



COPD HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone. Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default "Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment."
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs. 'primary care physician'
Do you have a (specialist name)? Default: pulmonologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)	Required and not customizable
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)	Required and not customizable
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)	Required and not customizable
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars	Required and not customizable

	Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)	
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)	Required and not customizable
Have you ever been diagnosed with COPD?	(Not answered) Yes No	Required and not customizable
Does the weather affect your cough?	(Not answered) Yes No I don't have a cough	Required and not customizable
Do you ever cough up phlegm from your chest when you don't have a cough?	(Not answered) Yes No	Required and not customizable
Do you usually cough up phlegm from your chest first thing in the morning?	(Not answered) Yes No	Required and not customizable
How frequently do you wheeze?	(Not answered) Often Occasionally Never	Required and not customizable
Do you have any of the following symptoms? (check all that apply)	Chronic cough Shortness of breath that is persistent or worse over time Shortness of breath with exercise Chest tightness Wheezing or whistling when you breathe Coughing up phlegm from your chest when you don't have a cold Unexplained fever Unexpected weight loss Chronic fatigue or general tiredness None of these	Required and not customizable
Have you had regular (8+ hours a week) or prolonged (at least 1 year) exposure to these environmental factors? (check all that apply)	Second-hand smoke Gases, dust, industrial fumes, or vehicle exhaust fumes High levels of outdoor air pollution (smog) Indoor pollution caused by smoke from cooking or heating fires None of these	Required and not customizable
Do you have a history of any of the following conditions? (check all that apply)	Frequent bronchitis Frequent pneumonia Tuberculosis Severe respiratory infection(s) when you were a child Allergies Asthma None of these	Required and not customizable
Does anyone in your immediate family (parent, sibling or child) have any of the following conditions? (check all that apply)	COPD Frequent chest infections or pneumonia Allergies Wheezing Frequent cough that produces mucus/phlegm Bronchiectasis None of these I don't know	Required and not customizable