



ECRHS II

EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II

Instructions and Coding to Main Questionnaire

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Coding and Instructions for main questionnaire – ECRHS II

Introduction

The use of a questionnaire to collect information makes it possible to obtain answers to important questions in a standardised way. The reliability of the questionnaire depends on the behaviour of the interviewer, and therefore it is important that the questions are read exactly as they are printed and that no non-verbal clues are given.

Basic rules

1. Interviews should take place where there is minimal disturbance, where both interviewer and subject can be comfortable, and where eye contact and hence the attention of the subject is maintained.
2. The interviewer is started when the interviewer has the subject's full attention, with the introductory sentence used in the questionnaire.
3. Occasionally, the interview may be complicated by one of the following difficulties:
 - a) The subject will not understand the question.
 - b) The subject or interviewer will find an ambiguity in the question.
 - c) The subject's answer may be inappropriate to the question.
4. It is very important that all interviewers in all the centres follow the same procedure for solving problems, so that it is possible to compare the answers given in one centre with the answers given in another.
5. The following general rules should be obeyed when there is a problem:
 - a) The question is repeated exactly as written, emphasising the wording where there is ambiguity,
 - b) The subject is reminded that he/she should try to answer 'YES' or 'NO' to each of the questions.
 - c) If an answer of 'YES' or 'NO' is required and the subject does not understand the question even when repeated, the answer is coded as 'NO', (unless a 'DON'T KNOW' option is specifically provided).
 - d) Where an answer is required to a quantitative or semi-quantitative question, the subject's 'best guess' may be accepted.
 - e) An explanation may be given to the subject, instructions for these are provided. Words in the question that should be stressed are underlined. Notes in square brackets are guidance and should not be read out.
6. Many questions ask 'since the last survey'. The interviewer should know the month and year of the last survey so that they can remind the subject when this was.

If, during the interview, a subject requests further information or clarification of a question that is not possible according to the questionnaire rules, the interviewer should explain to the subject that these points can be discussed at the end of the questionnaire.

Although this is essentially a study of asthma, the word ‘asthma’ is considered to be emotive and it is generally replaced by the ‘respiratory health’ or ‘breathing problems’. If the word ‘asthma’ does not appear in the question, it should not be used as any further clarification or discussion with the subject.

Training

Before starting the survey, the questionnaire and instructions should be studied and any difficulties discussed. Trainee interviewers must become familiar with the flow of questions. Interviews should test the questionnaire on 10 or more subjects (such as hospital patients), who have at least some chest symptoms, as there is usually no difficulties with subjects who answer ‘NO’. These interviews should be witnessed by an experienced person who can identify mistakes or doubtful points that need correcting or clarification.

Recording the replies to the questions

Most of the questions are of the ‘YES’ or ‘NO’ types and where applicable ‘DON’T KNOW’. If there is not provision for a ‘DON’T KNOW’ answer and the subjects is uncertain of the answer it is recorded as ‘NO’. If the answer to the question is a number, this should be recorded directly in the boxes provided. Where the answer is a date, this should be written out in full. The interviewer should follow instructions given in the questionnaire regarding which questions to ask according to the subject’s response. In cases when further questions are irrelevant (and this can follow a ‘YES’ or a ‘NO’ answer) a ‘skip’ (‘GO TO’) will direct interviewers to the next question. Occasionally, there are ‘skips’ within sub-divisions of questions. For questions where there is a choice of answers there are two formats. If there is only one possible or likely answer the format is ‘TICK ONE BOX ONLY’. If the subject cannot decide between two options, then the choice which applies most of the time and most recently should be recorded. The second format is a ‘YES’ or ‘NO’ box to each of a number of possibilities or choices in cases where they could all apply. Some of these questions have as a final option ‘OTHER’. If the subject chooses this option and, therefore, gives an unusual or unexpected answer, the box next

to this option is ticked 'YES' and the answer written in freehand and left uncoded. The 'OTHER' option is also chosen if the subject is asked to list items and there is insufficient space, the most often used or the item the subject considered most important should be recorded.

Coding

Answers to questions are either chosen from a selection of options or written freehand. Sometimes not all the answers are coded, but the information is there for reference at a later date. All freehand answers are coded after the questionnaire has been administered.

Additional clarification of questions

QUESTION 1

These questions are intended to identify persons who have occasionally and/or frequent wheezing. Subjects may confuse wheezing with snoring or bubbling sounds in the chest. 'Wheeze' can be described as '*A whistling sound, whether high or low pitched and however faint*'. If the question is not understood, a vocal demonstration of wheezing by the interviewer can be helpful. No distinction is made between those who only wheeze during the day and those who only wheeze at night.

QUESTION 2

The question refers to waking with tightness in the chest at any time regardless of whether the subject has had a cold during that period.

QUESTION 3, 4, and 5

These questions distinguish between attacks of breathlessness during periods of inactivity, 'exercise-induced' breathlessness and night-time (or during 'sleep period') breathlessness. In the question regarding breathlessness following activity, the word 'following' should be stressed. If the subject has not carried out any strenuous activity in the last 12 months for whatever reason, the answer is recorded as 'NO'. This includes those subjects who avoid strenuous activity because they would become breathless.

Supplementary questions have been added to question 5 to determine whether symptoms have been frequent in the last 3 months.

QUESTION 6, 7, and 8

In those parts of the world where respiratory symptoms are most common at other times in the year, the appropriate word should be substituted for 'winter'. Where there is no seasonal variation in respiratory symptoms the word 'winter' should be omitted. When night shift workers are interviewed the words 'on getting up' should be used instead of 'first thing in the morning'. A cough with their first smoke or on going out of doors is included. Clearing the throat or a single cough is excluded. The word 'usually' should be emphasised. An occasional cough may be considered as normal and the answer should be recorded as 'NO'. As a rough guide single coughs at a frequency of less than six a day are 'occasional'. The words 'do you cough like this' refers to whatever kind of cough or frequency of cough the subject has already reported in the previous question and whenever it occurred. 'Three months' refers to three consecutive months, and 'each year' to the last two years. There are special rules for recording the answers to question 7. If the answer to question 7 is doubtful, the interviewer should then ask question 8.1. The answer to question 8.1 is recorded as the answer to question 7. The interviewer should then ask question 8, followed by 8.1 again and the answers are recorded as they are given.

QUESTION 9 and 10

As with cough, phlegm with the first smoke or on going out of doors included, but not mucoid discharge from the nose. Contrary to cough, however, 'occasional' phlegm production from the chest is considered abnormal if it occurs twice or more per day. The interviewer may use any suitable word that accords with local usage provided that it distinguishes phlegm from the chest or throat from pure nasal discharge. Some subjects admit to bringing up phlegm without admitting to coughing. This should be accepted without charging the replies to the questions about cough. A claim that phlegm is coughed from the chest but swallowed counts as a positive reply. For question 9, question 10.1 is used to ascertain the answer to question 9, as described above.

QUESTION 11

The phrase 'trouble with your breathing' should not be elaborated upon. If the subjects feel that there is something wrong with their breathing, whatever the reason, the answer is recorded as 'YES'.

QUESTION 12

This question refers to any physical disability other than chest or heart disease (for example, confined to a wheelchair) that prevents the subject from walking normally and that has been present for at least 12 months. This precise nature of disability should be recorded freehand but will not be coded. If the subject has a temporary physical disability that has not been present through the last 12 months, the questions are asked pertaining to the time when the subject was fit. In order to increase uniformity between surveys carried out a different breathlessness is at its worst. If the subject is disabled from walking (e.g. confined to a wheelchair or uses crutches continuously) these questions are omitted and the disabling condition is recorded freehand. 'Hurrying' implies walking quickly. These questions refer to the average condition during the previous two winters. If the subject avoids hurrying because they would become breathless and, therefore, the question is irrelevant, the answer recorded as 'NO'.

QUESTION 13

This question will assess cyclical variation in breathing problems in women. Women should identify the most appropriate response for them.

QUESTION 14

- 14.1 Further explanation of the definition of 'asthma' should not be given. If the term is not understood, the answer should be recorded as 'NO'.
- 14.2 If the subject does not remember their age at time of their first or most recent attack of asthma, the interviewer should ask an estimate of the age. This is more likely with the first, rather than the most recent, but an estimate may also be given for most 'recent attack'.
- 14.4 All the relevant months when the subject commonly has asthma attacks should be recorded as 'YES'. If the subject replies 'all the time' or 'at any time' the 'YES' is recorded for all the months.
- 14.5-9 Subjects are asked how frequently they have symptoms and should choose the most appropriate response.
- 14.10 'Currently taking medication' is defined as 'having the medication available at home'. Alternative therapy is included if prescribed by a licensed practitioner.

QUESTION 15

The term nasal allergies includes all symptoms of rhinitis, whether seasonal or perennial, and whatever the allergens associated with symptoms. This question is the same question as in ECRHS I.

If the subject cannot remember how old they were when they first had hayfever or nasal allergy, then the interviewer should prompt the person to give an approximate answer.

QUESTION 16

These questions are similar to those adopted by ISAAC for the definition of hayfever in children. These questions are asked after question 15 in order to maintain similarity with ECRHS I. However, where someone has answered 'YES' to question 15 but 'NO' to question 16, the question should be repeated and the response recorded. However, the interviewer should not prompt the subject further, even if the subject again replies 'NO'.

QUESTION 17

- 17.1.1 For steroid nasal sprays, each country should make the lists of the drugs used in their country, and the interviewer will show these lists. The list will not include cromolyn and antihistamine sprays. If the interviewed person reports having used any medication on the list, the answer is 'YES'.
- 17.1.2 Count the number of years since the first treatment even if the subject uses treatment only some months each year (e.g. seasonal rhinitis)
- 17.2 For antihistamines, each country will make a list of pills, capsules or tablets used to treat nasal disorder in their country, and the interviewer will show these lists. The list will not include compound syrups with antihistamines. Subjects should only respond 'YES' if they have used these medications for the treatment of their nasal disorder.
- 17.2.1 Same as question 17.1.2

QUESTION 18

This question has been retained to allow comparison with ECRHS I. If the term eczema is not understood the answer should be recorded as 'NO'.

QUESTION 19

This question is designed following agreed working party definitions on eczema.

- 19.2 The answer should be recorded as 'YES' if any of the stated locations are affected.

QUESTION 20

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If the response to breathing difficulties associated with the use of any medicine is 'YES', the appropriate group should not be recorded and the exact drug recorded freehand. Skin reactions to drugs are not included.

QUESTION 21

Subjects may need to use the 'best guess' to give their mothers age at the time they were born.

QUESTION 23

'Hospitalised' means spending a night as an inpatient in hospital. 'Lung disease' means any condition that was related to lower respiratory, chest or lung problems including chest infections, pneumonia and asthma.

QUESTION 24

Local terminology relevant to day care for children under five years can be used. If a child is looked after by a childminder or 'day-mother', together with children from other families this is considered to be 'day-care'.

QUESTION 25

'Regularly' sharing a bedroom means routinely at home for more than one year as opposed to when visiting relatives or for short holiday periods (occupational to complete).

QUESTION 26 – QUESTION 31(Occupational Group to provide)

A full-time student is defined as one currently attending an educational establishment and not having full-time employment. If the subject is a student, but works part-time this counts as full-time education.

QUESTION 32

QUESTION 33 and 34

Some people may 'exercise' as part of their work. In this question 'exercise' at work is included in this question, if it makes the subject 'get out of breath' or 'sweat'.

QUESTION 36

The age of the present home gives an indication of the amount of insulation and degree of air-tightness, but may not be known to individuals who have recently

moved. If the subject is unsure of the year in which their house was built, the interviewer should record their 'best guess'.

QUESTION 37

This question will be used to identify subjects who have moved house since the last survey.

- 37.2 The answers should be recorded in whole years.
- 37.3 The local questionnaire can be modified to identify the sampling area for ECRHS I or the interviewer may code directly from their knowledge of the sampling area of the ECRHS I.
- 37.4 If a subject owns more than one home or has a holiday caravan or boat, the question pertains to the dwelling in which the subject spends most time. Buildings that have been built or reconstructed behind old facade should count as new buildings (from the date of reconstruction).

QUESTION 38, 39, and 40

These questions refer to heating and cooking fuels and give some idea of indoor air pollution. Information on the type of heating will provide information on temperature differentials and humidity changes throughout the house, which can occur when there is no central heating. 'Central heating' is defined as a gas or oil fired boiler feeding radiators in every or nearly all the rooms in the house or electric storage heaters used throughout the house. Central heating includes radiators that are in most rooms and which maintain a regular temperature for most of the day. Heating of this type in part of the house, for example, in the living room only, also counts as 'YES'. Air conditioning is either 'central' air conditioning or 'individual units' in the windows of rooms. 'Open fires' as a form of heating refers to a 'fireplace' a 'stove' or a 'woodstove' used for heating or hot water, but not for cooking, in a room which is inhabited rather than in an unused basement, whether or not it is part of a ducted heating system. If the subject has additional forms of heating (for example, electric storage heaters) and they have been used at least once in the last 12 months, the answer is recorded as 'YES'. If other heaters are present but have never been used in the previous 12 months, the answer to the question is 'NO'. For countries where 'distance heaters' and 'electrical radiators' are commonly used, the answer should be recorded as 'YES' or 'OTHER' and the Fieldworkers should refer to the coding instructions.

QUESTION 42

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This figure relates to the average time spent cooking with the main cooking appliance referred to in question 40.

QUESTION 42

Subjects must think about the last four weeks and make an estimate of the time he/she prepares meals on their stove or spends cooking each day. Time when the oven is on is included in this amount, but only if the subject is the one who is preparing the meal. The answer is recorded in minutes.

QUESTION 43

If someone has responded ‘never’ – they are coded as 3 – ‘rarely or occasionally’

QUESTION 45 and 48

This question asks about the type of window insulation and furnishings that are present in the home. ‘Double glazing’ means double or triple windowpanes. If these are removable panes and are only used for part of the year and they have been used in the last 12 months, the answer is recorded as ‘YES’.

QUESTION 46 and 49

If someone has no carpets or rugs code 4

QUESTION 47 and 51

The lowest floor of a building that is habitable is considered as 00, and all floors above this are numbered from there. Therefore, for some homes 00 will be equivalent to the ground floor and for others it will be equivalent to the first floor 01.

QUESTION 53, 54 and 55

These questions refer to the amount of damp or mould that is apparent in the subject’s home. The interviewer should stress ‘in the last 12 months’. Where appropriate ‘basements’ or ‘cellars’ are rooms that are below ground floor level that the subject has permanent access to and that are immediately below the subject’s residence.

QUESTION 56 and 57

The interviewer should read out this paragraph as it is presented and the subject should provide a number that rates their response, while they look at the thermometer. This full number is entered.

QUESTION 60

This question records changes made to reduce allergen. The answer should only be coded as ‘YES’ if changes were specifically made to reduce allergen exposure.

QUESTION 61, 62 and 63

These questions are about pets currently owned and to establish the length of time spent indoors by the pet, which appears to reflect the amount of animal-derived indoor allergen present.

QUESTION 68 and 69

These questions refer to symptoms related to exposure to aeroallergens, including animal dander and dust mite allergen. Each part of the question should be read out by the interviewer and a ‘YES’ or ‘NO’ answer recorded.

QUESTION 70

A question on seasonality of symptoms is included that requires a ‘YES’ or ‘NO’ answer to each season. If different symptoms occur at different seasons, the interviewer should record a ‘YES’ to all the relevant seasons. The seasons and months included may be adapted locally for different parts of the world.

QUESTION 71, 72 and 73

Questions on diet refer to food consumed at home and not in restaurants. These questions relate to the amount of convenience food and ‘junk’ food the subject is consuming, which will give an indication of sodium and food additive intake. The food ‘categories’ are:

- 1) savoury foods (salty/fatty)
- 2) sweet foods (may be fatty)
- 3) fruit and vegetables

Cheese as a snack is included as a ‘savoury’ food. ‘Every day or most days’ means four or more days a week. For the question on ‘trouble after eating foods’, the type or types of food are recorded freehand. If more than three foods are involved, three foods or types of food that cause the most severe problems should be recorded. In countries where food additives are not permitted in frozen foods, the words ‘pre-prepared frozen meals’ is omitted. Mineral water is not included as a ‘fizzy drink’.

QUESTION 74

If the subject is in doubt about their smoking status the interviewer should read the definition of ‘smoking’. If the subject answers ‘YES’ but does not remember when they started smoking, the interviewer should ask for an approximate age. The question on ‘present’ smoking status relates to the last month. For example, if the subject smoked their last cigarette two weeks ago the answer is ‘YES’. The words ‘as of one month ago’ should be stressed. If the subject’s smoking habits have changed, they will be asked how old they were when they cut down or stopped smoking. The tendency will be to remember ‘how long ago’ rather than ‘at what age’, so the interviewer will need to work out with the subject the age at cutting down. The subject will then be asked how much he/she smoked on average the entire time that he/she smoked before cutting down. The questions are designed so that a consistent smoker answers only about what he/she smokes now and ex-smoker answers about what he/she now smokes and what he/she smoked before. ‘Home’ or ‘self-rolled’ cigarettes are included in ‘number of cigarettes’ smoked. The question on ‘pipe tobacco’ are to be answered in either ounces or grams, depending on which the subject is most familiar with. The question on inhalation of cigarette smoke refers to the way that the subject smoked for most of the time. The question on regular exposure to smoking is concerned with exposure to environmental tobacco smoke and related to the last 12 months only. The question may be irrelevant to a present smoker (where that answer is ‘YES’), but should still be asked. People in the household (apart from the subject) who smoke regularly may include a babysitter/nanny or housekeeper/au pair, who are present most of the time or live in. It also includes regular visitors who smoke in the house at least five days a week. It does not include occasional visitors who smoke. If the subject works in a very large room (open planned office or factory) where people smoke some distance away, 10m (3ft) can be regarded as a cut-off. In order to obtain more information on the location, in which people are exposed to tobacco smoke, subjects are asked at what locations they have experienced their exposures. However, in order to maintain complete comparability with ECRHS I question 75.3 remains unchanged. ‘Elsewhere’ may include the home of relatives or home of friends.

QUESTION 76 and 77

The subject should be asked to bring along any medication that he/she is currently taking. The question refers to the last 12 months so it is possible that the subject no longer has the medicine or that it is not in its original container, so therefore, the interviewer can show the subject photographs of inhalers/medicines at the time of questioning. Of two or more inhalers or

medicines from the same group are simultaneously used, the one that is most often or most recently used should be recorded. Menthol rubs and similar 'inhaled' medicine are not counted as inhalers.

The general format of the question is to ask about use in the last 12 months, and then use in a shorter period of time. Subjects should identify where during recent usage these drugs are used when needed, in short courses or continuously. However some may not have used them at all in the recent period-this option is provided. Having done this subjects are regained to describe their average use of these drugs over the specified time period.

QUESTION 78

Question 78 is designed to divided subjects into those who, since the last survey have

- never used inhaled steroids
- used inhaled steroids most months since the last survey
- used inhaled steroids every month every year since the last survey
- used inhaled steroids for only some months of some years since the last surveys

From the information provided the total months that people have taken steroids since the last survey can be determined.

QUESTION 79

These questions refer to desensitisation injections or immunotherapy. The subject may volunteer this information. If the question is not understood, the answer is recorded as 'NO'. Desensitisation injections should be distinguished from other injections to 'help breathing', which can include penicillin shots in acute respiratory infection or depot steroids. It does not include antiviral vaccines and translations of the word 'immunotherapy' should ensure that there is no misunderstanding.

QUESTION 83

This question is about the subject's attitude to the use of medication for their breathing problems, and also distinguishes between subjects who have been prescribed medication and subjects who self-medicate or use 'over the counter' medication. The interviewer should try not to evoke any guilt in the subject if they are reluctant to take medication so that a false answer is not obtained.

QUESTION 84

The wording of the introductory statement is similar to the ECRHS I but in 84.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

QUESTION 85

The wording of the introductory statement is similar to ECRHS I but in 85.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

QUESTION 86

The wording of the introductory statement is similar to ECHRS I but in 86.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

QUESTION 87

‘Regular appointment’ means that the subject is seen at specified periods by the health practitioner (i.e. every 3 months, or 4 months etc.) A ‘regular appointment’ is also one where at the end of a consultation a date is fixed for the next attendance.

QUESTION 90

This is undesirable, but unavoidable repetition on earlier questions.

Standard coding

Area number (as for ECRHS I)

Subject number (as for ECRHS I)

Sample (as for ECRHS I)

For all questions;

- 1 NO
- 2 YES
- 3 DON'T KNOW

Questions with 'TICK ONE BOX ONLY' instruction:

The number of the box ticked is the code for that answer.

General Instructions

8, 98 or 998 NOT CODED (details recorded on questionnaire)

9, 99 or 999 DON'T KNOW (or questions with an answer missing;
'DON'T KNOW' answers without a 'DON'T KNOW' option)

Unanswered boxes in questions 17.1, 57.2, 63.1 and 65.1 (or they may be left blank).

Questions other than the above

QUESTION 14.2 First attack of asthma

- 00 First attack of asthma as early as they can remember
- 99 Don't know

QUESTION 14.3 Most recent attack of asthma

- 99 Don't know

QUESTION 14.6 and 14.7 Attacks of asthma in the last 12 months.

- 98 'Maximum' number
- 99 Don't know

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QUESTION 20.1 Medicines

- 1 Aspirin
- 2 Beta-blockers
- 3 Non-steroidal anti-inflammatory agents
- 4 Mixture of the above
- 8 not coded
- 9 not known

QUESTION 21

- 99 Don't know

QUESTION 32

- 88 Currently a full-time student

QUESTION 37.3.1 Countries and Territories

- | | | | |
|-----|-----------------------------------|-----|-----------------------|
| 001 | Afghanistan | 063 | Dominica |
| 002 | Albania | 064 | Dominican Republic |
| 003 | Algeria | 065 | Ecuador |
| 004 | American Samoa | 066 | Egypt |
| 005 | Andorra | 067 | El Salvador |
| 006 | Angola | 068 | Equatorial Guinea |
| 007 | Anguilla | 069 | Estonia |
| 008 | Antarctica (Australian Territory) | 070 | Ethiopia |
| 009 | Antigua & Barbuda | 071 | Falkland Islands |
| 010 | Antilles (Netherlands) | 072 | Faroe Islands |
| 011 | Argentina | 073 | Fiji |
| 012 | Armenia | 074 | Finland |
| 013 | Ascension Island | 075 | France |
| 014 | Australia | 076 | French Guinea |
| 015 | Austria | 077 | French Polynesia |
| 016 | Azerbaijan | 078 | Gabon |
| 017 | Azores | 079 | Gambia |
| 018 | Bahamas | 080 | Germany (former East) |
| 019 | Bahrain | 081 | Germany (former West) |
| 020 | Bangladesh | 082 | Georgia |
| 021 | Barbados | 083 | Ghana |
| 022 | Belgium | 084 | Gibraltar |
| 023 | Belize | 085 | Greece (Mainland) |

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024	Benin	086	Greek Islands
025	Bermuda	087	Greenland
026	Bhutan	088	Grenada
027	Bolivia	089	Guadeloupe
028	Botswana	090	Guam
029	Brazil	091	Guatemala
030	British Virgin Island	092	Guinea-Bissau
031	Brunei	093	Guinea
032	Bulgaria	094	Guyana
033	Burkina Faso	095	Haiti
034	Burma	096	Honduras
035	Burundi	097	Hong Kong
036	Byelorussia	098	Hungary
037	Cameroon	099	Iceland
038	Canada	100	India
039	Canary Islands	101	Indonesia
040	Cape Verde	102	Iran
041	Caroline Islands	103	Iraq
042	Cayman Islands	104	Irish Republic
043	Central African Republic	105	Israel and occupied territory
044	Chad	106	Italy (includes Vatican City)
045	Channel Islands	107	Jamaica
046	Chatham Islands	108	Japan
047	Chile	109	Johnston and Sand Island
048	China and Taiwan	110	Jordan
049	Christmas Island	111	Kampuchea (Cambodia)
050	Cocos (Keeling Island)	112	Kazakhstan
051	Colombia	113	Kenya
052	Comoros	114	Kirghizia
053	Congo	115	Kiribati
054	Cook Islands	116	Korea (North)
055	Corsica	117	Korea (South)
056	Costa Rica	118	Kuwait
057	Cote d'Ivoire (Ivory Coast)	119	Laos
058	Cuba	120	Latvia
059	Cyprus	121	Lebanon
060	Czechoslovakia	122	Lesotho
061	Denmark	123	Liberia
062	Djibout	124	Libya

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125	Liechtenstein	188	Saudi Arabia
126	Lithuania	189	Senegal
127	Luxembourg	190	Seychelles
128	Macao	191	Sierra Leone
129	Madagascar	192	Singapore
130	Madeira	193	Solomon Islands
131	Malawi	194	Somalia
132	Malaysia	195	South Africa
133	Maldives	196	Spain
134	Mali	197	Sri Lanka
135	Malta	198	Sudan
136	Marshall Island	199	Suriname
137	Martinique	200	Swaziland
138	Mauritiana	201	Sweden
139	Mauritius	202	Switzerland
140	Mexico	203	Syria
141	Micronesia (Federated States of)	204	Tadzhikistan
142	Midway Islands	205	Tanzania
143	Moldavia	206	Thailand
144	Monaco	207	Togo
145	Mongolia	208	Tonga
146	Monserrat	209	Trinidad and Tobago
147	Morocco	210	Tristan de Cunha
148	Mozambique	211	Tunisia
149	Namibia	212	Turkey
150	Nauru	213	Tukmenistan
151	Nepal	214	Turks and Caicos Island
152	Netherlands	215	Tuvalu
153	New Caledonia	216	Uganda
154	New Zealand	217	Ukraine
155	Nicaragua	218	United Arab Emirates
156	Niger	219	United Kingdom (England IOM)
157	Nigeria	220	United Kingdom (Scotland)
158	Niue Island	221	United Kingdom (Wales)
159	Norfolk Island	222	United Kingdom (N Ireland)
160	North Miriana Island	223	Uruguay
161	Norway	224	USA
162	Oman	225	Uzbekistan
163	Pakistan	226	Vanuatu

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164	Palau	227	Venezuela
165	Panama	228	Vietnam
166	Papua New Guinea	229	Virgin Islands of the US
167	Paraguay	230	Wake Island
168	Peru	231	Wallis and Future Island
169	Philippines	232	Western Sahara
170	Pitcairn Islands	233	Western Samoa
171	Poland	234	Yemen Arab Republic
172	Portugal	235	Yemen (Peoples Democratic Republic)
173	Puerto Rico	236	Yugoslavia (Former)
174	Qatar	237	Zaire
175	Reunion	238	Zambia
176	Rodriguez Island	239	Zimbabwe
177	Romania		
178	Russia (see also other States)	998	Not coded
179	Rwanda		
180	St Christopher and Nevis		
181	St Helena and Dependencies		
182	St Lucia		
183	St Pierre and Miquelon		
184	St Vincent and the Grenadines		
185	San Marino		
186	Sao Tome Principe		
187	Sardinia		

QUESTION 39 Other fuels for heating

- 1 No
- 3 Distance heaters
- 4 Electrical radiators (containing heating coils)
- 5 Closed coal fire
- 8 Not coded
- 9 Not known

QUESTION 48 and 51

- 00 Lowest habitable floor (could be basement or ground floor)
- 01 Floor above lowest habitable floor
- 02 Floor, two floors above lowest habitable floor, etc.
- 03, 04, 05 – etc

QUESTION 73.1.1 Food

- | | |
|---|---|
| 01 Fruits, fresh/frozen/canned | 24 Alcohol (other than red or white wine - see below) |
| 02 Fruits, juice | 25 Seafood/shellfish/fish |
| 03 Fruits, dried | 26 Eggs |
| 04 Vegetables, fresh/frozen/canned | 27 Tea/coffee |
| 05 Vegetables, dried | 28 Red meat, fresh |
| 06 Vegetable, pickled | 29 Poultry |
| 07 Dairy products (excluding cheese),but including milk/yoghurt/ice-cream | 30 Herbs/spices/condiments, including garlic and chilli |
| 08 Chocolate | 31 seeds (e.g. sunflower, linseed) |
| 09 Savoury snack foods (e.g. potato crisps, corn chips) | 32 High fat foods |
| 10 Confectionery, lollies, liquorice | 33 High sugar foods |
| 11 Biscuits/cake, sweet | 34 Acidic foods |
| 12 Biscuits/cake, savoury | 35 Spicy foods |
| 13 Biscuits/cake, unspecified | 36 Artificial colours |
| 14 fats/oils, butter/margarine/cream/salad dressing | 37 Preservatives, incl. sulphites |

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15	Gluten	38	monosodium glutamate (MSG)
16	Wheat products, bread/plain cereal		
17	Mixed cereal products (e.g. muesli)	40	Miscellaneous mixed dishes
18	Soups	41	Soft drinks/cordial
19	Sauces, including tomato paste/seasoning	42	Processed meats, ham, bacon
20	Nuts, including peanut butter/coconut	43	Pastry/pastry dishes
21	Yeast and yeast extracts	50	Cheese
22	Sugar, including golden syrup/jam	60	Indian restaurant, takeaway meal
23	Honey	61	Chinese restaurant, takeaway meal
		62	Burger Meal, restaurant takeaway meal
		63	Other restaurant, take away meal not elsewhere specified
		70	White wine
		71	Red wine
		98	Not coded
		99	Not known

QUESTION 76.1 Inhaled short acting beta-2-agonist inhalers

76.1.1 (Which one?)

01	Salbutamol		
02	Terbutaline		
03	Fenoterol		
04	Pirbuterol		
05	Reproterol		
06	Rimiterol		
07	Bitolterol		
08	Hexoprenaline		
09	Carbuterol		
98	Not coded		
99	Not known	-	If compound of B ₂ and steroids please enter in question <u>76.5</u>

QUESTION 76.1.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.2 Inhaled long acting beta-2-agonist inhalers

76.1.1 (Which one?)

- 01 Salmeterol
- 02 Formoterol - If compound of B₂ and steroid please enter in question 76.5
- 08 Not coded
- 09 Not known

QUESTION 76.2.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.3 Inhaled non-specific adrenoreceptor agonist

76.3.1 (Which one?)

- 01 Adrenaline
- 02 Isoprenaline
- 03 Orciprenaline
- 04 Isoetharine
- 08 Not coded
- 09 Not known

QUESTION 76.4 Antimuscarinic inhalers

76.4.1 (Which one?)

- 01 Ipratropium bromide
- 02 Atropine (any salt)
- 03 Oxytropium bromide
- 08 Not coded
- 09 Not known

QUESTION 76.4.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder inhaler
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.5 Inhaled steroids

76.5.1 (Which one?)

- 01 Beclomethasone dipropionate
- 02 Betamethasone valerate
- 03 Budesonide
- 04 Dexamethasone
- 05 Flunisolide
- 06 Triamcinolone
- 07 Fluticasone
- 08 Mometasone Furoate
- 09 Combination Salbutamol and beclomethasone
- 10 Combination of salmeterol and steroid
- 98 Not coded
- 99 Not known

QUESTION 76.5.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder inhaler
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.6 Inhaled cromoglycate/nedocromil

- 01 Sodium cromoglycate
- 02 Nedocromil sodium
- 03 Cromoglycate + beta-agonist
- 08 Not coded
- 09 Not known

QUESTION 76.7 Inhaled compounds

76.7.1 (Which one?)

- 01 Compounds of beta-2-agonists

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- 02 Compounds of non-specific adrenoreceptor agonists (with/without local anaesthetic)
- 03 Beta-2-agonists with non-specific adrenoreceptor agonists
- 04 Beta-2-agonists with anti-muscarinics
- 05 Beta-agonists with steroids
- 06 Non-specific adrenoreceptor agonists with sodium cromoglycate
- 08 Not coded
- 09 Not known

QUESTION 76.7.2

- 01 MDI
- 02 Dry powder inhaler
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 77.1 Oral beta-2-agonists

77.1.1 (Which one?)

- 01 Salbutamol
- 02 Terbutaline
- 03 Fenoterol
- 04 Pirbuterol
- 05 Reproterol
- 06 Bambuterol
- 07 Tolbuterol
- 98 Not coded
- 99 Not known

QUESTION 77.2 Oral methylxanthines

77.2.1 (Which one?)

- 01 Aminophylline
- 02 Choline theophyllinate
- 03 Theophylline
- 04 Etophylline
- 05 Bamifylline
- 06 Dyprophylline
- 98 Not coded
- 99 Not known

QUESTION 77.3 Oral steroids

77.3.1 (Which one?)

- 01 Betamethasone
- 02 Cortison acetate
- 03 Dexamethasone
- 04 Fludrocortisone
- 05 Hydrocortisone
- 06 Methylprednisolone
- 07 Prednisolone
- 08 Prednisone
- 09 Triamcinolone
- 10 Cortivazol
- 11 Celestamine
- 12 Deflazacort
- 98 Not coded
- 99 Not known

QUESTION 77.4 Oral anti-leukotrienes

77.4.1 (Which one?)

- 01 Montelukast
- 02 Zafirlukast
- 03 Pranlukast
- 04 Zileuton
- 08 Not coded
- 09 Not known

QUESTION 77.5 Ketotifen

77.5.1

- 01 Ketotifen

QUESTION 80 Injections

80.1 (What injections)

- 01 Subcutaneous adrenoreceptor agonist self administered
- 02 Long acting or depot steroid
- 03 Methylxanthines
- 08 Not coded
- 09 Not known

QUESTION 81 Suppositories

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81.1 (What suppositories?)

01 Aminophylline

02 Theophylline

08 Not coded

09 Not known

QUESTION 82 Remedies

82.1 (What remedies?)

01 Hypnotherapy

02 Acupuncture

03 Homeopathy (herbal remedies)

04 Diet control

05 Breathing exercises

06 Swimming or other exercises

07 Reflexology

08 Not coded

09 Not known