

QUESTIONNAIRE ON RESPIRATORY SYMPTOMS (1966)

(Approved by Medical Research Council's Committee on Research into Chronic Bronchitis)

For office use

Before using this questionnaire the booklet of instructions should be read.

<p>SURVEY OR HOSPITAL NUMBER</p> <p>NAME</p> <p style="padding-left: 40px;">(Surname)</p> <p>.....</p> <p style="padding-left: 40px;">(First names)</p> <p>ADDRESS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Date of interview</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Date of birth</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Sex</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">M</td> <td style="width: 33%;">F</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Civil state</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">S</td> <td style="width: 33%;">M</td> <td style="width: 33%;">W</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Standing height (cm)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Weight (kg)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Occupation</p> <p>Race</p> <p>Name of interviewer</p>	Day	Month	Year				Day	Month	Year				M	F			S	M	W				Day	Month	Year				Day	Month	Year			
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Use the actual wording of each question. Put X in appropriate square after each question. When in doubt record '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

- | | | |
|--|---|----------|
| <p>1. Do you usually cough first thing in the morning [on getting up*] in the winter?</p> <p style="font-size: small;"><i>Count a cough with first smoke or on first going out of doors. Exclude clearing throat or a single cough.</i></p> | <p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> | <p>1</p> |
| <p>3. Do you usually cough during the day—or at night—in the winter?</p> <p style="font-size: small;"><i>Ignore an occasional cough.</i></p> <p style="padding-left: 40px;">If 'No' to both questions 1 and 3, go to question 6.</p> <p style="padding-left: 40px;">If 'Yes' to either question 1 or 3:</p> | <p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> | <p>2</p> |
| <p>5. Do you cough like this on most days [or nights*] for as much as three months each year?</p> | <p>1 2 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N.A.</p> | <p>3</p> |

PHLEGM

- | | | |
|--|---|----------|
| <p>6. Do you usually bring up any phlegm from your chest first thing in the morning [on getting up*] in the winter?</p> <p style="font-size: small;"><i>Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.</i></p> | <p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> | <p>4</p> |
| <p>8. Do you usually bring up any phlegm from your chest during the day—or at night—in the winter?</p> <p style="font-size: small;"><i>Accept twice or more.</i></p> <p style="padding-left: 40px;">If 'No' to both questions 6 and 8, go to question 12a.</p> <p style="padding-left: 40px;">If 'Yes' to either question 6 or 8:</p> | <p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p> | <p>5</p> |
| <p>10. Do you bring up phlegm like this on most days [or nights*] for as much as three months each year?</p> | <p>1 2 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N.A.</p> | <p>6</p> |
- * For subjects who work by night.

- 12a. In the past three years have you had a period of [increased*] cough and phlegm lasting for three weeks or more? No 7 1
- If 'No' to question 12a, go to question 13.
- If 'Yes' to question 12a: Yes—1 period 2
- 12b/c. Have you had more than one such period? Yes—2 or more periods 3
- * For subjects who usually have phlegm.

13. Have you ever coughed up blood? No 8 1
- If 'No' to question 13, go to question 14a.
- If 'Yes' to question 13: Yes—in past year 2
- 13a. Was this in the past year? Yes—not in past year 3

BREATHLESSNESS

- 14a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Disabled † 9 1
- If 'No' to question 14a, go to question 15a. No—a. 2
- If 'Yes' to question 14a: No—b. 3
- 14b. Do you get short of breath walking with other people of your own age on level ground? If 'No' to question 14b, go to question 15a.
- If 'Yes' to question 14b: No—c. 4
- 14c. Do you have to stop for breath when walking at your own pace on level ground? Yes—c. 5
- † Disabled from walking by any conditions other than heart or lung disease.

WHEEZING

- 15a. Does your chest ever sound wheezing or whistling? No 10 1
- If 'No' to question 15a, go to question 16a. Yes, but not most days [or nights] 2
- If 'Yes' to question 15a: Yes, most days [or nights] 3
- 15b. Do you get this most days—or nights? No attacks 11 1
- 16a. Have you ever had attacks of shortness of breath with wheezing? No 2
- If 'No' to question 16a, go to question 17. Yes 3
- If 'Yes' to question 16a: Is/was your breathing absolutely normal between attacks?

WEATHER

17. Does the weather affect your chest? No 12 1
- Only record 'Yes' if adverse weather definitely and regularly causes chest symptoms.
- If 'No' to question 17, go to question 18. Yes 2
- If 'Yes' to question 17: No 3
- 17a. Does the weather make you short of breath?
- 17b. Specify type of weather, e.g. fog, damp, cold, heat, other 13
- For coding see instructions (page 9)

NASAL CATARRH

18. Do you usually have a stuffy nose or catarrh at the back of your nose in the winter? ... ¹ Yes ² No 14

19. Do you have this in the summer? ... ¹ Yes ² No 15

If 'No' to both questions 18 and 19, go to question 21.

If 'Yes' to either question 18 or 19:

20. Do you have this on most days for as much as three months each year? ... ¹ Yes ² No ³ N.A. 16

CHEST ILLNESSES

21. 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? ... ¹⁷ No 1

If 'No' to question 21, go to question 22.

If 'Yes' to question 21:

21a. Did you bring up more phlegm than usual in any of these illnesses? ... ² No 2

If 'No' to question 21a, go to question 22.

If 'Yes' to question 21a:

21b. How many illnesses like this have you had in the past three years? ... ³ 1 illness 3

21b. How many illnesses like this have you had in the past three years? ... ⁴ 2 or more illnesses 4

HAVE YOU EVER HAD :

22. An injury or operation affecting your chest? ... ^{18 †}

23. Heart trouble? ... ^{19 †}

24. Bronchitis? ... ^{20 *}

25. Pneumonia? ... ^{21 *}

26. Pleurisy? ... ^{22 *}

27. Pulmonary tuberculosis? ... ^{23 †}

28. Bronchial asthma? ... ^{24 †}

29. Emphysema? ... ^{25 †}

30. Bronchiectasis? ... ^{26 †}

31. Other chest trouble? ... ^{27 *}

* Code: 0=no; 1=once; 2=twice ... 9=nine or more times.

† Code: 0=no; 1=yes.

Give relevant details after each positive answer.

ADDITIONAL CLINICAL QUESTIONS

These must be asked before the questions on smoking and occupation.

TOBACCO SMOKING

35a. Do you smoke? ... Yes No
 Record 'Yes' if regular smoker (as defined in question 35b) up to one month ago.

If 'No' to question 35a, ask question 35b.

If 'Yes' to question 35a:

Do you inhale the smoke? ... Yes No

Would you say you inhale the smoke slightly (S), moderately (M), deeply (D)? ... S M D

How old were you when you started smoking regularly? years old

How many manufactured cigarettes do you usually smoke per day? per working day
 at weekends

How much tobacco (oz/g) do you usually smoke per week in hand-rolled cigarettes?

How much pipe tobacco (oz/g) do you usually smoke per week?

How many cigars do you usually smoke per week?
 Specify large (L) or small (S).

35b. Have you ever smoked as much as one cigarette a day [or one ounce of tobacco a month] for as long as a year? Yes No
 If 'No' to question 35b, go to question 38.

If 'Yes' to question 35b:

How old were you when you started smoking regularly? years old

How old were you when you last gave up smoking? years old

How many manufactured cigarettes per day were you smoking before you gave up? per working day
 at weekends

How much tobacco (oz/g) per week were you smoking in hand-rolled cigarettes before you gave up?

How much pipe tobacco (oz/g) per week were you smoking before you gave up?

How many cigars per week were you smoking before you gave up?

Specify large (L) or small (S)

CODING FOR SMOKING HISTORY

Before coding refer to instructions.

Smoking history 28

Never smoked ... 1

Ex-smoker ... 2

Present smoker — does not inhale ... 3

Present smoker — inhales slightly ... 4

Present smoker — inhales moderately ... 5

Present smoker — inhales deeply ... 6

Type of smoker 29

Cigarettes only ... 1

Pipe only ... 2

Cigars only ... 3

Cigarettes and pipe/cigars ... 4

Cigars and pipe ... 5

Non-smoker ... 6

Amount smoked per day* (average including weekends)

Cigarette tobacco: 30

Nil ... 1

1-4 g ... 2

5-14 g ... 3

15-24 g ... 4

25 g or more ... 5

Pipe/cigar tobacco: 31

Nil ... 1

1-4 g ... 2

5-14 g ... 3

15-24 g ... 4

25 g or more ... 5

* 1 oz of pipe tobacco = 29 cigarettes = 28 g
 1 small cigar = 2 cigarettes
 1 large cigar = 5 cigarettes

Age started (years) Code XX if a non-smoker 32 33

Age stopped (years) Code YY if a present smoker 34 35

OCCUPATION

Record on dotted lines number of years in which subject has worked in any of these industries.

38. Have you ever worked in a dusty job? 1 2
39. At a coalmine 36
 Yes No
40. In any other mine 37
 Yes No
41. In a quarry 38
 Yes No
42. In a foundry 39
 Yes No
43. In a pottery 40
 Yes No
44. In a cotton, flax or hemp mill 41
 Yes No
45. With asbestos 42
 Yes No
46. In any other dusty job 43
 Yes No
- If 'Yes', specify
-
- Total number of years in dusty 44 45
- job?

- 47a. Have you been exposed regularly to irritating gas or chemical fumes? Yes 1
 47 a and b
- If 'Yes', give details of nature and duration 2
 No
 47 a and b
- Yes }
 47a } 3
- No }
 47b }
- 47b. Have you ever been off work for a shift or longer following acute exposure to gases or fumes? No 4
 47a
- If 'Yes', give details of nature and duration Yes
 47b
-
-
-
-
-
-
-
-
-
-

ADDITIONAL QUESTIONS ON SPECIAL RISKS OR EXPOSURES

PHYSIOLOGICAL TESTS

SPUTUM

Observer

47

1st-hour specimen ... 1

24-hour specimen ... 2

Volume

48

Nil ... 1

Less than 1 ml ... 2

1- 1.9 ml ... 3

2- 4.9 ml ... 4

5- 9.9 ml ... 5

10-19.9 ml ... 6

20-39.9 ml ... 7

40+ ml ... 8

Not recorded ... 9

Type

49

M₁ ... 1

M₂ ... 2

P₁ ... 3

P₂ ... 4

P₃ ... 5

Nil ... 6

Not recorded ... 7

VENTILATORY CAPACITY

Ambient temperature (°C)

One-second Forced Expiratory Volume
[corrected to BTPS]

Observer

Instrument number

Time of day (24 hour)

Reading 1..... 2.....

3..... 4..... 5.....

Mean of 3, 4, 5
(to two decimal places) ^{50 51 52}

Vital Capacity
[corrected to BTPS]

Observer

Instrument number

Time of day (24 hour)

Reading 1..... 2.....

3..... 4..... 5.....

Mean of 3, 4, 5
(to two decimal places) ^{53 54 55}

FEV % VC ^{56 57}

Peak Expiratory Flow Rate

Observer

Instrument number

Time of day (24 hour)

Reading 1..... 2.....

3..... 4..... 5.....

Mean of 3, 4, 5
(to two decimal places) ^{58 59 60}

ADDITIONAL TESTS