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  
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? [IF DOUBTFUL, USE QUESTION 8.1 TO CONFIRM] NO YES 24  
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?

   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?

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

   11.1 Do you have this trouble

   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?

   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 NOYES your own age on level ground?

   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?

   35

Asthma

13. Have you ever had asthma?

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

   13.1 Was this confirmed by a doctor?
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?  
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?  
YES ☐ ☐  51

Other conditions

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? _________________________________

Your parents' smoking
18. Did your father ever smoke regularly during your childhood?  

19. Did your mother ever smoke regularly during your childhood, or before you were born?

**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

a) stop smoking before pregnancy?  
b) cut down or stop during pregnancy?  
c) smoke as usual during pregnancy?  
d) don't know

More about yourself
20. When were you born?  

21. What country were you born in? ______________________________

22. Are you male or female?

23. How many brothers do or did you have?

**INTERVIEW TYPE?**

At centre face to face
At home face to face
By telephone

23. continued...

**IF 'NONE' GO TO QUESTION 24, IF 'YES':**

23.1 How many older brothers?
23.2 How many younger brothers?
23.3 How many of your brothers ever had asthma?
23.4 How many of your other brothers ever had eczema, skin or nasal allergy or hay fever?
24. How many sisters do or did you have?
   IF 'NONE' GO TO QUESTION 25, IF 'YES':
   24.1 How many older sisters?
   24.2 How many younger sisters?
   24.3 How many of your sisters ever had asthma?
   24.4 How many of your other sisters ever had eczema, skin or nasal allergy or hay fever?

25. Did your mother ever have asthma?

26. Did your mother ever have eczema, skin or nasal allergy or hay fever?

27. Did your father ever have asthma?

28. Did your father ever have eczema, skin or nasal allergy or hay fever?

29. Did you regularly share your bedroom with any older children before the age of five years?

30. Did you go to a school, play-school or nursery with older children before the age of five years?

31. Did you have a serious respiratory infection before the age of five years?

32. Are you a full time student?
   IF 'YES' GO TO QUESTION 32.7, IF 'NO':
   32.1 At what age did you complete full time education?
   32.2 Are you currently employed or self-employed?
      IF 'YES' GO TO QUESTION 32.3, IF 'NO':
      32.2.1 Are you currently looking for a job?
   32.3 What is you current or most recent job? [Be as precise as possible]
   32.4 Are you or were you
ECRHS APPENDIX B 1 Main Questionnaire

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

32.5 Does being at work ever make your chest tight or wheezy? 43

32.6 Have you ever had to change or leave your job because it affected your breathing?

NO YES 44

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?

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

36. Which best describes the building in which you live?

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.1 central heating</td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>37.2 ducted air heating</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>37.3 air conditioning</td>
<td></td>
<td>61</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.1 open coal, coke or wood fire</td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>38.2 open gas fire</td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>38.3 electric heater</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>38.4 paraffin heater</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>38.5 gas-fired boiler</td>
<td></td>
<td>66</td>
</tr>
<tr>
<td>38.6 oil-fired boiler</td>
<td></td>
<td>67</td>
</tr>
<tr>
<td>38.7 other:</td>
<td></td>
<td>68</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Stove</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) coal, coke or wood</td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>b) gas</td>
<td></td>
<td>70</td>
</tr>
<tr>
<td>c) electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) paraffin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. Do you have an extractor fan over the cooker?

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

40.1 When cooking, do you use the fan

<table>
<thead>
<tr>
<th>Time</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) all of the time?</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>b) some of the time?</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>c) none of the time?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40.2 Does the fan take the fumes outside the house?

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.1-5 Does the room which you use most at home during the day</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>41.1 have fitted carpets covering the whole floor?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
41.2 contain rugs?  
41.3 have double glazing?  
41.4 have curtains?  
41.5 have upholstered or soft furnishings?

42.1-5 Does your bedroom  
42.1 have fitted carpets covering the whole floor?  
42.2 contain rugs?  
42.3 have double glazing?  
42.4 have curtains?  
42.5 have upholstered or soft furnishings?  
If 'NO' ask: Do you have a conventional mattress?  
If 'YES': code 'YES'

43. Do you sleep with the windows open at night during winter?  
**IF 'NO' GO TO QUESTION 44, IF 'YES':**  
43.1 Do you sleep with the windows open  
a) all of the time?  
b) sometimes?  
c) only occasionally?

44. Has there ever been any water damage to the building or its contents, for example, from broken pipes, leaks or floods?  
**IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 45, IF 'YES':**  
44.1 Has there been any water damage in the last *12 months*?

45. Do you have a basement or cellar?  
**IF 'NO' GO TO QUESTION 46, IF 'YES':**  
45.1 Does water ever collect on the basement floor?  
**IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 46, IF 'YES':**  
45.1.1 Has this happened in the last *12 months*?

46. Has there ever been any mould or mildew on any surface, other than
ECRHS APPENDIX B 1 Main Questionnaire

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?

|   |   |   | 23 |

- 46.1.1 bathroom(s)
- 46.1.2 bedroom(s)
- 46.1.3 living area(s)
- 46.1.4 kitchen
- 46.1.5 basement or attic
- 46.1.6 other: _________________________________________________  

|   |   |   | 24 |

|   |   |   | 25 |

|   |   |   | 26 |

|   |   |   | 27 |

|   |   |   | 28 |

46.2 Has there been mould or mildew on any surfaces inside the home in the last **12 months**?  

|   |   | 29 |

47. Do you use a humidifier, including any humidifier built into your heating system?  

|   |   |   | 30 |

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

47.1 What kind of humidifier do you use?

|   |   |   | 31 |

- a) humidifier built into heating system
- b) portable cold mist (ultrasonic or spinning disc)
- c) portable hot mist vaporiser
- d) other: ___________________________________________________  

|   |   |   | 32 |

47.2 Under what circumstances do you use your humidifier?

|   |   |   | 33 |

- a) only when someone is ill - in their room
- b) to humidify the house
- d) other: ___________________________________________________  

Animals, dust and feathers

48. Do you keep a cat?  

|   |   |   | 34 |

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

48.1 Is your cat ever allowed into your bedroom?  

|   |   |   | 35 |

48.2 Do all your cats stay outside the house?  

|   |   |   | 36 |

49. Do you keep a dog?  

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

|   |   |   | 37 |
49.1 Is your dog ever allowed into your bedroom? 
49.2 Do all your dogs stay outside the house? 

50. Do you keep any birds? 

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

50.1 Are any of these birds kept inside the house? 

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

- 51.1 cats 
- 51.2 dogs 
- 51.3 horses 
- 51.4 birds 
- 51.5 guinea pigs 
- 51.6 hamsters 
- 51. continued... 
- 51.7 mice 
- 51.8 rats 
- 51.9 rabbits 
- 51.10 gerbils 
- 51.11 ferrets 
- 51.12 other: ____________________________________________________ 

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 

- 52.1 start to cough? 
- 52.2 start to wheeze? 
- 52.3 get a feeling of tightness in your chest? 
- 52.4 start to feel short of breath? 
- 52.5 get a runny or stuffy nose or start to sneeze? 
- 52.6 get itchy or watering eyes? 

Trees, grass, plants, flowers and pollen 

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

- 53.1 start to cough? 
- 53.2 start to wheeze? 
- 53.3 get a feeling of tightness in your chest?
53.4 start to feel short of breath?  
53.5 get a runny or stuffy nose or start to sneeze?  
53.6 get itchy or watering eyes?  

**IF 'YES' TO ANY OF THE ABOVE:**

53.1.1-4 Which time of year does this happen?  

53.1.1 winter  
53.1.2 spring  
53.1.3 summer  
53.1.4 autumn  

**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  
b) at least once a week  
c) less than once a week  

55. How often do you drink sweet fizzy drinks?  

TICK ONE BOX ONLY  

a) every day or most days  
b) at least once a week  
c) less than once a week  

56. Do you take snacks between meals?  

**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?  

56.1 savoury biscuits or crisps  
56.2 sweets, chocolates or sweet biscuits  
56.3 fruit or vegetables  

57. Have you ever had an illness or trouble caused by eating a particular food or foods?  

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

57.1 Have you nearly always had the same illness or trouble after eating this type of food?
### ECRHS APPENDIX B 1 Main Questionnaire

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

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

______________________________________________

______________________________________________

______________________________________________

57.1.2.1-6 Did this illness or trouble include

57.1.2.1 a rash or itchy skin?

57.1.2.2 diarrhoea or vomiting?

57.1.2.3 runny or stuffy nose?

57.1.2.4 severe headaches?

57.1.2.5 breathlessness?

57.1.2.6 other: _______________________________________

#### Smoking

58. Have you ever smoked for as long as a year?

['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]
**ECRHS APPENDIX B 1 Main Questionnaire**

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

58.1 How old were you when you started smoking?

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<tbody>
<tr>
<td>23-24</td>
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58.2 Do you now smoke, as of one month ago?

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<td>25</td>
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</table>

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

58.2.1-4 How much do you now smoke on average

<p>| | |</p>
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<tbody>
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<td>26-27</td>
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<td>28-29</td>
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<td>30-31</td>
<td></td>
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<tr>
<td>32-33</td>
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<tr>
<td>34-36</td>
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</table>

58.3 Have you stopped or cut down smoking?

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<td>37</td>
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</table>

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

58.3.1 How old were you when you stopped or cut down smoking?

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<th></th>
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<tbody>
<tr>
<td>38-39</td>
<td></td>
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</tbody>
</table>

58.3.1-4 On average of the entire time you smoked, before you stopped or cut down, how much did you smoke?

<p>| | |</p>
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<tbody>
<tr>
<td>40-41</td>
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<tr>
<td>42-43</td>
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<tr>
<td>44-45</td>
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<tr>
<td>46-47</td>
<td></td>
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<tr>
<td>48-50</td>
<td></td>
</tr>
</tbody>
</table>

58.4 Do you or did you inhale the smoke?

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>51</td>
</tr>
</tbody>
</table>

59. Have you been regularly exposed to tobacco smoke in the last 12 months? ['Regularly' means on most days or nights]

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>52</td>
</tr>
</tbody>
</table>

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

59.1 Not counting yourself, how many people in your household smoke regularly?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>53-54</td>
<td></td>
</tr>
</tbody>
</table>

59.2 Do people smoke regularly in the room where you work?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>55</td>
</tr>
</tbody>
</table>

59.3 How many hours per day are you exposed to other people's tobacco smoke?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>56-57</td>
<td></td>
</tr>
</tbody>
</table>

Medicines and inhalers
60. Have you used any inhaled medicines to help your breathing at any time in the last 12 months?

**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

60.1.1 If used, which one? ________________________________

60.2 non-specific adrenoreceptor agonist inhalers

60.2.1 If used, which one? ________________________________

60.3 anti-muscarinic inhalers

60.3.1 If used, which one? ________________________________

60.4 inhaled steroids

60.4.1 If used, which one? ________________________________

60.5 other inhalers (non-steroid, single drug)

60.5.1 If used, which one? ________________________________

60.6 inhaled compound inhalers

60.6.1 If used, which one? ________________________________

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?

**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

61.1.1 If used, which one? ________________________________

61.2 oral non-specific adrenoreceptor agonists

61.2.1 If used, which one? ________________________________

61.3 oral anti-muscarinic drugs

61.3.1 If used, which one? ________________________________
61.4 oral methylxanthines
  60.4.1 If used, which one? ________________________________

61.5 oral steroids
  61.5.1 If used, which one? ________________________________

61.6 oral antihistamines
  61.6.1 If used, which one? ________________________________

61.7 oral compound bronchodilators (no sedatives)
  61.7.1 If used, which one? ________________________________

61.8 oral compound bronchodilators with sedatives
  61.8.1 If used, which one? ________________________________

61.9 other oral medications
  61.9.1 If used, which one? ________________________________

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

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

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

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

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

63.1 What injections? ________________________________

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

**IF 'NO' GO TO QUESTION 65, IF 'YES':**
### ECRHS APPENDIX B 1 Main Questionnaire

64.1 What suppositories? ______________________________________
______________________________________

65. Have you used any other remedies to help your breathing at any time in the last **12 months**?

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

65.1 What remedies? _________________________________________
_________________________________________
_________________________________________

66. Do you take drugs every day to help your breathing even if you don't feel short of breath?

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

66.1 Which drugs? __________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

67. Do you take any drugs only for attacks of breathlessness?

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

67.1 Which drugs? __________________________________________
__________________________________________
__________________________________________
__________________________________________

67.2 Do you take these drugs

a) at the onset of the attack?

b) only when the attack becomes more severe?

68. Has your doctor ever prescribed medicines, including inhalers, for your breathing?

**IF 'NO' GO TO QUESTION 69, IF 'YES':**
68.1 If you are prescribed medicines for your breathing, do you **normally** take

a) all of the medicine?  
b) most of the medicine?  
c) some of the medicine?  
d) none of the medicine?

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

a) all of the medicine?  
b) most of the medicine?  
c) some of the medicine?  
d) none of the medicine?

68.3 Do you think it is bad for you to take medicines all the time to help your breathing?

NO  YES

68.4 Do you think you should take as much medicine as you need to get rid of all your breathing problems?

NO  YES

69. Have you ever visited a hospital casualty department or emergency room because of breathing problems?

NO  YES

70. Have you ever spent a night in hospital because of breathing problems?

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

70.1 How many times in the last 12 months?

NUMBER

71. Have you ever been seen by a doctor because of breathing problems or because of shortness of breath?

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?

a) within the last seven days  
b) more than seven days ago but within the last four weeks  
c) more than four weeks ago but within the last 12 months  
d) more than a year ago

71.2 *Where* were you seen?
ECRHS APPENDIX B 1 Main Questionnaire

a) by a GP at home  
b) by a GP in his office or surgery  
c) by a specialist at home  
d) by a specialist in his office or hospital outpatients department  
e) in a casualty department or emergency room  
f) admitted to a hospital ward

END

FIELDWORKER NUMBER 78
CARD NUMBER 79-80