

1979 QUESTIONNAIRE

Surname	<input type="text"/>	First names	<input type="text"/>
(Previous surname if changed)	<input type="text"/>	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address	<input type="text"/> <input type="text"/>		
Home telephone	<input type="text"/>	Work telephone	<input type="text"/>
Place of birth	Town <input type="text"/>	State	<input type="text"/>

Part One

These questions pertain mainly to any chest problems that you may or may not have. Please regard "asthma" and "wheezy breathing" as much the same thing for this survey; we do not ask you to try to tell the difference.

Questions

1. Since 1974, have you had more than 3 colds a year on the average? Yes No
2. If you get a cold, does it usually go to your chest? (Usually means more than half the time) Yes No
Don't get colds
3. Since 1974, have you had hay fever? Yes No
4. Since 1974, have suffered from attacks of asthma or wheezy breathing? Yes No

*If you have answered **YES** to question 4, answer the following:*

- 4a. What year did your asthma or wheezy breathing start?
- 4b. About how many attacks of asthma, wheezing or difficult breathing have you had in the past 12 months?
- 4c. What length of time do your attacks usually last?

4d. Since 1974, is your asthma —
(check ✓ the appropriate answer)

- now completely gone
- tending to be less troublesome
- tending to be more troublesome
- staying about the same

5. Since 1974, have you suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest (“loose or rattly cough”)? Yes No

(**Note:** Please regard “bronchitis”, “cough with sputum (phlegm) in the chest” and “loose or rattly cough” as much the same thing for this survey. We do not ask you to try to tell the difference).

If you have answered **YES** to question 5, answer the following:

5a. What year did your bronchitis start?

5b. About how many attacks of bronchitis have you had in the past 12 months?

5c. What length of time do your attacks usually last?

5d. Since 1974, is your bronchitis —
(check ✓ the appropriate answer)

- now completely gone
- tending to be less troublesome
- tending to be more troublesome
- staying about the same

5e. Since 1974, have you ever been treated by the following drugs for your chest symptoms? (check ✓ the appropriate answer)

- | | | | |
|-------------|--------------------------|----------------|--------------------------|
| don't know | <input type="checkbox"/> | cortisone | <input type="checkbox"/> |
| not treated | <input type="checkbox"/> | prednisolone | <input type="checkbox"/> |
| | | beclamethazone | <input type="checkbox"/> |
| | | aldecin | <input type="checkbox"/> |
| | | intal | <input type="checkbox"/> |
| | | other steroids | <input type="checkbox"/> |

8. Do you still reside with your parents or guardians, and if not, when did you leave home?

Yes

No,

left in the year

9. How many people living in your **parent's or guardian's** home smoke cigarettes regularly?

Number

10. If you have left home, how many people smoke cigarettes regularly in your present place of residence?

Number
Does not apply

11. Do you share a bedroom with people who are regular smokers?

Yes No

12. Have you ever smoked cigarettes or **any form** of tobacco regularly?

Yes No

*If you have answered **YES** to question 12, answer the following:*

12a. Do you now smoke cigarettes (as of one month ago)?

Yes No

12b. How old were you when you first started regular cigarette smoking?

Age in years
Does not apply

12c. If you have stopped smoking cigarettes, how old were you when you stopped?

Age in years
Does not apply

12d. How many cigarettes per day do you smoke now or when you were smoking?

Number
Does not apply

12e. Do or did you inhale the tobacco smoke?

No

Slightly

Moderately

Deeply

13. How many rooms (not including bathroom and toilet) are there in your parent's home? Number

14. Is **their** home:

Owned

Rented

15. If your parents rent their home, how much do they pay per month for rent?

\$ /month

Don't know

Doesn't apply

16. What is your parent's home built of?

Weather board

Brick

Brick veneer

Stone

Other (please specify)

17. What sort of household heating is used in your parent's home? (*Please specify*)

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

18. How many people reside in your parent's home?

Number under 10 years old

Number 10–20 years old

Number older than 20

19. If **you** rent your present residence, how much is your rent or share of the rent per month?

\$ /month

Doesn't apply

20. At what level of education did you leave school?

Grade left school

Now in college

Now in university

Now in trade school

Now in other school (*specify*)

21. At what level did your father or male guardian leave school?

Grade left school

Finished trade school

Finished college

Finished university

Don't know

22. At what level did your mother or female guardian leave school?

Grade left school

Finished trade school

Finished college

Finished university

Don't know

23. What is your father's or male guardian's usual occupation?

Please specify what he does if he is working

24. What is your mother's or female guardian's usual occupation?

Please specify what he does if he is working

