The Tasmanian Longitudinal Health Study

What are the causes of increased airway sensitivity in middle-age?

Thank you for your help with this medical research.
All information you provide is kept strictly confidential.
If you have any questions please call **1800 110 711** (free call in Australia)

Current Contact Details:

Current name:	
DOB:	
IDnumber:	FamilyID:
Current address:	

Please provide your phone numbers:

Home: ( )

Work: ( )

Mobile:

Today's date:

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

GENERAL DEMOGRAPHIC INFORMATION

A. What is your height without shoes?
(Answer either in feet & inches **OR** centimeters.)

☐☐ *feet and* ☐ *inches*

OR

☐☐☐ *Centimeters*

B. What is your weight?
(Answer either in stone & pounds **OR** in kilograms.)

☐☐ *stone and* ☐☐ *pounds*

OR

☐☐☐ *kilograms*

C. What is the highest educational or vocational qualification that you have completed? ***(tick one only)***

- ☐ Grade 1 to 6
- ☐ Grade 7 to 9
- ☐ Grade 10 or 11
- ☐ Grade 12 or equivalent (eg. Higher School Certificate)
- ☐ Trade/ Apprenticeship (eg. Hairdresser, electrician, plumber)
- ☐ Certificate or Diploma (eg. Child care, technician etc)
- ☐ University degree (eg. Bachelor)
- ☐ Higher University degree (eg. Graduate diploma, masters, PhD)

D. Are you currently employed (including self-employed)?
(tick one only)

- ☐ Yes
- ☐ No
- ☐ No, studying
- ☐ No, retired

E. What is/was your main occupation? ***(tick one only)***

Manager or administrator …….. ☐
(eg. Magistrate, general manager, school principal, director of nursing)

Professional …… ☐
(eg. Scientist, nurse, allied health professional, teacher, artist)

Associate professional …… ☐
(eg. Technician, manager, police officer, small business owner)

Tradesperson or related worker …… ☐
(eg. Hairdresser, gardener, florist)

Advanced clerical or service worker …… ☐
(eg. Secretary, flight attendant, law clerk, personal assistant)

Intermediate clerical, sales, service worker …… ☐
(eg. Administration worker, child care worker, nursing assistant, hospitality worker)

Intermediate production or transport worker …… ☐
(eg. Machine operator, bus driver, sewing machinist)

Elementary clerical, sales or service worker …… ☐
(eg. Filing/mail clerk, parking inspector, sales assistant, housekeeper)

Labourer or related worker …… ☐
(eg. Cleaner, factory worker, farm hand, kitchen hand)

House person…….. ☐

F. What is your martial status? *(tick one only)*

☐ Never married = 1
☐ Widowed = 2
☐ Divorced = 3
☐ Separated but not divorced = 4
☐ De facto = 5
☐ Married = 6

HOME ENVIRONMENT

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

1a. What is your current postcode? ☐☐☐☐

1. Have you changed residence from when we last interviewed you (interviews were between 2004 and 2008)? ❒ No ❒ Yes

If no, go to Q2

If Yes☞ **1.1** For how many years have you lived in your present home?
(<1year code as 1) ☐☐

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

1.3 What is the base structure of your home? *Tick one* ☑

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

2. 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)

3. Is there fitted carpet in the bedroom? ❒ No ❒ Yes

If Yes☞ 3.1 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

4. 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

5. 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

6. Which types of heating do you use at home? *(Tick all that apply)*

- ❒ Gas ducted central heating
- ❒ Coal or wood fire
- ❒ Gas room heater
- ❒ Electric heater (eg: radiator, fan or Dimplex type)
- ❒ Other central heating (eg: electric hydronic, slab floor)
- ❒ Reverse cycle air-conditioning
- ❒ Other? Specify _____

7. What kind of stove do you mostly use for cooking?

- ❒ Gas
- ❒ Electric
- ❒ Coal, coke or wood
- ❒ Other? Specify _____

7.1 Do you have an exhaust fan over the stove? ❒ No ❒ Yes

If no, go to Q8

If yes ☞ 7.2 When cooking how often do you use the fan?

- ❒ All of the time
- ❒ Some of the time
- ❒ None of the time

7.3 Does the fan take the fumes outside the house? ❒ No ❒ Yes

8. Has there ever been mould or mildew on any surface, other than food, in your home? ❒ No ❒ Yes

If no, go to Q9
If yes ☞ 8.1 Which rooms have been affected?

- ❒ Bathrooms
- ❒ Living rooms
- ❒ Your bedroom
- ❒ Kitchen
- ❒ Other bedrooms
- ❒ Any other area/s

8.2 Has there ever been mould or mildew on any surface, other than food, in your home in the last 12 months? ❒ No ❒ Yes

9. Do you keep or own any cats? ❒ No ❒ Yes

If no, go to Q10

If yes ☞ 9.1 How many? Number ☐☐

9.2 Are the cats **allowed** indoors? ❒ No ❒ Yes

If no, go to Q10

If yes ☞ 9.2.1 Are the cats **allowed** in the bedroom? ❒ No ❒ Yes

10. Has there been a cat in the house in the last 12 months? ❒ No ❒ Yes ❒ DK

11. Do you keep or own any dogs? ❒ No ❒ Yes

If no, go to Q12

If yes ☞ 11.1 How many? Number ☐☐

11.2 Are the dogs **allowed** indoors? ❒ No ❒ Yes

If no, go to Q12

If yes ☞ 11.2.1 Are the dogs **allowed** in the bedroom? ❒ No ❒ Yes

12. Has there been a dog in the house in the last 12 months? ❒ No ❒ Yes ❒ DK

CHILDHOOD ENVIRONMENT

13. What term best describes the place you lived most of the time when you were under the age of five years? *Tick one*

❒ Farm
❒ Country town
❒ Suburb of a city
❒ Inner city
❒ Don't know

14. How many of your brothers, sisters or other children regularly slept in your bedroom before you were five years old, not including yourself?

☐☐ (number of sibs)

15. Did you have a serious respiratory infection before the age of five years?

❒ No ❒ Yes

16. Did you go to school, pre-school, kindergarten, or a day care centre before the age of five years?

❒ No ❒ Yes

17. At what age did you first attend a school, pre-school, kindergarten, or day care?

☐☐ (age in years)

18. Did your father smoke:

During the first year of your life? ❒ No ❒ Yes ❒ DK
When you were aged 1-4 years? ❒ No ❒ Yes ❒ DK
When you were aged 5-15 years? ❒ No ❒ Yes ❒ DK

19. Did your mother smoke:

During the first year of your life? ❒ No ❒ Yes ❒ DK
When you were aged 1-4 years? ❒ No ❒ Yes ❒ DK
When you were aged 5-15 years? ❒ No ❒ Yes ❒ DK

20. Was there a cat in your home:

During the first year of your life? ❒ No ❒ Yes ❒ DK
When you were aged 1-4 years? ❒ No ❒ Yes ❒ DK
When you were aged 5-15 years? ❒ No ❒ Yes ❒ DK

21. Did you have carpet (or a rug) covering the floor in your bedroom:

During the first year of your life? ❒ No ❒ Yes ❒ DK
When you were aged 1-4 years? ❒ No ❒ Yes ❒ DK
When you were aged 5-15 years? ❒ No ❒ Yes ❒ DK

22. What was the main type of heating your home had when you were under the age of five years? (tick all that apply)

- ❒ Gas ducted central heating
- ❒ Coal or wood fire
- ❒ Gas room heater
- ❒ Electric heater (eg. Radiator, fan or dimplex-type)
- ❒ Other central heating (eg. Electric, hydronic, slab floor)
- ❒ Reverse cycle air-conditioning
- ❒ Other
- ❒ No heating

SMOKING

23. In your lifetime, have you smoked at least 100 cigarettes or equal amounts of cigars, pipes or any tobacco product?

❒ No ❒ Yes

✋ *If no, go to Q24*

If yes ☞ *2*3.1 How old were you when you started smoking? ☐☐ (Age in years)

23.2 Do you currently smoke (within the last 4 weeks)?

- ❒ Not at all ☞ Go to Q23.4
- ❒ Yes, daily ☞ Go to Q 23.3
- ❒ Yes, at least weekly ☞ Go to Q 23.3
- ❒ Yes, less than weekly ☞ Go to Q 23.3

23.3 On average, how much do you currently smoke (total number of cigarettes or equivalent product)? *Provide the average number per day or per week or per month*

☐☐ per day ☞ Go to Q24
or
☐☐ per week ☞ Go to Q24
or
☐☐ per month ☞ Go to Q24

23.4 How old were you when you stopped smoking? ☐☐ (Age in years)

23.5 On average, during periods when you smoked, how much did you smoke (total number of cigarettes or equivalent product)? *Provide the average number per day or per week or per month*

☐☐ per day

or

☐☐ per week
or
☐☐ per month

24. Not counting yourself, how many people in your household currently smoke regularly (most days of the week) inside the house? (number) ☐☐

25. On average, how many hours per day are you exposed to other people's tobacco smoke (work and home)? (hours per day) ☐☐

RESPIRATORY AND ALLERGY SYMPTOMS

ECZEMA

26. Have you ever had eczema or any kind of skin allergy? ❒ No ❒ Yes

27. Have you ever had an itchy rash that was coming and going for at least 6 months? ❒ No ❒ Yes

If yes ☞ 27.1 How old were you when you first had this itchy rash? ☐☐ (Age in years)

27.2 Have you had this itchy rash in the last 12 months? ❒ No ❒ Yes

27.3 Has this rash at any time affected any of the following places: *(tick all that apply)*

- ❒ Folds of the elbows
- ❒ Behind the knees
- ❒ In front of the ankles
- ❒ Under the buttocks
- ❒ Around the neck, ears or eyes
- ❒ None of the above

HAY FEVER

28. Have you ever had hay fever or nasal allergies (that is sneezing, running or blocked nose when you do not have a cold or the flu)? ❒ No ❒ Yes

If yes ☞ 28.1 Have you had this problem in the last 12 months? ❒ No ❒ Yes

28.2 Was this problem accompanied by itchy or watery eyes?

❒ No ❒ Yes

28.3 How old were you when you first had hayfever or nasal allergies?

☐☐

(Age in years)

29. When you are near animals, such as cats, dogs, or horses; near feathers, including pillows, quilts or doonas; or in a dusty part of the house, do you ever: (*tick all that apply*)

- ❒ Start to cough?
- ❒ Start to wheeze?
- ❒ Get a feeling of tightness in the chest?
- ❒ Start to feel short of breath?
- ❒ Get a runny or stuffy nose or start to sneeze?
- ❒ Get itchy or watery eyes?

30. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ever:

- ❒ Start to cough?
- ❒ Start to wheeze?
- ❒ Get a feeling of tightness in the chest?
- ❒ Start to feel short of breath?
- ❒ Get a runny or stuffy nose or start to sneeze?
- ❒ Get itchy or watery eyes?

If yes to any of the above☞ 30.1 At which time of the year does this happen?

- ❒ Winter
- ❒ Spring
- ❒ Summer
- ❒ Autumn

FOOD ALLERGY

31. Have you ever had any food allergies? ❒ No ❒ Yes

If yes ☞

	Peanut	Tree nut	Shellfish	Fish	Cow's milk	Egg	Wheat*	Sesame	Other
What food?									
Was it confirmed by a doctor?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
What age did you develop it? (years)	____	____	____	____	____	____	____	____	____
Are you still allergic to it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Have you been prescribed an Epipen?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Specify the name/s of Tree Nut or other food if relevant		____							____

*include Coeliac disease

RESPIRATORY AND SLEEP CONDITIONS

32. Have you, at anytime in your life, suffered from attacks of asthma of wheezy breathing? (Regard asthma and wheezy breathing as being much the same thing for this question.)

❒ No ❒ Yes

If yes ☞ 32.1 How old were you when you had your first attack of asthma or wheezy breathing? ☐☐ *(age in years)*

32.2 How old were you when you had your most recent attack of asthma or wheezy breathing? ☐☐ *(age in years)*

32.3 Have you had an attack of asthma or wheezy breathing in the last 12 months? ❒ No ❒ Yes

32.4 Have you taken any medicines including inhalers or tablets for asthma or wheezy breathing in the last 12 months? ❒ No ❒ Yes

33. Have you had wheezing or whistling in your chest in the last 12 months?
(Wheezing means a whistling sound, however high or low pitched and however faint.)

❒ No ❒ Yes

If yes ☞ 33.1 Have you been at all breathless when the wheezing noise was present? ❒ No ❒ Yes

33.2 Have you had this wheezing or whistling when you did not have a cold? ❒ No ❒ Yes

34. Have you, at any time in the last 12 months, had an attack of shortness of breath at rest? ❒ No ❒ Yes

35. Have you, at any time in the last 12 months, had an attack of shortness of breath after exercise? ❒ No ❒ Yes

36. Have you, at any time in the last 12 months, woken due to a feeling of tightness in your chest? ❒ No ❒ Yes

36.1 During the last month, do you or have you been told you snore loudly in sleep?

❒ No ❒ Yes ❒ Don't know

If yes ☞ 36.1.1 On average, how often? *Tick one*☑

- ❒ Rarely, less than once a week
- ❒ 1 – 2 times per week
- ❒ 3 – 4 times per week
- ❒ 5 – 7 times per week
- ❒ Don't know

36.2 During the last month, do you or have you been told you snort or gasp in sleep?

❒ No ❒ Yes ❒ Don't know

If yes ☞ 36.2.1 On average, how often? *Tick one*☑

- ❒ Rarely, less than once a week
- ❒ 1 – 2 times per week
- ❒ 3 – 4 times per week
- ❒ 5 – 7 times per week
- ❒ Don't know

36.3 During the last month, do you or have you been told you choke or stop breathing in sleep?

❒ No ❒ Yes ❒ Don't know

If yes ☞ 36.3.1 On average, how often? *Tick one*☑

- ❒ Rarely, less than once a week
- ❒ 1 – 2 times per week
- ❒ 3 – 4 times per week
- ❒ 5 – 7 times per week
- ❒ Don't know

36.4 During the last month, have you had excessive sleepiness during the day?

❒ No ❒ Yes

37. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath?

❒ No ❒ Yes

38. Do you usually cough when you do not have a cold?

❒ No ❒ Yes

If yes ☞ 38.1 Are there months in which you cough on most days?

❒ No ❒ Yes

If yes ☞ 38.1.1 Do you cough on most days for at least three months of each year? ❒ No ❒ Yes

38.1.2 For how many years have you had this cough?

- ❒ Less than 2 years
- ❒ 2 – 5 years
- ❒ More than 5 years

39. Do you usually have phlegm in your chest when you do not have a cold? ❒ No ❒ Yes

If yes ☞ 39.1 Are there months in which you have phlegm in your chest on most days? ❒ No ❒ Yes

If yes ☞ 39.1.1 Do you bring up this phlegm on most days for at least three months of each year? ❒ No ❒ Yes

39.1.2 For how many years have you had this phlegm?

- ❒ Less than 2 years
- ❒ 2 – 5 years
- ❒ More than 5 years

40. Have you, at anytime in your life, suffered from cough with phlegm in the chest (with or without a cold)? ❒ No ❒ Yes

If yes ☞ 40.1 Have you had this cough with phlegm on most days for at least three months and for two years in a row? ❒ No ❒ Yes

41. Have you at any time in your life suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest ("loose" or "rattly" cough)? ❒ No ❒ Yes

If yes ☞ 41.1 How long is it since the last attack

- ❒<=6months
- ❒<=1 year but > 6 months
- ❒<=2 years but > 1 year
- ❒> 2 years

41.2 At what age did these attacks begin? ☐☐ *(age in years)*

42. Has your doctor ever told you that you have or had chronic bronchitis?

❒ No ❒ Yes

If yes ☞ 42.1 How old were you when you were told you had chronic bronchitis? ☐☐ *(age in years)*

42.2 Have you taken any medicine (including inhalers or tablets) for chronic bronchitis in the last three months?

❒ No ❒ Yes

43. Has your doctor ever told you that you have or had emphysema?

❒ No ❒ Yes

If yes ☞ 43.1 How old were you when you were told you had emphysema? ☐☐ *(age in years)*

43.2 Have you taken any medicine (including inhalers or tablets) for emphysema in the last three months?

❒ No ❒ Yes

44. Has your doctor ever told you that you have or had chronic obstructive pulmonary disease (COPD) or chronic obstructive airways disease (COAD)?

❒ No ❒ Yes

If yes ☞ 44.1 How old were you when you were told you had chronic obstructive pulmonary disease? ☐☐ *(age in years)*

44.2 Have you taken any medicine (including inhalers or tablets) for chronic obstructive pulmonary disease in the last three months?

❒ No ❒ Yes

45. Has your doctor ever told you that you have or had obstructive sleep apnoea?

❒ No ❒ Yes

If yes ☞ 45.1 How old were you when you were told you had obstructive sleep apnoea? ☐☐ *(age in years)*

45.2 Are you currently being treated for obstructive sleep apnoea with CPAP, surgery, adequate weight loss or other device?

❒ No ❒ Yes

CHEST COLDS AND CHEST ILLNESSES

46. If you get a cold, does it usually go to your chest? (Usually means more than half of the time) ❒ No ❒ Yes ❒ Do not get colds

47. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? ❒ No ❒ Yes

If yes ☞ 47.1 Did you produce phlegm with any of the chest illnesses? ❒ No ❒ Yes

47.2. In the last 3 years, how many such illnesses, with increased phlegm, did you have which lasted a week or more? (if none enter zero)

Number of illnesses ☐☐

48. Have you ever had Pneumonia? ❒ No ❒ Yes

If yes ☞ 48.1 Was this confirmed by a doctor? ❒ No ❒ Yes

48.2 At what age did you first have it? ☐☐ Age in *years*

48.3 How many times have you had it? ☐☐ number

48.4 Have you ever been hospitalised for Pneumonia? ❒ No ❒ Yes

49. Have you ever been hospitalised for any other chest illness? ❒ No ❒ Yes

If yes ☞ please specify

	Diagnosis	Age at first occurrence	No. occurrences
1			
2			
3			

ASTHMA

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

50. Have you ever had asthma ? ❒ No ❒ Yes

If no, go to Q51

If yes continue

50.1 How old were you when you had your first symptoms of asthma? (Age in years) ☐☐

50.2 Was this confirmed by a doctor? ❒ No ❒ Yes

If yes ☞ 50.2 How old were you when this was confirmed? ☐☐ *years old*

50.3 How old were you when you had your most recent symptoms of asthma? *years old* ☐☐

Symptom Severity

50.4. 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:

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

☐☐ *No. of nights*

50.5. 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:

50.5.1 How many mornings in the last week? ☐☐ *No. of mornings*

50.6 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*	
50.6.1 All activities	❒ No	❒ Yes	❒ No	❒ Yes
50.6.2 When dressing	❒ No	❒ Yes	❒ No	❒ Yes
50.6.3 Walking on level ground	❒ No	❒ Yes	❒ No	❒ Yes
50.6.4 Hurrying on level ground	❒ No	❒ Yes	❒ No	❒ Yes
50.6.5 Walking up stairs or up hills	❒ No	❒ Yes	❒ No	❒ Yes
50.6.6 Active sports	❒ No	❒ Yes	❒ No	❒ Yes
50.6.7 Other (Specify) _____	❒ No	❒ Yes	❒ No	❒ Yes

☞ *If Yes to any of* 50*.6.1 to* 50*.6.7, go to* 50*.7.*
If all were No, answer 50*.6.8 first.*

50.6.8 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

50.7. 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* 50*.14. If any asthma in last 12 months continue*

50.8. 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

50.9. 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?

last 12 months		*last 1 month*	
❒	❒	❒	❒
No	Yes	No	Yes

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

	last 12 months *tick one*	*last 1 month* *tick one*
Not severe at all	❒	❒
Mild	❒	❒
Moderate	❒	❒
Severe	❒	❒
Not sure	❒	❒

Events

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

last 12 months		*last 1 month*	
❒	❒	❒	❒
No	Yes	No	Yes

If yes ☞: 50.11.1. How many?

☐☐	☐☐
last 12 months	*last 1 month*

50.12. 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?

last 12 months		*last 1 month*	
❒	❒	❒	❒
No	Yes	No	Yes

If yes ☞ 50.12.1. How many?

☐☐	☐☐
last 12 months	*last 1 month*

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

	last 12 months		*last 1 month*	
	❒ No	❒ Yes	❒ No	❒ Yes
If yes ☞ 50.13.1. How many?	☐☐ *last 12 months*		☐☐ *last 1 month*	

50.14. Have you ever been admitted to a hospital because of your asthma? ❒ No ❒ Yes

✋ *If no, go to Q50.15*

If yes ☞ 50.14.1 In the past 12 months? ❒ No ❒ Yes

If yes ☞ 50.14.1.1 How many times in the last 12 months? ☐☐ *Number*

50.14.1.2 How many times in the last 1 month? ☐☐ *Number*

50.15. Have you ever had an attack or symptoms of asthma that resulted in an admission to a hospital intensive care unit? ❒ No ❒ Yes

50.15a How frequently have you seen the following health professionals for your asthma in the last 12 months? (enter zero if not at all)

1) General Practitioner (No. of times last 12 months) ☐☐ *Number*

2) Respiratory specialist (No. of times last 12 months) ☐☐ *Number*

3) Nurse/Asthma educator (No. of times last 12 months) ☐☐ *Number*

4) Pharmacist (No. of times last 12 months) ☐☐ *Number*

50.16 Have you ever been given a demonstration on the correct use of your metered dose inhaler? ❒ No ❒ Yes

If yes 50.16.1 In the last 12 months? ..... ❒ No ❒ Yes

50.17 Has your doctor ever checked your inhaler technique? ❒ No ❒ Yes

If yes 50.17.1 In the last 12 months? …… ❒ No ❒ Yes

50.18 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

If yes 50.18.1 In the last 12 months? ……. ❒ No ❒ Yes

50.19 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

If yes 50.19.1 In the last 12 months? ……. ❒ No ❒ Yes

50.20 Do you have a peak flow meter of your own? …… ❒ No ❒ Yes

If yes 50.20.1 How often have you used it in the last 3 months?

A) Never ❒
B) Some days ❒
C) Most days ❒

50.21 Has your doctor ever measured your breathing in his/her surgery (including peak flows/spirometry/bronchodilator response)? …… ❒ No ❒ Yes

If yes 50.21.1 In the last 12 months? …… ❒ No ❒ Yes

FAMILY PREDISPOSITION

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.

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

51.1 Asthma? ❒ No ❒ Yes ❒ Don't know

51.2 COPD, COAD, chronic bronchitis or emphysema? ❒ ❒ ❒

No Yes Don't know

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

52.1 Asthma? ❒ No ❒ Yes ❒ Don't know

52.2 COPD, COAD, chronic bronchitis or emphysema? ❒ No ❒ Yes ❒ Don't know

53. 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 Q54

If yes ☞ 53.1 How many? ☐☐ Number ❒ Don't know

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

53.2.1 Asthma? ☐☐ Number ❒ Don't know

53.2.2 COPD, COAD, chronic bronchitis, emphysema? ☐☐ Number ❒ Don't know

54. Do you, or did you, have any biological children? ❒ No ❒ Yes

If No, go to Q54 If Yes continue

53.1 How many? ☐☐ Number

53.2. How many of them have ever had self reported or doctor diagnosed asthma? ☐☐ Number ❒ Don't know

55. 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: 55.1 How many? ☐☐ Number

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

❒ No ❒ Yes ❒ Don't know

If Yes: 56.1 How many? ☐☐ Number

<u>When administering Q57 and Q58:</u>
First ask the main question as given below i.e. "Have you used any inhaled medicines to help your breathing <u>in the last 12 months</u>?"
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 57.1 to 57.1.2)***

MEDICINES AND INHALERS

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

✋ *If No, go to Q58. If Yes, continue* - **Which have been used in the last 12 months?**

	Medication 1	Medication 2	Medication 3	Medication 4
57.1 Which one?				
57.2 Which type of inhaler device?				
57.3 Strength/dose per puff (mcg)?				
57.4Are you currently using this medication?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
57.5 how long have you been using this med?	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs
57.6 Last 12mths, how have you used them:				
57.6a) when needed - Average number of puffs per month	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)
57.6b) 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	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)
57.6c) continuously - Average number of puffs per day	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)
57.6d) not at all	□	□	□	□
57.7 Last 1mth, how have you used them:				
57.7a) when needed - Average number of puffs per month	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)
57.7b) 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	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (puff/day) _ _ _ _ (days)
57.7c) continuously - Average number of puffs per day	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)
57.7d) not at all	□	□	□	□
57.8) Is this medication the same type as prescribed by your doctor?	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK
57.9) Are you taking this medication at the same dose as prescribed by your doctor?	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK
57.9a) If no to Q57.8 or Q57.9 why not the same: (tick all that apply)	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____

58. 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 59, if Yes continue* - **Which have been used in the last 12 months?**

	Medication 1	Medication 2	Medication 3	Medication 4
58.1 Which one?				
58.2 Strength/dose per tablet (mg)?				
58.3 Are you currently using this medication?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
58.4 how long have you been using this med?	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs	_ _ _ _ Days/Mths/Yrs
58.5 Last 12mths, how have you used them:				
58.5a) when needed - Average number of tablets per month	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)
58.5b) 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	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)
58.5c) continuously - Average number of puffs per day	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)
58.5d) not at all	□	□	□	□
58.6 Last 1mth, how have you used them:				
58.6a) when needed - Average number of puffs per month	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)	_ _ _ _ (puff/mth)
58.6b) in short courses - Number of courses in last 12 months - Average number of tablets per day during flare-up - Average number of days of flare-up	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)	_ _ _ _ (number) _ _ _ _ (tablets/day) _ _ _ _ (days)
58.6c) continuously - Average number of puffs per day	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)	_ _ _ _ (puffs)
58.6d) not at all	□	□	□	□
58.7) Is this medication the same type as prescribed by your doctor?	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK
58.8) Are you taking this medication at the same dose as prescribed by your doctor?	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK	□ Yes □ No □ DK
58.8a) If no to Q58.7 or Q58.8 why not the same: (tick all that apply)	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____	□ Cost □Side effects □ Symptoms resolved □ forget to take □ Other?Specify _____

59. Have you ever used inhaled steroids to help your breathing? ❒ No ❒ Yes

✋ *If No go to Q 59, if Yes continue*

59.1 At what age did you start using inhaled steroids? ☐☐ years

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

60. Have you ever been prescribed home oxygen therapy? ❒ No ❒ Yes

✋ *If no go to Q60. If Yes continue*

60.1 Are you currently using oxygen therapy at home? ❒ No ❒ Yes

60.2 For how many years have you been using oxygen therapy at home? ☐☐ Years

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

60.3.1 For relief of symptoms or when needed ❒ No ❒ Yes

60.3.2 For flare-ups or attacks ❒ No ❒ Yes

60.3.3 Regularly, on a daily basis ❒ No ❒ Yes

61. Have you ever had an influenza vaccination? ❒ No ❒ Yes

If yes: 61.1 Have you been vaccinated for influenza in the last 12months? ❒ No ❒ Yes

62. Have you ever had a pneumonia vaccination? ❒ No ❒ Yes

If yes: 62.1 Have you been vaccinated for pneumonia in the last 5 years? ❒ No ❒ Yes

63. Have you ever been vaccinated or desensitised for allergy? ❒ No ❒ Yes

If yes: 63.1 Have you been vaccinated for allergy in the last 12 months? ❒ No ❒ Yes

64. Have you had any other injections to help your breathing at any time in the last 12 months? ❒ No ❒ Yes

If yes: 64.1 what injections? _____

OTHER CONDITIONS

65. Has a doctor ever told you that you have/had any of the following conditions?

- ❒ Angina, heart attack or myocardial infarction
- ❒ Transient ischaemic attack (TIA) or a stroke
- ❒ High blood pressure or Hypertension
- ❒ High levels of cholesterol/ triglycerides
- ❒ Diabetes or high sugar levels in the blood or urine
- ❒ Cancer
- ❒ Rheumatoid arthritis
- ❒ Psychiatric/ mental health problem
- ❒ Multiple Sclerosis
- ❒ Thyroid Problems
- ❒ Lupus/ Systemic Lupus Erythematosus

If FEMALE please continue ……
If MALE thank you for your assistance with this Questionnaire

FEMALES ONLY

66. Have you ever had a menstrual period? ❒ No ❒ Yes

If yes: 66.1 What was your age when you had your first period? ☐☐ (age in years)

66.2 Have you had a menstrual period in the last 12 months?
- ❒ No ☞ Go to 66.3
- ❒ Yes ☞ Go to 67
- ❒ Don't know ☞ Go to 67

66.3 Have your menstrual periods stopped permanently or only temporarily due to pregnancy, breast feeding or other condition?
- ❒ Stopped permanently ☞ continue
- ❒ Stopped temporarily ☞ Go to 67

66.4 How old were you when your periods stopped permanently? ☐☐ *(age in years)*

67. Have you ever used birth control pills or other hormonal contraceptives (implants or injections)? ❒ No ❒ Yes

If yes: 67.1 At what age did you first use birth control pills or other hormonal contraceptives? (age in years) ☐☐

67.2 Are you currently taking birth control pills or other hormonal contraceptives? ❒ No ☐ Yes

67.3 Over your whole lifetime, in total how many months or years have you taken birth control pills or other hormonal contraceptives?

☐☐ Months OR ☐☐ Years

68. Are you currently pregnant? ❒ No ❒ Yes

69. Have you ever been pregnant in the past? ❒ No ❒ Yes

70. How many live births have you had? ☐☐

71. How many miscarriages or abortions have you had? ☐☐

72. Have you ever had a mammogram? ❒ No ❒ Yes

73. Have you ever taken oestrogen, progesterone or other female hormones for menopause (that is, prescription hormone replacement therapy or HRT)?
The preparation may be pills, injections or skin patches. This question does not include birth control pill or hormonal contraceptives. ❒ No ❒ Yes

If yes, complete HRT section

Thank you for your assistance with this Questionnaire