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)

Date of birth Day Month Year

Name at birth if different from above

Own doctor

Name Address

Other identifying data

Civil state

Occupation

Industry

Ethnic group

Interviewer

Date of interview Day Month Year
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.

Wheeze

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

If Yes

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 of 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 □

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

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 stop for breath when walking at your own pace on level ground? □
Tobacco 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 question 14, omit remaining questions on smoking.

15 Do (did) you inhale the smoke?
   If Yes
      15 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 weekends?

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 pipe tobacco do (did) you usually smoke per week?

20 Do (did) you smoke small cigars?
   If Yes
      20b How many 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?

For ex-smokers

22b When did you give up smoking altogether?

Month    Year
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.

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<th>Reading</th>
<th>FEV1 (litres)</th>
<th>FVC (litres)</th>
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Peak expiratory flow

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

<table>
<thead>
<tr>
<th>Reading</th>
<th>PEFR (litres/min)</th>
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