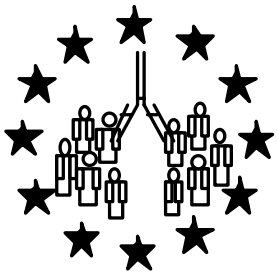
THE EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II



ECRHS II

SCREENING QUESTIONNAIRE

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For further information:

www.ecrhs.org

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ECRHS II 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? NO [ ] YES [ ] 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? NO [ ] YES [ ] 12

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