

ASTHMA SURVEY FOLLOW UP — 1979

1979 Follow Up Postal Survey

Have you had any trouble with your chest since 1974? Yes No

If YES, had the condition been diagnosed as

Asthma

Bronchitis

Other

(If other, please specify)

Compared with 1974, is your chest condition

Better

Worse

About the same

Name

(Previous surname if changed)

Home address

Work address

Home phone Work phone

Doctor's name and address

CLINICAL REPORT SHEET

Surname

First name

Height

 cm

Weight

 kg

Blood pressure

 /

Spirometry

Done

Not done

Not successful

Blood sample

Taken

Number

Not taken

Attach spirogram below

F.E.V. 0.5 (mL)

F.E.V. 1.0 (mL)

V.C. (mL)

Ratio F.E.V./V.C.

M.E.F.R. (mL/sec)

ENROLMENT CARD

Surname SHS No.

First names

Date of birth / /

day month year

	School	Date
Enrolled		
Transfers		

Enrolled before June 1968	Enrolled after June 1968
Completed T. A. S. 10 <input style="float: right;" type="checkbox"/>	Completed T. A. S. 10 <input style="float: right;" type="checkbox"/>
Reason if not	Reason if not
Refused <input style="float: right;" type="checkbox"/>	Refused <input style="float: right;" type="checkbox"/>
Dec. <input style="float: right;" type="checkbox"/>	Dec. <input style="float: right;" type="checkbox"/>
Left state <input style="float: right;" type="checkbox"/>	Left state <input style="float: right;" type="checkbox"/>
W. U. <input style="float: right;" type="checkbox"/>	W. U. <input style="float: right;" type="checkbox"/>

	T. A. S. 10	T. A. S. 11	T. A. S. 12	Reason not in T. A. S. 12	
School				Reason not in T. A. S. 12	
School No.				Refused	
Childs No.				Dec.	
Identification				Left state	
Category				W. U.	