ECRHS APPENDIX B 1 Main Questionnaire

Area number [ ][ ][ ] 1-3

Personal number [ ][ ][ ][ ][ ] 4-8

Sample [ ] 9

Date [ ][ ] [ ][ ] [ ][ ] 10-15

DAY MONTH YEAR

I AM GOING TO ASK YOU SOME QUESTIONS. AT FIRST THESE WILL BE MOSTLY ABOUT YOUR BREATHING. WHEREVER POSSIBLE, I WOULD LIKE YOU TO ANSWER 'YES' OR 'NO'.

Wheeze and tightness in the chest CARD 2

1. Have you had wheezing or whistling in your chest at any time in the last ***12 months***? NO [ ] YES [ ] 16

IF 'NO' GO TO QUESTION 2, IF 'YES':

1.1 Have you been at all breathless when the wheezing noise was present? NO [ ] YES [ ] 17

1.2. Have you had this wheezing or whistling when you did ***not*** have a cold? NO [ ] YES [ ] 18

2. Have you woken up with a feeling of tightness in your chest at any time in the last ***12 months***? NO [ ] YES [ ] 19

Shortness of breath

3. Have you had an attack of shortness of breath that came on during the day when you were at rest at any time in the last ***12 months***? NO [ ] YES [ ] 20

4. Have you had an attack of shortness of breath that came on ***following*** strenuous activity at any time in the last ***12 months***? NO [ ] YES [ ] 21

5. Have you been woken by an attack of shortness of breath at any time in the last ***12 months***? NO [ ] YES [ ] 22

Cough and phlegm from the chest

6. Have you been woken by an attack of coughing at any time in the last ***12 months***? NO [ ] YES [ ] 23

7. Do you ***usually*** cough first thing in the morning in the winter? NO [ ] YES [ ] 24

[IF DOUBTFUL, USE QUESTION 8.1 TO CONFIRM]

8. Do you ***usually*** cough during the day, or at night, in the winter? NO [ ] YES [ ] 25

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

8.1 Do you cough like this on most days for as much as three months each year? NO [ ] YES [ ] 26

9. Do you ***usually*** bring up any phlegm from your chest first thing in the morning in the winter? **[IF DOUBTFUL, USE QUESTION 10.1 TO CONFIRM]** NO ☐ YES ☐ 27

10. Do you ***usually*** bring up any phlegm from your chest during the day, or at night, in the winter? NO ☐ YES ☐ 28

IF 'NO' GO TO QUESTION 11, IF 'YES':

10.1 Do you bring up phlegm like this on most days for as much as three months each year? NO ☐ YES ☐ 29

Breathing

11. Do you ever have trouble with your breathing? NO ☐ YES ☐ 30

IF 'NO' GO TO QUESTION 12, IF 'YES':

11.1 Do you have this trouble TICK ONE BOX ONLY

a) continuously so that your breathing is never quite right? 1 ☐
b) repeatedly, but it always gets completely better? 2 ☐
c) only rarely? 3 ☐ 31

12. Are you disabled from walking by a condition ***other than*** heart or lung disease? NO ☐ YES ☐ 32

IF 'YES' STATE CONDITION _____ AND GO TO QUESTION 13, IF 'NO':

12.1 Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? NO ☐ YES ☐ 33

IF 'NO' GO TO QUESTION 13, IF 'YES':

12.1.1 Do you get short of breath walking with other people of your own age on level ground? NO YES ☐ ☐ 34

IF 'NO' GO TO QUESTION 13, IF 'YES':

12.1.1.1 Do you have to stop for breath when walking at your own pace on level ground? NO ☐ YES ☐ 35

Asthma

13. Have you ever had asthma? NO ☐ YES ☐ 36

IF 'NO' GO TO QUESTION 14, IF 'YES':

13.1 Was this confirmed by a doctor? NO ☐ YES ☐ 37

13.2 How old were you when you had your first attack of asthma? YEARS [ ][ ] 38-39

13.3 How old were you when you had your most recent attack of asthma? YEARS [ ][ ] 40-41

13.4.1-6 Which months of the year do you usually have attacks of asthma?

	NO	YES	
13.4.1 January / February	[ ]	[ ]	42
13.4.2 March / April	[ ]	[ ]	43
13.4.3 May / June	[ ]	[ ]	44
13.4.4 July / August	[ ]	[ ]	45
13.4.5 September / October	[ ]	[ ]	46
13.4.6 November / December	[ ]	[ ]	47

13.5 Have you had an attack of asthma in the last ***12 months***? NO [ ] YES [ ] 48

IF 'NO' GO TO QUESTION 13.6, IF 'YES':

13.5.1 How many attacks of asthma have you had in the last ***12 months***? NUMBER [ ][ ] 49-50

13.6 Are you currently taking any medicines, including inhalers, aerosols or tablets, for asthma? NO [ ] YES [ ] 51

<u>Other conditions</u>

14. Do you have any nasal allergies, including hay fever? NO [ ] YES [ ] 52

15. Have you ever had eczema or any kind of skin allergy? NO [ ] YES [ ] 53

16. Are you allergic to any insect stings or bites? NO [ ] YES [ ] 54

IF 'NO' GO TO QUESTION 17, IF 'YES':

16.1 Which insect? _____ [ ][ ] 55-56

16.2.1-3 What kind of reaction do you have?

	NO	YES	
16.2.1 breathing difficulty, feeling faint, nausea or fever	[ ]	[ ]	57
16.2.2 redness, itching or swelling at the site of the sting	[ ]	[ ]	58
16.2.3 other: _____	[ ]	[ ]	59

17. Have you ever had any difficulty with your breathing after taking medicines? NO [ ] YES [ ] 60

IF 'NO' GO TO QUESTION 18, IF 'YES':

17.1 Which medicines? _____ 1 ☐ 61
2 ☐ 62

Your parents' smoking

	NO	YES	DON'T KNOW	
18. Did your father ever smoke regularly during your childhood?	☐	☐	☐	63
19. Did your mother ever smoke regularly during your childhood, or before you were born?	☐	☐	☐	64

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 20, IF 'YES':

19.1 When your mother was pregnant, in particular with you, did she — TICK ONE BOX ONLY

a) stop smoking before pregnancy? 1 ☐
b) cut down or stop during pregnancy? 2 ☐
c) smoke as usual during pregnancy? 3 ☐
d) don't know 4 ☐ 65

More about yourself

20. When were you born? DAY ☐☐ MONTH ☐☐ YEAR ☐☐ 66-71

21. What country were you born in? _____ ☐☐☐ 72-74

22. Are you male or female? MALE ☐ FEMALE ☐ 75

23. How many brothers do or did you have? NUMBER ☐☐ 76-77

INTERVIEW TYPE? — TICK ONE BOX ONLY

At centre face to face 1 ☐
At home face to face 2 ☐
By telephone 3 ☐ 78

23. continued... CARD NUMBER ☐☐ 79-80
CARD 3

IF 'NONE' GO TO QUESTION 24, IF 'YES': DUPLICATE 1-9

23.1 How many ***older*** brothers? NUMBER ☐☐ 10-11
23.2 How many ***younger*** brothers? ☐☐ 12-13
23.3 How many of your brothers ever had asthma? ☐☐ 14-15
23.4 How many of your ***other*** brothers ever had eczema, skin or nasal allergy or hay fever? NUMBER ☐☐ 16-17

NUMBER

24. How many sisters do or did you have? ☐☐ 18-19

IF 'NONE' GO TO QUESTION 25, IF 'YES':

NUMBER

24.1 How many ***older*** sisters? ☐☐ 20-21

24.2 How many ***younger*** sisters? ☐☐ 22-23

24.3 How many of your sisters ever had asthma? ☐☐ 24-25

24.4 How many of your ***other*** sisters ever had eczema, skin or nasal allergy or hay fever? NUMBER ☐☐ 26-27

	NO	YES	DON'T KNOW	
25. Did your mother ever have asthma?	☐	☐	☐	28
26. Did your mother ever have eczema, skin or nasal allergy or hay fever?	☐	☐	☐	29
27. Did your father ever have asthma?	☐	☐	☐	30
28. Did your father ever have eczema, skin or nasal allergy or hay fever?	☐	☐	☐	31
29. Did you regularly share your bedroom with any ***older*** children before the age of five years?	☐	☐	☐	32
30. Did you go to a school, play-school or nursery with ***older*** children before the age of five years?	☐	☐	☐	33
31. Did you have a serious respiratory infection before the age of five years?	☐	☐	☐	34

	NO	YES	
32. Are you a full time student?	☐	☐	35

IF 'YES' GO TO QUESTION 32.7, IF 'NO':

YEARS

32.1 At what age did you complete full time education? ☐☐ 36-37

	NO	YES	
32.2 Are you currently employed or self-employed?	☐	☐	38

IF 'YES' GO TO QUESTION 32.3, IF 'NO':

	NO	YES	
32.2.1 Are you currently looking for a job?	☐	☐	39

32.3 What is you current or most recent job? [Be as precise as possible]

_____ ☐☐☐ 40-42

32.4 Are you or were you TICK ONE BOX ONLY

a) a manager working for an employer? 1 ☐
b) a foreman or supervisor working for an employer? 2 ☐
c) working for an employer, but neither a manager, supervisor or foreman? 3 ☐
d) self-employed? 4 ☐ 43

32.5 Does being at work ever make your chest tight or wheezy? NO ☐ YES ☐ 44

32.6 Have you ever had to change or leave your job because it affected your breathing? NO ☐ YES ☐ 45

IF 'NO' GO TO QUESTION 32.7 IF 'YES':

32.6.1 What was this job? [Be as precise as possible]

_____ ☐☐☐ 46-48

32.7 Have you ever worked in a job which exposed you to vapours, gas, dust or fumes? NO ☐ YES ☐ 49

IF 'NO' GO TO QUESTION 33, IF 'YES':

32.7.1 What was or is this job? [Be as precise as possible]
If current job write 'current job'

_____ ☐☐☐ 50-52

Your home

33. How many years have you lived in your present home? YEARS ☐☐ 53-54

34. How many years have you lived in _____? [Insert area name] YEARS ☐☐ 55-56

35. When was your present home built? TICK ONE BOX ONLY

a) before 1960? 1 ☐
b) 1961-1970? 2 ☐
c) 1971-1980? 3 ☐
d) 1981 or later? 4 ☐
e) don't know 5 ☐ 57

36. Which best describes the building in which you live? TICK ONE BOX ONLY

a) a mobile home or trailer? 1 ☐
b) a one family house detached from any other house? 2 ☐
c) a one family house attached to one or more houses? 3 ☐
d) a building for two families? 4 ☐

e) a building for three or four families? 5 ☐
f) a building for five or more families? 6 ☐
g) a boat, tent or van 7 ☐
e) other: _____ 8 ☐ 58

37.1-3 Does your home have any of the following?

	NO	YES	
37.1 central heating	☐	☐	59
37.2 ducted air heating	☐	☐	60
37.3 air conditioning	☐	☐	61

38.1-7 Which of the following fuels do you use for heating or for hot water?

	NO	YES	
38.1 open coal, coke or wood fire	☐	☐	62
38.2 open gas fire	☐	☐	63
38.3 electric heater	☐	☐	64
38.4 paraffin heater	☐	☐	65
38.5 gas-fired boiler	☐	☐	66
38.6 oil-fired boiler	☐	☐	67
38.7 other: _____	☐	☐	68

39. What kind of stove do you ***mostly*** use for cooking?

TICK ONE BOX ONLY

a) coal, coke or wood (solid fuel)? 1 ☐
b) gas? 2 ☐
c) electric? 3 ☐
d) paraffin? 4 ☐
e) other: _____ 5 ☐ 69

	NO	YES	DON'T KNOW	
40. Do you have an extractor fan over the cooker?	☐	☐	☐	70

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 41, IF 'YES':

40.1 When cooking, do you use the fan

TICK ONE BOX ONLY

a) all of the time? 1 ☐
b) some of the time? 2 ☐
c) none of the time? 3 ☐ 71

	NO	YES	DON'T KNOW	
40.2 Does the fan take the fumes outside the house?	☐	☐	☐	72

41.1-5 Does the room which you use most at home during the day

	NO	YES	
41.1 have fitted carpets covering the whole floor?	☐	☐	73

41.2 contain rugs? 74
41.3 have double glazing? 75
41.4 have curtains? 76
41.5 have upholstered or soft furnishings? 77

BLANK 78

CARD NUMBER 79-80

CARD 4

42.1-5 Does your bedroom DUPLICATE 1-9

	NO	YES	
42.1 have fitted carpets covering the whole floor?			10
42.2 contain rugs?			11
42.3 have double glazing?			12

42. continued...

	NO	YES	
42.4 have curtains?			13
42.5 have upholstered or soft furnishings?			14

If 'NO' ask: Do you have a conventional mattress?
If 'YES': ***code 'YES'***

	NO	YES	
43. Do you sleep with the windows open at night during winter?			15

IF 'NO' GO TO QUESTION 44, IF 'YES':

43.1 Do you sleep with the windows open — TICK ONE BOX ONLY

a) all of the time?	1	
b) sometimes?	2	
c) only occasionally?	3	16

	NO	YES	DON'T KNOW	
44. Has there ever been any water damage to the building or its contents, for example, from broken pipes, leaks or floods?				17

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 45, IF 'YES':

	NO	YES	DON'T KNOW	
44.1 Has there been any water damage in the last ***12 months***?				18

	NO	YES	
45. Do you have a basement or cellar?			19

IF 'NO' GO TO QUESTION 46, IF 'YES':

	NO	YES	DON'T KNOW	
45.1 Does water ever collect on the basement floor?				20

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 46, IF 'YES':

	NO	YES	
45.1.1 Has this happened in the last ***12 months***?			21

	NO	YES	DON'T KNOW
46. Has there ever been any mould or mildew on any surface, other than			

food, inside the home? ☐ ☐ ☐ 22

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 47, IF 'YES':

46.1.1-6 Which rooms have been affected?

	NO	YES	
46.1.1 bathroom(s)	☐	☐	23
46.1.2 bedroom(s)	☐	☐	24
46.1.3 living area(s)	☐	☐	25
46.1.4 kitchen	☐	☐	26
46.1.5 basement or attic	☐	☐	27
46.1.6 other: _____	☐	☐	28

46.2 Has there been mould or mildew on any surfaces inside the home in the last ***12 months***? NO ☐ YES ☐ 29

47. Do you use a humidifier, including any humidifier built into your heating system? NO ☐ YES ☐ DON'T KNOW ☐ 30

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 48, IF 'YES':

47.1 What kind of humidifier do you use? TICK ONE BOX ONLY

a) humidifier built into heating system	1	☐
b) portable cold mist (ultrasonic or spinning disc)	2	☐
c) portable hot mist vaporiser	3	☐
d) other: _____	4	☐ 31

47.2 Under what circumstances do you use your humidifier? TICK ONE BOX ONLY

a) only when someone is ill - in their room	1	☐
b) to humidify the house	2	☐
d) other: _____	3	☐ 32

<u>Animals, dust and feathers</u>

48. Do you keep a cat? NO ☐ YES ☐ 33

IF 'NO' GO TO QUESTION 49, IF 'YES':

	NO	YES	
48.1 Is your cat ever allowed into your bedroom?	☐	☐	34
48.2 Do all your cats stay outside the house?	☐	☐	35

49. Do you keep a dog? NO ☐ YES ☐ 36

IF 'NO' GO TO QUESTION 50, IF 'YES':

NO YES

49.1 Is your dog ever allowed into your bedroom?			37
49.2 Do all your dogs stay outside the house?			38
	NO	YES	
50. Do you keep any birds?			39

IF 'NO' GO TO QUESTION 51, IF 'YES':

	NO	YES	
50.1 Are any of these birds kept inside the house?			40

51.1-12 When you were a child did anyone in your household keep any of the following pets?

	NO	YES	
51.1 cats			41
51.2 dogs			42
51.3 horses			43
51.4 birds			44
51.5 guinea pigs			45
51.6 hamsters			46

51. continued...

	NO	YES	
51.7 mice			47
51.8 rats			48
51.9 rabbits			49
51.10 gerbils			50
51.11 ferrets			51
51.12 other: _____			52

52.1-6 When you are near animals, such as cats, dogs or horses, near feathers, including pillows, quilts or duvets, or in a dusty part of the house, do you ***ever***

	NO	YES	
52.1 start to cough?			53
52.2 start to wheeze?			54
52.3 get a feeling of tightness in your chest?			55
52.4 start to feel short of breath?			56
52.5 get a runny or stuffy nose or start to sneeze?			57
52.6 get itchy or watering eyes?			58

<u>Trees, grass, plants, flowers and pollen</u>

53.1-6 When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ***ever***

	NO	YES	
53.1 start to cough?			59
53.2 start to wheeze?			60
53.3 get a feeling of tightness in your chest?			61

53.4 start to feel short of breath?			62
53.5 get a runny or stuffy nose or start to sneeze?			63
53.6 get itchy or watering eyes?			64

IF 'YES' TO ANY OF THE ABOVE:

53.1.1-4 Which time of year does this happen?

	NO	YES	
53.1.1 winter			65
53.1.2 spring			66
53.1.3 summer			67
53.1.4 autumn			68

Diet

54. How often do you eat pre-packaged food, such as tinned food or pre-prepared frozen meals?

	TICK ONE BOX ONLY		
a) every day or most days	1		
b) at least once a week	2		
c) less than once a week	3		69

55. How often do you drink sweet fizzy drinks?

	TICK ONE BOX ONLY		
a) every day or most days	1		
b) at least once a week	2		
c) less than once a week	3		70

	NO	YES	
56. Do you take snacks between meals?			71

IF 'NO' GO TO QUESTION 57, IF 'YES':

56.1-3 Which of the following would you have as a snack at least ***once a week***?

	NO	YES	
56.1 savoury biscuits or crisps			72
56.2 sweets, chocolates or sweet biscuits			73
56.3 fruit or vegetables			74

	NO	YES	
57. Have you ever had an illness or trouble caused by eating a ***particular*** food or foods?			75

IF 'NO' GO TO QUESTION 58, IF 'YES':

	NO	YES	
57.1 Have you nearly always had the same illness or trouble after eating this type of food?			76

BLANK 77-78

CARD NUMBER [ ][ ] 79-80

IF 'NO' GO TO QUESTION 58, IF 'YES':

CARD 5
DUPLICATE 1-9

57.1.1 What type of food was this? [List up to 3]

_____ [ ][ ] 10-11

_____ [ ][ ] 12-13

_____ [ ][ ] 14-15

57.1.2.1-6 Did this illness or trouble include

	NO	YES	
57.1.2.1 a rash or itchy skin?	[ ]	[ ]	16
57.1.2.2 diarrhoea or vomiting?	[ ]	[ ]	17
57.1.2.3 runny or stuffy nose?	[ ]	[ ]	18
57.1.2.4 severe headaches?	[ ]	[ ]	19
57.1.2.5 breathlessness?	[ ]	[ ]	20
57.1.2.6 other: _____	[ ]	[ ]	21

Smoking

	NO	YES	
58. Have you ever smoked for as long as a year?	[ ]	[ ]	22

['YES' means at least 20 packs of cigarettes or 12 oz (360 grams) of tobacco in a lifetime, or at least one cigarette per day or one cigar a week for one year]

IF 'NO' GO TO QUESTION 59, IF 'YES':

58.1 How old were you when you started smoking? YEARS [ ][ ] 23-24

58.2 Do you **now** smoke, as of ***one month ago***? NO [ ] YES [ ] 25

IF 'NO' GO TO QUESTION 58.3.1, IF 'YES':

58.2.1-4 How much do you ***now*** smoke on average

NUMBER

58.2.1 number of cigarettes per day [ ][ ] 26-27

58.2.2 number of cigarillos per day [ ][ ] 28-29

58.2.3 number of cigars a week [ ][ ] 30-31

58.2.4 pipe tobacco in a) ounces / week [ ][ ] 32-33

b) grams / week [ ][ ][ ] 34-36

58.3 Have you stopped or cut down smoking? NO [ ] YES [ ] 37

IF 'NO' GO TO QUESTION 58.4, IF 'YES':

58.3.1 How old were you when you stopped or cut down smoking? YEARS [ ][ ] 38-39

58.3.2.1-4 ***On average*** of the entire time you smoked, before you stopped or cut down, how much did you smoke?

NUMBER

58.3.2.1 number of cigarettes per day [ ][ ] 40-41

58.3.2.2 number of cigarillos per day [ ][ ] 42-43

58.3.2.3 number of cigars a week [ ][ ] 44-45

58.3.2.4 pipe tobacco in a) ounces / week [ ][ ] 46-47

b) grams / week [ ][ ][ ] 48-50

58.4 Do you or did you inhale the smoke? NO [ ] YES [ ] 51

59. Have you been **regularly** exposed to tobacco smoke in the last ***12 months***? ['Regularly' means on most days or nights] NO [ ] YES [ ] 52

IF 'NO' GO TO QUESTION 60, IF 'YES':

59.1 Not counting yourself, how many people in your household smoke regularly? NUMBER [ ][ ] 53-54

59.2 Do people smoke regularly in the room where you work? NO [ ] YES [ ] 55

59.3 How many hours per day are you exposed to ***other people's*** tobacco smoke? HOURS [ ][ ] 56-57

Medicines and inhalers

60. Have you used any **inhaled** medicines to help your breathing at any time in the last ***12 months***? NO ☐ YES ☐ 58

IF 'NO' GO TO QUESTION 61, IF 'YES':

60.1-6 Which of the following have you used in the last ***12 months***?

60.1 **beta-2-agonist inhalers** NO ☐ YES ☐ 59

60.1.1 If used, which one? _____ ☐☐ 60-61

60.2 **non-specific adrenoreceptor agonist inhalers** NO ☐ YES ☐ 62

60.2.1 If used, which one? _____ ☐ 63

60.3 **anti-muscarinic inhalers** NO ☐ YES ☐ 64

60.3.1 If used, which one? _____ ☐ 65

60.4 **inhaled steroids** NO ☐ YES ☐ 66

60.4.1 If used, which one? _____ ☐ 67

60.5 **other inhalers (non-steroid, single drug)** NO ☐ YES ☐ 68

60.5.1 If used, which one? _____ ☐ 69

60.6 **inhaled compound inhalers** NO ☐ YES ☐ 70

60.6.1 If used, which one? _____ ☐ 71

61. Have you used any **pills**, **capsules**, **tablets** or **medicines**, other than inhaled medicines, to help your breathing at any time in the last ***12 months***? NO ☐ YES ☐ 72

IF 'NO' GO TO QUESTION 62, IF 'YES':

61.1-6 Which of the following have you used in the last ***12 months***?

61.1 **oral specific beta-2-agonists** NO ☐ YES ☐ 73

61.1.1 If used, which one? _____ ☐ 74

61.2 **oral non-specific adrenoreceptor agonists** NO ☐ YES ☐ 75

61.2.1 If used, which one? _____ ☐ 76

61.3 **oral anti-muscarinic drugs** NO ☐ YES ☐ 77

61.3.1 If used, which one? _____ ☐ 78

CARD NUMBER [ ][ ] 79-80
CARD 6
DUPLICATE 1-9

NO YES

61.4 **oral methylxanthines** [ ][ ] 10

60.4.1 If used, which one? _____ [ ] 11

NO YES

61.5 **oral steroids** [ ][ ] 12

61.5.1 If used, which one? _____ [ ][ ] 13-14

NO YES

61.6 **oral antihistamines** [ ][ ] 15

61.6.1 If used, which one? _____ [ ] 16

NO YES

61.7 **oral compound bronchodilators (no sedatives)** [ ][ ] 17

61.7.1 If used, which one? _____ [ ] 18

NO YES

61.8 **oral compound bronchodilators with sedatives** [ ][ ] 19

61.8.1 If used, which one? _____ [ ] 20

NO YES

61.9 **other oral medications** [ ][ ] 21

61.9.1 If used, which one? _____ [ ] 22

NO YES DON'T KNOW

62. Have you ever been vaccinated for allergy at any time in your life? [ ][ ][ ] 23

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 63, IF 'YES':

NO YES

62.1 Have you been vaccinated for allergy in the last ***12 months***? [ ][ ] 24

NO YES

63. Have you had any other **injections** to help your breathing at any time in the last ***12 months***? [ ][ ] 25

IF 'NO' GO TO QUESTION 64, IF 'YES':

63.1 What injections? _____ [ ] 26

_____ [ ] 27

NO YES

64. Have you had any suppositories to help your breathing at any time in the last ***12 months***? [ ][ ] 28

IF 'NO' GO TO QUESTION 65, IF 'YES':

64.1 What suppositories? _____ 29
_____ 30

65. Have you used any other **remedies** to help your breathing at any time in the last ***12 months***? NO YES 31

IF 'NO' GO TO QUESTION 66, IF 'YES':

65.1 What remedies? _____ 32
_____ 33
_____ 34

66. Do you take drugs every day to help your breathing even if you don't feel short of breath? NO YES 35

IF 'NO' GO TO QUESTION 67, IF 'YES':

66.1 Which drugs? _____ 36-37
_____ 38-39
_____ 40-41
_____ 42-43
_____ 44-45
_____ 46-47
_____ 48-49
_____ 50-51

67. Do you take any drugs ***only*** for attacks of breathlessness? NO YES 52

IF 'NO' GO TO QUESTION 68, IF 'YES':

67.1 Which drugs? _____ 53-54
_____ 55-56
_____ 57-58
_____ 59-60
_____ 61-62
_____ 63-64

67.2 Do you take these drugs TICK ONE BOX ONLY

a) at the onset of the attack? 1
b) only when the attack becomes more severe? 2 65

68. Has your doctor ever prescribed medicines, including inhalers, for your breathing? NO YES 66

IF 'NO' GO TO QUESTION 69, IF 'YES':

68.1 If you are prescribed medicines for your breathing, do you ***normally*** take

TICK ONE BOX ONLY

a) all of the medicine? 1 ☐
b) most of the medicine? 2 ☐
c) some of the medicine? 3 ☐
d) none of the medicine? 4 ☐ 67

68.2 ***When your breathing gets worse***, and you are prescribed medicines for your breathing, do you normally take

TICK ONE BOX ONLY

a) all of the medicine? 1 ☐
b) most of the medicine? 2 ☐
c) some of the medicine? 3 ☐
d) none of the medicine? 4 ☐ 68

68.3 Do you think it is bad for you to take medicines all the time to help your breathing? NO ☐ YES ☐ 69

68.4 Do you think you should take as much medicine as you need to get rid of ***all*** your breathing problems? NO ☐ YES ☐ 70

69. Have you ever visited a hospital casualty department or emergency room because of breathing problems? NO ☐ YES ☐ 71

70. Have you ever spent a night in hospital because of breathing problems? NO ☐ YES ☐ 72

IF 'NO' GO TO QUESTION 71, IF 'YES':

70.1 How many times in the last ***12 months***? NUMBER ☐☐ 73-74

71. Have you ever been seen by a doctor because of breathing problems or because of shortness of breath? NO ☐ YES ☐ 75

IF 'NO' GO TO END, IF 'YES':

71.1 When was the last time you were seen by a doctor because of breathing problems or because of shortness of breath?

TICK ONE BOX ONLY

a) within the last seven days 1 ☐
b) more than seven days ago but within the last four weeks 2 ☐
c) more than four weeks ago but within the last 12 months 3 ☐
d) more than a year ago 4 ☐ 76

71.2 ***Where*** were you seen?

TICK ONE BOX ONLY

a) by a GP at home	1		
b) by a GP in his office or surgery	2		
c) by a specialist at home	3		
d) by a specialist in his office or hospital outpatients department	4		
e) in a casualty department or emergency room	5		
f) admitted to a hospital ward	6		77

END

FIELDWORKER NUMBER		78
CARD NUMBER		79-80