

COHORT QUESTIONNAIRE

Centre
Id
S3Sample

**TO ANSWER THE QUESTIONS PLEASE CHOOSE THE APPROPRIATE BOX
IF YOU ARE UNSURE OF THE ANSWER PLEASE CHOOSE 'NO'**

1. Have you had wheezing or whistling in your chest at any time in the last 12 months? NO YES

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

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

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

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

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

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

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

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

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

If 'NO' go to QUESTION 8..... If 'YES'

7. 1 How old were you when you first had hayfever or nasal allergy? YEARS

(If started as a baby please enter '1')

8. 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

9. 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

10. Have you **ever** had asthma? NO YES

If 'NO' go to QUESTION 11..... If 'YES'

10. 1 How old were you when you had your first attack of asthma? YEARS

(If started as a baby please enter '1')

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11. Do you cough on most days for as much as three months a year? NO YES

12. Do you bring up phlegm from your chest on most days for as much as three months a year? NO YES

13. Have you ever been told by a doctor that you had chronic obstructive pulmonary disease or emphysema? NO YES

If 'NO' go to QUESTION 14..... If 'YES'

13.1. How old were you when a doctor told you had chronic obstructive pulmonary disease or emphysema? YEARS

14. In the last 12 months, have you regularly (on most days) taken **(LIST COMMON INHALED STEROIDS)** or any other **STEROID** inhaler? NO YES

15. Have you ever smoked for as long as a year? NO YES

If 'NO' go to QUESTION 16..... If 'YES'

15. 1. How old were you when you started smoking? YEARS

15. 2. Have you smoked in the last month? NO YES

15.3. How old were you when you last smoked? YEARS

16. How many years have you lived in your current home? YEARS
(If less than 12 months please enter '1')

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

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

19. Are you male or female? MALE FEMALE

20. Please can you write your postcode clearly here POSTCODE

THANK YOU FOR YOUR HELP: If you don't mind being telephoned at home or at work by work by one of the study team, please write your telephone number below:

(DAY).....

(EVE).....

(EMAIL)

