

CONFIDENTIAL

Questionnaire on

Respiratory Symptoms (1986)

Approved by Medical Research Council's Committee on Environmental and Occupational Health

Before this questionnaire is used the instruction sheet must be read

Surname

First name(s)

Address

Serial number

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Sex (M = 1 F = 2)

Date of birth

Day

Month

Year

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Name at birth if
different from above

Own doctor
Name

Address

Other identifying data

Civil state

Occupation

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Industry

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Ethnic group

Interviewer

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Date of interview

Day

Month

Year

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Use the actual wording of each question. Put 1 = Yes. 2 = No, or other codes as indicated in boxes. When in doubt record as no.

Preamble

I am going to ask you some questions, mainly about your chest. I should like you to answer **Yes** or **No** whenever possible.

Cough

1 Do you usually cough first thing in the morning in the winter?

2 Do you usually cough during the day—or at night—in the winter?

If Yes to 1 or 2

3 Do you cough like this on most days for as much as three months each year?

Phlegm

4 Do you **usually** bring up any phlegm from your chest first thing in the morning in the winter?

5 Do you **usually** bring up any phlegm from your chest during the day—or at night—in the winter?

If Yes to 4 or 5

6 Do you bring up phlegm like this on most days for as much as three months each year?

Periods of cough and phlegm

7a In the **past** three years have you had a period of (increased) cough and phlegm lasting for three weeks or more?

If Yes

7b Have you had more than one such period?

Breathlessness

If the subject is disabled from walking by any condition other than heart or lung disease, omit question 8 and enter 1 here

8a Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

If Yes

8b Do you get short of breath walking with other people of your own age on level ground?

If Yes

8c Do you have to stop for breath when walking at your own pace on level ground?

Wheezing

9 Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

10a Have you ever had attacks of shortness of breath with wheezing?

If Yes

10b Is/was your breathing absolutely normal between attacks?

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

Chest illnesses

12a During the past three years have you had any chest illness which has kept you from your usual activities for as much as a week?

If Yes

12b Did you bring up more phlegm than usual in any of these illnesses?

If Yes

12c Have you had more than one illness like this in the past three years?

Past illnesses

Have you ever had, or been told that you have had:

13a An injury or operation affecting your chest

13b Heart trouble

13c Bronchitis

13d Pneumonia

13e Pleurisy

13f Pulmonary tuberculosis

13g Bronchial asthma

13h Other chest trouble

13i Hay fever

Tobacco smoking

1 = Yes, 2 = No

- 14 Do you smoke?
 If No
 14a Have you ever smoked as much as one cigarette a day (or one cigar a week or an ounce of tobacco a month) for as long as a year?

If No to both parts of question 14, omit remaining questions on smoking

- 15 Do (did) you inhale the smoke?
 If Yes
 15 Would you say you inhaled the smoke slightly = 1, moderately = 2, or deeply = 3?

- 16 How old were you when you started smoking regularly?

- 17a Do (did) you smoke manufactured cigarettes?
 If Yes
 17b How many do (did) you usually smoke per day on weekdays?

- 17c How many per day at weekends?

- 17d Do (did) you usually smoke plain (= 1) or filter tip (= 2) cigarettes?

- 17e What brands do (did) you usually smoke?

- 18a Do (did) you smoke hand-rolled cigarettes
 If Yes
 18b How much tobacco do (did) you usually smoke per week in this way?

- 18c Do (did) you put filters in these cigarettes?

- 19 Do (did) you smoke a pipe?
 If Yes
 19b How much pipe tobacco do (did) you usually smoke per week?

- 20 Do (did) you smoke small cigars?
 If Yes
 20b How many of these do (did) you usually smoke per day?

- 21a Do (did) you smoke other cigars?
 If Yes
 21b How many of these do (did) you usually smoke per week?

For present smokers

- 22a Have you been cutting down your smoking over the past year?

For ex-smokers

Month Year

- 22b When did you give up smoking altogether?

Additional observations

Ventilatory capacity

Standing height (m)

 .

Weight (kg)

 .

Ambient temperature (°C)

Barometric pressure (mm Hg)

Time of day (24 h)

Observer

Spirometer

Instrument number

Enter readings as made, for subsequent correction to BTPS.

If additional readings are made, enter below number 5 and delete the ones they replace.

	FEV ₁ (litres)	FVC (litres)
Reading 1	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
2	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
3	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
4	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
5	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>

Peak expiratory flow

Instrument number

If additional readings are made, enter below number 5 and delete the ones they replace

	PEFR (litres/min)
Reading 1	<input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/> <input type="text"/>

Additional observations