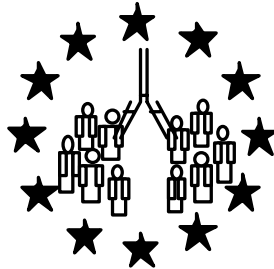


# THE EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II



## ECRHS II

### MAIN QUESTIONNAIRE

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[www.ecrhs.org](http://www.ecrhs.org)



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*Note:* Researchers using these materials are requested to cite the source appropriately

ECR

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

**IF NO GO TO Q6, IF YES**

- 5.1 Have you been woken by an attack of shortness of breath in the last **3 months**? NO YES  
☐ ☐

**IF NO GO TO Q6, IF YES**

- 5.1.1 **On average** have you been woken by an attack of shortness of breath **at least once a week in the last 3 months**? NO YES  
☐ ☐

**IF NO GO TO Q6, IF YES**

- 5.1.1.1 How many times a week **on average** have you been woken by shortness of breath in the **last 3 months**? TIMES

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

7. Do you **usually** cough first thing in the morning in the winter? NO YES  
☐ ☐  
**[IF DOUBTFUL, USE QUESTION 8.1 TO CONFIRM]**

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

**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  
☐ ☐

9. Do you **usually** bring up any phlegm from your chest first thing in the morning in the winter? NO YES  
☐ ☐

**[IF DOUBTFUL, USE QUESTION 10.1 TO CONFIRM]**

10. 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 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  
☐ ☐

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

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

11.1 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 ☐

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

**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  
☐ ☐

**IF 'NO' GO TO QUESTION 13, IF 'YES':**

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

**IF 'NO' GO TO QUESTION 13, IF 'YES':**

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

**13. FOR WOMEN ONLY - MEN GO TO Q14**

Have you ever noticed that you had respiratory symptoms (such as wheeze, tightness in your chest or shortness of breath) at a particular time of your monthly cycle?

TICK ONE BOX ONLY  
yes, in the week before my period 1 ☐  
yes, during my period 2 ☐  
yes, in the week after my period 3 ☐  
yes, another time of the month 4 ☐  
does not apply to me (i.e., amenorrhoeal) 5 ☐  
No 6 ☐

NO YES

14. Have you ever had asthma? ☐ ☐

**IF 'NO' GO TO QUESTION 15, IF 'YES':**

14.1 Was this confirmed by a doctor?

NO YES

☐ ☐

YEARS

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

YEARS

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

14.4.1-6 Which months of the year do you usually have attacks of asthma?

14.4.1 January / February

14.4.2 March / April

14.4.3 May / June

14.4.4 July / August

14.4.5 September / October

14.4.6 November / December

NO YES

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

14.5 Have you had an attack of asthma in the last **12 months**?

NO YES

☐ ☐

**IF NO GO TO 14.8, IF YES**

ATTACKS

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

ATTACKS

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

14.8 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 ☐

14.9. 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

6 ☐

14.10 Are you currently taking any medicines including inhalers, aerosols or tablets for asthma?

NO YES

☐ ☐

14.11 Do you have a peak flow meter of your own?

NO YES

☐ ☐

**IF 'NO' GO TO QUESTION 14.12, IF 'YES':**

14.11.1 How often have you used it over the last 3 months? TICK ONE BOX ONLY

never	1	<input type="checkbox"/>
some of the days	2	<input type="checkbox"/>
most of the days	3	<input type="checkbox"/>

14.12 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
<input type="checkbox"/>	<input type="checkbox"/>

14.13. **FOR WOMEN ONLY - MEN GO TO Q15**

Have you ever noticed that your asthma got worse with your monthly cycle? TICK ONE BOX ONLY

Yes, in the week before my period	1	<input type="checkbox"/>
Yes, during my period	2	<input type="checkbox"/>
Yes, in the week after my period	3	<input type="checkbox"/>
Yes, another time of the month	4	<input type="checkbox"/>
Does not apply to me (i.e., amenorrhoeal)	5	<input type="checkbox"/>
No	6	<input type="checkbox"/>

14.14 Have you been pregnant (at least 25 weeks) since your asthma started? 

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

***IF NO GO TO Q15, IF YES***

14.14.1. What happened to your asthma during your pregnancies?

TICK ONE BOX ONLY

got better	1	<input type="checkbox"/>
got worse	2	<input type="checkbox"/>
stayed the same	3	<input type="checkbox"/>
not the same for all pregnancies	4	<input type="checkbox"/>
don't know	5	<input type="checkbox"/>

15. Do you have any nasal allergies, including hay fever? 

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

***IF NO GO TO Q16, IF YES***

15.1 How old were you when you first had hay fever or nasal allergy?

YEARS  

<input type="text"/>	<input type="text"/>
----------------------	----------------------

16. 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
<input type="checkbox"/>	<input type="checkbox"/>

***IF NO GO TO Q17, IF YES***

16.1. Have you had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu ***in the last 12 months?***

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

***IF NO GO TO Q17, IF YES***

16.1.1. Has this nose problem been accompanied by itchy or watery eyes? 

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

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

NO	YES
----	-----

January	<input type="checkbox"/>	<input type="checkbox"/>
February	<input type="checkbox"/>	<input type="checkbox"/>
March	<input type="checkbox"/>	<input type="checkbox"/>
April	<input type="checkbox"/>	<input type="checkbox"/>
May	<input type="checkbox"/>	<input type="checkbox"/>
June	<input type="checkbox"/>	<input type="checkbox"/>
July	<input type="checkbox"/>	<input type="checkbox"/>

August  
September  
October  
November  
December


17. *Since the last survey* have you used any medication to treat nasal disorders? NO YES  
☐ ☐

**IF NO GO TO Q18, IF YES**

17.1 Have you used any of the following nasal sprays for the treatment of your nasal disorder?

NO YES  
☐ ☐

**{SHOW LIST OF STEROID NASAL SPRAYS}**

**IF NO GO TO Q17.2, IF YES**

17.1.1 How many years have you been taking this sort of nasal spray?

YEARS

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

NO YES  
☐ ☐

17.2 Have you used any of the following pills, capsules, or tablets for the treatment of your nasal disorder?

NO YES  
☐ ☐

**{SHOW LIST OF ANTIHISTAMINES}**

**IF NO GO TO Q18, IF YES**

17.2.1 How many years have you been taking these sort of pills, capsules or tablets?

YEARS

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

NO YES  
☐ ☐  
 NO YES

18. Have you *ever* had eczema or any kind of skin allergy?

--	--

19. Have you *ever* had an itchy rash that was coming and going for at least 6 months?

NO YES  
☐ ☐

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

19.1.. Have you had this itchy rash *in the last 12 months?*

NO YES  
☐ ☐

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

19.1.1. 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

NO YES  
☐ ☐

20. Have you ever had any difficulty with your breathing after taking medicines?

NO YES  
☐ ☐

**IF 'NO' GO TO QUESTION 21, IF 'YES':**

20.1-2 Which medicines? \_\_\_\_\_

20.1.   
 20.1.2

YEARS

21. How old was your mother when you were born?

--	--

22. How many times did you move house during the first five

years of your life?

None

Once

more than once

TICK ONE BOX ONLY

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>

23. Were you hospitalised before the age of two years for lung disease?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
YEARS	

24. At what age did you first attend a school, play school, day care or nursery?

25. How many ***other*** children regularly slept in your bedroom before ***you were five years old?***

CHILDREN
<input type="text"/>

I would now like to ask you some questions on the type of jobs that you have done.

I am interested in each one of the jobs that you have done for more than 3 consecutive months since the time we last contacted you (in 1991/2). These jobs may be outside the house or at home, full time or part time, paid or not paid, including self employment, for example in a family business. Please include part time jobs only if you had been doing them for more than 8 hours per week.

Q26. Are you currently

TICK ONE BOX ONLY

- Employed (including military service)
- Self employed
- Unemployed, looking for work
- Not working because of poor health
- Full-time house-person
- Full time student
- Retired
- Other

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>

***IF EMPLOYED OR SELF EMPLOYED OR A FULL TIME HOUSEPERSON GO TO Q28***

27. Have you been employed in any job for three continuous months or longer since the last survey?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

***IF YES NOW GO TO OCCUPATIONAL MATRIX***

## Appendix B 1 – ECRHS II Main Questionnaire

Centre number   
 Personal number   
 Sample   
 Date     
                     DAY      MONTH      YEAR

Q 28. If you had more than one job in the same company, or if you were doing more than one job at the same time, we would like to talk about them separately. Please start with your current or last job.

JOB	Q28.1. What is (was) the title of your current (last) job? <i>OCCUPATION</i>	Q28.2. What did the firm, company or organisation do or what services did it provide? <i>INDUSTRY</i>	Q28.3. In what month and year did you start working in this job?				Q28.4. In what month and year did you stop working in this job?			
			MONTH		YEAR		MONTH		YEAR	
JOB 1										
JOB 2										
JOB 3										
JOB 4										
JOB 5										
JOB 6										
JOB 7										
JOB 8										
JOB 9										
JOB 10										



## Appendix B 1 – ECRHS II Main Questionnaire

29. Have any of these jobs ever made your chest tight or wheezy?

NO YES  
☐ ☐

*IF YES, (tick no or yes for each job)*

	NO	YES
Job 1?	<input type="checkbox"/>	<input type="checkbox"/>
Job 2?	<input type="checkbox"/>	<input type="checkbox"/>
Job 3?	<input type="checkbox"/>	<input type="checkbox"/>
Job 4?	<input type="checkbox"/>	<input type="checkbox"/>
Job 5?	<input type="checkbox"/>	<input type="checkbox"/>
Job 6?	<input type="checkbox"/>	<input type="checkbox"/>
Job 7?	<input type="checkbox"/>	<input type="checkbox"/>
Job 8?	<input type="checkbox"/>	<input type="checkbox"/>
Job 9?	<input type="checkbox"/>	<input type="checkbox"/>
Job 10?	<input type="checkbox"/>	<input type="checkbox"/>

30. Have you had to leave any of these jobs because they affected your breathing?

NO YES  
☐ ☐

*IF YES, (tick no or yes for each job)*

	NO	YES
Job 1?	<input type="checkbox"/>	<input type="checkbox"/>
Job 2?	<input type="checkbox"/>	<input type="checkbox"/>
Job 3?	<input type="checkbox"/>	<input type="checkbox"/>
Job 4?	<input type="checkbox"/>	<input type="checkbox"/>
Job 5?	<input type="checkbox"/>	<input type="checkbox"/>
Job 6?	<input type="checkbox"/>	<input type="checkbox"/>
Job 7?	<input type="checkbox"/>	<input type="checkbox"/>
Job 8?	<input type="checkbox"/>	<input type="checkbox"/>
Job 9?	<input type="checkbox"/>	<input type="checkbox"/>
Job 10?	<input type="checkbox"/>	<input type="checkbox"/>

31. Since the last survey have you been involved in an accident at home, work or elsewhere that exposed you to high levels of vapours, gas, dust or fumes?

NO YES  
☐ ☐

**IF YES,**

31.1 Did you experience respiratory symptoms immediately following this exposure?

NO YES  
☐ ☐

**IF YES**

31.1.1 Could you describe to me what it was? \_\_\_\_\_

## Appendix B 1 – ECRHS II Main Questionnaire

Centres performing the extra occupational modules should at this point introduce the modular introductory questionnaire and complete modules as appropriate.

32. At what age did you complete full time education?

YEARS

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If full time student enter 88

33. How often do you usually exercise so much that you get out of breath or sweat?

TICK ONE BOX ONLY

every day	1	<input type="checkbox"/>
4-6 times a week	2	<input type="checkbox"/>
2-3 times a week	3	<input type="checkbox"/>
once a week	4	<input type="checkbox"/>
once a month	5	<input type="checkbox"/>
less than once a month	6	<input type="checkbox"/>
never	7	<input type="checkbox"/>

34. 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	<input type="checkbox"/>
about ½ hr	2	<input type="checkbox"/>
about 1 hour	3	<input type="checkbox"/>
about 2-3 hours	4	<input type="checkbox"/>
about 4-6 hours	5	<input type="checkbox"/>
7 hours or more	6	<input type="checkbox"/>

35. Do you avoid taking vigorous exercise because of wheezing or asthma?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

36. When was your present home built?

YEAR

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37. Do you live in the same home as when you were last surveyed?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF YES GO TO QUESTION 38, IF NO**

37.1. How many times have you moved since you were last surveyed?

TIMES

--	--

37.2. How many years have you lived in your current home?

YEARS

--	--

37.3 Where do you currently live?

TICK ONE BOX ONLY

a different home, but still in the study sampling area	1	<input type="checkbox"/>
outside the sampling area but still in the same country	2	<input type="checkbox"/>
a different country	3	<input type="checkbox"/>

37.3.1. IF A DIFFERENT COUNTRY Which country?

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## Appendix B 1 – ECRHS II Main Questionnaire

37.4 Which best describes the building in which you live? TICK ONE BOX ONLY

- |   |   |                          |
|---|---|--------------------------|
| a) a mobile home or trailer?                          | 1 | <input type="checkbox"/> |
| b) a one family house detached from any other house?  | 2 | <input type="checkbox"/> |
| c) a one family house attached to one or more houses? | 3 | <input type="checkbox"/> |
| d) a building for two families?                       | 4 | <input type="checkbox"/> |
| e) a building for three or four families?             | 5 | <input type="checkbox"/> |
| f) a building for five or more families?              | 6 | <input type="checkbox"/> |
| g) a boat, tent or van                                | 7 | <input type="checkbox"/> |
| e) other: _____                                       | 8 | <input type="checkbox"/> |

38. Does your home have any of the following?

- |  | NO                       | YES                      |
|--|--------------------------|--------------------------|
| 38.1 central heating                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 38.2 ducted air heating (forced air heating) | <input type="checkbox"/> | <input type="checkbox"/> |
| 38.3 air conditioning                        | <input type="checkbox"/> | <input type="checkbox"/> |

39. Which of the following appliances do you use for heating or for hot water?

- |                                   | NO                       | YES                      |
|-----------------------------------|--------------------------|--------------------------|
| 39.1 open coal, coke or wood fire | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.2 open gas fire                | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.3 electric heater              | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.4 paraffin heater              | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.5 gas-fired boiler             | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.6 oil-fired boiler             | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.7 portable gas heater          | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.8 other: _____                 | <input type="checkbox"/> | <input type="checkbox"/> |

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

- TICK ONE BOX ONLY
- |   |   |                          |
|---|---|--------------------------|
| a) coal, coke or wood (solid fuel)?                 | 1 | <input type="checkbox"/> |
| b) gas (gas from the mains)?                        | 2 | <input type="checkbox"/> |
| c) electric?  | 3 | <input type="checkbox"/> |
| d) paraffin (kerosene)?                             | 4 | <input type="checkbox"/> |
| e) microwave  | 5 | <input type="checkbox"/> |
| f) gas (gas from bottles or other non-mains source) | 6 | <input type="checkbox"/> |
| g) other: _____                                     | 7 | <input type="checkbox"/> |

**40.1 IF YOU USE GAS FOR COOKING** Which of the following do you have?

- |                 | NO                       | YES                      |
|-----------------|--------------------------|--------------------------|
| 40.1.1 gas hob  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40.1.2 gas oven | <input type="checkbox"/> | <input type="checkbox"/> |

41. What kind of stove was mostly used for cooking in the home you lived in when you were five years old?

- TICK ONE BOX ONLY
- |   |   |                          |
|---|---|--------------------------|
| a) coal, coke or wood (solid fuel)?                 | 1 | <input type="checkbox"/> |
| b) gas (gas from the mains)?                        | 2 | <input type="checkbox"/> |
| c) electric?  | 3 | <input type="checkbox"/> |
| d) paraffin?  | 4 | <input type="checkbox"/> |
| e) gas (gas from bottles or other non-mains source) | 5 | <input type="checkbox"/> |
| f) don't know                                       | 6 | <input type="checkbox"/> |
| g) other: _____                                     | 7 | <input type="checkbox"/> |

## Appendix B 1 – ECRHS II Main Questionnaire

42. **On average** how long have you spent cooking with your stove each day over the *last four weeks*? MINUTES

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43. **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 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| b) some of time   | 2 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| c) rarely (or only occasionally)  | 3 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| d) I do not have a door or window that opens to the outside in my kitchen | 4 | <input style="width: 20px; height: 20px;" type="checkbox"/> |

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

NO	YES	DK
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>

**IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 45, IF 'YES':**

44.1 When cooking, do you use the fan TICK ONE BOX ONLY

- |                      |   |   |
|----------------------|---|---|
| a) all of the time?  | 1 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| b) some of the time? | 2 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| c) none of the time? | 3 | <input style="width: 20px; height: 20px;" type="checkbox"/> |

44.2 Does the fan take the fumes outside the house?

NO	YES	DK
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>

45. Does the room which you use most at home during the day

NO YES

45.1 have fitted carpets covering the whole floor?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

45.2 contain rugs?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

45.3 have double glazing?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

46 How old is the oldest carpet or rug in the room which you use most at home during the day? ,

TICK ONE BOX ONLY

- |                          |   |   |
|--------------------------|---|---|
| a) less than one year    | 1 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| b) 1-5 years old         | 2 | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| c) more than 5 years old | 3 | <input style="width: 20px; height: 20px;" type="checkbox"/> |

47 On what floor is the room which you use most at home during the day?

--	--

**(The lowest floor of a building is 00)**

48. Does your bedroom

NO YES

48.1 have fitted carpets covering the whole floor?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

48.2 contain rugs?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

48.3 have double glazing?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

49 How old is the oldest carpet or rug in your bedroom

TICK ONE BOX ONLY

- |                          |  |   |
|--------------------------|--|---|
| a) less than one year    |  | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| b) 1-5 years old         |  | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| c) more than 5 years old |  | <input style="width: 20px; height: 20px;" type="checkbox"/> |

TICK ONE BOX ONLY

50 How old is your mattress

- a) less than one year
- b) 1-5 years old
- c) more than 5 years old


51 What floor of the building is your bedroom on? (lowest=00)

--	--

NO YES

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

--	--

**IF 'NO' GO TO QUESTION 53, IF 'YES':**

52.1 Do you sleep with the windows open

- a) all of the time?
- b) sometimes?
- c) only occasionally?

TICK ONE BOX ONLY

1	
2	
3	

53. Has there been any water damage to the building or its contents, for example, from broken pipes, leaks or floods?

NO	YES	DK

**IF YES**

53.1 Has there been any water damage in the last 12 months

NO	YES	DK

54. **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

55. 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 56, IF 'YES':**

55.1.1-6 Which rooms have been affected?

- 55.1.1 bathroom(s)
- 55.1.2 bedroom(s)
- 55.1.3 living area(s)
- 55.1.4 kitchen
- 55.1.5 basement or attic
- 55.1.6 other: \_\_\_\_\_

NO	YES

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

NO	YES

## Appendix B 1 – ECRHS II Main Questionnaire

‘This scale looks like a thermometer; it allows you to rate your personal opinion regarding the following question on annoyance from air pollution. You can indicate your level of annoyance on this scale between 0 and 10 where 0 mean does not annoy at all' and 10 means intolerable annoyance.'

56 . How much are you annoyed by outdoor air pollution (from traffic, industry, etc.) if you keep the windows open?

	10	intolerable annoyance
	9	
	8	
	7	
	6	
	5	
	4	
	3	
	2	
	1	
	0	doesn't annoy at all

--	--

## Appendix B 1 – ECRHS II Main Questionnaire

THOSE WHO HAVE NOT MOVED HOME SINCE LAST SURVEY (Check with response to question 37)

**GO TO QUESTION 58**

**THOSE WHO HAVE MOVED SINCE LAST SURVEY** – answer 57

57. How much were you annoyed by outdoor air pollution (from traffic, industry, etc.) in your previous home, if you kept the windows open?

	10	intolerable annoyance
	9	
	8	
	7	
	6	
	5	
	4	
	3	
	2	
	1	
	0	doesn't annoy at all

--	--

58. How often do cars pass your house?

- a) constantly
- b) frequently
- c) seldom
- d) never

TICK ONE BOX ONLY

1	
2	
3	
4	

59. How often do heavy vehicles (e.g. trucks/buses) pass your house?

- a) constantly
- b) frequently
- c) seldom
- d) never

TICK ONE BOX ONLY

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

60. Have you taken any of the following measures to reduce allergen or exposure to allergen in your home since the last survey?

NO YES

60.1 changed from carpet to a wooden or other smooth surface on floor of the room you use most

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.2 changed from carpet to a wooden or to a smooth surface on floor of your bedroom

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.3 bought a new carpet for the room you use most

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.4 bought a new carpet for your bedroom

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.5 used antidust-mite sprays

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.6 put an allergy-proof cover on your mattress

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

60.7 sold, given away or destroyed a pet dog or cat

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

61. Do you keep a cat?

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**IF 'NO' GO TO QUESTION 62, IF 'YES'**

NO YES

61.1 Is your cat (are your cats) allowed inside the house?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

61.2 Is your cat (are your cats) allowed in the bedroom?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

62. Do you keep a dog?

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**IF 'NO' GO TO QUESTION 63, IF 'YES':**

NO YES

62.1 Is your dog (are your dogs) allowed inside the house?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

62.2 Is your dog (are your dogs) allowed in your bedroom?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

63. Do you keep any birds?

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

NO YES

63.1 Are any of these birds kept inside the house?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

64. Was there a cat in your home?

NO YES DK

64.1 during your first year of life

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

64.2 when you were aged 1 to 4 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

64.3 when you were aged 5-15 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

65. Was there a dog in your home?

NO YES DK

65.1 during your first year of life

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

65.2 when you were aged 1 to 4 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

65.3 when you were aged 5-15 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

66. Was there a bird in your home?

NO YES DK

66.1. during your first year of life

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

66.2 when you were aged 1 to 4 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

66.3 when you were aged 5-15 years

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------



67. What term best describes the place you lived most of the time when you were under the age of five years?

TICK ONE BOX ONLY

- |                            |   |                          |
|----------------------------|---|--------------------------|
| a) farm                    | 1 | <input type="checkbox"/> |
| b) village in a rural area | 2 | <input type="checkbox"/> |
| c) small town              | 3 | <input type="checkbox"/> |
| d) suburb of a city        | 4 | <input type="checkbox"/> |
| e) inner city              | 5 | <input type="checkbox"/> |

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

- |   | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 68.1 start to cough?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.2 start to wheeze?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.3 get a feeling of tightness in your chest?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.4 start to feel short of breath?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.5 get a runny or stuffy nose or start to sneeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.6 get itchy or watering eyes?                    | <input type="checkbox"/> | <input type="checkbox"/> |

69. When you are in a dusty part of the house, or near pillows or duvets do you *ever*

- |   | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 69.1 start to cough?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.2 start to wheeze?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.3 get a feeling of tightness in your chest?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.4 start to feel short of breath?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.5 get a runny or stuffy nose or start to sneeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.6 get itchy or watering eyes?                    | <input type="checkbox"/> | <input type="checkbox"/> |

70. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you *ever*

- |   | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 70.1 start to cough?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.2 start to wheeze?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.3 get a feeling of tightness in your chest?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.4 start to feel short of breath?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.5 get a runny or stuffy nose or start to sneeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.6 get itchy or watering eyes?                    | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | 70.7.1-4 Which time of year does this happen? | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 70.7.1 winter                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.7.2 spring                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.7.3 summer                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.7.4 autumn                                 | <input type="checkbox"/> | <input type="checkbox"/> |

71. 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 | 1 | <input type="checkbox"/> |
| b) at least once a week   | 2 | <input type="checkbox"/> |
| c) less than once a week  | 3 | <input type="checkbox"/> |

## Appendix B 1 – ECRHS II Main Questionnaire

72 Do you take snacks between meals? NO YES  
☐ ☐

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

72.1.1-3 Which of the following would you have as a snack at least **once a week?**

72.1.1 savoury biscuits or crisps

72.1.2 sweets, chocolates or sweet biscuits

72.1.3 fruit or vegetables

NO YES  
☐ ☐  
☐ ☐  
☐ ☐

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

**IF 'NO' GO TO QUESTION 74, IF 'YES':**

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

**IF 'NO' GO TO QUESTION 74, IF 'YES':**

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

---

---

---


73.1.2.1-6 Did this illness or trouble include NO YES

73.1.2.1 a rash or itchy skin? ☐ ☐

73.1.2.2 diarrhoea or vomiting? ☐ ☐

73.1.2.3 runny or stuffy nose? ☐ ☐

73.1.2.4 severe headaches? ☐ ☐

73.1.2.5 breathlessness? ☐ ☐

73.1.2.6 other: ☐ ☐

NO YES  
☐ ☐

74. 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 75, IF 'YES':**

74.1 How old were you when you started smoking?

YEARS  

--	--

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

**IF 'NO' GO TO QUESTION 74.3, IF 'YES':**

74.2.1-4 How much do you **now** smoke on average?

74.2.1 number of cigarettes per day

74.2.2 number of cigarillos per day

74.2.3 number of cigars a week

74.2.4 pipe tobacco in a) ounces / week

b) grams / week

NUMBER  


74.3 Have you stopped or cut down smoking?

NO YES  
☐ ☐

**IF 'NO' GO TO QUESTION 74.4, IF 'YES':**

74.3.1 how old were you when you stopped or cut down smoking?

YEARS  

--	--

74.3.2.1-4 **on average** of the entire time you smoked, before you stopped or cut down, how much did you smoke?

NUMBER  


74.3.2.1 number of cigarettes per day

74.3.2.2 number of cigarillos per day

74.3.2.3 number of cigars a week

74.3.2.4 pipe tobacco in a) ounces / week

b) grams / week

NO YES  

--	--

74.4 Do you or did you inhale the smoke?

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

NO YES  

--	--

**IF 'NO' GO TO QUESTION 76, IF 'YES':**

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

NUMBER  

--	--

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

NO YES  

--	--

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

HOURS  

--	--

75.4 Please provide more information.

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

at home

at workplace

in bars, restaurants, cinemas or similar social settings

elsewhere

HOURS  


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

NO YES  

--	--

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

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

76.1 short acting **beta-2-agonist inhalers**

NO YES  

--	--

(Please include combinations that include beta 2 and steroids in section 76.5)

76.1.1 If used, which one? \_\_\_\_\_


76.1.2 What type of inhaler do you use?

NUMBER  

--	--	--	--

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

76.1.4. In the last 3 months, how have you used them:

a) when needed

b) in short courses

c) continuously

d) not at all

TICK ONE BOX ONLY  

1	
2	
3	
4	

**If answer to 76.1.4 is when needed:**

76.1.5 Number of puffs per month

NUMBER  

--	--

**If answer to 76.1.4 is in short courses**

- 76.1.6 number of courses  
76.1.7 number of puffs per day  
76.1.8 average number of days per month

NUMBER


**If answer to 76.1.4 is continuously**

- 76.1.9 number of puffs per day

NUMBER

--	--

**76.2 long acting beta-2-agonist inhalers**

(Please include combinations that include beta 2 and steroids in section 76.5)

NO YES

--	--

76.2.1 If used, which one? \_\_\_\_\_

76.2.2 What type of inhaler do you use?


NUMBER

--	--

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

76.2.4. In the last 3 months, how have you used them:

- a) when needed  
b) in short courses  
c) continuously  
d) not at all

TICK ONE BOX ONLY

1	
2	
3	
4	

**If answer to 76.2.4 is when needed:**

76.2.5 Number of puffs per month

NUMBER

--	--

**If answer to 76.2.4 is in short courses**

- 76.2.6 number of courses  
76.2.7 number of puffs per day  
76.2.8 average number of days per month

NUMBER


**If answer to 76.2.4 is continuously**

76.2.9 number of puffs per day

NUMBER

--	--

**76.3 non-specific adrenoreceptor agonist inhalers**

NO YES

--	--

76.3.1 If used, which one? \_\_\_\_\_

--	--

**76.4 anti-muscarinic inhalers**

NO YES

--	--

76.4.1 If used, which one? \_\_\_\_\_

76.4.2 What type of inhaler do you use?


NUMBER

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

--	--	--

## Appendix B 1 – ECRHS II Main Questionnaire

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

a) when needed	1 <input type="checkbox"/>
b) in short courses	2 <input type="checkbox"/>
c) continuously	3 <input type="checkbox"/>
d) not at all	4 <input type="checkbox"/>

***If answer to 76.4.4 is when needed:***

76.4.5 Number of puffs per month

NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

***If answer to 76.4.4 is in short courses***

76.4.6 number of courses

76.4.7 number of puffs per day

76.4.8 average number of days per month

NUMBER

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

***If answer to 76.4.4 is continuously***

76.4.9 number of puffs per day

NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### 76.5 inhaled steroids

***(if combined B2 and steroid please insert inhaled steroid dose)***

76.5.1 If used, which one? \_\_\_\_\_

76.5.2 What type of inhaler do you use?

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

NUMBER

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

76.5.4. In the last 3 months, how have you used them:

- a) when needed
- b) in short courses
- c) continuously
- d) not at all

**TICK ONE BOX ONLY**

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

***If answer to 76.5.4 is when needed:***

76.5.5 Number of puffs per month

NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

***If answer to 76.5.4 is in short courses***

76.5.6 number of courses

76.5.7 number of puffs per day

76.5.8 average number of days per month

NUMBER

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

***If answer to 76.5.4 is continuously***

76.5.9 number of puffs per day

NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

NO YES

### 76.6 inhaled cromoglycate/nedocromil

76.6.1 If used, which one? \_\_\_\_\_

76.6.2. What is the dose per puff (in milligrams)?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

## Appendix B 1 – ECRHS II Main Questionnaire

76.6.3. In the last 3 months, how have you used them:

TICK ONE BOX ONLY

- a) when needed
- b) in short courses
- c) continuously
- d) not at all

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

*If answer to 76.6.3 is when needed:*

NUMBER

76.6.4 Number of puffs per month

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*If answer to 76.6.3 is in short courses*

NUMBER

76.6.5 number of courses

76.6.6 number of puffs per day

76.6.7 average number of days per month

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*If answer to 76.6.3 is continuously*

NUMBER

76.6.8 number of puffs per day

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### 76.7 inhaled compounds

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

76.7.1 If used, which one? \_\_\_\_\_

<input type="text"/>	<input type="text"/>
----------------------	----------------------

76.7.2 What type of inhaler do you use?

<input type="text"/>
----------------------

NUMBER

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

77. 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**?

NO YES

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

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

NO YES

### 77.1 oral beta-2-agonists

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

77.1.1 If used, which one? \_\_\_\_\_

<input type="text"/>	<input type="text"/>
----------------------	----------------------

77.1.2 what dose of tablet

<input type="text"/>	<input type="text"/>
----------------------	----------------------

77.1.3. In the last 3 months, how have you used them:

TICK ONE BOX ONLY

- a) when needed
- b) in short courses
- c) continuously
- d) not at all

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

*If answer to 77.1.3 is when needed:*

NUMBER

77.1.4 number of tablets per month

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*If answer to 77.1.3 is in short courses*

NUMBER

77.1.5 number of courses

77.1.6 tablets per day

77.1.7 average number of days per month

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If answer to 77.1.3 is continuously

77.1.8 tablets per day

NUMBER

--	--

NO YES

--	--

77.2 oral methylxanthines

77.2.1 if used, which one? \_\_\_\_\_

77.2.2 what dose of tablet \_\_\_\_\_


77.2.3. In the last 3 months, how have you used them:

a) when needed

b) in short courses

c) continuously

d) not at all

TICK ONE BOX ONLY

1 ☐

2 ☐

3 ☐

4 ☐

If answer to 77.2.3 is when needed:

77.2.4 number of tablets per month

NUMBER

--	--

If answer to 77.2.3 is in short courses

77.2.5 number of courses

77.2.6 tablets per day

77.2.7 average number of days per month

NUMBER


If answer to 77.2.3 is continuously

77.2.8 tablets per day

NUMBER

--	--

NO YES

--	--

77.3 oral steroids

77.3.1 If used, which one? \_\_\_\_\_

77.3.2 what dose of tablet \_\_\_\_\_


77.3.3. In the last 12 months, how have you used them:

a) when needed

b) in short courses

c) continuously

TICK ONE BOX ONLY

1 ☐

2 ☐

3 ☐

If answer to 77.3.3 is when needed:

77.3.4 number of tablets per month

NUMBER

--	--

If answer to 77.3.3 is in short courses

77.3.5 number of courses

77.3.6 tablets per day

77.3.7 average number of days per month

NUMBER


If answer to 77.3.3 is continuously

77.3.8 tablets per day

NUMBER

--	--

NO YES

--	--

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

**77.4 oral anti-leukotrienes**

NO YES  
☐ ☐

77.4.1 If used, which one? \_\_\_\_\_

77.4.2 what dose of tablet


77.4.3. In the last 3 months, how have you used them:

TICK ONE BOX ONLY

- a) when needed
- b) in short courses
- c) continuously
- d) not at all

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

***If answer to 77.4.3 is when needed:***

77.4.4 number of tablets per month

NUMBER

***If answer to 77.4.3 is in short courses***

77.4.5 number of courses

77.4.6 tablets per day

77.4.7 average number of days per month

NUMBER


***If answer to 77.4.3 is continuously***

77.4.8 tablets per day

NUMBER

--	--

**77.5 ketotifen**

NO YES  
☐ ☐

77.5.1 If used, which one? \_\_\_\_\_

77.5.2 what dose of tablet


77.5.3. In the last 3 months, how have you used them:

TICK ONE BOX ONLY

- a) when needed
- b) in short courses
- c) continuously
- d) not at all

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

***If answer to 77.5.3 is when needed:***

77.5.4 number of tablets per month

NUMBER

***If answer to 77.5.3 is in short courses***

77.5.5 number of courses

77.5.6 tablets per day

77.5.7 average number of days per month

NUMBER


***If answer to 77.5.3 is continuously***

77.5.8 tablets per day

NUMBER

--	--

78. Since the last survey have you ever used inhaled steroids (show list)?

***IF NO GO TO QUESTION 79***

78.1. How old were you when you first started to use inhaled steroids?

NO YES  
☐ ☐  
 YEARS



## Appendix B 1 – ECRHS II Main Questionnaire

78.2. Have you used inhaled steroids <i>every year</i> since the last survey?	NO	YES
<b>IF NO GO TO QUESTION 78.3, IF YES</b>	<input type="checkbox"/>	<input type="checkbox"/>
78.2.1. On average how many months each year have you taken them?	MONTHS	
<b>NOW GO TO Q79</b>	<input type="checkbox"/>	<input type="checkbox"/>
78.3 How many of the years since the last survey have you taken inhaled steroids?	YEARS	
	<input type="checkbox"/>	<input type="checkbox"/>
78.4. On average how many months of each of these years have you taken them?	MONTHS	
	<input type="checkbox"/>	<input type="checkbox"/>
79. Have you been vaccinated for allergy since the last survey?	NO	YES
<b>IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 80, IF 'YES':</b>	<input type="checkbox"/>	<input type="checkbox"/>
79.1 Have you been vaccinated for allergy in the last <i>12 months</i> ?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
80. Have you had any other <b>injections</b> to help your breathing at any time in the last <i>12 months</i> ?	NO	YES
<b>IF 'NO' GO TO QUESTION 81, IF 'YES':</b>	<input type="checkbox"/>	<input type="checkbox"/>
80.1 What injections? _____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
81. Have you had any suppositories to help your breathing at any time in the last <i>12 months</i> ?	NO	YES
<b>IF 'NO' GO TO QUESTION 82, IF 'YES':</b>	<input type="checkbox"/>	<input type="checkbox"/>
81.1 What suppositories? _____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
82. Have you used any other <b>remedies</b> to help your breathing at any time in the last <i>12 months</i> ?	NO	YES
<b>IF 'NO' GO TO QUESTION 83 IF 'YES':</b>	<input type="checkbox"/>	<input type="checkbox"/>
82.1. What remedies? _____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
83. Has your doctor ever prescribed medicines, including inhalers, for your breathing?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF 'NO' GO TO QUESTION 84, IF 'YES':</b>		
83.1 If you are prescribed medicines for your breathing, do you <i>normally</i> take	TICK ONE BOX ONLY	
a) all of the medicine?	1	<input type="checkbox"/>
b) most of the medicine?	2	<input type="checkbox"/>
c) some of the medicine?	3	<input type="checkbox"/>
d) none of the medicine?	4	<input type="checkbox"/>

83.2 *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 | <input type="checkbox"/> |
| b) most of the medicine? | 2 | <input type="checkbox"/> |
| c) some of the medicine? | 3 | <input type="checkbox"/> |
| d) none of the medicine? | 4 | <input type="checkbox"/> |

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

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

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

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

84. Since the last survey have you visited a hospital casualty department or emergency room because of breathing problems?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO Q85, IF YES**

84.1 Have you visited a hospital casualty department or emergency room because of breathing problems in the *last 12 months*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO 85, IF YES**

84.1.1 Was this due to asthma, shortness of breath or wheezing?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

TIMES

84.1.2 How many times *in the last 12 months*?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

85. Since the last survey have you spent a night in hospital because of breathing problems?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO Q86 IF YES**

85.1 Have you spent a night in hospital because of breathing problems in the *last 12 months*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO Q86, IF YES**

85.1.1 Was this due to asthma, shortness of breath or wheezing?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

85.1.2 How many nights have you spent on each of the following types of ward in *the last 12 months*?

General

Chest medicine

Rehabilitation

Intensive care unit

Other

NUMBER

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

86. Since the last survey have you been seen by a doctor because of breathing problems or because of shortness of breath?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO Q87, IF YES**

86.1 Have you been seen by a general practitioner because of breathing problems or shortness of breath in the *last 12 months*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF NO GO TO Q86.4, IF YES**

86.2. Was this due to asthma, shortness of breath or wheezing?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

## Appendix B 1 – ECRHS II Main Questionnaire

86.3 How many times have you been seen by your general practitioner because of breathing problems or shortness of breath in each of these locations over the last 12 months?

at home (excluding emergency visits)  
in his surgery  
at home in an emergency  
at another location

NUMBER


86.4 Have you seen a specialist (chest physician, allergy specialist, internal medicine specialist, ENT doctor) because of your breathing problems or shortness of breath *in the last 12 months*?

**IF NO GO TO Q87 IF YES**

86.4.1 How many times?

NO YES

--	--

NUMBER

--	--

87. Are you given regular appointments to be seen by a doctor (or nurse) for your asthma, wheezing or shortness of breath?

**IF NO GO TO Q88 IF YES**

87.1. Are you given regular appointments with a hospital doctor?

NO YES

--	--

NO YES

--	--

NO YES

--	--

87.2 Are you given regular appointments with your general practitioner?

NO YES

--	--

87.3. Are you given regular appointments with a nurse?

88. How many times have you visited the following because of breathing problems or shortness of breath *in the last 12 months*?

88.1 nurse

88.2 physiotherapist

88.3 practitioner of 'alternative' medicine

NUMBER


89. Have you had any clinical or laboratory tests because of asthma wheezing or shortness of breath *in the last 12 months*?

**IF NO GOT Q90 ,IF YES**

89.1. How many times have you had the following *in the last 12 months*?

Breathing test in a laboratory specially for lung function measures

Skin test for allergy

Blood test for allergy

x-rays

NUMBER


NO YES

--	--

90. Are you currently working?

**IF NO GO TO Q90.2 IF YES**

90.1. How many days of work have you lost because of asthma, shortness of breath or wheezing in the last 12 months?

NUMBER

--	--	--

90.2. Were you forced to **give up working** because of asthma, wheezing or shortness of breath in the last 12 months?

NO YES

--	--

## Appendix B 1 – ECRHS II Main Questionnaire

**IF NO GO TO 91. IF YES**

91.2.1. When?

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

91. 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 your asthma,  
wheezing or shortness of breath in the **last 12 months?**

NO	YES
<input type="text"/>	<input type="text"/>

**IF NO YOU HAVE FINISHED THE QUESTIONNAIRE IF YES**

91.2. How many days on average each month?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Subjects Gender

M	F
<input type="text"/>	<input type="text"/>

Subjects Date of Birth

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**INTERVIEW TYPE?**

**TICK ONE BOX ONLY**

- a) At centre face to face
- b) At home face to face
- c) By telephone
- d) Self completed at home

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

**END**

FIELDWORKER NUMBER

### Introduction

The use of a questionnaire to collect information makes it possible to obtain answers to important questions in a standardised way. The reliability of the questionnaire depends on the behaviour of the interviewer, and therefore it is important that the questions are read exactly as they are printed and that no non-verbal clues are given.

### Basic rules

1. Interviews should take place where there is minimal disturbance, where both interviewer and subject can be comfortable, and where eye contact and hence the attention of the subject is maintained.
2. The interview is started when the interviewer has the subject's full attention, with the introductory sentence used in the questionnaire.
3. Occasionally, the interview may be complicated by one of the following difficulties:
  - a) The subject will not understand the question.
  - b) The subject or interviewer will find an ambiguity in the question.
  - c) The subject's answer may be inappropriate to the question.
4. It is very important that all interviewers in all the centres follow the same procedure for solving problems, so that it is possible to compare the answers given in one centre with the answers given in another.
5. The following general rules should be obeyed when there is a problem:
  - a) The question is repeated exactly as written, emphasising the wording where there is ambiguity,
  - b) The subject is reminded that he/she should try to answer 'YES' or 'NO' to each of the questions.
  - c) If an answer of 'YES' or 'NO' is required and the subject does not understand the question even when repeated, the answer is coded as 'NO', (unless a 'DON'T KNOW' option is specifically provided).
  - d) Where an answer is required to a quantitative or semi-quantitative question, the subject's 'best guess' may be accepted.
  - e) An explanation may be given to the subject, instructions for these are provided. Words in the question that should be stressed are underlined. Notes in square brackets are guidance and should not be read out.

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6. Many questions ask ‘since the last survey’. The interviewer should know the month and year of the last survey so that they can remind the subject when this was.

If, during the interview, a subject requests further information or clarification of a question that is not possible according to the questionnaire rules, the interviewer should explain to the subject that these points can be discussed at the end of the questionnaire.

Although this is essentially a study of asthma, the word ‘asthma’ is considered to be emotive and it is generally replaced by ‘respiratory health’ or ‘breathing problems’. If the word ‘asthma’ does not appear in the question, it should not be used as any further clarification or discussion with the subject.

### **Training**

Before starting the survey, the questionnaire and instructions should be studied and any difficulties discussed. Trainee interviewers must become familiar with the flow of questions. Interviewers should test the questionnaire on 10 or more subjects (such as hospital patients), who have at least some chest symptoms, as there is usually no difficulties with subjects who have no symptoms. These interviews should be witnessed by an experienced person who can identify mistakes or doubtful points that need clarification.

### **Recording the replies to the questions**

Most of the questions are of the ‘YES’ or ‘NO’ type and where applicable ‘DON’T KNOW’. If there is not provision for a ‘DON’T KNOW’ answer and the subject is uncertain of the answer it is recorded as ‘NO’. If the answer to the question is a number, this should be recorded directly in the boxes provided. Where the answer is a date, this should be written out in full. The interviewer should follow instructions given in the questionnaire regarding which questions to ask according to the subject’s response. In cases when further questions are irrelevant (and this can follow a ‘YES’ or a ‘NO’ answer) a ‘skip’ (‘GO TO’) will direct interviewers to the next question. Occasionally, there are ‘skips’ within sub-divisions of questions. For questions where

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

there is a choice of answers there are two formats. If there is only one possible or likely answer the format is ‘TICK ONE BOX ONLY’. If the subject cannot decide between two options, then the choice which applies most of the time and most recently should be recorded. The second format is a ‘YES’ or ‘NO’ box to each of a number of possibilities or choices in cases where they could all apply. Some of these questions have as a final option ‘OTHER’. If the subject chooses this option and, therefore, gives an unusual or unexpected answer, the box next to this option is ticked ‘YES’ and the answer written in freehand and left un-coded. The ‘OTHER’ option is also chosen if the subject is asked to list items and there is insufficient space, the most often used or the item the subject considered most important should be recorded.

### Coding

Answers to questions are either chosen from a selection of options or written freehand. Sometimes not all the answers are coded, but the information is there for reference at a later date. All freehand answers are coded after the questionnaire has been administered.

### Additional clarification of questions

#### QUESTION 1

These questions are intended to identify participants who have occasionally and/or frequent wheezing. Subjects may confuse wheezing with snoring or bubbling sounds in the chest. ‘*Wheeze*’ can be described as ‘*A whistling sound, whether high or low pitched and however faint*’. If the question is not understood, a vocal demonstration of wheezing by the interviewer can be helpful. No distinction is made between those who only wheeze during the day and those who only wheeze at night.

#### QUESTION 2

The question refers to waking with tightness in the chest at any time regardless of whether the subject has had a cold during that period.

#### QUESTION 3, 4, and 5

These questions distinguish between attacks of breathlessness during periods of inactivity, ‘exercise-induced’ breathlessness and night-time (or during ‘sleep period’)

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breathlessness. In the question regarding breathlessness following activity, the word ‘following’ should be stressed. If the subject has not carried out any strenuous activity in the last 12 months for whatever reason, the answer is recorded as ‘NO’. This includes those subjects who avoid strenuous activity because they would become breathless.

Supplementary questions have been added to question 5 to determine whether symptoms have been frequent in the last 3 months.

### **QUESTION 6, 7, and 8**

In parts of the world where respiratory symptoms are most common at other times in the year, the appropriate word should be substituted for ‘winter’. Where there is no seasonal variation in respiratory symptoms the word ‘winter’ should be omitted. When night shift workers are interviewed the words ‘on getting up’ should be used instead of ‘first thing in the morning’. A cough with their first smoke or on going out of doors is included. Clearing the throat or a single cough is excluded. The word ‘usually’ should be emphasised. An occasional cough may be considered as normal and the answer should be recorded as ‘NO’. As a rough guide single coughs at a frequency of less than six a day are ‘occasional’. The words ‘do you cough like this’ refers to whatever kind of cough or frequency of cough the subject has already reported in the previous question and whenever it occurred. ‘Three months’ refers to three consecutive months, and ‘each year’ to the last two years. There are special rules for recording the answers to question 7. If the answer to question 7 is doubtful, the interviewer should then ask question 8.1. The answer to question 8.1 is recorded as the answer to question 7. The interviewer should then ask question 8, followed by 8.1 again and the answers recorded as they are given.

### **QUESTION 9 and 10**

As with cough, phlegm with the first smoke or on going out of doors is included, but not mucoid discharge from the nose. Contrary to cough, however, ‘occasional’ phlegm production from the chest is considered abnormal if it occurs twice or more per day. The interviewer may use any suitable word that accords with local usage provided that it distinguishes phlegm from the chest or throat from pure nasal discharge. Some subjects admit to bringing up phlegm without admitting to coughing. This should be accepted without charging the replies to the questions about cough. A



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claim that phlegm is coughed from the chest but swallowed counts as a positive reply. For question 9, question 10.1 is used to ascertain the answer to question 9, as described above.

### **QUESTION 11**

The phrase ‘trouble with your breathing’ should not be elaborated upon. If the subject feels that there is something wrong with their breathing, whatever the reason, the answer is recorded as ‘YES’.

### **QUESTION 12**

This question refers to any physical disability other than chest or heart disease (for example, confined to a wheelchair) that prevents the subject from walking normally and that has been present for at least 12 months. This precise nature of disability should be recorded freehand but not coded. If the subject has a temporary physical disability that has not been present through the last 12 months, the questions are asked pertaining to the time when the subject was fit. In order to increase uniformity between surveys carried out a different breathlessness is at its worst. If the subject is disabled from walking (e.g. confined to a wheelchair or uses crutches continuously) these questions are omitted and the disabling condition is recorded freehand. ‘Hurrying’ implies walking quickly. These questions refer to the average condition during the previous two winters. If the subject avoids hurrying because they would become breathless and, therefore, the question is irrelevant, the answer is recorded as ‘NO’.

### **QUESTION 13**

This question assesses cyclical variation in breathing problems in women. Women should identify the most appropriate response for them.

### **QUESTION 14**

- 14.1 Further explanation of the definition of ‘asthma’ should not be given. If the term is not understood, the answer should be recorded as ‘NO’.
- 14.2 If the subject does not remember their age at time of their first or most recent attack of asthma, the interviewer should ask the subject to make a decision as to what age should be recorded. This is more likely with the first, rather than the most recent, but an estimate may also be given for most ‘recent attack’.

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14.4.1 All the relevant months when the subject commonly has asthma attacks should be recorded as ‘YES’. If the subject replies ‘all the time’ or ‘at any time’ the ‘YES’ is recorded for all the months.

14.5-9 Subjects are asked how frequently they have symptoms and should choose the most appropriate response.

14.10 ‘Currently taking medication’ is defined as ‘having the medication available at home’. Alternative therapy is included if prescribed by a licensed practitioner.

### QUESTION 15

The term nasal allergies includes all symptoms of rhinitis, whether seasonal or perennial, and whatever the allergens associated with symptoms. This question is the same question as in ECRHS I.

If the subject cannot remember how old they were when they first had hayfever or nasal allergy, then the interviewer should prompt the person to give an approximate answer.

### QUESTION 16

These questions are similar to those adopted by ISAAC for the definition of hayfever in children. These questions are asked after question 15 in order to maintain similarity with ECRHS I. However, where someone has answered ‘YES’ to question 15 but ‘NO’ to question 16, the question should be repeated and the response recorded. However, the interviewer should not prompt the subject further, even if the subject again replies ‘NO’.

### QUESTION 17

17.1.1 For steroid nasal sprays, each country should make the lists of the drugs used in their country, and the interviewer should show these lists. The list should not include cromolyn and antihistamine sprays. If the participant reports having used any medication on the list, the answer is ‘YES’.

17.1.2 Count the number of years since the first treatment even if the subject uses treatment only some months each year (e.g. seasonal rhinitis)

17.2 For antihistamines, each country should make a list of pills, capsules or tablets used to treat nasal disorder in their country, and the interviewer should show these lists. The list should not include compound syrups with antihistamines.

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Subjects should only respond ‘YES’ if they have used these medications for the treatment of their nasal disorder.

17.2.1 Same as question 17.1.2

### **QUESTION 18**

This question has been retained to allow comparison with ECRHS I. If the term eczema is not understood the answer should be recorded as ‘NO’.

### **QUESTION 19**

This question is designed following agreed working party definitions on eczema.

19.2 The answer should be recorded as ‘YES’ if any of the stated locations are affected.

### **QUESTION 20**

If the response to breathing difficulties associated with the use of any medicine is ‘YES’, the appropriate group should not be recorded and the exact drug recorded freehand. Skin reactions to drugs are not included.

### **QUESTION 21**

Subjects may need to use the ‘best guess’ to give their mothers age at the time they were born.

### **QUESTION 23**

‘Hospitalised’ means spending a night as an inpatient in hospital. ‘Lung disease’ means any condition that was related to lower respiratory, chest or lung problems including chest infections, pneumonia and asthma.

### **QUESTION 24**

Local terminology relevant to day care for children under five years can be used. If a child is looked after by a childminder or ‘day-mother’, together with children from other families this is considered to be ‘day-care’. Interviewers should ask for age in years and if “x years y months” is written, only x years should be recorded. If interviewers have written for example “3-4 years”, 3 years should be recorded (i.e., the lower figure).

## **Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding**

### **QUESTION 25**

‘Regularly’ sharing a bedroom means routinely at home for more than one year as opposed to when visiting relatives or for short holiday periods.

### **QUESTION 26 – QUESTION 31**

A full-time student is defined as one currently attending an educational establishment and not having full-time employment. If the subject is a student, but works part-time this counts as full-time education.

### **QUESTION 28**

This question is the occupational matrix and instructions on how to complete it are in Appendix C3.

### **QUESTION 32**

Responses are recorded in years. When subjects give an answer in years and months, only the number of years should be recorded and should be rounded down. This question can be difficult if, for example, a subject has worked and then becomes a student. Should this occur, please contact the ECRHS II Co-ordinating Centre to advise on coding.

### **QUESTION 33 and 34**

Some people may ‘exercise’ as part of their work. In this question ‘exercise’ at work is included, if it makes the subject ‘get out of breath’ or ‘sweat’.

### **QUESTION 36**

The age of the present home gives an indication of the amount of insulation and degree of air-tightness, but may not be known to individuals who have recently moved. If the subject is unsure of the year in which their house was built, the interviewer should record their ‘best guess’.

### **QUESTION 37**

This question is used to identify subjects who have moved house since the last survey.

37.2 The interviewer should request an answer in whole years and if “x years y months” is written, only x years should be recorded (i.e., rounded down).

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- 37.3 The local questionnaire can be modified to identify the sampling area for ECRHS I or the interviewer may code directly from their knowledge of the sampling area of the ECRHS I.
- 37.4 If a subject owns more than one home or has a holiday caravan or boat, the question pertains to the dwelling in which the subject spends most time. Buildings that have been built or reconstructed behind old facade should count as new buildings (from the date of reconstruction).

### QUESTION 38, 39, and 40

These questions refer to heating and cooking fuels and give some idea of indoor air pollution. Information on the type of heating will provide information on temperature differentials and humidity changes throughout the house, which can occur when there is no central heating. 'Central heating' is defined as a gas or oil fired boiler feeding radiators in every or nearly all the rooms in the house or electric storage heaters used throughout the house. Central heating includes radiators that are in most rooms and which maintain a regular temperature for most of the day. Heating of this type in part of the house, for example, in the living room only, also counts as 'YES'. Air conditioning is either 'central' air conditioning or 'individual units' in the windows of rooms. 'Open fires' as a form of heating refers to a 'fireplace' a 'stove' or a 'woodstove' used for heating or hot water, but not for cooking, in a room which is inhabited rather than in an unused basement, whether or not it is part of a ducted heating system. If the subject has additional forms of heating (for example, electric storage heaters) and they have been used at least once in the last 12 months, the answer is recorded as 'YES'. If other heaters are present but have never been used in the previous 12 months, the answer to the question is 'NO'. For countries where 'distance heaters' and 'electrical radiators' are commonly used, the answer should be recorded as 'YES' or 'OTHER' and the Fieldworkers should refer to the coding instructions.

### QUESTION 42

This figure relates to the average time spent cooking with the main cooking appliance referred to in question 40. Subjects must think about the last four weeks and make an estimate of the time he/she prepares meals on their stove or spends cooking each day. Time when the oven is on should be included in this amount, but only if the subject is the one who is preparing the meal. The answer should be recorded in minutes.

#### QUESTION 43

If someone has responded ‘never’ – they should be coded as 3 – ‘rarely or occasionally’

#### QUESTION 45 and 48

This question asks about the type of window insulation and furnishings that are present in the home. ‘Double glazing’ means double or triple windowpanes. If these are removable panes and are only used for part of the year and they have been used in the last 12 months, the answer is recorded as ‘YES’.

#### QUESTION 46 and 49

If someone has no carpets or rugs code 4

#### QUESTION 47 and 51

The lowest floor of a building that is habitable is considered as 00, and all floors above this are numbered from there. Therefore, for some homes 00 will be equivalent to the ground floor and for others it will be equivalent to the first floor 01.

#### QUESTION 53, 54 and 55

These questions refer to the amount of damp or mould that is apparent in the subject’s home. The interviewer should stress ‘in the last 12 months’. Where appropriate ‘basements’ or ‘cellars’ are rooms that are below ground floor level that the subject has permanent access to and that are immediately below the subject’s residence.

#### QUESTION 56 and 57

The interviewer should read out this paragraph as it is presented and the subject should provide a number that rates their response, while they look at the thermometer. This full number is entered.

#### QUESTION 60

This question records changes made to reduce allergen. The answer should only be coded as ‘YES’ if changes were specifically made to reduce allergen exposure.

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### QUESTION 61, 62 and 63

These questions are about pets currently owned and to establish the length of time spent indoors by the pet, which is thought to reflect the amount of animal-derived indoor allergen present.

### QUESTION 68 and 69

These questions refer to symptoms related to exposure to aeroallergens, including animal dander and dust mite allergen. Each part of the question should be read out by the interviewer and a 'YES' or 'NO' answer recorded.

### QUESTION 70

A question on seasonality of symptoms is included that requires a 'YES' or 'NO' answer to each season. If different symptoms occur at different seasons, the interviewer should record a 'YES' to all the relevant seasons. The seasons and months included may be adapted locally for different parts of the world.

### QUESTION 71, 72 and 73

Questions on diet refer to food consumed at home and not in restaurants. These questions relate to the amount of convenience food and 'junk' food the subject is consuming, which will give an indication of sodium and food additive intake. The food 'categories' are:

- 1) savoury foods (salty/fatty)
- 2) sweet foods (may be fatty)
- 3) fruit and vegetables

Cheese as a snack is included as a 'savoury' food. 'Every day or most days' means four or more days a week. For the question on 'trouble after eating foods', the type or types of food are recorded freehand. If more than three foods are involved, three foods or types of food that cause the most severe problems should be recorded. In countries where food additives are not permitted in frozen foods, the words 'pre-prepared frozen meals' is omitted. Mineral water is not included as a 'fizzy drink'.

### QUESTION 74.1

If the subject is in doubt about their smoking status the interviewer should read the definition of 'smoking'. If the subject answers 'YES' but does not remember when they started smoking, the interviewer should ask for an approximate age. Interviewers

## **Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding**

should ask for age in years and if “x years y months” is written, only x years should be recorded. If interviewers have written for example “17-18 years”, 17 years should be recorded (i.e., the lower figure).

### **QUESTION 74.2**

The question on ‘present’ smoking status relates to the last month. For example, if the subject smoked their last cigarette two weeks ago the answer is ‘YES’. The words ‘as of one month ago’ should be stressed. If the subject’s smoking habits have changed, they will be asked how old they were when they cut down or stopped smoking. The tendency will be to remember ‘how long ago’ rather than ‘at what age’, so the interviewer will need to work out with the subject the age at cutting down. The subject should then be asked (QUESTION 74.3.2) how much he/she smoked on average the entire time that he/she smoked before cutting down. The questions are designed so that a consistent smoker answers only about what he/she smokes now and ex-smoker answers about what he/she now smokes and what he/she smoked before.

‘Home’ or ‘self-rolled’ cigarettes are included in ‘number of cigarettes’ smoked. The question on ‘pipe tobacco’ are to be answered in either ounces or grams, depending on which the subject is most familiar with. 2-3 cigars per month should be recorded as less than one per week and less than 7 cigarettes per week is less than one cigarette a day.

### **QUESTION 75**

The question on inhalation of cigarette smoke refers to the way that the subject smoked for most of the time. The question on regular exposure to smoking is concerned with exposure to environmental tobacco smoke and related to the last 12 months only. The question may be irrelevant to a present smoker (where that answer is ‘YES’), but should still be asked. People in the household (apart from the subject) who smoke regularly may include a babysitter/nanny or housekeeper/au pair, who are present most of the time or live in. It also includes regular visitors who smoke in the house at least five days a week. It does not include occasional visitors who smoke. If the subject works in a very large room (open planned office or factory) where people smoke some distance away, 10m (3ft) can be regarded as a cut-off. In order to obtain more information on the location, in which people are exposed to tobacco smoke, subjects are asked at what locations they have experienced their exposures. However,



## **Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding**

in order to maintain complete comparability with ECRHS I question 75.3 remains unchanged. ‘Elsewhere’ may include the home of relatives or home of friends. If the interviewer has written “x hours and y minutes”, x hours should be recorded (i.e., it should be rounded down).

### **QUESTION 76 and 77**

The subject should be asked to bring along any medication that he/she is currently taking. The question refers to the last 12 months so it is possible that the subject no longer has the medicine or that it is not in its original container, so therefore, the interviewer can show the subject photographs of inhalers/medicines at the time of questioning. If two or more inhalers or medicines from the same group are simultaneously used, the one that is most often or most recently used should be recorded. Menthol rubs and similar ‘inhaled’ medicine are not counted as inhalers.

The general format of the question is to ask about use in the last 12 months, and then use in a shorter period of time. Subjects should identify where during recent usage these drugs are used when needed, in short courses or continuously. However some may not have used them at all in the recent period-this option is provided. Having done this, subjects are asked to describe their average use of these drugs over the specified time period.

### **QUESTION 78**

Question 78 is designed to divide subjects into those who, since the last survey have

- never used inhaled steroids
- used inhaled steroids most months since the last survey
- used inhaled steroids every month every year since the last survey
- used inhaled steroids for only some months of some years since the last surveys

From the information provided the total months that people have taken steroids since the last survey can be determined.

### **QUESTION 79**

These questions refer to desensitisation injections or immunotherapy. The subject may volunteer this information. If the question is not understood, the answer is recorded as ‘NO’. Desensitisation injections should be distinguished from other injections to ‘help

## **Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding**

breathing’, which can include penicillin shots in acute respiratory infection or depot steroids. It does not include antiviral vaccines and translations of the word ‘immunotherapy’ should ensure that there is no misunderstanding.

### **QUESTION 83**

This question is about the subject’s attitude to the use of medication for their breathing problems, and also distinguishes between subjects who have been prescribed medication and subjects who self-medicate or use ‘over the counter’ medication. The interviewer should try not to evoke any guilt in the subject if they are reluctant to take medication so that a false answer is not obtained.

### **QUESTION 84**

The wording of the introductory statement is similar to the ECRHS I but in 84.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

### **QUESTION 85**

The wording of the introductory statement is similar to ECRHS I but in 85.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

### **QUESTION 86**

The wording of the introductory statement is similar to ECHRS I but in 86.2 subjects are asked whether attendance was due to asthma, shortness of breath or wheezing.

### **QUESTION 87**

‘Regular appointment’ means that the subject is seen at specified periods by the health practitioner (i.e. every 3 months, or 4 months etc.) A ‘regular appointment’ is also one where at the end of a consultation a date is fixed for the next attendance.

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

### Standard coding

Area number (as for ECRHS I)

Subject number (as for ECRHS I)

Sample (as for ECRHS I)

For all questions;

- 1 NO
- 2 YES
- 3 DON'T KNOW

Questions with 'TICK ONE BOX ONLY' instruction:

The number of the box ticked is the code for that answer.

### General Instructions

8, 98 or 998 NOT CODED (details recorded on questionnaire)

9, 99 or 999 DON'T KNOW (or questions with an answer missing;  
'DON'T KNOW' answers without a 'DON'T KNOW' option)

Unanswered boxes in questions 17.1, 57.2, 63.1 and 65.1 (or they may be left blank).

### Questions other than the above

QUESTION 14.2 First attack of asthma

00 First attack of asthma as early as they can remember or less than one year old  
or as a baby

99 Don't know

If a fieldworker has not been able to obtain an accurate answer and recorded "less than 3 years", it should be coded as 2; if they have recorded "3-4 years" then it should be coded 3 (i.e., lower figure is used)

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QUESTION 14.3 Most recent attack of asthma

99 Don't know

As in question 14.2, the lower figure should be used as the code.

QUESTION 14.6 and 14.7 Attacks of asthma in the last 12 months.

98 'Maximum' number

99 Don't know

QUESTION 20.1 Medicines

1 Aspirin

2 Beta-blockers

3 Non-steroidal anti-inflammatory agents

4 Mixture of the above

8 not coded (includes allergic reaction to penicillin involving breathing difficulties)

9 not known

QUESTION 21

99 Don't know

QUESTION 25

8 If 8 or more children in the room

QUESTION 32

88 Currently a full-time student

QUESTION 37.3.1 Countries and Territories

001 Afghanistan

002 Albania

003 Algeria

004 American Samoa

005 Andorra

006 Angola

007 Anguilla

063 Dominica

064 Dominican Republic

065 Ecuador

066 Egypt

067 El Salvador

068 Equatorial Guinea

069 Estonia

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008	Antarctica (Australian Territory)	070	Ethiopia
009	Antigua & Barbuda	071	Falkland Islands
010	Antilles (Netherlands)	072	Faroe Islands
011	Argentina	073	Fiji
012	Armenia	074	Finland
013	Ascension Island	075	France
014	Australia	076	French Guinea
015	Austria	077	French Polynesia
016	Azerbaijan	078	Gabon
017	Azores	079	Gambia
018	Bahamas	080	Germany (former East)
019	Bahrain	081	Germany (former West)
020	Bangladesh	082	Georgia
021	Barbados	083	Ghana
022	Belgium	084	Gibraltar
023	Belize	085	Greece (Mainland)
024	Benin	086	Greek Islands
025	Bermuda	087	Greenland
026	Bhutan	088	Grenada
027	Bolivia	089	Guadeloupe
028	Botswana	090	Guam
029	Brazil	091	Guatemala
030	British Virgin Island	092	Guinea-Bissau
031	Brunei	093	Guinea
032	Bulgaria	094	Guyana
033	Burkina Faso	095	Haiti
034	Burma	096	Honduras
035	Burundi	097	Hong Kong
036	Byelorussia	098	Hungary
037	Cameroon	099	Iceland
038	Canada	100	India
039	Canary Islands	101	Indonesia
040	Cape Verde	102	Iran
041	Caroline Islands	103	Iraq
042	Cayman Islands	104	Irish Republic

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043	Central African Republic	105	Israel and occupied territory
044	Chad	106	Italy (includes Vatican City)
045	Channel Islands	107	Jamaica
046	Chatham Islands	108	Japan
047	Chile	109	Johnston and Sand Island
048	China and Taiwan	110	Jordan
049	Christmas Island	111	Kampuchea (Cambodia)
050	Cocos (Keeling Island)	112	Kazakhstan
051	Colombia	113	Kenya
052	Comoros	114	Kirghizia
053	Congo	115	Kiribati
054	Cook Islands	116	Korea (North)
055	Corsica	117	Korea (South)
056	Costa Rica	118	Kuwait
057	Cote d'Ivoire (Ivory Coast)	119	Laos
058	Cuba	120	Latvia
059	Cyprus	121	Lebanon
060	Czechoslovakia	122	Lesotho
061	Denmark	123	Liberia
062	Djibouti	124	Libya
125	Liechtenstein	188	Saudi Arabia
126	Lithuania	189	Senegal
127	Luxembourg	190	Seychelles
128	Macao	191	Sierra Leone
129	Madagascar	192	Singapore
130	Madeira	193	Solomon Islands
131	Malawi	194	Somalia
132	Malaysia	195	South Africa
133	Maldives	196	Spain
134	Mali	197	Sri Lanka
135	Malta	198	Sudan
136	Marshall Island	199	Suriname
137	Martinique	200	Swaziland
138	Mauritania	201	Sweden
139	Mauritius	202	Switzerland

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140	Mexico	203	Syria
141	Micronesia (Federated States of)	204	Tadzhikistan
142	Midway Islands	205	Tanzania
143	Moldavia	206	Thailand
144	Monaco	207	Togo
145	Mongolia	208	Tonga
146	Monserrat	209	Trinidad and Tobago
147	Morocco	210	Tristan de Cunha
148	Mozambique	211	Tunisia
149	Namibia	212	Turkey
150	Nauru	213	Tukmenistan
151	Nepal	214	Turks and Caicos Island
152	Netherlands	215	Tuvalu
153	New Caledonia	216	Uganda
154	New Zealand	217	Ukraine
155	Nicaragua	218	United Arab Emirates
156	Niger	219	United Kingdom (England IOM)
157	Nigeria	220	United Kingdom (Scotland)
158	Niue Island	221	United Kingdom (Wales)
159	Norfolk Island	222	United Kingdom (N Ireland)
160	North Miriana Island	223	Uruguay
161	Norway	224	USA
162	Oman	225	Uzbekistan
163	Pakistan	226	Vanuatu
164	Palau	227	Venezuela
165	Panama	228	Vietnam
166	Papua New Guinea	229	Virgin Islands of the US
167	Paraguay	230	Wake Island
168	Peru	231	Wallis and Future Island
169	Philippines	232	Western Sahara
170	Pitcairn Islands	233	Western Somoa
171	Poland	234	Yemen Arab Republic
172	Portugal	235	Yemen (Peoples Democratic Republic)
173	Puerto Rico	236	Yugoslavia (Former)
174	Qatar	237	Zaire

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175	Reunion	238	Zambia
176	Rodriguez Island	239	Zimbabwe
177	Romania		
178	Russia (see also other States)	998	Not coded
179	Rwanda		
180	St Christopher and Nevis		
181	St Helena and Dependencies		
182	St Lucia		
183	St Pierre and Miquelon		
184	St Vincent and the Grenadines		
185	San Marino		
186	Sao Tome Principe		
187	Sardinia		

QUESTION 39      Other fuels for heating

- 1      No
- 3      Distance heaters
- 4      Electrical radiators (containing heating coils)
- 5      Closed coal fire
- 8      Not coded
- 9      Not known

QUESTION 48 and 51

- 00      Lowest habitable floor (could be basement or ground floor)
- 01      Floor above lowest habitable floor
- 02      Floor, two floors above lowest habitable floor, etc.
- 03, 04, 05 – etc



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QUESTION 73.1.1 Food

01	Fruits, fresh/frozen/canned	24	Alcohol (other than red or white wine - see below)
02	Fruits, juice	25	Seafood/shellfish/fish
03	Fruits, dried	26	Eggs
04	Vegetables, fresh/frozen/canned	27	Tea/coffee
05	Vegetables, dried	28	Red meat, fresh
06	Vegetable, pickled	29	Poultry
07	Dairy products (excluding cheese),but including milk/yoghurt/ice-cream	30	Herbs/spices/condiments, including garlic and chilli
08	Chocolate	31	seeds (e.g. sunflower, linseed)
09	Savoury snack foods (e.g. potato crisps, corn chips)	32	High fat foods
10	Confectionery, lollies, liquorice	33	High sugar foods
11	Biscuits/cake, sweet	34	Acidic foods
12	Biscuits/cake, savoury	35	Spicy foods
13	Biscuits/cake, unspecified	36	Artificial colours
14	fats/oils, butter/margarine/cream/salad dressing	37	Preservatives, incl. sulphites
15	Gluten	38	monosodium glutamate (MSG)
16	Wheat products, bread/plain cereal		
17	Mixed cereal products (e.g. muesli)	40	Miscellaneous mixed dishes
18	Soups	41	Soft drinks/cordial
19	Sauces, including tomato paste/seasoning	42	Processed meats, ham, bacon
20	Nuts, including peanut butter/coconut	43	Pastry/pastry dishes
21	Yeast and yeast extracts	50	Cheese

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22	Sugar, including golden syrup/jam	60	Indian restaurant, takeaway meal
23	Honey	61	Chinese restaurant, takeaway meal
		62	Burger Meal, restaurant takeaway meal
		63	Other restaurant, take away meal <b>not elsewhere specified</b>
		70	White wine
		71	Red wine
		98	Not coded
		99	Not known

### QUESTION 75.3

0 less than an hour

If more than 1 hour code as number of hours

### QUESTION 76.1 Inhaled short acting beta-2-agonist inhalers

76.1.1 (Which one?)

01 Salbutamol

02 Terbutaline

03 Fenoterol

04 Pirbuterol

05 Reproterol

06 Rimiterol

07 Bitolterol

08 Hexoprenaline

09 Carbuterol

98 Not coded

99 Not known - If compound of B<sub>2</sub> and steroids please enter in question 76.5

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QUESTION 76.1.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.2 Inhaled long acting beta-2-agonist inhalers

76.1.1 (Which one?)

- 01 Salmeterol
- 02 Formoterol - If compound of B<sub>2</sub> and steroid please enter in question 76.5
- 08 Not coded
- 09 Not known

QUESTION 76.2.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.3 Inhaled non-specific adrenoreceptor agonist

76.3.1 (Which one?)

- 01 Adrenaline
- 02 Isoprenaline
- 03 Orciprenaline
- 04 Isoetharine
- 08 Not coded
- 09 Not known

QUESTION 76.4 Antimuscarinic inhalers

76.4.1 (Which one?)

- 01 Ipratropium bromide
- 02 Atropine (any salt)

<b>Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding</b>
---

- 03 Oxytropium bromide
- 08 Not coded
- 09 Not known

QUESTION 76.4.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder inhaler
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.5 Inhaled steroids

76.5.1 (Which one?)

- 01 Beclomethasone dipropionate
- 02 Betamethasone valerate
- 03 Budesonide
- 04 Dexamethasone
- 05 Flunisolide
- 06 Triamcinolone
- 07 Fluticasone
- 08 Mometasone Furoate
- 09 Combination Salbutamol and beclomethasone
- 10 Combination of salmeterol and steroid
- 11 Symbicort
- 98 Not coded
- 99 Not known

QUESTION 76.5.2 (Type of inhaler?)

- 01 MDI
- 02 Dry powder inhaler
- 03 Nebuliser
- 08 Not coded
- 09 Not known

QUESTION 76.6      Inhaled cromoglycate/nedocromil

- 01      Sodium cromoglycate
- 02      Nedocromil sodium
- 03      Cromoglycate + beta-agonist
- 08      Not coded
- 09      Not known

QUESTION 76.7      Inhaled compounds

76.7.1                      (Which one?)

- 01      Compounds of beta-2-agonists
- 02      Compounds of non-specific adrenoreceptor agonists (with/without local anaesthetic)
- 03      Beta-2-agonists with non-specific adrenoreceptor agonists
- 04      Beta-2-agonists with anti-muscarinics
- 05      Beta-agonists with steroids
- 06      Non-specific adrenoreceptor agonists with sodium cromoglycate
- 07      Beta-agonists with sodium cromoglycate
- 08      Not coded
- 09      Not known

QUESTION 76.7.2

- 01      MDI
- 02      Dry powder inhaler
- 03      Nebuliser
- 08      Not coded
- 09      Not known

QUESTION 77.1      Oral beta-2-agonists

77.1.1                      (Which one?)

- 01      Salbutamol
- 02      Terbutaline
- 03      Fenoterol
- 04      Pirbuterol
- 05      Reproterol

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- 06      Bambuterol
- 07      Tolbuterol
- 98      Not coded
- 99      Not known

QUESTION 77.2      Oral methylxanthines

77.2.1                      (Which one?)

- 01      Aminophylline
- 02      Choline theophyllinate
- 03      Theophylline
- 04      Etophylline
- 05      Bamifylline
- 06      Dyprophylline
- 98      Not coded
- 99      Not known

QUESTION 77.3      Oral steroids

77.3.1                      (Which one?)

- Betamethasone
- Cortison acetate
- Dexamethasone
- Fludrocortisone
- Hydrocortisone
- Methylprednisolone
- Prednisolone
- Prednisone
- Triamcinolone
- Cortivazol
- Celestamine
- Deflazacort
- 98      Not coded
- 99      Not known

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QUESTION 77.4      Oral anti-leukotrienes

77.4.1                      (Which one?)

- 01      Montelukast
- 02      Zafirlukast
- 03      Pranlukast
- 04      Zileuton
- 08      Not coded
- 09      Not known

QUESTION 77.5      Ketotifen

77.5.1

- 01                      Ketotifen

QUESTION 78.2.1

- 0      If less than a month

QUESTION 78.4

- 0      If less than a month

QUESTION 80          Injections

80.1                      (What injections)

- 01      Subcutaneous adrenoreceptor agonist self administered
- 02      Long acting or depot steroid
- 03      Methylxanthines
- 08      Not coded
- 09      Not known

QUESTION 81          Suppositories

81.1                      (What suppositories?)

- 01      Aminophylline
- 02      Theophylline
- 08      Not coded
- 09      Not known

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QUESTION 82            Remedies

82.1                      (What remedies?)

- |    |                              |
|----|------------------------------|
| 01 | Hypnotherapy                 |
| 02 | Acupuncture                  |
| 03 | Homeopathy (herbal remedies) |
| 04 | Diet control                 |
| 05 | Breathing exercises          |
| 06 | Swimming or other exercises  |
| 07 | Reflexology                  |
| 08 | Not coded                    |
| 09 | Not known                    |



## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

During this questionnaire you will be asked several times about what has happened to you since the last survey.

You took part in the last survey in \_\_\_\_\_ in \_\_\_\_\_

*This questionnaire has been prepared so that short interviews can be conducted on the phone.*

*Subjects who are eligible for this questionnaire are subjects who*

- *have completed the short stage 1 screening questionnaire*
- *have refused to come to the clinic for any testing*
- *have refused a home visit for the long questionnaire*
- *have refused to complete a longer more detailed questionnaire on the phone*

*All subjects who complete this reduced questionnaire should be asked if they are prepared to complete the SF-36 (with the two 'chronic conditions' questions) if it is sent to them.*

**(Please note that for clarity numbers have been kept the same as in main questionnaire)**

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

Centre number					
Personal number					
Sample					
Date					
	DAY	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  
☐ ☐

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  
☐ ☐

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  
☐ ☐

**IF NO GO TO Q6, IF YES**

- 5.1 Have you been woken by an attack of shortness of breath in the last **3 months**? NO YES  
☐ ☐

**IF NO GO TO Q6, IF YES**

- 5.1.1 **On average** have you been woken by an attack of shortness of breath **at least once a week in the last 3 months**? NO YES  
☐ ☐

**IF NO GO TO Q6, IF YES**

- 5.1.1.1 How many times a week **on average** have you been woken by shortness of breath in the **last 3 months**? TIMES

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

7. Do you **usually** cough first thing in the morning in the winter? NO YES  
☐ ☐  
**[IF DOUBTFUL, USE QUESTION 8.1 TO CONFIRM]**

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

**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  
☐ ☐

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  
☐ ☐

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10. 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 14, IF 'YES':**

10.1 Do you bring up phlegm like this on most days for as much as three months each year?

NO YES  
☐ ☐

14. Have you ever had asthma?

NO YES  
☐ ☐

**IF 'NO' GO TO QUESTION 15, IF 'YES':**

14.1 Was this confirmed by a doctor?

NO YES  
☐ ☐

YEARS

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

YEARS

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

14.5 Have you had an attack of asthma in the last **12 months**?

NO YES  
☐ ☐

**IF NO GO TO 14.8, IF YES**

ATTACKS

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

ATTACKS

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

14.8 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  
 more than once a week, but not most nights  
 at least twice a month, but not more than once a week  
 less than twice a month  
 not at all

1 ☐  
 2 ☐  
 3 ☐  
 4 ☐  
 5 ☐

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

TICK ONE BOX ONLY

continuously  
 about once a day  
 at least once a week, but less than once a day  
 less than once a week  
 not at all

1 ☐  
 2 ☐  
 3 ☐  
 4 ☐  
 6 ☐

14.10 Are you currently taking any medicines including inhalers, aerosols or tablets for asthma?

NO YES  
☐ ☐

14.11 Do you have a peak flow meter of your own?

NO YES  
☐ ☐

**IF 'NO' GO TO QUESTION 14.12, IF 'YES':**

14.11.1 How often have you used it over the last 3 months? TICK ONE BOX ONLY

never  
 some of the days  
 most of the days

1 ☐  
 2 ☐  
 3 ☐

14.12 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  
☐ ☐

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

15. Do you have any nasal allergies, including hay fever?	NO YES <input type="checkbox"/> <input type="checkbox"/>
<b>IF NO GO TO Q16, IF YES</b>	YEARS <input type="checkbox"/> <input type="checkbox"/>
15.1 How old were you when you first had hay fever or nasal allergy?	
16. 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 <input type="checkbox"/> <input type="checkbox"/>
<b>IF NO GO TO Q17, IF YES</b>	
16.1. Have you had a problem with sneezing or a runny or a blocked nose when you did not have a cold or the flu <i>in the last 12 months</i> ?	NO YES <input type="checkbox"/> <input type="checkbox"/>
<b>IF NO GO TO Q17, IF YES</b>	
16.1.1. Has this nose problem been accompanied by itchy or watery eyes?	NO YES <input type="checkbox"/> <input type="checkbox"/>
16.1.2. In which months of the year did this nose problem occur?	NO YES
January	<input type="checkbox"/> <input type="checkbox"/>
February	<input type="checkbox"/> <input type="checkbox"/>
March	<input type="checkbox"/> <input type="checkbox"/>
April	<input type="checkbox"/> <input type="checkbox"/>
May	<input type="checkbox"/> <input type="checkbox"/>
June	<input type="checkbox"/> <input type="checkbox"/>
July	<input type="checkbox"/> <input type="checkbox"/>
August	<input type="checkbox"/> <input type="checkbox"/>
September	<input type="checkbox"/> <input type="checkbox"/>
October	<input type="checkbox"/> <input type="checkbox"/>
November	<input type="checkbox"/> <input type="checkbox"/>
December	<input type="checkbox"/> <input type="checkbox"/>
17. <i>Since the last survey</i> have you used any medication to treat nasal disorders?	NO YES <input type="checkbox"/> <input type="checkbox"/>
18. Have you <i>ever</i> had eczema or any kind of skin allergy?	NO YES <input type="checkbox"/> <input type="checkbox"/>
19. Have you <i>ever</i> had an itchy rash that was coming and going for at least 6 months?	NO YES <input type="checkbox"/> <input type="checkbox"/>
<b>IF 'NO' GO TO QUESTION 20, IF 'YES':</b>	NO YES <input type="checkbox"/> <input type="checkbox"/>
19.1.. Have you had this itchy rash <i>in the last 12 months</i> ?	
<b>IF 'NO' GO TO QUESTION 20, IF 'YES':</b>	
19.1.1. Has this itchy rash <i>at any time</i> 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	NO YES <input type="checkbox"/> <input type="checkbox"/>
20. Have you ever had any difficulty with your breathing after taking medicines?	NO YES <input type="checkbox"/> <input type="checkbox"/>
<b>IF 'NO' GO TO QUESTION 21, IF 'YES':</b>	
20.1-2 Which medicines? _____	20.1.1 <input type="checkbox"/> 20.1.2 <input type="checkbox"/>
	YEARS
21. How old was your mother when you were born?	<input type="checkbox"/> <input type="checkbox"/>
23. Were you hospitalised before the age of two years for lung disease?	NO YES <input type="checkbox"/> <input type="checkbox"/>

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

I would now like to ask you some questions on the type of jobs that you have done.

I am interested in each one of the jobs that you have done for more than 3 consecutive months since the time we last contacted you (in 1991/2). These jobs may be outside the house or at home, full time or part time, paid or not paid, including self-employment, for example in a family business. Please include part time jobs only if you had been doing them for more than 8 hours per week.

Q26. Are you currently

TICK ONE BOX ONLY

- |                                       |   |                          |
|---------------------------------------|---|--------------------------|
| Employed (including military service) | 1 | <input type="checkbox"/> |
| Self employed                         | 2 | <input type="checkbox"/> |
| Unemployed, looking for work          | 3 | <input type="checkbox"/> |
| Not working because of poor health    | 4 | <input type="checkbox"/> |
| Full-time house-person                | 5 | <input type="checkbox"/> |
| Full time student                     | 6 | <input type="checkbox"/> |
| Retired                               | 7 | <input type="checkbox"/> |
| Other                                 | 8 | <input type="checkbox"/> |

**IF EMPLOYED OR SELF EMPLOYED OR A FULL TIME HOUSEPERSON GO TO Q28**

27. Have you been employed in any job for three continuous months or longer since the last survey?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF YES NOW GO TO QUESTION 28, OCCUPATIONAL MATRIX**

YEARS

32. At what age did you complete full time education?

**If full time student enter 88**

37. Do you live in the same home as when you were last surveyed?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

58. How often do cars pass your house?

TICK ONE BOX ONLY

- |               |   |                          |
|---------------|---|--------------------------|
| a) constantly | 1 | <input type="checkbox"/> |
| b) frequently | 2 | <input type="checkbox"/> |
| c) seldom     | 3 | <input type="checkbox"/> |
| d) never      | 4 | <input type="checkbox"/> |

59. How often do heavy vehicles (e.g. trucks/buses) pass your house? TICK ONE BOX ONLY

- |               |   |                          |
|---------------|---|--------------------------|
| a) constantly | 1 | <input type="checkbox"/> |
| b) frequently | 2 | <input type="checkbox"/> |
| c) seldom     | 3 | <input type="checkbox"/> |
| d) never      | 4 | <input type="checkbox"/> |

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

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**['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 75, IF 'YES':**

74.1 How old were you when you started smoking?

YEARS

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

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 74.3, IF 'YES':**

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74.2.1-4 How much do you **now** smoke on average

NUMBER

- 74.2.1 number of cigarettes per day
- 74.2.2 number of cigarillos per day
- 74.2.3 number of cigars a week
- 74.2.4 pipe tobacco in a) ounces / week  
b) grams / week


NO YES

--	--

74.3 Have you stopped or cut down smoking?

**IF 'NO' GO TO QUESTION 74.4, IF 'YES':**

YEARS

- 74.3.1 how old were you when you stopped or cut down smoking?
- 74.3.2.1-4 **on average** of the entire time you smoked, before you stopped or cut down, how much did you smoke?
- 74.3.2.1 number of cigarettes per day
- 74.3.2.2 number of cigarillos per day
- 74.3.2.3 number of cigars a week
- 74.3.2.4 pipe tobacco in a) ounces / week  
b) grams / week

--	--

NUMBER


NO YES

--	--

74.4 Do you or did you inhale the smoke?

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

NO YES

--	--

**IF 'NO' GO TO QUESTION 76, IF 'YES':**

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

NUMBER

--	--

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

NO YES

--	--

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

HOURS

--	--

75.4 Please provide more information.

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

NUMBER

- at home
- at workplace
- in bars, restaurants, cinemas or similar social settings
- elsewhere


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

NO YES

--	--

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

What have you used in the last **12 months**? \_\_\_\_\_

**INTERVIEWER TO CODE UNDER THE FOLLOWING CATEGORIES**

76.1 short acting **beta-2-agonist inhalers**

NO YES

--	--

(Please include combinations that include beta 2 and steroids in section 76.5)

76.1.1 If used, which one? \_\_\_\_\_

--	--

76.2 **long acting beta-2-agonist inhalers**

NO YES

--	--

(Please include combinations that include beta 2 and steroids in section 76.5)

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76.2.1 If used, which one? \_\_\_\_\_

☐

76.3 **non-specific adrenoreceptor agonist inhalers**

NO YES  
☐ ☐

76.3.1 If used, which one? \_\_\_\_\_

☐ ☐

76.4 **anti-muscarinic inhalers**

NO YES  
☐ ☐

76.4.1 If used, which one? \_\_\_\_\_

☐ ☐

76.5 **inhaled steroids**

(if combined B2 and steroid please insert inhaled steroid dose)

NO YES  
☐ ☐

76.5.1 If used, which one? \_\_\_\_\_

☐ ☐

76.6 **inhaled cromoglycate/nedocromil**

NO YES  
☐ ☐

76.6.1 If used, which one? \_\_\_\_\_

☐ ☐

76.7 **inhaled compounds**

NO YES  
☐ ☐

76.7.1 If used, which one? \_\_\_\_\_

☐ ☐

77. 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**?

NO YES  
☐ ☐

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

What have you used in the last **12 months**? \_\_\_\_\_

**INTERVIEWER TO CODE UNDER THE FOLLOWING CATEGORIES**

77.1 **oral beta-2-agonists**

NO YES  
☐ ☐

77.1.1 If used, which one? \_\_\_\_\_

☐ ☐

77.2 **oral methylxanthines**

NO YES  
☐ ☐

77.2.1 if used, which one? \_\_\_\_\_

☐ ☐

77.3 **oral steroids**

NO YES  
☐ ☐

77.3.1 If used, which one? \_\_\_\_\_

☐ ☐

77.4 **oral anti-leukotrienes**

NO YES  
☐ ☐

77.4.1 If used, which one? \_\_\_\_\_

☐ ☐

77.5 **ketotifen**

NO YES  
☐ ☐

## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

77.5.1 If used, which one? _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
78. Since the last survey have you ever used inhaled steroids?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>(GIVE NAMES ON LIST)</b>		
<b>IF NO GO TO QUESTION 79</b>		
78.1. How old were you when you first started to use inhaled steroids?	YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
78.2. Have you used inhaled steroids <i>every year</i> since the last survey?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO QUESTION 78.3, IF YES</b>		
78.2.1. On average how many months each year have you taken them?	MONTHS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>NOW GO TO Q79</b>		
78.3 How many of the years since the last survey have you taken inhaled steroids?	YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
	MONTHS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
78.4. On average how many months of each of these years have you taken them?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
79. Have you been vaccinated for allergy since the last survey?	NO   YES   DK <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF 'NO' OR 'DON'T KNOW' GO TO QUESTION 84, IF 'YES':</b>		
79.1 Have you been vaccinated for allergy in the last <i>12 months</i> ?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
84. Since the last survey have you visited a hospital casualty department or emergency room because of breathing problems?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO Q85, IF YES</b>		
84.1 Have you visited a hospital casualty department or emergency room because of breathing problems in the <i>last 12 months</i> ?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO 85, IF YES</b>		
84.2 Was this due to asthma, shortness of breath or wheezing?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
	TIMES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
84.2.1 How many times <i>in the last 12 months</i> ?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
85. Since the last survey have you spent a night in hospital because of breathing problems?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO Q86 IF YES</b>		
85.1 Have you spent a night in hospital because of breathing problems in the <i>last 12 months</i> ?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO Q86, IF YES</b>		
85.1.1 Was this due to asthma, shortness of breath or wheezing?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
85.1.2 How many nights have you spent on each of the following types of ward in <i>the last 12 months</i> ?		
General	NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Chest medicine	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Rehabilitation	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Intensive care unit	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
86. Since the last survey have you been seen by a doctor because of breathing problems or because of shortness of breath?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO Q87, IF YES</b>		
86.1 Have you been seen by a general practitioner because of breathing problems or shortness of breath in the <i>last 12 months</i> ?	NO   YES <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>IF NO GO TO Q86.4, IF YES</b>		
86.2. Was this due to asthma, shortness of breath or wheezing?	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	



## Appendix B 2 – ECRHS II Main Questionnaire Instructions and Coding

86.3 How many times have you been seen by your general practitioner because of breathing problems or shortness of breath in each of these locations over the last 12 months?

NUMBER

at home (excluding emergency visits)  
in his surgery  
at home in an emergency  
at another location


86.4 Have you seen a specialist (chest physician, allergy specialist, internal medicine specialist, ENT doctor) because of your breathing problems or shortness of breath *in the last 12 months*?

NO YES  
☐ ☐

**IF NO GO TO Q87 IF YES**

NUMBER

86.4.1 How many times?

--	--

87. Are you given regular appointments to be seen by a doctor (or nurse) for your asthma, wheezing or shortness of breath?

NO YES  
☐ ☐

**IF NO GO TO Q88 IF YES**

87.1. Are you given regular appointments with a hospital doctor?

NO YES  
☐ ☐

87.2 Are you given regular appointments with your general practitioner?

NO YES  
☐ ☐

87.3. Are you given regular appointments with a nurse?

NO YES  
☐ ☐

90. Are you currently working?

NO YES  
☐ ☐

**IF NO GO TO Q90.2 IF YES**

90.1. How many days of work have you lost because of asthma, shortness of  
NUMBER

breath or wheezing in the last 12 months?

--	--	--

90.2. Were you forced to **give up working** because of asthma, wheezing

NO

YES

or shortness of breath in the last 12 months?

--	--

**IF NO GO TO 91. IF YES**

91.2.1. When?

DAY	MONTH	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	F
	<input type="checkbox"/>	<input type="checkbox"/>

91. Gender

DAY	MONTH	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. Date of birth

**INTERVIEW TYPE?**

**TICK ONE BOX**

**ONLY**

- a) At centre face to face
- b) At home face to face
- c) By telephone
- d) Self completed at home

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

**END**

FIELDWORKER NUMBER

--