

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

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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.

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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.

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SANTA BARBARA • SANTA CRUZ

UCLA Environmental Effects Evaluation Program

SCHOOL OF PUBLIC HEALTH
LOS ANGELES, CALIFORNIA 90024TO: Parents of participants in the Glendora
Environmental Effects Evaluation ProgramFROM: 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 Derman 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.

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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.



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.
Medical Director

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SANTA BARBARA • SANTA CRUZ

December 5, 1983

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

TO: Participants in the Glendora-UCLA Asthma Research Study

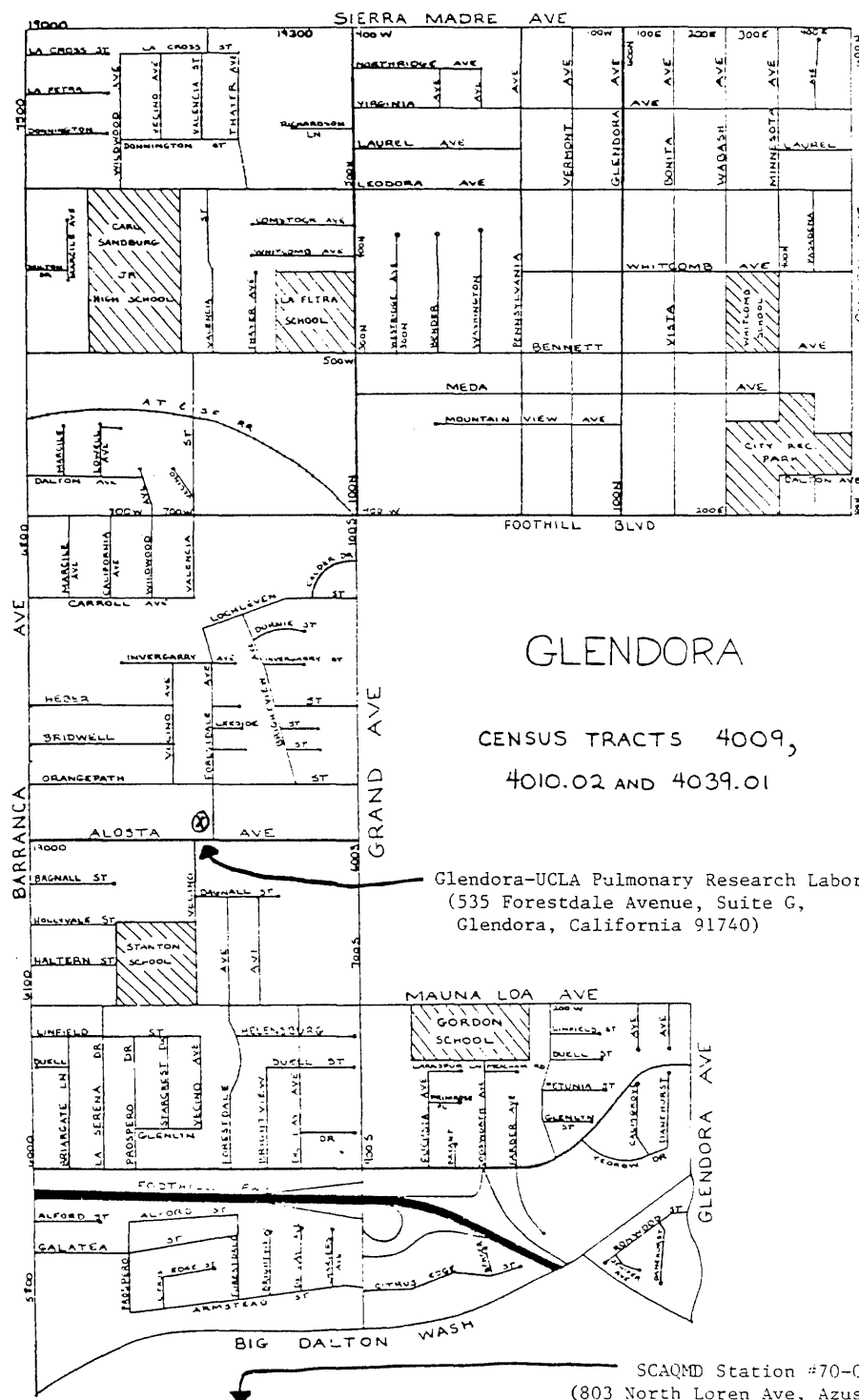
FROM: Henry Gong, Jr., M.D., Donald P. Tashkin, M.D.,
Gary H. Spivey, M.D., Ms. Anne Coulson,
Mr. John Dermand, and Ms. Nancy Moore
(UCLA Schools of Medicine and Public Health)

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



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.

Interviewer

MLRL I.D.

Date Of Interview: MO DAY YEAR

Glendora I.D.

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

Page 2

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	RACE/ETHNICITY:	1. WHITE
	2. PARENT		2. BLACK
	3. GUARDIAN		3. SPANISH SURNAME
	4. OTHER RELATIVE		4. CHINESE
	5. OTHER <input type="checkbox"/>		5. JAPANESE
			6. OTHER <input type="checkbox"/>
			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

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 #2

☐
26

Page 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	VERY 5. FREQ	
JAN.						<input type="text"/> 32
FEB.						<input type="text"/> 33
MAR.						<input type="text"/> 34
APR.						<input type="text"/> 35
MAY						<input type="text"/> 36
JUNE						<input type="text"/> 37
JULY						<input type="text"/> 38
AUG.						<input type="text"/> 39
SEPT.						<input type="text"/> 40
OCT.						<input type="text"/> 41
NOV.						<input type="text"/> 42
DEC.						<input type="text"/> 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 discomfoting (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.								<input type="checkbox"/>	44
FEB.								<input type="checkbox"/>	45
MAR.								<input type="checkbox"/>	46
APR.								<input type="checkbox"/>	47
MAY								<input type="checkbox"/>	48
JUNE								<input type="checkbox"/>	49
JULY								<input type="checkbox"/>	50
AUG.								<input type="checkbox"/>	51
SEPT								<input type="checkbox"/>	52
OCT.								<input type="checkbox"/>	53
NOV.								<input type="checkbox"/>	54
DEC.								<input type="checkbox"/>	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.) | <input type="checkbox"/> | 59 |
| 13. Tension, stress, or anxiety | <input type="checkbox"/> | 60 |
| 14. Exercise | <input type="checkbox"/> | 61 |
| 15. Bad air pollution or smog | <input type="checkbox"/> | 62 |
| 16. Certain drugs (Specify) _____
_____ | <input type="checkbox"/> | 63 |
| 17. Certain foods (Specify) _____
_____ | <input type="checkbox"/> | 64 |
| 18. Cold air | <input type="checkbox"/> | 65 |
| 19. Animals or animal materials (Specify) _____
_____ | <input type="checkbox"/> | 66 |
| 20. Plants, pollens, etc.(Specify) _____
_____ | <input type="checkbox"/> | 68 |
| 21. Other (Specify) _____

_____ | <input type="checkbox"/> | 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 asthma?
- 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 you taking (regularly or as needed)?

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

(USE DICTIONARY FOR MEDICATIONS)

<u>MED.</u>	<u>PHYSICIAN</u> <u>FREQUENCY</u>	<u>PATIENT</u> <u>FREQUENCY</u>
1. <input type="text"/> <input type="text"/> <input type="text"/> 4 5 6	<input type="text"/> <input type="text"/> <input type="text"/> 7 8 9	<input type="text"/> <input type="text"/> <input type="text"/> 10 11 12
2. <input type="text"/> <input type="text"/> <input type="text"/> 13 14 15	<input type="text"/> <input type="text"/> <input type="text"/> 16 17 18	<input type="text"/> <input type="text"/> <input type="text"/> 19 20 21
3. <input type="text"/> <input type="text"/> <input type="text"/> 22 23 24	<input type="text"/> <input type="text"/> <input type="text"/> 25 26 27	<input type="text"/> <input type="text"/> <input type="text"/> 28 29 30
4. <input type="text"/> <input type="text"/> <input type="text"/> 31 32 33	<input type="text"/> <input type="text"/> <input type="text"/> 34 35 36	<input type="text"/> <input type="text"/> <input type="text"/> 37 38 39
CARD NO. <input type="text"/> <input type="text"/> <input type="text"/> 80		UCLA-GLENDORA I.D. <input type="text"/> <input type="text"/> <input type="text"/> 1 2 3
5. <input type="text"/> <input type="text"/> <input type="text"/> 4 5 6	<input type="text"/> <input type="text"/> <input type="text"/> 7 8 9	<input type="text"/> <input type="text"/> <input type="text"/> 10 11 12
6. <input type="text"/> <input type="text"/> <input type="text"/> 13 14 15	<input type="text"/> <input type="text"/> <input type="text"/> 16 17 18	<input type="text"/> <input type="text"/> <input type="text"/> 19 20 21
7. <input type="text"/> <input type="text"/> <input type="text"/> 22 23 24	<input type="text"/> <input type="text"/> <input type="text"/> 25 26 27	<input type="text"/> <input type="text"/> <input type="text"/> 28 29 30
8. <input type="text"/> <input type="text"/> <input type="text"/> 31 32 33	<input type="text"/> <input type="text"/> <input type="text"/> 34 35 36	<input type="text"/> <input type="text"/> <input type="text"/> 37 38 39

(40 to 79 Blank)

(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
(IF ONCE OR MORE)

☐
57

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

☐
60

What did you react to: _____

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

Page 13

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	VERY 5. FREQ	
JAN.						<input type="checkbox"/> 62
FEB.						<input type="checkbox"/> 63
MAR.						<input type="checkbox"/> 64
APR.						<input type="checkbox"/> 65
MAY						<input type="checkbox"/> 66
JUNE						<input type="checkbox"/> 67
JULY						<input type="checkbox"/> 68
AUG.						<input type="checkbox"/> 69
SEPT.						<input type="checkbox"/> 70
OCT.						<input type="checkbox"/> 71
NOV.						<input type="checkbox"/> 72
DEC.						<input type="checkbox"/> 73

NOTE:

1. NONE

2. RARELY

3. OCCASIONALLY

4. FREQUENTLY

5. VERY FREQUENTLY

9. 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

☐
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)

☐☐
7677

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

Page 16

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.

- 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. 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				
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 _____
- _____
- _____

☐
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

☐
3435

(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

--

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

Page 22

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)

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

☐

71

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

- | | |
|-----------------------|----------------|
| 1. Forced air | 4. Electric |
| 2. Radiant | 5. Other _____ |
| 3. Floor or wall unit | 6. Don't know |

☐

72

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

- | | |
|----------------|----------------|
| 1. Oil | 4. Electricity |
| 2. Natural gas | 5. Other _____ |
| 3. Bottled gas | 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:

<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>	<u>Max. Education</u>
---------------------	------------	-------------------	-----------------------

- a.
- b.
- c.
- d.
- e.

Page 25

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.....



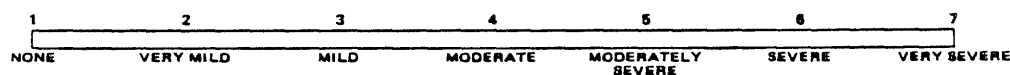
Card No. 80

GLENDORA—UCLA ASTHMA RESEARCH STUDY

NAME: _____

WEEKLY DIARY FORM

CODE: _____

Date this diary started _____
Month Day Year

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) 5 = Moderately severe discomfort
 2 = Very mild discomfort 6 = Severe discomfort
 3 = Mild discomfort 7 = Very severe incapacitating discomfort
 4 = Moderate discomfort

NIGHT	<input type="text"/>	<input type="text"/>
	Sx1	Sx2
DAY	<input type="text"/>	<input type="text"/>
	Sx1	Sx2

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: _____

CURRENT ANTI-ASTHMA and ALLERGY MEDICATIONSDate this diary started: _____
Month Day Year**TOTAL NUMBER OF DOSES FOR EACH DAY**
(Fill out during evening measurements)

MEDICATION	DATE									CODE
	DAY									
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 accidentally dropped, activated, or immersed in water

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

GLENDDORA-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)
(if not over yet, code 9's)☐☐ ☐☐ (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?

1. No 2. Not sure 3. Yes

☐ (32)

If yes, what made your asthma worse? _____

(Write cause in space and record code in box; see code list)

☐☐ (33-34)

5. Has anything made your asthma better since your last visit here?

1. No 2. Not sure 3. Yes

☐ (35)

If yes, what made your asthma better? _____

(Write cause in space and record code in box; see code list)

☐☐ (36-37)

BI-WEEKLY QUESTIONNAIRE

PAGE 2

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

(11-14)

(15-18)

(19-22)

(23-26)

(27-30)

month day

(31-34)

(35-38)

(39-42)

(43-46)

(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.

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Almost Always</u>	<u>Always</u>
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

-2-

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Almost Always</u>	<u>Always</u>
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

-3-

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Almost Always</u>	<u>Always</u>
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

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 ³⁰ AM 5-27	KTM	
4	7 ³⁰ AM 5-27	11 ⁰⁰ AM 5-28	KTM	
5	11 ⁰⁰ AM 5-28	3 ⁰⁰ PM 5-29	KTM	
6	3 ⁰⁰ PM 5-29	7 ⁰⁰ 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. <u>Aceraceae</u> (Box Elder, Maple type)						
2. <u>Fagaceae</u> (Oak, Beech type)	60	140	360	120	100	40
3. <u>Hamamelidaceae</u> Genus: <u>Liquidambar</u>						
4. <u>Juglandaceae</u> Genus: <u>Juglans</u>						
5. <u>Leguminosae</u> Genus: <u>Acacia</u>						
6. <u>Magnoliacaceae</u>						
7. <u>Corylaceae</u> (Alder type) (Birch-Hazel type)						
8. <u>Oleaceae</u> Genus: <u>Fraxinus</u> (Ash) Genera: <u>Ligustrum</u> , <u>Olea</u>	60	100	120	100	120	
9. <u>Platanaceae</u> Genus: <u>Platanus</u> (Sycamore)						
10. <u>Salicaceae</u> Genus: <u>Populus</u> (Cottonwood-Aspen)						
11. <u>Tiliaceae</u> Genus: <u>Tilia</u>						
12. <u>Ulmaceae</u> Genus: <u>Ulmus</u> (Elm)						
13. <u>Urticaceae</u> (Mulberry, Nettle, Hemp.)	180	160	120	140	20	200
14. <u>Myrtaceae</u> Genus: <u>Eucalyptus</u>	40		20	20	40	20
15. <u>Typhaceae</u> Genus: <u>Typha</u> (Cattail)						
16. <u>Polygonaceae</u> Genus: <u>Rumex</u>						
17. <u>Plantaginaceae</u> Genus: <u>Plantago</u> (Plantain)						
18. <u>Cyperaceae</u>						
19. <u>Amaranthaceae</u> and <u>Chenopodiaceae</u> (Russian thistle, Lambs quarters, Pigweed type)				40		
20. <u>Compositae</u> Genus: <u>Ambrosia</u> (Ragweed, Marshelder type) Genus: <u>Artemisia</u> (Mugwort, Sagebrush type) Other <u>Compositae</u> Genera	20	320	440	140	20	60
21. <u>Gramineae</u> (Grasses)	40	120	240	200	360	120
22. Other <u>Pitasporium</u> like	60	60	20	240	500	100
23. Other				20	40	
<u>Gymnosperms</u>						
Family:						
1. <u>Cupressaceae</u> (Juniper-cypress)						
2. <u>Taxodiaceae</u> (Redwood type)						
3. <u>Pinaceae</u> (Pine-Spruce-Cedar) " (Thuja type)	40	40		40		
4. <u>Podocarpaceae</u> (winged)						
5. Other						
6. Other						

ESTIMATED AND ACTUAL COUNTS PER SQ. CM.	DATE					
	1/4/83	5/24/85	2/25/86	5/26/87	5/27/88	5/28/89
Class: <u>Basidiomycetes</u>						
Order: <u>Agaricales</u>						
Family:						
1. <u>Agaricaceae</u>						
2. <u>Boletaceae</u>						
Order: <u>Lycoperdaceae</u>						
Family:						
1. <u>Lycoperdaceae</u>						
Order: <u>Uredinales</u>	260	40	340	200	300	340
Order: <u>Ustilaginales</u>				60	100	200
Order: <u>Polyporales</u>						
Family:						
1. <u>Polyporaceae</u>						
Other <u>Basidiomycetes</u>	860	1820	1800	1600	820	900
Class: <u>Ascomycetes</u>						
Order: <u>Sphaeriales</u>						
Family:						
1. <u>Chaetomiaceae</u>						
Order: <u>Hypocreales</u>						
Family:						
1. <u>Nectriaceae</u>						
Other <u>Ascomycetes</u> using Saccardo system						
A.						
B.						
C.						
Class: <u>Fungi Imperfecti</u>						
Order: <u>Moniliales</u>						
Family: <u>Moniliaceae</u>						
Genera:						
a. <u>Penicillium</u>						
b. <u>Aspergillus</u>			40			
c. <u>Scopulariopsis</u>						
d. Other						
Family: <u>Dematiaceae</u>						
Genera:						
a. <u>Hormodendrum</u>	80	120	160		100	80
b. <u>Alternaria</u>	60	80	120	160	140	60
c. <u>Stemphilius</u>					20	
d. <u>Helminthosporium</u>	20	80		40		60
e. <u>Pullularia</u>						
f. <u>Curvularia</u>						
g. <u>Torula</u>						
h. Other						
Family: <u>Tuberculariaceae</u>						
Genera:						
a. <u>Epicoccum</u>	80	80	120	20	20	60
b. <u>Fusarium</u>						
c. Other						
Miscellaneous:						
1. <u>Algal cells</u>						
2. <u>Lichen</u>						
3. <u>Insect parts</u>						
4. <u>Fern, fern allies</u>						
5. Other <u>Mass like</u>			320			

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



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

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