



## **TASMANIAN LONGITUDINAL HEALTH STUDY (TAHS):**

### **LABORATORY PHASE - LAB BOOKLET**

#### **Genetic epidemiology of chronic respiratory diseases from childhood to middle-age: A prospective study of sib-pairs**

Research Investigators:

- Dr Shyamali Dharmage, The University of Melbourne
- Professor John Hopper, The University of Melbourne
- Professor E. Haydn Walters, University of Tasmania
- Dr Melanie Matheson, The University of Melbourne
- Professor Michael Abramson, Monash University
- Dr Graham Byrnes, The University of Melbourne

Associate Investigators:

- Professor Lyle Palmer, Western Australian Institute for Medical Research
- Associate Professor David Johns, University of Tasmania Clinical School
- Mr Christopher Schroen, The University of Melbourne
- Dr Geza Benke, The Alfred Hospital
- Associate Professor Richard Wood-Baker, Royal Hobart Hospital
- Dr Stephen Morrison, Royal Brisbane and Women's Hospital
- Dr Ian Feather, Pacific Private Clinic
- Associate Professor Paul Thomas, The University of New South Wales

**Participant ID:**

**Family ID:**

**Participant Initials :**

**Participant DOB :**

**Appointment Date :**

**Scientist initials**

**Centre Number**

(Centre number: Royal Hobart Hospital= 1, Northern Lung Function Service= 2, Burnie Physiology= 3, Alfred Hospital= 4, Royal Brisbane and Women's Hospital= 5, Pindara Hospital= 6, Centre number: Prince of Wales Hospital= 9)

## **PARTICIPANT CONTACT DETAILS**

**Participant ID:**

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Please record your full name and contact details below:

Full name:	_____		
Street address:	_____		
Suburb:	State:	Postcode:	
_____	_____	_____	
Home phone:	_____		
Work phone:	_____		
Mobile phone:	_____		
Email address:	_____		

A lot of money and staff time goes into just trying to locate participants for follow-up research studies. It would be appreciated if you could provide the name and contact details of one person who is not part of your immediate family and who will know your whereabouts in future years (and lives at a different address to you). We would only contact this person if another follow-up study is done in future and we can't locate you through other means. These details will be kept confidential.

Person's name:	_____		
Relationship:	_____		
Street address:	_____		
Suburb:	State:	Postcode:	
_____	_____	_____	
Home phone:	_____		
Work phone:	_____		
Mobile phone:	_____		

## SKIN PRICK TEST FORM

**Participant ID:**

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<i><b>-ve control</b></i>	<i><b>Dustmite</b></i>
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**NEGATIVE CONTROL**

1st diam    2nd diam

**D.PTERONYSSINUS**

1st diam    2nd diam

<i><b>Cat</b></i>	<i><b>Hormodendrum</b></i>
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**CAT**

1st diam    2nd diam

**HORMODENDRUM**

1st diam    2nd diam

<i><b>Alternaria</b></i>	<i><b>Penicillium</b></i>
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**ALTERNARIA**

1st diam    2nd diam

**PENICILLIUM**

1st diam    2nd diam

*Tick if Penicillium Notatum used instead of Mix.*

<i><b>Aspergillus</b></i>	<i><b>Rye grass</b></i>
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**ASPERGILLUS**

1st diam    2nd diam

**RYE GRASS**

1st diam    2nd diam

<i><b>Mixed grasses</b></i>	<i><b>+ve control</b></i>
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**MIXED GRASSES**

1st diam    2nd diam

**POSITIVE CONTROL**

1st diam    2nd diam

## LUNG FUNCTION QUESTIONNAIRE

**Participant ID:**

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1. Have you used a puffer or inhaler in the last 24 hours?  No  Yes  
If yes: 1.1 What inhaler(s) did you use and how many hours ago was the last dose taken?

\_\_\_\_\_   Hours  
\_\_\_\_\_   Hours

2. Have you taken any medication for breathing (other than inhalers) in the last 24 hours?  No  Yes

If yes: 2.1 Which medication(s) did you take and how many hours ago was the last dose taken?

\_\_\_\_\_   Hours  
\_\_\_\_\_   Hours

3. Have you had a cigarette (or any other tobacco product) in the last 24 hours?  No  Yes

If yes: 3.1 How many hours ago was your last smoke?

Hours

4. Have you taken an antihistamine (a medication for allergy including hay fever) or cough medicine in the last 72 hours?  No  Yes

If yes: 4.1 What medicine(s) did you use and how many hours ago was the last dose taken?

\_\_\_\_\_   Hours  
\_\_\_\_\_   Hours

5. Have you taken any medication for high blood pressure or a heart condition, or used eye drops to treat glaucoma in the last 72 hours?  No  Yes

If yes: 5.1 Which medication(s) did you take and how many hours ago was the last dose taken?

\_\_\_\_\_   Hours  
\_\_\_\_\_   Hours

6. Have you had a respiratory infection in the last 3 weeks?  
Yes

If yes: 6.1 How many days ago did it end?

Days

7. How many hours ago did you have your last meal?

Hours

8. If female: what was the date of your last menstrual period (first day of period)?

/  /

Tick if pregnant  or have no periods

**LUNG FUNCTION DATA**

**Participant ID:**

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1. Height (cm)  
Range 00-300 cm

			cm
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2. Weight (kg)  
Range 00-200.0 kg

			•		kg
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2.1. Waist measurements (cm) :  
Range 00-200.0 cm

1. 

			•	
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2. 

			•	
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2.2. Hip measurements (cm) :  
Range 00-200.0 cm

1. 

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2. 

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**3. SPIROMETRY**

**Pre-Bronchodilator**

**Blow 1**

**Blow 2**

**Blow 3**

FVC (litres)  
Range 00-10.00 L

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FEV<sub>1</sub> (litres)  
Range 00-10.00 L

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FEV<sub>1</sub>/FVC (%)  
Range 00-100%

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**3.1 SPIROMETRY**

**Post-Bronchodilator**

**Blow 1**

**Blow 2**

**Blow 3**

FVC (litres)  
Range 00-10.00 L

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FEV<sub>1</sub> (litres)  
Range 00-10.00 L

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FEV<sub>1</sub>/FVC (%)  
Range 00-100%

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**Participant ID:**

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<b>4.</b>	<b>BEST</b>
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	<b>Pre-BD</b>	<b>Post-BD</b>
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FVC (litres) Range 00-10.00 L	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FEV <sub>1</sub> (litres) Range 00-10.00 L	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FEV <sub>1</sub> /FVC (%) Range 00-100%	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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PEF (litres/sec) Range 00-20.00 L/sec	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FEF <sub>25-75%</sub> (litres/sec) Range 00-10.00 L/sec	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FEF <sub>75%</sub> (litres/sec) Range 00-10.00 L/sec	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FEF <sub>50%</sub> (litres/sec) Range 00-10.00 L/sec	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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FIF <sub>50%</sub> (litres/sec) Range 00-10.00 L/sec	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
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9999= missing

<b>Comments:</b>
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## CHECK LIST

**Participant ID:**

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	Complete	Not Complete	Comments
Consent	<input type="checkbox"/>	<input type="checkbox"/>	-----
Work history calendar & residence history form	<input type="checkbox"/>	<input type="checkbox"/>	-----
Skin prick test	<input type="checkbox"/>	<input type="checkbox"/>	-----
Pre- bronchodilator spirometry	<input type="checkbox"/>	<input type="checkbox"/>	-----
Post- bronchodilator spirometry	<input type="checkbox"/>	<input type="checkbox"/>	-----
Lung function results printed	<input type="checkbox"/>	<input type="checkbox"/>	-----
Blood	<input type="checkbox"/>	<input type="checkbox"/>	-----
Tubes - ACD tube- (yellow top, 9ml)	<input type="checkbox"/>	<input type="checkbox"/>	-----
Serum tube- (red top, 10ml)	<input type="checkbox"/>	<input type="checkbox"/>	-----
EDTA tube- (purple top,10ml)	<input type="checkbox"/>	<input type="checkbox"/>	-----
Date and time blood collected	-----		