Dyspnea Airborne Exposure

Please respond to each question or statement by marking one box per row.

		No	Yes
DYSAE001	Are there things in your house that trigger breathing problems (e.g., dust, mold, musty odors, cockroaches)?	☐ 0	☐ 1
DYSAE002	Are there things outside that trigger breathing problems (e.g., irritant chemicals, fumes)?	☐ 0	☐ 1
DYSAE004	Are you regularly exposed to other people's smoke?	☐ 0	☐ 1
DYSAD005	Do you live in an environment with extreme changes in temperature (e.g., heat/humidity, cold air)?	☐ 0	☐ 1
DYSAE006	Are there any pets in your household?	☐ 0	☐ 1

In the past 7 days…

		No	Yes
DYSAE003	Were you exposed to pesticides, household cleaning products or substances with irritating odors?	☐ 0	☐ 1

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