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

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

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

1.2. Have you had this wheezing or whistling when you did not have a cold?   NO YES

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

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

4. Have you been woken by an attack of coughing at any time in the last 12 months?   NO YES

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

6. Are you currently taking any medicine (including inhalers, aerosols or tablets) for asthma?   NO YES

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

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

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

10. Are you male or female?   MALE  FEMALE

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:

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