

Section C: Cough or Breathing Difficulties

TIME THIS SECTION BEGINS RECORDED HERE

TSST04C

You said that in the last 6 months you had a persistent cough, or difficulty breathing.

VERSIONS 6 - 10:

C1a. Did you have a cough?

(Circle One)

B04C01A

YES 1

NO 2 → SKIP TO C2a

VERSIONS 11 - 13:

C1a. Did you have a cough? PROBE: We want to know if you had a cough or just difficulty breathing.

(Circle One)

B04C01A

YES 1

NO 2 → SKIP TO C2a

C1b. Did it hurt to cough?

(Circle One)

B04C01B

YES 1

NO 2

C1c. Were you coughing anything up?

(Circle One)

B04C01C

YES 1

NO 2 → SKIP TO C2a

C1d. Were you coughing up blood?

(Circle One)

B04C01D

YES 1

NO 2

C2a. Did you have difficulty breathing or shortness of breath?

(Circle One)

B04C02A

YES 1

NO 2 → SKIP TO C2d

C2b. Did you also have difficulty breathing or shortness of breath even when you were resting?

(Circle One)

B04C02B

YES 1

NO 2

C2c. CHECK C1a AND C2a.

(Circle One)

B04C02C C1a AND C2a CODED 2 1 → SKIP TO NEXT SYMPTOM OR SECTION H
ALL OTHERS 2

C3. When you had these symptoms (coughing or difficulty breathing) did you also have a fever above 101 degrees, or shaking, chills, or sweats?

(Circle One)

B04C03 YES 1
NO 2

C4. Did you get medical care for your cough or related symptoms during the last 6 months?

(Circle One)

B04C04 YES 1 → SKIP TO C6
NO 2
DON'T RECALL / NOT SURE 3 → SKIP TO NEXT SYMPTOM OR SECTION H

C5. (HAND R CARD #9) Please take a look at this card and tell me which category or categories come closest to the reason why you did not get medical care.

(Circle All that Apply)

- B04C05A** a. DIDN'T THINK I NEEDED MEDICAL CARE 1
- B04C05B** b. RECEIVED CARE FOR THIS IN THE PAST 2
- B04C05C** c. COULDN'T AFFORD MEDICAL CARE 3
- B04C05D** d. DIDN'T KNOW WHERE TO FIND MEDICAL CARE 4
- B04C05E** e. COULDN'T GET AN APPOINTMENT WHEN I COULD GO 5
- B04C05F** f. I WAS REFUSED CARE WHEN I TRIED TO GET IT 6
- B04C05G** g. I DON'T FEEL COMFORTABLE SPEAKING ENGLISH AND COULDN'T FIND MEDICAL CARE WHERE THEY SPEAK MY LANGUAGE 7
- B04C05H** h. SOME OTHER REASON 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H

C6. How soon did you get medical help about this problem after it started?

a. ENTER HOW SOON: _____ b. CIRCLE UNIT: DAYS 1
B04C06 WEEKS 2

C7. Did your health care provider: READ LIST

(Circle One on Each Line)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
B04C07A	a. Examine your lungs?.....	1	2	3
B04C07B	b. Order a chest x-ray to be taken?.....	1	2	3
VERSIONS 6 - 10:				
B04C07C	c. Have an arterial blood gas — blood from an artery in your wrist or groin — drawn for analysis?.....	1	2	3
VERSIONS 11 - 13:				
B04C07C	c. Take a blood sample from your wrist or groin for an arterial blood gas analysis?	1	2	3
B04C07D	d. Have a respiratory therapist try to help you to bring up a sample of sputum?.....	1	2	3
B04C07E	e. Ask you to cough up some sputum for analysis without help?	1	2	3
B04C07F	f. Do a bronchoscopy? — this is when they look down into your lungs using a long flexible tube with a light at the end	1	2	3
B04C07G	g. Admit you to the hospital to evaluate your cough?.....	1	2	3
B04C07H	h. Prescribe an antibiotic for your cough?.....	1	2	3

C8. DROPPED

C9. (HAND R CARD #10) In the end, which of the categories on this card comes closest to what your provider said was the cause of your cough?

(Circle One)

- B04C09**
- a. PNEUMOCYSTIS PNEUMONIA (PCP) OR “AIDS PNEUMONIA” 1
 - b. TUBERCULOSIS (TB) 2
 - c. BACTERIAL OR “REGULAR” PNEUMONIA 3
 - d. BRONCHITIS 4
 - e. AN ORDINARY COLD 5
 - f. SOME OTHER SORT OF LUNG INFECTION 6
 - g. PROVIDER NEVER SAID WHAT THE CAUSE WAS 7
 - g. DON’T RECALL 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H