**CONFIDENTIAL**

Questionnaire on

**Respiratory Symptoms (1986)**

Approved by Medical Research Council’s Committee on Environmental and Occupational Health

**Before this questionnaire is used the instruction sheet must be read**

|  |  |
| --- | --- |
| Surname: |  |
| First name(s): |  |
| Address: |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 Serial number

|  |
| --- |
|  |

 Sex (M = 1 F = 2)

Year

Month

Day

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Date of birth

|  |  |
| --- | --- |
| Name at birth ifdifferent from above |  |
| Own doctorName |  |
| Address |  |
| Other identifying data |  |
| Civil state |  |
| Occupation |  |
| Industry |  |
| Ethnic group |  |
| Interviewer |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Day

Month

Year

 Date of interview

**Use the actual wording of each question. Put 1 = Yes 2= No, or other codes as indicated in boxes**

**When in doubt record as No**

### Preamble

I am going to ask you some questions, mainly about your chest. I should like you to answer **Yes** or **No** whenever possible.

### Cough

**1** Do you usually cough first thing in the morning in the winter?

**2** Do you usually cough during the day-or at night-in the winter?

**If Yes to 1 or 2**

**3** Do you cough like this on most days for as much as three months each year?

### Phlegm

**4** Do you **usually** bring up any phlegm from your chest first thing in the morning in the winter?

**5** Do you **usually** bring up any phlegm from your chest during the day-or at night-in the winter?

**If Yes to 4 or 5**

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

### Periods of cough and phlegm

**7a**In the **past** three years have you had a period of (increased) cough and phlegm lasting for three weeks or more?

**If Yes**

**7b** Have you had more than one such period?

***Breathlessness***

If the subject is disabled from walking by any condition other than heart or lung disease, omit question 8 and enter 1 here

**8a** Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

**If yes**

**8b** Do you get short of breath walking with other people of your own age on level ground?

**If yes**

### 8c Do you have to spot for breath when walking at your own pace on level ground?Wheezing

**9** Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

**10a** Have you ever had attacks of shortness of breath with wheezing?

**If yes**

**10b**. Is/was your breathing absolutely normal between attacks?

**11.** Have you at any time in the last 12 months

been woken at night by an attack of shortness of breath?

### Chest illnesses

**12a.** During the past three years have you

had any chest illness which has kept you

from your usual activities for as much as

a week?

**If Yes**

**12b.** Did you bring up more phlegm than

usual in any these illnesses?

**If Yes**

**12c**. Have you had more than one illness

like this in the past three years?

### Past illnesses

Have you ever had, or been told that you have had?

**13a** An injury or operation affecting your chest

**13b** Heart trouble

**13c** Bronchitis

**13d** Pneumonia

**13e** Pleurisy

**13f** Pulmonary tuberculosis

**13g** Bronchial asthma

**13h** Other chest trouble

**13i** Hay fever

**1=Yes 2=No**

### Tabacco smoking

**14** Do you smoke?

**If No**

**14a** Have you ever smoked as much as one cigarette a day (or one cigar a week or an ounce of tobacco a month) for as long as a year?

If No to both parts of questions 14, omit remaining questions on smoking

**15** Do (did) you inhale the smoke?

**If Yes**

**15a** Would you say you inhaled the smoke

slightly = 1,moderately = 2, or deeply = 3?

**16** How old were you when you started smoking regularly?

**17a**Do (did) you smoke manufactured cigarettes?

**If Yes**

**17b** How many do (did) you usually smoke per day on weekdays?

**17C** How many per day at weekend?

**17d** Do (did) you usually smoke plain (= 1) or filter tip (= 2) cigarettes?

**17e** What brands do (did) you

usually smoke?

**18a** Do (did) you smoke hand-rolled cigarettes

**If yes**

**18b** How much tobacco do (did) you

usually smoke per week in this way?

**18c** Do (did) you put filters in these cigarettes?

**19** Do (did) you smoke a pipe?

**If yes**

**19b** How much pie tobacco do (did)

you usually smoke per week?

**20** Do (did) you smoke small cigars?

**If yes**

**20b** How may of these do (did) you usually smoke per day?

**21a** Do (did) you smoke other cigars?

**If yes**

**21b** How many of these do (did) you usually smoke per week?

***For present smokers***

**22a** Have you been cutting down your smoking

over the past year?

Year

Month

***For ex-smokers***

22b When did you give up smoking

altogether?

***Additional observations***

***Ventilatory capacity***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Standing height (m) |  |  | . |  |  |
|  |  |  |  |  |  |
| Weight (Kg) |  |  |  | **.** |  |
|  |  |  |  |  |  |
| Ambient temperature(°C) |  |  |  |  |  |
|  |  |  |  |  |  |
| Barometric pressure (mm Hg) |  |  |  |  |  |
|  |  |  |  |  |  |
| Time of day (24 h) |  |  |  |  |  |
|  |  |  |  |  |  |
| Observer |  |  |  |  |  |

***Spirometer***

Instrument number

Enter readings as made, for subsequent correction to **BTPS**.

If additional readings are made, enter below number 5 and delete the ones they replace.

**FEV1 (litres)**

**FVC (litres)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  | . |  |  |  |  | . |  |  |
| **2** |  |  | . |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  | . |  |  |  |  | . |  |  |
| **4** |  |  | . |  |  |  |  | . |  |  |
| **5** |  |  | . |  |  |  |  | . |  |  |

**Reading**

*Peak expiratory flow*

Instrument number

If additional readings are made, enter below number 5 and delete the ones they replace.

**PEFR (litres/min)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** |  |  |  |
|  |  |  |  |
| **2** |  |  |  |
|  |  |  |  |
| **3** |  |  |  |
|  |  |  |  |
| **4** |  |  |  |
|  |  |  |  |
| **5** |  |  |  |

**Reading**

***Additional observations***