

Participant ID :

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Family ID :

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Participant Initials :

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Participant DOB :

		/			/				
--	--	---	--	--	---	--	--	--	--

Interview Date :

		/			/				
--	--	---	--	--	---	--	--	--	--

Interviewer Initials :

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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?

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 (<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 Q9

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

-

Now go to Q9

No

Yes

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 8

If yes continue

15a. How old were you when you had your first symptoms of asthma?

years old

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:

last 12 months

last 1 month

- | | | | | | |
|--------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15.6.1 | All activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | No | Yes | No | Yes |
| 15.6.2 | When dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | No | Yes | No | Yes |
| 15.6.3 | Walking on level ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 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.”

last 12 months

last month

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

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

	<i>last 12 months</i>		<i>last 1 month</i>	
	<i>tick one</i>		<i>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?

--	--	--	--

last 12 months *last 1 month*

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?

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last 12 months *last 1 month*

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?

--	--	--	--

last 12 months *last 1 month*

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

15.16 Have you ever been given a demonstration on the correct use of your metered dose inhaler?

No

Yes

15.16.1 In the last 12 months?.....

No

Yes

15.17 Has your doctor ever checked your inhaler technique?

No

Yes

15.17.1 In the last 12 months?

No

Yes

15.18 Do you have written instructions from your doctor on how to manage your asthma if it gets worse or if you have an attack?

No

Yes

15.18.1 Last 12 months?

No

Yes

15.19 Has your doctor given you a verbal plan telling you how to manage your asthma if it gets worse or if you have an attack?

No

Yes

15.19.1 Last 12 months?

No

Yes

15.20 Do you have a peak flow meter of your own?

No

Yes

15.20.1 How often have you used it in the last 3 months?

A) Never B) Some days C) Most days

15.21 Has your doctor ever measured your breathing in his/her surgery (including peak flows/spirometry/bronchodilator response)?

No

Yes

15.21.1 In the last 12 months?

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?

Don't know
Number

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

19.2 Asthma?

Don't know
Number

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 17. 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

23.1a Which one? _____

23.1b Which type of inhaler device do you use? _____

23.1c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.1e How long have you been using this particular medication? Days/Mths/Yrs.....

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23.1.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.1.1a
- b) in short courses..... → go to 23.1.1b
- c) continuously → go to 23.1.1c
- d) not at all

23.1.1a *If* “when needed”: Average number of puffs per month.....

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23.1.1b *If* “in short courses”: Number of courses in last 12 months.....

--	--

Average number of puffs per day during flare-up.....

--	--

Average number of days of flare-up.....

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23.1.1c *If* “continuously”: Average number of puffs per day.....

--	--

23.1.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.1.2a
- b) in short courses..... → go to 23.1.2b
- c) continuously → go to 23.1.2c
- d) not at all

23.1.2a *If* “when needed”: Average number of puffs per month.....

--	--

23.1.2b *If* “in short courses”: Number of courses in last 12 months.....

--	--

Average number of puffs per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

23.1.2c *If* “continuously”: Average number of puffs per day.....

--	--

No Yes

23.2 Long Acting beta-2-agonists?

23.2a Which one? _____

23.2b Which type of inhaler device do you use? _____

23.2c Strength/dose per puff (mcg)? _____

No Yes

23.2d Are you currently using this medication?

23.2e How long have you been using this particular medication? Days/Mths/Yrs.....

 23.2.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.2.1a
 b) in short courses..... → go to 23.2.1b
 c) continuously → go to 23.2.1c
 d) not at all

23.2.1a *If* “when needed”: Average number of puffs per month..... 23.2.1b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

 23.2.1c *If* “continuously”: Average number of puffs per day..... 23.2.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.2.2a
 b) in short courses..... → go to 23.2.2b
 c) continuously → go to 23.2.2c
 d) not at all

23.2.2a *If* “when needed”: Average number of puffs per month..... 23.2.2b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

 23.2.2c *If* “continuously”: Average number of puffs per day.....

No Yes

23.3 Anticholinergic Inhalers?

23.3a Which one? _____

23.3b Which type of inhaler device do you use? _____

23.3c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.3e How long have you been using this particular medication? Days/Mths/Yrs.....

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23.3.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.3.1a
- b) in short courses..... → go to 23.3.1b
- c) continuously → go to 23.3.1c
- d) not at all

23.3.1a If “when needed”: Average number of puffs per month.....

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23.3.1b If “in short courses”: Number of courses in last 12 months.....

--	--

Average number of puffs per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

23.3.1c If “continuously”: Average number of puffs per day.....

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23.3.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.3.2a
- b) in short courses..... → go to 23.3.2b
- c) continuously → go to 23.3.2c
- d) not at all

23.3.2a If “when needed”: Average number of puffs per month.....

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23.3.2b If “in short courses”: Number of courses in last 12 months.....

--	--

Average number of puffs per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

23.3.2c If “continuously”: Average number of puffs per day.....

--	--

No Yes

23.4 Inhaled Steroids?

23.4a Which one? _____

23.4b Which type of inhaler device do you use? _____

23.4c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.4e How long have you been using this particular medication? Days/Mths/Yrs.....

23.4.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.4.1a
 b) in short courses..... → go to 23.4.1b
 c) continuously → go to 23.4.1c
 d) not at all

23.4.1a If “when needed”: Average number of puffs per month.....

23.4.1b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.4.1c If “continuously”: Average number of puffs per day.....

23.4.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.4.2a
 b) in short courses..... → go to 23.4.2b
 c) continuously → go to 23.4.2c
 d) not at all

23.4.2a If “when needed”: Average number of puffs per month.....

23.4.2b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.4.2c If “continuously”: Average number of puffs per day.....

No Yes

23.5 Inhaled cromoglycate/nedocromil?

23.5a Which one? _____

23.5b Which type of inhaler device do you use? _____

23.5c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.5e How long have you been using this particular medication? Days/Mths/Yrs.....

23.5.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.5.1a
- b) in short courses..... → go to 23.5.1b
- c) continuously → go to 23.5.1c
- d) not at all

23.5.1a *If* “when needed”: Average number of puffs per month.....

23.5.1b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.5.1c *If* “continuously”: Average number of puffs per day.....

23.5.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.5.2a
- b) in short courses..... → go to 23.5.2b
- c) continuously → go to 23.5.2c
- d) not at all

23.5.2a *If* “when needed”: Average number of puffs per month.....

23.5.2b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.5.2c *If* “continuously”: Average number of puffs per day.....

23.6 Inhaled Compound Bronchodilators?

23.6a Which one? _____

23.6b Which type of inhaler device do you use? _____

23.6c Strength/dose per puff (mcg)? _____

23.1d Are you currently using this medication?

23.6e How long have you been using this particular medication? Days/Mths/Yrs.....

No Yes

No Yes

23.6.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.6.1a
- b) in short courses..... → go to 23.6.1b
- c) continuously → go to 23.6.1c

d) not at all

23.6.1a *If* “when needed”: Average number of puffs per month.....

23.6.1b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.6.1c *If* “continuously”: Average number of puffs per day.....

23.6.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.6.2a
- b) in short courses..... → go to 23.6.2b
- c) continuously → go to 23.6.2c
- d) not at all

23.6.2a *If* “when needed”: Average number of puffs per month.....

23.6.2b *If* “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.6.2c *If* “continuously”: Average number of puffs per day.....

No Yes

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

23.7a Which one? _____

23.7b Which type of inhaler device do you use? _____

23.7c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.7e How long have you been using this particular medication? Days/Mths/Yrs.....

23.7.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.7.1a
- b) in short courses..... → go to 23.7.1b
- c) continuously → go to 23.7.1c
- d) not at all

23.7.1a *If* “when needed”: Average number of puffs per month.....

23.7.1b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.7.1c If “continuously”: Average number of puffs per day.....

23.7.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.7.2a
- b) in short courses..... → go to 23.7.2b
- c) continuously → go to 23.7.2c
- d) not at all

23.7.2a If “when needed”: Average number of puffs per month.....

23.7.2b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.7.2c If “continuously”: Average number of puffs per day.....

23.8 Other inhaled medication?

No Yes

23.8a Which one? _____

23.8b Which type of inhaler device do you use? _____

23.8c Strength/dose per puff (mcg)? _____

No Yes

23.1d Are you currently using this medication?

23.8d How long have you been using this particular medication? Days/Mths/Yrs.....

23.8.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 23.8.1a
- b) in short courses..... → go to 23.8.1b
- c) continuously → go to 23.8.1c
- d) not at all

23.8.1a If “when needed”: Average number of puffs per month.....

23.8.1b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.8.1c If “continuously”: Average number of puffs per day.....

23.8.2 In the last 1 month, how have you used them : TICK ONLY ONE BOXa) when needed → go to 23.8.2ab) in short courses..... → go to 23.8.2bc) continuously → go to 23.8.2cd) not at all

23.8.2a If “when needed”: Average number of puffs per month.....

23.8.2b If “in short courses”: Number of courses in last 12 months.....

Average number of puffs per day during flare-up.....

Average number of days of flare-up.....

23.8.2c If “continuously”: 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 20, 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

25.1a Which one? _____

25.1b Strength/dose per tablet (mg)? _____

No

Yes

23.1c Are you currently using this medication?

25.1d How long have you been using this particular medication? Days/Mths/Yrs.....

25.1.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 25.1.1a
- b) in short courses..... → go to 25.1.1b
- c) continuously → go to 25.1.1c
- d) not at all

25.1.1a If “when needed”: Average number of tablets per month

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25.1.1b If “in short courses”: Number of courses in last 12 months.....

--	--

Number of tablets per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

25.1.1c If “continuously”: Number of tablets per day.....

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25.1.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 25.1.2a
- b) in short courses..... → go to 25.1.2b
- c) continuously → go to 25.1.2c
- d) not at all

25.1.2a If “when needed”: Average number of tablets per month

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25.1.2b If “in short courses”: Number of courses in last 1 month.....

--	--

Number of tablets per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

25.1.2c If “continuously”: Number of tablets per day.....

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25.2 Oral Steroids? No Yes

If no go to Q25.3 If Yes continue

25.2a Which one? _____

25.2b Strength/dose per tablet (mg)? _____ No Yes

23.1c Are you currently using this medication?

25.2d How long have you been using this particular medication? Days/Mths/Yrs.....

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25.2.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 25.1.1a
- b) in short courses..... → go to 25.1.1b

c) continuously → go to 25.1.1c

d) not at all

25.2.1a If “when needed”: Average number of tablets per month

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25.2.1b If “in short courses”: Number of courses in last 12 months.....

--	--

Number of tablets per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

25.2.1c If “continuously”: Number of tablets per day.....

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25.2.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

a) when needed → go to 25.2.2a

b) in short courses..... → go to 25.2.2b

c) continuously → go to 25.2.2c

d) not at all

25.2.2a If “when needed”: Average number of tablets per month

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25.2.2b If “in short courses”: Number of courses in last 1 month.....

--	--

Number of tablets per day during flare-up.....

--	--

Average number of days of flare-up.....

--	--

25.2.2c If “continuously”: Number of tablets per day.....

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25.3 Oral Anti-leukotrienes?

No

Yes

If no go to Q25.4 If Yes continue

25.3a Which one? _____

25.3b Strength/dose per tablet (mg)? _____

No

Yes

23.1c Are you currently using this medication?

25.3d How long have you been using this particular medication? Days/Mths/Yrs.....

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25.3.1 In the last 12 months, how have you used them : TICK ONLY ONE BOX

a) when needed → go to 25.3.1a

b) in short courses..... → go to 25.3.1b

c) continuously → go to 25.3.1c

d) not at all

25.3.1a If “when needed”: Average number of tablets per month

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25.3.1b If “in short courses”: Number of courses in last 12 months.....
 Number of tablets per day during flare-up.....
 Average number of days of flare-up.....

25.3.1c If “continuously”: Number of tablets per day.....

25.3.2 In the last 1 month, how have you used them : TICK ONLY ONE BOX

- a) when needed → go to 25.3.2a
- b) in short courses..... → go to 25.3.2b
- c) continuously → go to 25.3.2c
- d) not at all

25.3.2a If “when needed”: Average number of tablets per month

25.3.2b If “in short courses”: Number of courses in last 1 month.....
 Number of tablets per day during flare-up.....
 Average number of days of flare-up.....

25.3.2c If “continuously”: 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? _____
