

Online Supplement

Protocol Summary of the COPD Assessment in Primary Care To Identify Undiagnosed Respiratory Disease and Exacerbation Risk Validation in Primary Care Study

Supplemental Table S1: CAPTURE Study Medical History:

1. Have you ever been told by a doctor that you had any of the following problems or are you currently taking any medications for the following problems? Please check all that apply.

- Angina (heart/chest pain)
- Coronary Artery Disease
- Heart Attack (MI)
- Coronary Artery Bypass Surgery (CABG)
- Angioplasty/Cardiac Stents
- Congestive Heart Failure
- Diabetes
- Stroke
- Transient ischemic attack (TIA)
- Osteoarthritis (Degenerative arthritis)
- Osteoporosis (thin bones)
- Compression fractures (in your back)
- High Blood Pressure
- High Cholesterol
- Gastroesophageal reflux disease (GERD)
- Stomach ulcers
- Sleep apnea
- Hay fever
- Asthma
- Peripheral Vascular Disease
- Blood clots (in legs or lungs)
- Rheumatoid Arthritis
- None of the above

Vaccinations

2. Have you ever received a flu shot (choose one)?

- Yes, date of flu shot: ____ / ____ ____
MM YYYY
- Yes, date of flu shot unknown
- No

Supplemental Table S2: CAPTURE 13 Additional questions

We are interested in learning more about your health. Please answer each of the following questions as honestly as possible, placing an X in the box with the answer that is best for you. Some of the questions may seem the same, but each one is important, so please answer them all. There are no “right” or “wrong” answers. Only answers right for you.

Please answer all questions	No	Yes	
1. Do you cough or get short of breath around perfume, fresh cut grass, smoke, or fumes?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you cough up phlegm or mucus most days?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you ever wheeze or hear a whistling noise in your chest?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you ever have a congested or ‘rattling’ feeling in your chest?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you ever feel short of breath?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you ever stop or slow down to catch your breath?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you feel short of breath lifting or carrying items, such as bags, boxes, or baskets?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you feel short of breath walking quickly or walking uphill or upstairs?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you given up activities due to shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever smoked cigarettes, pipes, or cigars?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you smoked cigars, pipes, or cigarettes for 10 years or more?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you ever smoked or lived or worked in a place with dirty or polluted air from smoke, second-hand smoke, dust or other pollution?	<input type="checkbox"/>	<input type="checkbox"/>	
13. In the past 12 months, how many times did you go to a clinic, emergency room or hospital for a cold, bronchitis, or pneumonia?	None <input type="checkbox"/>	Once <input type="checkbox"/>	2 or more <input type="checkbox"/>

Supplemental Table S3. CAPTURE study Projected Confidence Interval Widths for Various Sensitivity/Specificity Percentages (Columns) and Sample Sizes (Rows).

	Sensitivity or Specificity		
Sample Size	85%	90%	95%
5000	± 1.0%	± 0.8%	± 0.6%
4000	± 1.1%	± 0.9%	± 0.7%
1000	± 2.2%	± 1.9%	± 1.4%
500	± 3.1%	± 2.6%	± 1.9%
250	± 4.4%	± 3.7%	± 2.7%
100	± 7.0%	± 5.9%	± 4.3%
50	± 9.9%	± 8.3%	± 6.0%