

**ECRHS APPENDIX A 1 Screening Questionnaire**

Area number	<input type="text"/>	1-3		
Personal number	<input type="text"/>	4-8		
Sample			<input type="text"/>	9

**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? NOYES   10

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

1.1. Have you been at all breathless when the wheezing noise was present? NO YES   11

1.2. Have you had this wheezing or whistling when you did not have a cold? NOYES   12

2. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? NOYES   13

3. Have you been woken by an attack of shortness of breath at any time in the last 12 months? NO YES   14

4. Have you been woken by an attack of coughing at any time in the last 12 months? NOYES   15

5. Have you had an attack of asthma in the last 12 months? NO YES   16

6. Are you currently taking any medicine (including inhalers, aerosols or tablets) for asthma? NOYES   17

7. Do you have any nasal allergies including hay fever? NO YES   18

8. What is your date of birth? DAY MONTH YEAR    19-24

9. What is today's date? DAY MONTH YEAR    25-30

10. Are you male or female? MALE FEMALE   31

**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:**  32  
 33  
 34

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