ECRHS III MAIN QUESTIONNAIRE

Centre number ☐☐☐
Personal number ☐☐☐☐☐
Sample ☐
Date ☐☐ ☐☐ ☐☐

You were last seen as part of this survey in _______ (month) ____________ (year)

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'.

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 ☐

   1.3 How old were you when you first had wheezing or whistling in your chest? — YEARS ☐☐
   (If started 'as a baby' enter '01')

   1.4 How frequently have you had wheezing or whistling in the last 12 months? — TICK ONE BOX ONLY

everyday	1	☐
at least once a week, but not everyday	2	☐
occasionally	3	☐

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 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 ☐

   IF 'NO' GO TO QUESTION 4, IF 'YES':

   3.1 How old were you when you first had an attack of shortness of breath that came on during the day when you were at rest? — YEARS ☐☐

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 ☐

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

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

7. How often have you experienced bouts or spasms of coughing in the last 12 months? — TICK ONE BOX ONLY

less than once a month	1	☐
every month, but less than every week	2	☐
every week, but not every day	3	☐
every day	4	☐

   NO YES

8. Do you ***usually*** cough first thing in the morning in the winter? ☐ ☐
[IF DOUBTFUL, USE QUESTION 9.1 TO CONFIRM]

9. Do you ***usually*** cough during the day, or at night, in the winter? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 10, IF 'YES':

9.1 Do you cough like this on most days for as much as three months each year? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 10, IF 'YES':

9.2 How many years have you had this problem (coughing on most days for as much as three months each year? YEARS ☐☐

10. Do you ***usually*** bring up any phlegm from your chest first thing in the morning in the winter? NO ☐ YES ☐
[IF DOUBTFUL, USE QUESTION 11.1 TO CONFIRM]

11. Do you ***usually*** bring up any phlegm from your chest during the day, or at night, in the winter? NO ☐ YES ☐

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

11.1 Do you bring up phlegm like this on most days for as much as three months each year? NO ☐ YES ☐

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

11.2 How many years have you had this problem (of bringing up phlegm from your chest on most days for as much as three months each year)? YEARS ☐☐

IF 'NO' TO QUESTIONS 3-11 GO DIRECT TO QUESTION 13;
IF 'YES' TO ANY OF QUESTIONS 3-11 PLEASE COMPLETE QUESTION 12

12. In the last ***12 months***, have you had any episodes/times when your symptoms (cough, phlegm, shortness of breath) were a lot worse than usual? NO ☐ YES ☐

IF 'NO' TO QUESTION 12 GO TO QUESTION 13; IF 'YES'

In the last ***12 months***:

12.1 How many times have these episodes occurred? TIMES ☐☐

12.2 How many times have these episodes forced you to consult your doctor? TIMES ☐☐

12.3 How many times was your therapy changed after these episodes? TIMES ☐☐

12.4 How many times have you visited a hospital casualty department or emergency room or have you spent a night in hospital after these episodes? TIMES ☐☐

13. Do you ever have trouble with your breathing? NO ☐ YES ☐

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

13.1 Do you have this trouble — TICK ONE BOX ONLY
a) continuously so that your breathing is never quite right? 1 ☐
b) repeatedly, but it always gets completely better? 2 ☐
c) only rarely? 3 ☐

14. Are you disabled from walking by a condition ***other than*** heart or lung disease? NO ☐ YES ☐

IF 'YES' STATE CONDITION ____________________ AND GO TO QUESTION 15, IF 'NO':

14.1 Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 14.2, IF 'YES':

14.1.1 Do you get short of breath walking with other people of your own age on level ground? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 14.2, IF 'YES':

14.1.1.1 Do you have to stop for breath when walking at your own pace on level ground? NO ☐ YES ☐

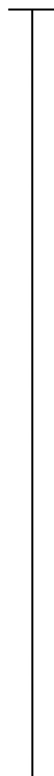
IF 'NO' GO TO QUESTION 14.2, IF 'YES':

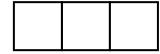
14.1.1.1.1 Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 14.2, IF 'YES':

14.1.1.1.1.1 Are you too short of breath to leave the house OR short of breath on dressing or undressing? NO ☐ YES ☐

14.2 How much shortness of breath are you having right now? Please indicate by marking the height of the column. If you are not experiencing any shortness of breath at present circle the marker at the bottom of the column





Height in mm
(NB total height =100mm)

15. Have you ever had asthma? NO YES

IF 'NO' GO TO QUESTION 16, IF 'YES':

15.1 Was this confirmed by a doctor? NO YES

15.2 How old were you when your asthma was confirmed by a doctor? YEARS

15.3 How old were you when you had your first attack of asthma? YEARS

15.4 How old were you when you had your most recent attack of asthma? YEARS

15.5.1-6 Which months of the year do you usually have attacks of asthma?

	NO	YES
15.5.1 January / February		
15.5.2 March / April		
15.5.3 May / June		
15.5.4 July / August		
15.5.5 September / October		
15.5.6 November / December		

15.6 Have you had an attack of asthma in the last ***12 months***? NO YES

IF 'NO' GO TO 15.9, IF YES

15.7 How many attacks of asthma have you had in the last ***12 months***? ATTACKS

15.8 How many attacks of asthma have you had in the last ***3 months***? ATTACKS

15.9 How many times have you woken up because of your asthma in the last ***3 months?***

TICK ONE BOX ONLY

every night or almost every night	1
more than once a week, but not most nights	2
at least twice a month, but not more than once a week	3
less than twice a month	4
not at all	5

15.10. How often have you had trouble with your breathing because of your asthma in the last ***3 months?***

TICK ONE BOX ONLY

continuously	1
about once a day	2
at least once a week, but less than once a day	3
less than once a week	4
not at all	5

15.11 Are you currently taking any medicines including inhalers, aerosols or tablets for asthma? NO YES

15.12 Do you have a peak flow meter of your own? NO YES

***IF 'NO' GO TO QUESTION 15.13 , IF 'YES'*:**

15.12.1 How often have you used it over the last 3 months?

TICK ONE BOX ONLY

never	1
some of the days	2
most of the days	3

15.13 Do you have written instructions from your doctor on how to manage your asthma if it gets worse or if you have an attack? NO ☐ YES ☐

16. Has a doctor ever told you that you have chronic bronchitis? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 17, IF 'YES':

16.1 How old were you when you first had a diagnosis of chronic bronchitis? YEARS ☐☐

17. Has a doctor ever told you that you have chronic obstructive pulmonary disease (COPD)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 18, IF 'YES

17.1 How old were you when you first had a diagnosis of COPD? YEARS ☐☐

18. Has a doctor ever told you that you have emphysema? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 19, IF 'YES':

18.1 How old were you when you first had a diagnosis of emphysema? YEARS ☐☐

19. Have you ever been diagnosed with any **other** lung disease (excluding asthma, chronic bronchitis, COPD and emphysema)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 20, IF 'YES':

19.1 What is that lung disease called?__________________________________ CODE ☐☐

20. Do you have any nasal allergies, including hay fever? NO ☐ YES ☐

IF 'NO' GO TO Q21, IF' YES':

20.1 How old were you when you first had hay fever or nasal allergy? YEARS ☐☐

21. Have you ***ever*** had a problem with sneezing, or a runny or a blocked nose when you did not have a cold or the flu? NO ☐ YES ☐

IF 'NO' GO TO Q22, IF 'YES':

21.1. Have you had a problem with sneezing or a runny or a blocked nose when you did not have a cold or the flu ***in the last 12 months***? NO ☐ YES ☐

IF 'NO' GO TO Q22, IF' YES':

21.1.1. Has this nose problem been accompanied by itchy or watery eyes? NO ☐ YES ☐

21.1.2. In which months of the year did this nose problem occur?

	NO	YES
21.1.2.1. January/February	☐	☐
21.1.2.2. March/April	☐	☐
21.1.2.3. May/June	☐	☐
21.1.2.4. July/August	☐	☐
21.1.2.5. September/October	☐	☐
21.1.2.6 November/December	☐	☐

NO YES

21.1.3 Have you had this problem for **more than 4 days in any one week** in the last 12 months? ☐ ☐

IF 'NO' GO TO Q21.1.4, IF' YES':

NO YES

21.1.3.1 Did this happen for **more than 4 weeks consecutively?** ☐ ☐

21.1.4. For **each** of the following problems, please indicate how important it has been ***over the last 12 months***. *(SHOW A CARD WITH THE FOLLOWING OPTIONS)*

1. No problem (symptom not present)
2. A problem that is/was present but not disturbing
3. A disturbing problem but not hampering day time activities or sleep
4. A problem that hampers certain activities or sleep

CODE

Please enter code 1-4 in each of the five boxes

		CODE
21.1.4.1	a watery runny nose	☐
21.1.4.2	a blocked nose (feeling of being unable to breath through your nose)	☐
21.1.4.3	an itchy nose	☐
21.1.4.4	sneezing, especially violent and in bouts	☐
21.1.4.5	watery, red itchy eyes	☐

NO YES

22. ***Since the last survey*** have you used any medication to treat nasal disorders? ☐ ☐

IF NO GO TO Q23, IF YES

NO YES

22.1 Have you used any of the following nasal sprays for the treatment of your nasal disorder? **{SHOW LIST OF STEROID NASAL SPRAYS**} ☐ ☐

IF NO GO TO Q22.2, IF YES

YEARS

22.1.1 How old were you when you first started to use **this sort of nasal spray**? ☐☐

YEARS

22.1 2 How many years have you been taking this sort of nasal spray? ☐☐

NO YES

22.1.3 Have you used any of these nasal sprays ***in the last 12 months?*** ☐ ☐

NO YES

22.1.4. Have you used this sort of nasal spray ***every year*** in the last 5 years? ☐ ☐

IF 'NO' GO TO QUESTION 22.2 IF 'YES'

MONTHS

22.1.4.1 On average how many months each year have you taken them ? ☐☐

NO YES

22.2 Have you used any of the following pills, capsules, or tablets for the treatment of your nasal disorder? **{SHOW LIST OF ANTIHISTAMINES**} ☐ ☐

IF 'NO' GO TO Q23, IF 'YES'

NO YES

22.2.1 Have you used any of these pills, capsules or tablets in the last 12 months**?** ☐ ☐

23. Has your nose been blocked **for more than 12 weeks during the last 12 months**? NO ☐ YES ☐

24. Have you had pain or pressure around the forehead, nose or eyes **for more than 12 weeks during the last 12 months**? NO ☐ YES ☐

25. Have you had discoloured nasal discharge (snot) or discoloured mucus in the throat **for more than 12 weeks during the last 12 months**? NO ☐ YES ☐

26. Has your sense of smell been reduced or absent **for more than 12 weeks during the last 12 months**? NO ☐ YES ☐

27. Has a doctor ***ever*** told you that you have

	NO	YES
27.1.1 **chronic** sinusitis?	☐	☐
27.1.2 nasal polyps?	☐	☐

IF 'NO' TO Q27.1 and 27.2 GO TO Q 28, IF 'YES'

	YEARS
27.2 How old were you when a doctor told you had chronic sinusitis?	☐☐
27.3 How old were you when a doctor told you had nasal polyps?	☐☐

(enter 00 if question not applicable)

28. Have you ***ever*** had eczema or any kind of skin allergy? NO ☐ YES ☐

IF 'NO' TO Q28 GO TO Q 29, IF 'YES'

28.1 How old were you when you first had eczema or skin allergy? YEARS ☐☐

28.2 Did/does your eczema or skin allergy affect your hands? NO ☐ YES ☐

28.3 Have you noticed that contact with certain materials, chemicals or anything else **in your work** makes your eczema worse? NO ☐ YES ☐ DON'T KNOW ☐

29. Have you ***ever*** had an itchy rash that was coming and going for at ***least 6 months***? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 30, IF 'YES':

29.1.. Have you had this itchy rash ***in the last 12 months?*** NO ☐ YES ☐

IF 'NO' GO TO QUESTION 30, IF 'YES':

	NO	YES
29.1.1. Has this itchy rash ***at any time*** affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles under the buttocks or around the neck, ears or eyes	☐	☐
29.1.2 Has this itchy rash affected your hands at any time in the last 12 months?	☐	☐

30. What was the highest level of education your mother had? TICK ONE BOX ONLY

a) Up to the minimum school leaving age ☐ 1
b) Secondary school/technical school past the minimum age ☐ 2
c) College or University ☐ 3

31. What was the highest level of education your father had? TICK ONE BOX ONLY

a) Up to the minimum school leaving age ☐ 1
b) Secondary school/technical school past the minimum age ☐ 2
c) College or University ☐ 3

32. Were you delivered by Caesarean section? NO ☐ YES ☐ DK ☐

33. Is your biological mother still alive? NO ☐ YES ☐ DK ☐

IF 'NO' GO TO QUESTION 33.2

IF 'DON'T KNOW'' GO TO QUESTION 34, IF 'YES':

33.1 How old is your mother now? YEARS ☐☐

NOW GO TO QUESTION 34

33.2 How old was your mother when she died ? YEARS ☐☐

34. Is your biological father still alive? NO ☐ YES ☐ DK ☐

IF 'NO' GO TO QUESTION 34.2

IF 'DON'T KNOW'' GO TO QUESTION 35, IF 'YES':

34.1 How old is your father now? YEARS ☐☐

NOW GO TO QUESTION 35

34.2 How old was your father when he died? YEARS ☐☐

35. Did your biological parents ever suffer from any of the following?

	MOTHER				FATHER		
	NO	YES	DK		NO	YES	DK
35.1.1 Asthma				35.1.2			
35.2.1 Chronic bronchitis, emphysema and/or COPD				35.2.2			
35.3.1 Heart disease				35.3.2			
35.4.1 Hypertension				35.4.2			
35.5.1 Stroke				35.5.2			
35.6.1 Diabetes				35.6.2			

36. How many children do you have? NUMBER ☐☐

IF ANSWER TO Q36 INDICATES PARTICIPANT HAS CHILDREN GO TO Q36.1; If NO CHILDREN GO TO QUESTION 37

	Please start with first born	Year of birth (eg 1995)				Did this child have asthma before the age of ten years?		Did this child have asthma after the age of ten years?		Has this child ever had nasal allergies, including hay fever?		Has this child ever had eczema or atopic dermatitis?		Was this child a boy or girl (Boy=1, Girl=2)
						NO	YES	NO	YES	NO	YES	NO	YES	Sex
36.1	Child 1													
36.2	Child 2													
36.3	Child 3													
36.4	Child 4													
36.5	Child 5													
36.6	Child 6													
36.7	Child 7													
36.8	Child 8													

ECRHS III MAIN QUESTIONNAIRE

You took part in the last survey in **[month]** in **[year]**. At that time you described your job as **['current' job from last occupational matrix]**

37. I would like to ask you to list all jobs that you have had since the last survey. I am interested in each one of the jobs that you have done for three months or more. These jobs may be outside the house or at home, **excluding homemaking or housework**, full time or part time, paid or unpaid, including self employment, for example in a family business. Please include part time jobs only if you had been doing them for 20 or more hours per week. Please start with your current or last held job.

Job	Occupation – Job Title: *Please provide a detailed description of the job*	Industry / Branch: *What does (did) your firm or employer make or what services does (did) it provide?*	Start month		Start year				End month		End year *(If current job please enter CURRENT)*			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

IF JOBS ARE GIVEN GO TO QUESTION 37.1; IF NO JOBS GIVEN GO TO Q38

	NO	YES
37.1 Have you had to change or leave any of these jobs because it affected your breathing?	☐	☐

IF 'NO' GO TO QUESTION 38; IF 'YES':

37.1.1-10 Please indicate which job(s) you had to change or leave (use numbers from question 37).

	NO	YES
37.1.1 Job 1	☐	☐
37.1.2 Job 2	☐	☐
37.1.3 Job 3	☐	☐
37.1.4 Job 4	☐	☐
37.1.5 Job 5	☐	☐
37.1.6 Job 6	☐	☐
37.1.7 Job 7	☐	☐
37.1.8 Job 8	☐	☐
37.1.9 Job 9	☐	☐
37.1.10 Job 10	☐	☐

38. What best describes your current main activity? TICK ONE BOX ONLY

Employed (including employed by temping agencies)	1	☐
Self-employed (entrepreneur, freelance or other)	2	☐
Full time student	3	☐
Full time housewife/househusband	4	☐

Unemployed looking for work	5	☐
Unemployed not looking for work	6	☐
Retired	7	☐
Other	8	☐

IF NOT 'EMPLOYED' OR NOT 'SELF-EMPLOYED' GO TO QUESTION 38.1
IF 'EMPLOYED' OR SELF-EMPLOYED' GO TO QUESTION 38.2;

38.1 Were you forced to give up working all together because of asthma, wheezing shortness of breath or other respiratory or lung problems? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 39, IF 'YES':

38.1.1 When did this occur? MONTH ☐☐ YEAR ☐☐☐☐

NOW GO TO QUESTION 39

38.2 In your current job, are you regularly exposed to vapours, gas, dust or fumes? NO ☐ YES ☐

38.3 . Does being at your current workplace ever cause breathing problems (chest tightness,wheezing, coughing)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 38.4 , IF 'YES':

38.3.1-5 Can you indicate what gives you breathing problems in your current workplace?

	NO	YES
38.3.1 Physical exertion	☐	☐
38.3.2 Exposure to mist, hot or cold temperature	☐	☐
38.3.3 Exposure to vapours gas dust or fumes	☐	☐
38.3.4 Other peoples cigarette smoke	☐	☐
38.3.5 Stress	☐	☐

38.3.6 Do these breathing problems diminish or stop during the weekend or during holidays? NO ☐ YES ☐

38.4. Within the last 12 months have there been wet or damp spots on surfaces in the room where you usually work (for example on walls, wall paper, ceilings or carpets)? NO ☐ YES ☐

38.5. Within the last 12 months has there been mould or mildew on any surfaces in the room where you usually work? NO ☐ YES ☐

38.6. At any time in the last 12 months have you noticed the odour of mould or mildew (not from food) in the room where you usually work? NO ☐ YES ☐

38.7. Do you regularly use cleaning products or disinfectants in your current job? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 39, IF 'YES':

38.7.1-13 In the last 12 months, on how many days a week have you used the following products at work? (SHOW CARD WITH FOLLOWING OPTIONS)

1. Never
2. <1 day/week
3. 1-3 days/week
4. 4-7 days/week

CODE
Enter code 1-4 for all boxes

38.7.1 Bleach
38.7.2 Ammonia
38.7.3 Stain removers or other solvents
38.7.4 Acids (including decalcifiers, liquid scale removers, vinegar, hydrochloric acid, …)
38.7.5 Floor polish or floor wax
38.7.6 Liquid or solid furniture polish or wax
38.7.7 Furniture sprays (atomisers or aerosols)
38.7.8 Sprays for mopping the floor
38.7.9 Glass cleaning sprays (atomisers or aerosols)
38.7.10 Degreasing sprays including oven cleaning sprays (atomisers or aerosols)
38.7.11 (Ethyl) alcohol
38.7.12 Soaps or foams or any other chemical product for disinfecting hands
38.7.13 Any other chemical disinfectant (for example, glutaraldehyde, formaldehyde, chloramine-T, quaternary ammonium compounds)

NO YES

39 Have you <u>ever</u> been involved in an incident at home, work or elsewhere that exposed you to high levels of vapours, gases, dusts or fumes?

IF 'NO' GO TO QUESTION 40, IF 'YES':

YEAR

39.1 When did this occur?

In case of more than one incident, please report on the most recent incident.

39.2. Could you please classify this incident — TICK ONE BOX ONLY

A fire or an explosion	1
A leakage or spill	2
An inhalation related to mixing of cleaning products	3
Something else	4

39.3. Where did this happen? — TICK ONE BOX ONLY

In your own home	1
In your workplace	2
Somewhere else indoors	3
Outdoor	4

NO YES

39. 4 Did you experience respiratory symptoms within 24 hours following this incident?

IF 'NO' GO TO QUESTION 40, IF 'YES':

NO YES

39.4.1 Did you seek medical treatment for these symptoms?

40. How often do you usually exercise so much that you get out of breath or sweat ? — TICK ONE BOX ONLY

every day	1
4-6 times a week	2
2-3 times a week	3

once a week	4	☐
once a month	5	☐
less than once a month	6	☐
never	7	☐

41. How many hours a week do you usually exercise so much that you get out of breath or sweat?

TICK ONE BOX ONLY

none	1	☐
about ½ hr	2	☐
about 1 hour	3	☐
about 2-3 hours	4	☐
about 4-6 hours	5	☐
7 hours or more	6	☐

	NO	YES
42. Do you avoid taking vigorous exercise because of breathing problems?	☐	☐

43. When was your present home built? YEAR ☐☐☐☐

44. How many years have you lived in your current home? YEARS ☐☐

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

TICK ONE BOX ONLY

a) a one family house detached from any other house?	2	☐
b) a one family house attached to one or more houses?	3	☐
c) a building for two families?	4	☐
d) a building for three or four families?	5	☐
e) a building for five or more families?	6	☐
f) other: ___________________________	8	☐

NB THERE IS NO CODE 1 and NO CODE 7

46. How many rooms does your home have? (exclude kitchen, bathroom, toilet, laundry) NUMBER ☐☐

47. How many people live in your home? NUMBER ☐☐

48 Does your home have any of the following?	NO	YES
48.1 central heating	☐	☐
48.2 ducted air heating (forced air heating)	☐	☐
48.3 air conditioning	☐	☐

49. Which of the following appliances do you use for heating or for hot water?	NO	YES
49.1 open coal, coke or wood fire	☐	☐
49.2 open gas fire	☐	☐
49.3 electric heater	☐	☐
49.4 paraffin heater	☐	☐
49.5 gas-fired boiler(located inside the home)	☐	☐
49.6 oil-fired boiler	☐	☐
49.7 portable gas heater	☐	☐
49.8 gas fired boiler (located outside the home eg: balcony)	☐	☐
49.9 fully enclosed wood/coal burning stove	☐	☐
49.10 other: ____	☐	☐

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

TICK ONE BOX ONLY

a) coal, coke or wood (solid fuel)?	1	☐
b) gas (gas from the mains)?	2	☐
c) electric?	3	☐

d) paraffin (kerosene)? 4 ☐
e) microwave 5 ☐
f) gas (gas from bottles or other non-mains source) 6 ☐
g) other: ______________________________ 7 ☐

50.1 IF YOU USE GAS FOR COOKING Which of the following do you have? NO YES
50.1.1 gas hob (the area on top for heating for example saucepans) ☐ ☐
50.1 2.gas oven (the enclosed area used, for example, for baking or for roasting) ☐ ☐

MINUTES

51 . ***On average*** how long have you spent cooking with your cooker (hob or oven) ***each day*** over ***the last four weeks***? ☐☐☐

52. ***Over the last four weeks*** when you were cooking did you have a door or window to the outside air open

TICK ONE BOX ONLY

a) most of the time 1 ☐
b) some of the time 2 ☐
c) rarely (or only occasionally) 3 ☐
d) I do not have a door or window that opens to the outside in my kitchen 4 ☐
e) never 5 ☐

53. Do you have an extractor fan over the cooker? NO ☐ YES ☐ DK ☐

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 54, IF 'YES':

53.1 When cooking, do you use the fan

TICK ONE BOX ONLY

a) all of the time? 1 ☐
b) some of the time? 2 ☐
c) none of the time? 3 ☐

53.2 Does the fan take the fumes outside the house? NO ☐ YES ☐ DK ☐

54. Has there been any water damage to the building or its contents, for example, from broken pipes, leaks or floods? NO ☐ YES ☐ DK ☐

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 55, IF 'YES':

54.1 Has there been any water damage in the last 12 months? NO ☐ YES ☐ DK ☐

55. ***Within the last 12 months*** have you had wet or damp spots on surfaces inside your home other than in the basement (for example on walls, wall paper, ceilings or carpets)? NO ☐ YES ☐

56. Has there ever been any mould or mildew on any surface, other than food, inside the home? NO ☐ YES ☐ DK ☐

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 57, IF 'YES'

56.1. Has there ever been any mould or mildew on any surface inside the home in the last ***12 months***? NO ☐ YES ☐ DK ☐

IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 57, IF 'YES':

56.1.1-6 Which rooms have been affected? NO YES
56.1.1 bathroom(s) ☐ ☐
56.1.2 bedroom(s) ☐ ☐
56.1.3 living area(s) ☐ ☐
56.1.4 kitchen ☐ ☐
56.1.5 basement or attic ☐ ☐

56.1.6 other: ____

NO YES

57. Have you noticed the odour of mould or mildew (not from food) in your home at any time in the last 12 months?

58. Does the room which you use most at home during the day (NO / YES)
    - 58.1 have fitted carpets covering the whole floor?
    - 58.2 contain rugs?
    - 58.3 have double glazing/triple glazing?
    - 58.4 have visible wet or damp spots?
    - 58.5 have an airbrick or open chimney?

FLOOR

59. On what floor is the room which you use most at home during the day?
(Basement = 00 ,Ground floor=1, First floor=2, Second floor=3 etc)

60. Does your bedroom (NO / YES)
    - 60.1 have fitted carpets covering the whole floor?
    - 60.2 contain rugs?
    - 60.3 have double glazing/triple glazing
    - 60.4 have visible wet or damp spots
    - 60.5 have an airbrick or open chimney
    - 60.6 have radiators that are the main source of room heating
    - 60.7 get condensation on the window especially in the winter

FLOOR

61. On what floor is the room in which you sleep?
(Basement = 00 ,Ground floor=1, First floor=2, Second floor=3 etc)

YEARS

62 How old is the mattress you currently sleep on??

NO YES

63. Do you sleep with the windows open at night during winter?

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

63.1 Do you sleep with the windows open (TICK ONE BOX ONLY)
    - a) all of the time? 1
    - b) sometimes? 2
    - c) only occasionally? 3

NO YES

64. Do you keep a cat?

IF 'NO' GO TO QUESTION 65, IF 'YES' (NO / YES)
    - 64.1 Is your cat (are your cats) allowed inside the house?
    - 64.2 Is your cat (are your cats) allowed in the bedroom?

NO YES

65. Do you keep a dog?

IF 'NO' GO TO QUESTION 66, IF 'YES': (NO / YES)
    - 65.1 Is your dog (are your dogs) allowed inside the house?
    - 65.2 Is your dog (are your dogs) allowed in your bedroom?

NO YES

66. Do you keep any birds?

IF 'NO' GO TO QUESTION 67, IF 'YES': (NO / YES)
    - 66.1 Are any of these birds kept inside the house?

67. In the last 12 months, how often have you done any of the cleaning in your own home? TICK ONE BOX ONLY
    - a) Never 1
    - b) On less than 1 day per week 2
    - c) On 1 to 3 days per week 3

d) On 4 to 7 days per week 4 ☐

IF 'NEVER' GO TO 68, IF 'EVER':

67.1 In the last 12 months, on how many days a week have you personally used the following cleaning products in your own home? (SHOW CARD WITH FOLLOWING OPTIONS)

1. Never
2. <1 day/week
3. 1-3 days/week
4. 4-7 days/week

CODE
Enter code 1-4 for all boxes

		CODE
67.1.1	Bleach *(NOT bleach used for laundry)*	☐
67.1.2	Ammonia	☐
67.1.3	Stain removers or other solvents	☐
67.1.4	Acids (including decalcifiers, liquid scale removers, vinegar, hydrochloric acid, …)	☐
67.1.5	Floor polish or floor wax	☐
67.1.6	Liquid or solid furniture polish or wax	☐
67.1.7	Furniture sprays (atomisers or aerosols)	☐
67.1.8	Sprays for mopping the floor	☐
67.1.9	Glass cleaning sprays (atomisers or aerosols)	☐
67.1.10	Degreasing sprays including oven cleaning sprays (atomisers or aerosols)	☐

68. How often are the following used in your home? (SHOW CARD WITH FOLLOWING OPTIONS)

1. Never
2. <1 day/week
3. 1-3 days/week
4. 4-7 days/week

CODE
Enter code 1-4 for all boxes

		CODE
68.1	Liquid or solid perfumes or scents	☐
68.2	Plug-in or other **electric** air fresheners	☐
68.3	Air refreshing sprays (atomisers or aerosols)	☐

IF NEVER USE AIR FRESHENER SPRAYS GO TO QUESTION 69: IF USE AIR FRESHENER CODE
Enter code 1-4

68.4 How often do you use air freshening sprays(atomisers or aerosols) **yourself** inside your home? ☐

69. How often are the following used in your home? (SHOW CARD WITH FOLLOWING OPTIONS)

1. Never
2. Sporadically
3. Depending on the season
4. The whole year round

CODE
Enter code 1-4 for all boxes

		CODE
69.1	Insecticides or other pesticides in powder form	☐
69.2	Plug-in or other **electric** insecticides/pesticides	☐
69.3	Insecticides or other pesticides in spray form	☐

IF NEVER USE SPRAY INSECTICIDES GO TO QUESTION 70:IF USE SPRAY INSECTICIDES CODE
Enter code 1-4

69. 4 How often do you use insecticides or other pesticides in spray form ☐

yourself inside your home?

70. We would like to know where you have lived since January 1990.

Please give the address, including postcode, of all homes you have lived in **for at least one year since 1990, starting with your current address**

House number	Street name	City	Postcode	Moved in	Lived there until (YEAR)
					current

All centres please note: this information will be used for your centre staff to geocode residence.
Please do not attempt to send these data to the coordinating centre.

The variables needed within each centre ultimately will be (rh=residential history)
rh70.1.1 CURRENT Year moved in
rh70.1.2 CURRENT Year moved out
rh70.1.3 CURRENT Geocode
rh70.2.1 HOUSE 1 Year moved in
rh70.2.2 HOUSE 1 Year moved out
rh70.2.3 HOUSE 1 Geocode

Further instructions will follow

70.1 How often do cars pass your house? TICK ONE BOX ONLY

a) more than 80 per hour	1 ☐
b) between 21 and 80 per hour	2 ☐
c) between 5 and 20 per hour	3 ☐
d) less than 5 per hour	4 ☐

70.2 How often do heavy vehicles (trucks/buses) pass your house? TICK ONE BOX ONLY

a) more than 80 per hour	1 ☐
b) between 21 and 80 per hour	2 ☐
c) between 5 and 20 per hour	3 ☐
d) less than 5 per hour	4 ☐

71. How many days per week do you commute to work — NUMBER ☐

IF '0' GO TO QUESTION 72; IF ONE OR MORE DAYS

71.1 On average, how much time do you spend travelling to and from work each day (total for both directions)? — MINUTES ☐☐☐

71.2 What is your main method of commuting? TICK ONE BOX ONLY

a) Walking or cycling	1 ☐
b) In a private car	2 ☐
c) Bus	3 ☐
d) Train	4 ☐
e) Other	5 ☐

72. Have you ever had an illness or trouble caused by eating a ***particular*** food or foods? — NO ☐ YES ☐

IF 'NO' GO TO QUESTION 73, IF 'YES':

72.1 Have you nearly always had the same illness or trouble after eating this type of food? — NO ☐ YES ☐

IF 'NO' GO TO QUESTION 73, IF 'YES':

72.2 Was this food any of the following?

	NO	YES
72.2.1 Cow's milk*	☐	☐
72.2.2 Hen's eggs	☐	☐
72.2.3. Fish	☐	☐
72.2.4 Shrimp or Lobster	☐	☐
72.2.5 Peanut	☐	☐
72.2.6 Hazelnut	☐	☐
72.2.7 Walnut	☐	☐
72.2.8 Peach	☐	☐
72.2.9 Apple	☐	☐
72.2.10 Kiwi fruit	☐	☐
72.2.11 Bananas	☐	☐
72.2.12 Melon	☐	☐
72.2.13. Tomato	☐	☐
72.2.14 Celery	☐	☐
72.2.15 Carrot	☐	☐
72.2.16 Soybean	☐	☐
72.2.17 Lentils	☐	☐
72.2.18 Wheat**	☐	☐

72.2.19 Buckwheat ☐ ☐
72.2.20 Corn ☐ ☐
72.2.21 Rice ☐ ☐
72.2.22 Sesame seed ☐ ☐
72.2.23 Mustard seed ☐ ☐
72.2.24 Sunflower seed ☐ ☐
72.2.25 Poppy seed ☐ ☐

* Including other cow's milk products such as butter, cheese, yoghurt, crème fraiche, fromage frais….
** Including wheat products such as bread and breakfast cereals

72. 3 Have you had any problems eating any other food or foods? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 72.4, IF 'YES PLEASE LIST THESE FOODS:

72.3.1 Food 1________________________ CODE ☐☐☐

72.3.2 Food 2________________________ CODE ☐☐☐

72.3.3 Food 3________________________ CODE ☐☐☐

72.4 Please answer each of these questions for the three foods causing the main problems. Please identify the food from the list of foods given (q72.2.1-25). If than three foods are given in the list provide information on foods in 72.3.1-3. Please list in order of the most severe reaction

FOOD ONE

72.4.1 Please confirm the name of this food ______________________ CODE ☐☐☐

72.4.2-11 Did this illness or trouble include (NO / YES)
72.4.2 a rash or itchy skin? ☐ ☐
72.4.3 diarrhoea or vomiting? ☐ ☐
72.4.4 runny or stuffy nose? ☐ ☐
72.4.5 severe headaches? ☐ ☐
72.4.6 breathlessness? ☐ ☐
72.4.7 itching, tingling or swelling in the mouth, lips or throat? ☐ ☐
72.4.8 difficulty swallowing? ☐ ☐
72.4.9 fainting or dizziness? ☐ ☐
72.4.10 symptoms so severe you had an emergency injection from a doctor, or had to use an epipen ☐ ☐
72.4.11 other______________________________ ☐ ☐

72.4.12 . How soon after eating this food did you get the first symptoms? TICK ONE BOX ONLY

a) Less than half an hour 1 ☐
b) Half an hour to one hour 2 ☐
c) One hour to two hours 3 ☐
d) Two hours to four hours 4 ☐
e) More than four hours 5 ☐

72.4.13 How old were you when you first had this attack? YEARS ☐☐

72.4.14 How old were you when you last had this attack? YEARS ☐☐

72.4.15 How many times has this occurred during your life? NUMBER

FOOD TWO

72.5.1 Please confirm the name of this food ______________________ CODE

72.5.2-11 Did this illness or trouble include (NO / YES)
- 72.5.2 a rash or itchy skin?
- 72.5.3 diarrhoea or vomiting?
- 72.5.4 runny or stuffy nose?
- 72.5.5 severe headaches?
- 72.5.6 breathlessness?
- 72.5.7 itching, tingling or swelling in the mouth, lips or throat?
- 72.5.8 difficulty swallowing?
- 72.5.9 fainting or dizziness?
- 72.5.10 symptoms so severe you had an emergency injection from a doctor, or had to use an epipen
- 72.5.11 other_____________________________________

72.5.12 . How soon after eating this food did you get the first symptoms? TICK ONE BOX ONLY

a) Less than half an hour 1
b) Half and hour to one hour 2
c) One hour to two hours 3
d) Two hours to four hours 4
e) More than four hours 5

72.5.13 How old were you when you first had this attack? YEARS

72.5.14 How old were you when you last had this attack? YEARS

72.5.15 How many times has this occurred during your life? NUMBER

FOOD THREE

72.6.1 Please confirm the name of this food ______________________ CODE

72.6.2-11 Did this illness or trouble include (NO / YES)
- 72.6.2 a rash or itchy skin?
- 72.6.3 diarrhoea or vomiting?
- 72.6.4 runny or stuffy nose?
- 72.6.5 severe headaches?
- 72.6.6 breathlessness?
- 72.6.7 itching, tingling or swelling in the mouth, lips or throat?
- 72.6.8 difficulty swallowing?
- 72.6.9 fainting or dizziness?
- 72.6.10 symptoms so severe you had an emergency injection from a doctor, or had to use an epipen
- 72.6.11 other_____________________________________

72.6.12 . How soon after eating this food did you get the first symptoms? TICK ONE BOX ONLY

a) Less than half an hour 1

b) Half and hour to one hour 2
c) One hour to two hours 3
d) Two hours to four hours 4
e) More than four hours 5

72.6.13 How old were you when you first had this attack? YEARS

72.6.14 How old were you when you last had this attack? YEARS

72.6.15 How many times has this occurred during your life? NUMBER

73. When you are near animals, such as cats, dogs or horses, do you ***ever***

NO YES

73.1 start to cough?
73.2 start to wheeze?
73.3 get a feeling of tightness in your chest?
73.4 start to feel short of breath?
73.5 get a runny or stuffy nose or start to sneeze?
73.6 get itchy or watering eyes?

IF NO TO ALL SYMPTOMS GO TO QUESTION 74;IF YES TO ONE OR MORE SYMPTOMS

73.7.1-4 Do you have such symptom/s when you are near NO YES

73.7.1 cat?
73.7.2 dog?
73.7.3 horse?
73.7.4 other?

74. When you are in a dusty part of the house, or near pillows or duvets do you ***ever*** NO YES

74.1 start to cough?
74.2 start to wheeze?
74.3 get a feeling of tightness in your chest?
74.4 start to feel short of breath?
74.5 get a runny or stuffy nose or start to sneeze?
74.6 get itchy or watering eyes?

75. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ***ever*** NO YES

75.1 start to cough?
75.2 start to wheeze?
75.3 get a feeling of tightness in your chest?
75.4 start to feel short of breath?
75.5 get a runny or stuffy nose or start to sneeze?
75.6 get itchy or watering eyes?

IF 'YES' TO ANY OF THE ABOVE:

75.7.1-4 Which time of year does this happen? NO YES

75.7.1 winter
75.7.2 spring
75.7.3 summer
75.7.4 autumn

NO YES

76. 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]

IF 'NO' GO TO QUESTION 77, IF 'YES':

YEARS

76.1 How old were you when you started smoking?

YEARS

76.2 How old were you when you started smoking daily?

Never smoked daily please enter 88

NO YES

76.3 Do you **now** smoke, as of ***one month ago***?

IF 'NO' GO TO QUESTION 76.4, IF 'YES':

76.3.1-4 How much do you ***now*** smoke on average? NUMBER

76.3.1 number of cigarettes per day

76.3.2 number of cigarillos per day

76.3.3 number of cigars a week

76.3.4 pipe tobacco in a) ounces / week

b) grams / week

NO YES

76.4 Have you stopped or cut down smoking?

IF 'NO' GO TO QUESTION 76.5, IF 'YES': NO YES

76.4.1 Did you stop or cut down due to breathing problems?

YEARS

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

76.4.3.1-4 ***On average*** of the entire time you smoked, before you stopped or cut down, how much did you smoke? NUMBER

76.4.3.1 number of cigarettes per day

76.4.3.2 number of cigarillos per day

76.4.3.3 number of cigars a week

76.4.3.4 pipe tobacco in a) ounces / week

b) grams / week

NO YES

76.5 Do you or did you inhale the smoke?

NO YES

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

IF 'NO' GO TO QUESTION 78, IF 'YES':

77.1. Not counting yourself, how many people in your household smoke regularly? NUMBER

NO YES

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

HOURS

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

77.4 How many hours per day, are you exposed to other peoples tobacco smoke in the following locations? HOURS

at home

at workplace

in bars, restaurants, cinemas or similar social settings

elsewhere

NO YES

78. Have you used any **inhaled** medicines to help your breathing at any time in the last ***12 months***?

IF NO' GO TO QUESTION 79, IF 'YES':

Which of the following have you used in the last ***12 months***?

NO YES

78.1 <u>short acting</u> beta-2-agonist (only) inhalers

(Please include combinations that include beta 2 and steroids in section 78.6)

78.1.1 If used, which one? ________________________________
78.1.2 What type of inhaler do you use?

NUMBER

78.1.3. What is the dose per puff (in micrograms)?

78.1.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY

- a) when needed 1
- b) in short courses 2
- c) continuously 3
- d) not at all 4

If answer to 78.1.4 is <u>when needed</u>: NUMBER

78.1.5 Number of puffs per month

If answer to 78.1.4 is <u>in short courses</u> NUMBER

78.1.6 number of courses
78.1.7 number of puffs per day
78.1.8 average number of days per month

If answer to 78.1.4 <u>is continuously</u> NUMBER

78.1.9 number of puffs per day

NO YES

78.2 <u>long acting</u> beta-2-agonist inhalers

(Please include combinations that include long acting beta 2 and steroids in section 78.6)

78.2.1 If used, which one? ________________________________
78.2.2 What type of inhaler do you use?

NUMBER

78.2.3. What is the dose per puff (in micrograms)?

78.2.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY

- a) when needed 1
- b) in short courses 2
- c) continuously 3
- d) not at all 4

If answer to 78.2.4 is <u>when needed</u>: NUMBER

78.2.5 Number of puffs per month

If answer to 78.2.4 is <u>continuously</u> NUMBER

78.2.6 number of puffs per day

NO YES

78.3 <u>short acting</u> anti-muscarinic inhalers

78.3.1 If used, which one? ________________________________
78.3.2 What type of inhaler do you use?

NUMBER

78.3.3. What is the dose per puff (in micrograms)?

78.3.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY

- a) when needed 1
- b) in short courses 2
- c) continuously 3
- d) not at all 4

If answer to 78.3.4 is <u>when needed</u>: NUMBER

78.3.5 Number of puffs per month

If answer to 78.3.4 is <u>continuously</u>: NUMBER

78.3.6 Number of puffs per day

NO YES

78.4 long acting anti-muscarinic inhalers

78.4.1 If used, which one? ________________________________

78.4.2 What type of inhaler do you use?

NUMBER

78.4.3. What is the dose per puff (in micrograms)?

78.4.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY

a) when needed 1
b) in short courses 2
c) continuously 3
d) not at all 4

If answer to 78.4.4 is when needed: NUMBER

78.4.5 Number of puffs per month

If answer to 78.4.4 is continuously: NUMBER

78.4.6 Number of puffs per day

NO YES

78.5 inhaled steroids (ONLY)

(Please include combinations that include beta 2 and steroids in section 78.6)

78.5.1 If used, which one? ________________________________

78.5.2 What type of inhaler do you use?

NUMBER

78.5.3. What is the dose per puff (in micrograms)?

78.5.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY

a) when needed 1
b) in short courses 2
c) continuously 3
d) not at all 4

If answer to 78.5.4 is when needed: NUMBER

78.5.5 Number of puffs per month

If answer to 78.5.4 is in short courses NUMBER

78.5.6 number of courses

78.5.7 number of puffs per day

78.5.8 average number of days per month

If answer to 78.5.4 is continuously NUMBER

78.5..9 number of puffs per day

NUMBER

78.5.10 How many times over the last 3 months have you temporarily increased this treatment because your symptoms became worse?

NO YES

78.6 **inhaled steroids and beta2 agonists (combined therapy)**

78.6.1 If used, which one? ________________________________

78.6.2 What type of inhaler do you use?

NUMBER

78.6.3. What is the dose per puff (in micrograms)? ☐☐☐☐
(Please insert the dose of the inhaled steroid)

78.6.4. In the last 3 months, how have you used them: TICK ONE BOX ONLY
a) when needed 1 ☐
b) in short courses 2 ☐
c) continuously 3 ☐
d) not at all 4 ☐

If answer to 78.6.4 is <u>when needed</u>: NUMBER
78.6.5 Number of puffs per month ☐☐

If answer to 78.6.4 is in <u>short courses</u> NUMBER
78.6.6 number of courses ☐☐
78.6.7 number of puffs per day ☐☐
78.6.8 average number of days per month ☐☐

If answer to 78.6.4 is <u>continuously</u> NUMBER
78.6.9 number of puffs per day ☐☐

NUMBER
78.6.10 How many times over the last 3 months have you temporarily increased this treatment because your symptoms became worse? ☐☐

NO YES
78.7 inhaled cromoglycate/nedocromil ☐ ☐

78.7.1 If used, which one? ________________________________ ☐☐

NUMBER
78.7.2. What is the dose per puff (in milligrams)? ☐☐

78.7.3. In the last 3 months, how have you used them: TICK ONE BOX ONLY
a) when needed 1 ☐
b) in short courses 2 ☐
c) continuously 3 ☐
d) not at all 4 ☐

If answer to 78.7.3 is <u>continuously</u>: NUMBER
78.7.4 Number of puffs per day ☐☐

NO YES
78.8 inhaled compounds ☐ ☐

78.8.1 If used, which one? ________________________________ ☐☐
78.8.2 What type of inhaler do you use? ☐

NUMBER
78.8.3. What is the dose per puff (in micrograms)? ☐☐☐

NO YES
79. 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 80, IF 'YES':
Which of the following have you used in the last ***12 months***?

NO YES
79.1 **oral beta-2-agonists** ☐ ☐

79.1.1 If used, which one? ________________________________ ☐☐
79.1.2 what dose of tablet ☐☐

79.1.3. In the last 3 months, how have you used them: TICK ONE BOX ONLY
a) when needed 1 ☐

b) in short courses 2 ☐
c) continuously 3 ☐
d) not at all 4 ☐

If answer to 79.1.3 is <u>continuously</u>: NUMBER

79.1.4 Number of tablets per day ☐☐

NO YES

79.2 **oral methylxanthines** ☐ ☐

79.2.1 if used, which one? ________________________________

79.2.2 what dose of tablet ☐☐☐

79.2.3. In the last 3 months, how have you used them: TICK ONE BOX ONLY

a) when needed 1 ☐
b) in short courses 2 ☐
c) continuously 3 ☐
d) not at all 4 ☐

If answer to 79.2.3 is <u>continuously</u>: NUMBER

79.2.4 Number of tablets per day ☐☐

NO YES

79.3 **oral steroids** ☐ ☐

79.3.1 If used, which one? _____________________________

79.3.2 what dose of tablet ☐☐☐.

79.3.3. In the last 12 months, how have you used them: TICK ONE BOX ONLY

a) when needed 1 ☐
b) in short courses 2 ☐
c) continuously 3 ☐

If answer to 79.3.3 is <u>when needed</u>: NUMBER

79.3.4 number of tablets per month ☐☐

If answer to 79.3 3 is in <u>short courses</u> NUMBER

79.3.5 number of courses ☐☐
79.3.6 tablets per day ☐☐
79.3.7 average number of days per month ☐☐

If answer to 79.3.3 is <u>continuously</u> NUMBER

79.3.8 tablets per day ☐☐

NO YES

79.3.9. Have you used them in the last ***3 months***? ☐ ☐

NO YES

79.4 oral anti-leukotrienes ☐ ☐

79.4.1 If used, which one? ____________________________

79.4.2 what dose of tablet ☐☐☐

79.4.3. In the last 3 months, how have you used them: TICK ONE BOX ONLY

a) when needed 1 ☐
b) in short courses 2 ☐
c) continuously 3 ☐
d) not at all 4 ☐

If answer to 79.4.3 is <u>continuously</u>: NUMBER

79.4.4 Number of tablets per day ☐☐

ECRHS III MAIN Q - MARCH VERSIONS

80. Have you **ever** used inhaled steroids (show list, including combined therapy)? NO YES

IF NO GO TO QUESTION 81;IF YES

80.1 How old were you when you first started to use inhaled steroids? YEARS

80.2 How old were you when you last use inhaled steroids? YEARS

80.3. Have you used inhaled steroids ***every year*** since the last survey? NO YES

IF 'NO' GO TO QUESTION 80.4: IF 'YES'

80.3.1 On average how many months each year have you taken them? MONTHS

NOW GO TO QUESTION 81

80.4 How many of the years since the last survey have you taken inhaled steroids? YEARS

IF 'NONE' ENTER 00 AND GO TO QUESTION 81;IF 'YES'

80.4.1 On average how many months of each of these years have you taken them? MONTHS

81. Have you had a course of antibiotics in the last 12 months to help your breathing? NO YES

IF NO GO TO QUESTION 82;IF YES

81.1 How many courses of antibiotics? NUMBER

82. Have you used antibiotics for nasal/sinus problems in the last 12 months? NO YES

83. Have you **ever** had any vaccinations or injections for the treatment of allergy or had a course of desensitisation? NO YES

IF NO GO TO QUESTION 84;IF YES

83.4.1 What was this treatment? CODE

83.4.2 Have you had this treatment in the last 12 months? NO YES

IF HAS HAD ANOTHER VACCINATION,INJECTION OF DESENSITISATION

83.4.3 What was this treatment? CODE

83.4.4 Have you had this treatment in the last 12 months? NO YES

84. Are you usually vaccinated against flu? NO YES

IF NO GO TO QUESTION 85;IF YES

84.1 Were you vaccinated against flu in the last winter period? NO YES

85. Have you been vaccinated against pneumonia (Pneumovax) in the last 5 years? NO YES DK

86. Have you used any other **remedies** to help your breathing at any time in the last ***12 months***? NO YES

IF 'NO' GO TO QUESTION 87 IF 'YES':

86.1. What remedies? ____

____

____

87. Has your doctor ever prescribed medicines, including inhalers, for your breathing? NO YES

IF 'NO' GO TO QUESTION 88, IF 'YES':

87.1 If you are prescribed medicines for your breathing, do you ***normally*** take

TICK ONE BOX ONLY

a) all of the medicine? 1

b) most of the medicine? 2

c) some of the medicine? 3 ☐
d) none of the medicine? 4 ☐

87.2 ***When your breathing gets worse***, and you are prescribed medicines for your breathing, do you normally take — TICK ONE BOX ONLY

a) all of the medicine? 1 ☐
b) most of the medicine? 2 ☐
c) some of the medicine? 3 ☐
d) none of the medicine? 4 ☐

87.3 Do you think it is bad for you to take medicines all the time to help your breathing? NO ☐ YES ☐

87.4 Do you think you should take as much medicine as you need to get rid of ***all*** your breathing problems? NO ☐ YES ☐

88. What medication, regardless of cause, have you taken regularly for <u>more than 6 of the last 12 months?</u> *<u>(DO NOT include the respiratory medication given in previous questions)</u>*

IF NONE, PROCEED TO Q89, OR COMPLETE THE TABLE

	Medication (name)	A	N	N	A	A	N	N
88.1								
88.2								
88.3								
88.5								
88.6								
88.7								
88.8								
88.9								
88.10								

A=letter N=digit (of seven alphanumeric ATC code)

89. How often do you take paracetamol? — TICK ONE BOX ONLY

a) never 1 ☐
b) less than once a month 2 ☐
c) more than once a month but not every week 3 ☐
d) at least once a week 4 ☐
e) every day 5 ☐

IF LESS THAN WEEKLY GO TO QUESTION 90; IF 'WEEKLY' OR 'DAILY'

89.1 Please give the main reason that you take paracetamol? — TICK ONE BOX ONLY

a) headache 1 ☐
b) backache or arthritis 2 ☐
c) chest problems 3 ☐
d) menstrual pain 4 ☐
e) other – please describe_____________________________________ 5 ☐

90. How often do you take pain killers other than paracetomol? — TICK ONE BOX ONLY

a) never 1 ☐
b) less than once a month 2 ☐
c) more than once a month but not every week 3 ☐
d) at least once a week 4 ☐
e) every day 5 ☐

IF LESS THAN WEEKLY GO TO QUESTION 91; IF 'WEEKLY' OR 'DAILY'

90.1 Please give the main reason that you take these other painkillers? TICK ONE BOX ONLY

a) headache 1 ☐
b) backache or arthritis 2 ☐
c) chest problems 3 ☐
d) menstrual pain 4 ☐
e) other – please describe____ 5 ☐

91. Do you have or have you ever had any of the following illnesses. If yes, please indicate the age you were first diagnosed with the disease?

		NO		YES			YEARS				
91.1.1	Stroke				91.1.2	Age diagnosed					
91.2.1	Angina, heart attack, coronary heart disease				91.2.2	Age diagnosed					
91.3.1	Insulin dependent diabetes				91.3.2	Age diagnosed					
91.4.1	Non-insulin dependent diabetes				91.4.2	Age diagnosed					
91.5.1	Cancer				91.5.2	Age diagnosed			91.5.3	Type of cancer	
91.6.1	Depression				91.6.2	Age diagnosed					
91.7.1	Hypertension				91.7.2	Age diagnosed					
91.8.1	Osteoporosis				91.8.2	Age diagnosed					
91.9.1	Crohns Disease				91.9.2	Age diagnosed					
91.10.1	Migraine				91.10.2	Age diagnosed					
91.11.1	Rheumatoid arthritis				91.11.2	Age diagnosed					
91.12.1	Ankylosing spondylitis, psoariatic arthritis				91.12.2	Age diagnosed					
91.13.1	Gastro-oesophagel reflux hiatus hernia or oesophagitis				91.13.2	Age diagnosed					

Code for 91.5.3
1= breast
2= prostate
3= lung
4= GI tract
5= other

92 Do you have any long term limiting illness not mentioned above and not including asthma, COPD, chronic bronchitis or emphysema?? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 93, IF 'YES':

92.1 Please name this condition___________________________________ CODE ☐☐

93. ***Since the last survey***, have you visited a hospital casualty department or emergency room (for any reason, apart from accidents and injuries)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 94. IF 'YES':

93.1. Was this due at least once to ***breathing problems***? NO ☐ YES ☐

93.2 Have you visited a hospital casualty department or emergency room (for any reason, apart from accidents and injuries) **in the last 12 months**? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 94, IF 'YES':

93.2.1 How many times in the last ***12 months***? TIMES ☐☐

93.2.2 Among these ones, how many times because of ***breathing problems***? TIMES ☐☐

[Write '0' if s/he had not visited the emergency room for breathing problems]

94. ***Since the last survey***, have you spent a night in hospital (for any reason, apart from accidents and injuries)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 95, IF 'YES':

94.1 Was this due at least once to ***breathing problems***? NO ☐ YES ☐

94.2 Have you spent a night in hospital (for any reason, apart from accidents and injuries) **in the last 12 months**? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 95, IF 'YES':

94.2.1 How many nights in the last ***12 months***? NIGHTS ☐☐

94.2.2 Was this due at least once to ***breathing problems***? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 95, IF 'YES':

94.3.1-5 In the last ***12 months*** how many nights have you been hospitalized in each of the following types of ward for ***breathing problems***? NIGHTS
94.3.1 general
94.3.2 chest medicine
94.3.3 rehabilitation
94.3.4 intensive care unit
94.3.5 other

95. In the last ***12 months*** have you been seen by a general practitioner (for any reason, apart from accidents and injuries)? NO YES
IF 'NO' GO TO QUESTION 96, IF 'YES': TIMES
95.1 How many times **<u>in the last 12 months</u>**? TIMES
95.2 Of these, how many were for ***breathing problems***?
[Write '0' if not been seen by general practitioner in the last 12 months for breathing problems]

96. In the last ***12 months*** have you seen a specialist (for any reason, apart from accidents and injuries)? NO YES
IF 'NO' GO TO QUESTION 97, IF 'YES': TIMES
96.1 How many times in the last ***12 months***?
96.2 How many times have you seen a specialist (chest physician, allergy specialist, internal medicine specialist, ENT doctor) because of ***breathing problems in the last 12 months***? TIMES
[Write '0' if not been seen by a specialist in the last 12 months for breathing problems]

97. Are you given regular appointments to be seen by a doctor (or nurse) because of ***breathing problems***? NO YES

98. In the last ***12 months*** how many times have you visited the following because of ***breathing problems***? TIMES
98.1 nurse
98.2 physiotherapist
98.3 practitioner of 'alternative' medicine

99. In the last ***12 months*** have you had any clinical or laboratory tests because of health problems (apart from accidents and injuries)? NO YES
IF 'NO' GO TO QUESTION 100, IF 'YES': NO YES
99.1 Was this due at least once to ***breathing problems***?
IF 'NO' GO TO QUESTION 100, IF 'YES':
99.1.1-5 In the last ***12 months*** how many times have you had the following tests for ***breathing problems***? TIMES
99.1.1 breathing test in a laboratory specially for lung function measures
99.1.2 skin test for allergy
99.1.3 blood test for allergy
99.1.4 x-rays
99.1.5 thorax CT

100. In the last ***12 months*** have you lost days of work because of health problems (apart from accidents and injuries)? NO YES HAVE NOT WORKED IN THE LAST 12 months

IF NOT WORKED OR HAS NOT LOST DAYS OF WORK GO TO QUESTION 101; IF 'YES' DAYS

100.1 How many days **in the last 12 months?**

100.2 Among these ones, how many because of breathing problems?

*[**Write '000' if not lost any days due to breathing problems]***

101. **Since the last survey** were you forced to give up working altogether because of health problems (apart from accidents and injuries)? NO YES

IF 'NO' GO TO QUESTION 102, IF 'YES': MONTH YEAR

101.1 When did this occur ?

101.2 Were you forced to give working altogether because of **breathing problems**? NO YES

102. In the last ***12 months*** have there been any days when you have had to ***give up activities other than work*** (e.g. looking after children, the house, studying) because of health problems (apart from accidents and injuries)? NO YES

IF 'NO' GO TO QUESTION 103, IF 'YES':

102.1 How many days **on average** each month? DAYS

102.2 Among these ones, how many because of ***breathing problems***? DAYS

[Write '0' if s/he has not had any days of activity lost due to breathing problems]

103. Interview type TICK ONE BOX ONLY

1 face to face interview at clinic
2 telephone
3 face to face at home
4 other

104. Date of birth check. What is the date of birth of this participant? DAY MONTH YEAR

105. Which of the following best describes you?

TICK ONE BOX ONLY

1 Single
2 Married/cohabiting
3 Separated/Divorced
4 Widowed
5 Other or do not wish to answer