

ECRHS APPENDIX E 1 Lung Function Tests Questionnaire

Area number				1-3
Personal number				4-8
Sample				9
Date				10-15
	DAY	MONTH	YEAR	

CARD 9

1. How many times have you been woken at night with shortness of breath in the last *two weeks*?

NUMBER			16-17
	<input type="text"/>	<input type="text"/>	

2. During the last *two weeks*, has your breathing been

- a) worse than usual?
- b) same as usual?
- c) better than usual?

TICK ONE BOX ONLY			
1	<input type="checkbox"/>		
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		18

Have you had a cigarette in the last **hour**?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Have you used an inhaler (puffer) in the last **hour**?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

IF 'YES' DELAY LUNG FUNCTION TESTS UNTIL ONE HOUR AFTER THE LAST CIGARETTE OR INHALER USE

3. Have you had a respiratory infection in the last *three weeks*?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	19

IF 'NO' GO TO QUESTION 5

IF 'YES' AND THE SUBJECT IS WILLING TO COME BACK, STOP AND MAKE A NEW APPOINTMENT. IF NOT, PROCEED WITH QUESTION 4

4. How many days ago did it end?

DAYS			
	<input type="text"/>	<input type="text"/>	20-21

5. Have you used an inhaler [as in Question 60 of the Main Questionnaire] in the last *24 hours*?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	22

IF 'NO' GO TO QUESTION 6, IF 'YES':

5.1 What inhaler(s) did you use and how many hours ago did you use it?

DRUG	HOURS	
<input type="text"/>	<input type="text"/>	23-25
<input type="text"/>	<input type="text"/>	26-28

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_____ 29-31

IF THE SUBJECT HAS USED A BETA-2-AGONIST INHALER OR AN ANTI-MUSCARINIC INHALER IN THE LAST FOUR HOURS, CONSIDER:

- A) WAITING UNTIL ENOUGH TIME HAS ELAPSED
- B) RESCHEDULING FOR ANOTHER DAY IF THE SUBJECT IS WILLING

IF NEITHER OF THESE IS POSSIBLE, PROCEED

6. Have you used any other medicines (including pills, capsules or suppositories) [as in Question 61 of the Main Questionnaire] to help your breathing, or any oral anti-muscarinic, in the last **24 hours**? NO YES
 32

IF 'NO' GO TO QUESTION 7, IF 'YES':

6.1 What medicine(s) did you take and how many hours ago did you take it? DRUG HOURS

				33-35
				36-38
				39-41

IF THE SUBJECT HAS TAKEN AN ORAL BETA-2-AGONIST, AN ORAL THEOPHYLLINE OR AN ORAL ANTI-MUSCARINIC, CONSIDER

RESCHEDULING FOR ANOTHER DAY IF THE SUBJECT IS WILLING

IF THIS IS NOT POSSIBLE, PROCEED

QUESTIONS 7 AND 8: Information required for skin testing

7. Have you taken any antihistamines or cough medicines in the last **month**? NO YES
 42

IF 'NO' GO TO QUESTION 8, IF 'YES':

7.1 What antihistamines or cough medicines did you take and how many days ago did you take them?

				43-45
				46-48
				49-51

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8. Have you taken any preparations containing **phenothiazine** or **imipramine** in the last *month*? NO YES
 52

IF 'NO' GO TO QUESTION 9, IF 'YES':

8.1 What preparation(s) did you take and how many days ago did you take them?

	DRUG	DAYS	
	<input type="checkbox"/>	<input type="checkbox"/>	53-55
	<input type="checkbox"/>	<input type="checkbox"/>	56-58
	<input type="checkbox"/>	<input type="checkbox"/>	59-61

9. Have you had a heart attack in the last *three months*? NO YES
 62

10. Are you currently taking any medicine(s) for your heart? NO YES
 63

11. Are you currently taking any medicines for epilepsy? NO YES
 64

12. Are you currently taking any medicine containing beta-blockers, **including eye drops**? NO YES
 65

IF 'YES' TO ANY OF QUESTIONS 9-12 DO NOT CHALLENGE

For women only:

13. Are you pregnant? NO YES
 66

14. Are you breast feeding? NO YES
 67

IF 'YES' TO QUESTIONS 13 OR 14 DO NOT CHALLENGE

For all subjects:

15. Would you like us to notify your GP of the results of any tests? NO YES
 68

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BLANK 69-77

END

FIELDWORKER NUMBER 78

CARD 79-80