

ECRHS APPENDIX A 1 Screening Questionnaire

Area number 1-3
 Personal number 4-8
 Sample 9

**TO ANSWER THE QUESTIONS PLEASE CHOOSE THE APPROPRIATE BOX
 IF YOU ARE UNSURE OF THE ANSWER PLEASE CHOOSE 'NO'**

1. Have you had wheezing or whistling in your chest at any time in the last 12 months? NOYES 10

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

1.1. Have you been at all breathless when the wheezing noise was present? NO YES 11

1.2. Have you had this wheezing or whistling when you did not have a cold? NOYES 12

2. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? NOYES 13

3. Have you been woken by an attack of shortness of breath at any time in the last 12 months? NO YES 14

4. Have you been woken by an attack of coughing at any time in the last 12 months? NOYES 15

5. Have you had an attack of asthma in the last 12 months? NO YES 16

6. Are you currently taking any medicine (including inhalers, aerosols or tablets) for asthma? NOYES 17

7. Do you have any nasal allergies including hay fever? NO YES 18

8. What is your date of birth? DAY MONTH YEAR 19-24

9. What is today's date? DAY MONTH YEAR 25-30

10. Are you male or female? MALE FEMALE 31

THANK YOU FOR YOUR HELP
If you don't mind being telephoned at home or at work by one of the study team, please write your telephone number below: 32
 33
 34

(DAY).....(EVE).....