I feel blue</td>
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<tr>
<td>36. I am content</td>
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<tr>
<td>37. Some unimportant thought runs through my mind and bothers me ......</td>
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<tr>
<td>38. I take disappointments so keenly that I can’t put them out of my mind ...</td>
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<tr>
<td>39. I am a steady person</td>
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<tr>
<td>40. I get in a state of tension or turmoil as I think over my recent concerns and interests</td>
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</tbody>
</table>

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Example of a pollen-spore report:

<table>
<thead>
<tr>
<th>Rod Pair Numbers</th>
<th>Date and time rods placed on sampler</th>
<th>Date and time rods removed from sampler</th>
<th>Initials of person changing rods</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7:30am 5-24</td>
<td>7:30am 5-25</td>
<td>ICTM</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7:30am 6-25</td>
<td>7:30am 5-26</td>
<td>ICTM</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7:30am 5-26</td>
<td>7:30am 5-26</td>
<td>ICTM</td>
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</tr>
<tr>
<td>4</td>
<td>7:30am 5-27</td>
<td>7:30am 5-28</td>
<td>ICTM</td>
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</tr>
<tr>
<td>5</td>
<td>7:30am 5-28</td>
<td>7:30am 5-29</td>
<td>ICTM</td>
<td></td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
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<td><strong>Family:</strong></td>
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<tr>
<td>(Box Elder, Maple type)</td>
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<tr>
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<tr>
<td>(Oak, Beech type)</td>
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<tr>
<td>3. Hamamelidaceae</td>
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<tr>
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<td>4. Juglandaceae</td>
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<td>7. Corylaceae</td>
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<td>(Alder Type)</td>
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<td>(Birch-Hazel Type)</td>
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<td>Genus: Fraxinus (Ash)</td>
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<td>Genera: Ligustrum, Olea</td>
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<td>9. Platanaceae</td>
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<tr>
<td>Genus: Platanus (Sycamore)</td>
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<td>10. Salicaceae</td>
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<tr>
<td>Genus: Populus (Cottonwood-Aspen)</td>
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<td>11. Tiliaceae</td>
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<td>Genus: Tilia</td>
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<td>Genus: Ulmus (Elm)</td>
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<tr>
<td>(Mulberry, Nettle, Hemp.)</td>
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<td>14. Myrtaceae</td>
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<td>15. Typhaceae</td>
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<tr>
<td>Genus: Typha (Cattail)</td>
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<td>16. Polygonaceae</td>
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<tr>
<td>Genus: Rumex</td>
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<tr>
<td>Genus: Plantago (Plantain)</td>
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<tr>
<td>18. Cyperaceae</td>
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<tr>
<td>19. Amaranthaceae and</td>
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<tr>
<td>Chenopodiaceae (Russian thistle,</td>
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</tr>
<tr>
<td>Lambs quarters, Pigweed type)</td>
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<tr>
<td>20. Compositae</td>
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</tr>
<tr>
<td>Genus: Ambrosia (Basswood, Marshfield type)</td>
<td></td>
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</tr>
<tr>
<td>Genus: Artemisia (Mugwort, Sagebrush type)</td>
<td></td>
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</tr>
<tr>
<td>Other Compositae Genera</td>
<td></td>
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</tr>
<tr>
<td>21. Gramineae (Grasses)</td>
<td></td>
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</tr>
<tr>
<td>22. Other Phragmites sp.</td>
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<tr>
<td>23. Other</td>
<td></td>
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</tbody>
</table>

**Gymnosperms**

<p>| <strong>Family:</strong>                            |      |         |         |         |         |         |
| 1. Cupressaceae (Juniper-cypress)      |      |         |         |         |         |         |
| 2. Taxodiaceae (Redwood type)         |      |         |         |         |         |         |
| 3. Pinaceae (Pine-Spruce-Cedar)       |      |         |         |         |         |         |
| (Thuja type)                           |      |         |         |         |         |         |
| 4. Podocarpaceae (Winged)             |      |         |         |         |         |         |
| 5. Other                               |      |         |         |         |         |         |
| 6. Other                               |      |         |         |         |         |         |</p>
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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. Pencillium

b. Ansergillus

c. Scopulariopsis

d. Other

Family: Dematiaceae

Genera:

a. Hormodendrum

b. Alternaria

c. Stemphylium

d. Helminthosporium

e. Pulicaria

f. Curvularia

g. Torula

h. Other

Family: Tuberculariaceae

Genera:

a. Epicoccum

b. Fusarium

c. Other

Miscellaneous:

1. Algal cells
2. Lichen
3. Insect parts
4. Fern, Fern allies
5. Other.
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
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

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