

<b>Participant ID:</b>	<input type="text"/>	<b>Appointment date:</b>	<input type="text"/>
			day month year
<b>Participant initials:</b>	<input type="text"/>	<b>Centre number:</b>	<input type="text"/>
<b>Participant DOB:</b>	<input type="text"/>	<b>Investigator initials:</b>	<input type="text"/>
	day month year		
		<b>Sample number:</b>	<input type="text" value="1"/>

(Centre number: Royal Hobart Hospital= 1, Northern Lung Function Service= 2, Burnie Physiology= 3, Alfred Hospital= 4)

*For questions where the subject has to choose one answer, read out the question and all the categories before expecting them to respond. Definitions of ambiguous terms are given in text boxes. To standardise the questionnaire administration across centres, avoid providing any further explanation other than what is given in the questionnaire.*

## HOME ENVIRONMENT

First I am going to ask few questions about your home and the area where you live.

1. For how many years have you lived in your present home?   (<1 year code as 1)

2. In which decade was your present home built?

Tick one

- Before 1940  
 1941-1960  
 1961-1970  
 1971-1980  
 1981-1990  
 1990- Present  
 Don't know

3. What is the base structure of your home?

Tick one

- Concrete slab  
 Stumps and wooden flooring  
 Combination of above  
 Don't know

4. How old is the mattress in your bed?

Tick one

- Less than 12 months old  
 1-5 years old  
 More than 5 years old  
 Don't know  
 Not relevant (e.g. waterbed)

5. Is there fitted carpet in the bedroom?

No

Yes

*If Yes* ↪ 5.1 What is the age of the carpet?

*Tick one*

Less than 12 months old

1 - 5 years old

More than 5 years old

Don't know

6. On average, how often is your bedroom vacuumed, or if it has a hard floor, how often is it swept or mopped?

*Tick one*

5 or more times each week

2 - 4 times each week

Once a week

Less than once a week but more than once a month

Once a month or less

7. On average, how often is your bedroom aired by opening windows for at least for 1-hour?

*Tick one*

5 or more times each week

2-4 times each week

Once a week

Less than once a week but more than once a month

Once a month or less

8. Do you keep or own any cats?

No

Yes

*If no, go to Q9*

*If yes* ↪ 8.1 How many?

Number

--	--

8.2 Are the cats **allowed** indoors?

No

Yes

*If no, go to Q10*

*If yes* ↪ 8.2.1 Are the cats **allowed** in the bedroom?

No

Yes

*Now go to Q10*

9. Has there been a cat in the house in the last 12 months?

No

Yes

Don't know

**AIR POLLUTION**

10. During working days (Monday to Friday) is the traffic noise at home so intense that you would have to close the windows so you are not disturbed?

*Tick one*

- Constantly
- Frequently
- Seldom
- Never
- Don't know (never at home during BH)

11. During working days (Monday to Friday), how often do heavy vehicles such as trucks or buses pass your house?

*Tick one*

- Constantly
- Frequently
- Seldom
- Never
- Don't know (never at home during BH)

12. On a scale of 0 to 10, how much is **the area where you live** subjected to woodsmoke in winter?  
Zero means not at all and 10 means severely affected.

*Number*

--	--

13. On a scale of 0 to 10, how much is **the area where you live** subjected to fog or smog in winter?  
Zero means not at all and 10 means severely affected.

*Number*

--	--

14. On a scale of 0 to 10, when you are at home, how much are you annoyed by outdoor air pollution from traffic, industry, woodsmoke or other sources if you keep the windows open?  
Zero means no annoyance and 10 means intolerable annoyance.

*Number*

--	--

**Definitions to be used when administering the questions below:**

“Attack” or “flare up” of asthma: is a period of time when asthma symptoms are worse or more frequent than usual. One could have asthma symptoms regularly or intermittently without getting attacks or flare-ups. The attacks tend to occur after a cold/sore throat or during an ‘allergen season’.

Chronic Bronchitis/COPD/COAD/emphysema: cough and sputum for at least 3 months for 2 successive years.

**ASTHMA**

Now I am going to ask few questions about few respiratory conditions that you may or may not have.

15. Have you ever had asthma?

No

Yes

*If no, go to Q16 page 7*

*If yes continue*

15.1 Was this confirmed by a doctor?

No

Yes

*If yes* ↶ 15.2 How old were you when this was confirmed?

years old

15.3 How old were you when you had your most recent symptoms of asthma?

years old

**Symptom Severity**

15.4. Have you been woken from your sleep by your asthma?

*last 12 months**last 1 month*

No

Yes

No

Yes

*If Yes to last month:*

15.4.1 How many nights were you woken from sleep by your asthma in the last week?

Number of nights

15.5. Have you had asthma symptoms when you wake in the morning?

*last 12 months**last 1 month*

No

Yes

No

Yes

*If Yes to last month:*

15.5.1 How many mornings in the last week?

Number of mornings

15.6 Have you been limited in any of the following activities because of asthma?

*Tick the appropriate boxes in each category:*

15.6.1 All activities

No

Yes

No

Yes

15.6.2 When dressing

No

Yes

No

Yes

15.6.3 Walking on level ground

No

Yes

No

Yes

- |        |                               |                          |                          |                          |                          |
|--------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15.6.4 | Hurrying on level ground      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |                               | No                       | Yes                      | No                       | Yes                      |
| 15.6.5 | Walking up stairs or up hills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |                               | No                       | Yes                      | No                       | Yes                      |
| 15.6.6 | Active sports                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |                               | No                       | Yes                      | No                       | Yes                      |
| 15.6.7 | Other (Specify) _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        |                               | No                       | Yes                      | No                       | Yes                      |

☞ If Yes to any of 15.6.1 to 15.6.7, go to 15.7. If all were No, do 15.6.8 first.

15.6.8 Would you agree or disagree with the following statement:

“My asthma has not limited any of my activities.”

	<i>last 12 months</i>	<i>last month</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
agree	disagree	agree disagree

15.7. How frequent have your asthma symptoms (of any severity) been?

*Tick one*

- No asthma in the past 12 months
- Asthma symptoms in the past 12 months but not in the last month
- Asthma symptoms in the last month, but not frequent (less than once per week)
- Frequent (once per week or more but not daily) in the last 1 month
- Persistent (daily)

☞ If ‘No asthma in the past 12 months’, go to Q15.14. If any asthma in last 12 months continue

15.8. How frequent have your asthma attacks/flare ups been over the past 12 months?

An “attack” or “flare up” of asthma is a period of time when asthma symptoms are worse or more frequent than usual. One could have asthma symptoms regularly or intermittently without getting attacks or flare-ups.

*Tick one*

- None in the past 12 months
- 3 or less in the past 12 months
- 4 or more but less than monthly
- More than monthly in the last 12 months
- More than weekly or persistent
- Not sure

15.9. Have you had an episode of asthma which has made you unable to speak or severe enough to limit your speech to only 1 or 2 words between breaths?

	<i>last 12 months</i>	<i>last 1 month</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	Yes	No Yes

15.10. On average, how would **you** rate the severity of your asthma?

	<i>last 12 months tick one</i>	<i>last 1 month tick one</i>
Not severe at all	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Severe	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

### Events

15.11. Have you lost any days from work, school or usual activities because of your asthma?

<i>last 12 months</i>		<i>last 1 month</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	Yes	No	Yes

*If yes* ☞ 15.11.1. How many?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>last 12 months</i>		<i>last 1 month</i>	

15.12. Have you had an attack or symptoms of asthma that was so bad, you needed to call your general practitioner, ambulance, emergency locum or 24 hour clinic?

<i>last 12 months</i>		<i>last 1 month</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	Yes	No	Yes

*If yes* ☞ 15.12.1. How many?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>last 12 months</i>		<i>last 1 month</i>	

15.13. Have you had an attack or symptoms of asthma that was so bad you had to go to a hospital emergency or casualty department?

<i>last 12 months</i>		<i>last 1 month</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	Yes	No	Yes

*If yes* ☞ 15.13.1. How many?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>last 12 months</i>		<i>last 1 month</i>	

15.14. Have you ever been admitted to a hospital because of your asthma?

<input type="checkbox"/>	<input type="checkbox"/>
No	Yes

☞ *If no, go to Q16*

*If yes* ☞ 15.14.1 In the past 12 months?

<input type="checkbox"/>	<input type="checkbox"/>
No	Yes

If yes ☞ 15.14.1.1 How many times in the last 12 months?

Number

15.14.1.2 How many times in the last 1 month?

Number

15.15. Have you ever had an attack or symptoms of asthma which resulted in an admission to a hospital intensive care unit?

No

Yes

### COPD/COAD/Chronic Bronchitis/EMPHYSEMA

16. Have you ever had Chronic Obstructive Pulmonary Disease/Chronic Obstructive Airways Disease/Chronic Bronchitis/Emphysema?

*Signs of these illnesses are cough and sputum for at least 3 months for 2 years in a row.*

No

Yes

*If no, go to Q17*

*If yes continue*

16.1 Was this confirmed by a doctor?

No

Yes

If yes ☞ 16.2 How old were you when this was confirmed?

years old

### FAMILY PREDISPOSITION

*Interviewers note: Encourage respondents to give answers to the best of their knowledge. Don't read out the "Don't Know" option, and avoid using it whenever possible. If they don't know the health status of all of their siblings (or children), record their answers for the ones they do know about. If they don't know about any of their siblings (or children), then use 'Don't Know.'*

**I am now going to ask about the respiratory conditions of your family members. It is possible that you are not aware of these details but respond according to what you know about your family.**

17. Has your biological mother ever had self reported or doctor diagnosed:

17.1 Asthma?

No

Yes

Don't know

17.2 COPD, COAD, chronic bronchitis or emphysema?

No

Yes

Don't know

18. Has your biological father ever had self reported or doctor diagnosed:

18.1 Asthma?

No  Yes  Don't know

18.2 COPD, COAD, chronic bronchitis or emphysema?

No  Yes  Don't know

19. Do you, or did you, have any biological brothers or sisters?

This includes half-brothers and half-sisters, but not step-brothers or step-sisters.

No  Yes  Don't know

*If No, go to Q20 If Yes continue*

19.1 How many?

Number Don't know

 How many of your biological brothers or sisters have ever had self reported or doctor diagnosed:

19.2 Asthma?

Number Don't know

19.3 COPD, COAD, chronic bronchitis, emphysema?

Number Don't know

20. Do you, or did you, have any biological children?

No  Yes

*If No, go to Q21 If Yes continue*

20.1 How many?

Number

20.2. How many of them have ever had self reported or doctor diagnosed asthma?

Number Don't know

21. Has any member of your family or close relatives died from asthma? By family and close relatives I mean children, parents, siblings, nephews, nieces, grand parents, first cousins, uncles and aunts

No  Yes  Don't know

*If Yes: 21.1 How many?*

Number

22. Has any member of your family or close relatives died from COPD/COAD/Chronic Bronchitis/Emphysema?

No  Yes  Don't know

*If Yes: 22.1 How many?*

Number



When administering Q23 and Q25:

First ask the main question as given below i.e. "Have you used any inhaled medicines to help your breathing in the last 12 months?"

If the response is yes, get the participant to tell what medication/s he/she has used and find what group of drugs the participant's drug belongs to from the medication list provided with this questionnaire.

Then administer the sub questions under each medication (i.e. if a **Short Acting beta-2-agonist inhaler is used complete 23.1 to 23.1.2.3**)

**MEDICINES AND INHALERS**

23. Have you used any inhaled medicines to help your breathing in the last 12 months?  No  Yes

*If No, go to Q24 page 18. If Yes, continue*

**☞ Which of the following have been used in the last 12 months?**

23.1 Short Acting beta-2-agonist inhalers?  No  Yes

*If no go to Q 23.2. If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

23.1.1 In the last 12 months, have you used them for any of the following circumstances?

23.1.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma  No  Yes

*If Yes: Average number of puffs per month*

--	--

23.1.1.2 For flare-ups or attacks  No  Yes

*If Yes: Number of flare ups for which this medication was used in last 12 months*

--	--

*Average number of days for which this medication was used at each flareup*

--	--

*Average number of puffs per day during flare ups*

--	--

23.1.1.3 Regularly i.e daily (whether symptoms present or not)

No  Yes

*If Yes:* Average number of puffs per day

--	--

23.1.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?

23.1.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma

No  Yes

*If Yes:* Average number of puffs per month

--	--

23.1.2.2 For flare-ups or attacks

No  Yes

*If Yes:* Number of flare ups for which this medication was used in last 12 months

--	--

Average number of days for which this medication was used at each flareup

--	--

Average number of puffs per day during flare ups

--	--

23.1.2.3 Regularly i.e daily (whether symptoms present or not)

No  Yes

*If Yes:* Average number of puffs per day

--	--

**23.2 Long Acting beta-2-agonists?**

No

Yes

*If no go to Q 23.3. If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

**23.2.1 In the last 12 months, have you used them for any of the following circumstances?****23.2.1.1** For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

--	--

**23.2.1.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 months

--	--

Average number of days for which this medication was  
used at each flareup

--	--

Average number of puffs per day during flare ups

--	--

**23.2.1.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

--	--

**23.2.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?****23.2.2.1** For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

--	--

**23.2.2.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 months

--	--

Average number of days for which this medication was  
used at each flareup

--	--

Average number of puffs per day during flare ups

--	--

**23.2.2.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

--	--

**23.3 Anticholinergic Inhalers?**

No

Yes

*If no go to Q 23.4 If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

23.3.1 In the last 12 months, have you used them for any of the following circumstances?23.3.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes: Average number of puffs per month*

23.3.1.2 For flare-ups or attacks

No

Yes

*If Yes: Number of flare ups for which this medication was  
used in last 12 months**Average number of days for which this medication was  
used at each flareup**Average number of puffs per day during flare ups*

23.3.1.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes: Average number of puffs per day*23.3.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?23.3.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes: Average number of puffs per month*

23.3.2.2 For flare-ups or attacks

No

Yes

*If Yes: Number of flare ups for which this medication was  
used in last 12 months**Average number of days for which this medication was  
used at each flareup**Average number of puffs per day during flare ups*

23.3.2.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes: Average number of puffs per day*

**23.4 Inhaled Steroids?**

No

Yes

*If no go to Q 23.5 If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

23.4.1 In the last 12 months, have you used them for any of the following circumstances?23.4.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

23.4.1.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of puffs per day during flare ups

23.4.1.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day23.4.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?23.4.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

23.4.2.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of puffs per day during flare ups

23.4.2.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

**23.5 Inhaled cromoglycate/nedocromil?**

No

Yes

*If no go to Q 23.6 If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

**23.5.1 In the last 12 months, have you used them for any of the following circumstances?****23.5.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma**

No

Yes

*If Yes: Average number of puffs per month***23.5.1.2 For flare-ups or attacks**

No

Yes

*If Yes: Number of flare ups for which this medication was used in last 12 months**Average number of days for which this medication was used at each flareup**Average number of puffs per day during flare ups***23.5.1.3 Regularly i.e daily (whether symptoms present or not)**

No

Yes

*If Yes: Average number of puffs per day***23.5.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?****23.5.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma**

No

Yes

*If Yes: Average number of puffs per month***23.5.2.2 For flare-ups or attacks**

No

Yes

*If Yes: Number of flare ups for which this medication was used in last 12 months**Average number of days for which this medication was used at each flareup**Average number of puffs per day during flare ups***23.5.2.3 Regularly i.e daily (whether symptoms present or not)**

No

Yes

*If Yes: Average number of puffs per day*

**23.6 Inhaled Compound Bronchodilators?**

No

Yes

*If no go to Q 23.7 If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

23.6.1 In the last 12 months, have you used them for any of the following circumstances?23.6.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

23.6.1.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of puffs per day during flare ups

23.6.1.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day23.6.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?23.6.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

23.6.2.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of puffs per day during flare ups

23.6.2.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

**23.7 Inhaled combination of steroids and long acting beta 2 agonist?**

No

Yes

*If no go to Q 23.8 If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

**23.7.1 In the last 12 months, have you used them for any of the following circumstances?****23.7.1.1** For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month**23.7.1.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was used in last 12 months

Average number of days for which this medication was used at each flareup

Average number of puffs per day during flare ups

**23.7.1.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day**23.7.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?****23.7.2.1** For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month**23.7.2.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was used in last 12 months

Average number of days for which this medication was used at each flareup

Average number of puffs per day during flare ups

**23.7.2.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day



**23.8 Other inhaled medication?**

No

Yes

*If no go to Q 24 page 18. If Yes continue*

Which one? \_\_\_\_\_

Which type of inhaler device do you use? \_\_\_\_\_

Strength/dose per puff (mcg)? \_\_\_\_\_

**23.8.1 In the last 12 months, have you used them for any of the following circumstances?****23.8.1.1** For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

--	--

**23.8.1.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 months

--	--

Average number of days for which this medication was  
used at each flareup

--	--

Average number of puffs per day during flare ups

--	--

**23.8.1.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

--	--

**23.8.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?****23.8.2.1** For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of puffs per month

--	--

**23.8.2.2** For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 months

--	--

Average number of days for which this medication was  
used at each flareup

--	--

Average number of puffs per day during flare ups

--	--

**23.8.2.3** Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of puffs per day

--	--

24. Have you ever used inhaled steroids to help your breathing?

No  Yes

*If No go to Q 25, if Yes continue*

24.1 At what age did you start using inhaled steroids?

years

24.2 In the past 5 years, how many months would you have used inhaled steroids on most days?

months

25. Have you used any pills, capsules, tablets or medicines, other than inhaled medicines to help your breathing at any time in the last 12 months?

No  Yes

*If No go to Q 26 page 22, if Yes continue*

**Which of the following have been used in the last 12 months?**

**25.1 Oral theophyllines**

No  Yes

*If no go to Q25.2 If Yes continue*

Which one? \_\_\_\_\_

Strength/dose per tablet (mg)? \_\_\_\_\_

25.1.1 In the last 12 months, have you used them for any of the following circumstances?

25.1.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms such as exercise induced asthma

No  Yes

*If Yes:* Average number of tablets per month

25.1.1.2 For flare-ups or attacks

No  Yes

*If Yes:* Number of flare ups for which this medication was used in last 12 months

Average number of days for which this medication was used at each flareup

Average number of tablets per day during flare ups

25.1.1.3 Regularly i.e daily (whether symptoms present or not)

No  Yes

*If Yes:* Average number of tablets per day

25.1.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?

25.1.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No  Yes

*If Yes:* Average number of tablets per month

--	--

25.1.2.2 For flare-ups or attacks

No  Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 months

--	--

Average number of days for which this medication was  
used at each flareup

--	--

Average number of tablets per day during flare ups

--	--

25.1.2.3 Regularly i.e daily (whether symptoms present or not)

No  Yes

*If Yes:* Average number of tablets per day

--	--

**25.2 Oral Steroids?**

No

Yes

*If no go to Q25.3 If Yes continue*

Which one? \_\_\_\_\_

Strength/dose per tablet (mg)? \_\_\_\_\_

25.2.1 In the last 12 months, have you used them for any of the following circumstances?25.2.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes: Average number of tablets per month*

25.2.1.2 For flare-ups or attacks

No

Yes

*If Yes: Number of flare ups for which this medication was  
used in last 12 months*Average number of days for which this medication was  
used at each flareup

Average number of tablets per day during flare ups

25.2.1.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes: Average number of tablets per day*25.2.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?25.2.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes: Average number of tablets per month*

25.2.2.2 For flare-ups or attacks

No

Yes

*If Yes: Number of flare ups for which this medication was  
used in last 12 months*Average number of days for which this medication was  
used at each flareup

Average number of tablets per day during flare ups

25.2.2.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes: Average number of tablets per day*

**25.3 Oral Anti-leukotrienes?**

No

Yes

*If no go to Q25.4 If Yes continue*

Which one? \_\_\_\_\_

Strength/dose per tablet (mg)? \_\_\_\_\_

25.3.1 In the last 12 months, have you used them for any of the following circumstances?25.3.1.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of tablets per month

25.3.1.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of tablets per day during flare ups

25.3.1.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of tablets per day25.3.2 Specifically, in the last 1 month, have you used them for any of the following circumstances?25.3.2.1 For relief of symptoms and/or as needed to prevent predictable symptoms  
such as exercise induced asthma

No

Yes

*If Yes:* Average number of tablets per month

25.3.2.2 For flare-ups or attacks

No

Yes

*If Yes:* Number of flare ups for which this medication was  
used in last 12 monthsAverage number of days for which this medication was  
used at each flareup

Average number of tablets per day during flare ups

25.3.2.3 Regularly i.e daily (whether symptoms present or not)

No

Yes

*If Yes:* Average number of tablets per day

**25.4 Other Oral Medications?**
 No       Yes

25.4.1 List \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**26.** Have you ever been prescribed home oxygen therapy?

 No       Yes

*☞ If no go to Q27 If Yes continue*

26.1 Are you currently using oxygen therapy at home?

 No       Yes

26.2 For how many years have you been using oxygen therapy at home?

  years

26.3 How have you used oxygen therapy during the last month?

26.3.1 For relief of symptoms or when needed

 No       Yes

26.3.2 For flare-ups or attacks

 No       Yes

26.3.3 Regularly, on a daily basis

 No       Yes

**27.** Have you ever had an influenza vaccination?

 No       Yes

*If yes* 27.1 Have you been vaccinated for influenza in the last 12 months?

 No       Yes

**28.** Have you ever had a pneumonia vaccination?

 No       Yes

*If yes:* 28.1 Have you been vaccinated for pneumonia in the last 5 years?

 No       Yes

**29.** Have you ever been vaccinated or desensitised for allergy?

 No       Yes

*If yes:* 29.1 Have you been vaccinated for allergy in the last 12 months?

 No       Yes

**30.** Have you had any other injections to help your breathing at any time in the last 12 months?

 No       Yes

*If yes:* 30.1 What injections? \_\_\_\_\_