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?

2. During the last two weeks, has your breathing been
   a) worse than usual?
   b) same as usual?
   c) better than usual?

   Have you had a cigarette in the last hour?

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

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?

   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?

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

   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?
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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?

   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

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   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?

   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?

   DRUG  DAYS

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
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
   _________________________________________________________
   53-55
   _________________________________________________________
   56-58
   _________________________________________________________
   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?

   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?

   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

FIELDWORKER NUMBER 78

CARD 79-80