

CONFIDENTIAL

Questionnaire on

Respiratory Symptoms (1976)

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

Before this questionnaire is used the instruction sheet must be read

Surname

First name(s)

Address

Serial number

Sex [M=1 F=2]

Date of birth Day Month Year

Name at birth if different from above

Own doctor Name Address

Other identifying data

Civil state

Occupation

Industry

Ethnic group

Interviewer

Date of interview Day Month Year

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 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

9a Does your chest ever sound wheezing or whistling?

If Yes

9b Do you get this on most days — or nights?

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

If Yes

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

Chest illnesses

11a 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

11b Did you bring up more phlegm than usual in any of these illnesses?

If Yes

11c Have you had more than one illness like this in the past three years?

Past illnesses

Have you ever had:

12a An injury or operation affecting your chest

12b Heart trouble

12c Bronchitis

12d Pneumonia

12e Pleurisy

12f Pulmonary tuberculosis

12g Bronchial asthma

12h Other chest trouble

12i Hay fever

Tobacco smoking

1 = Yes, 2 = No

13a Do you smoke?

If No

13b 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 13, omit remaining questions on smoking.

14a Do (did) you inhale the smoke?

If Yes

14b Would you say you inhaled the smoke slightly = 1, moderately = 2 or deeply = 3?

15 How old were you when you started smoking regularly?

16a Do (did) you smoke manufactured cigarettes?

If Yes

16b How many do (did) you usually smoke per day on weekdays?

16c How many per day at weekends?

16d Do (did) you usually smoke plain [=1] or filter tip [=2] cigarettes?

16e What brands do (did) you usually smoke?

17a Do (did) you smoke hand-rolled cigarettes?

If Yes

17b How much tobacco do (did) you usually smoke per week in this way?

17c Do (did) you put filters in these cigarettes?

18a Do (did) you smoke a pipe?

If Yes

18b How much pipe tobacco do (did) you usually smoke per week?

19a Do (did) you smoke small cigars?

If Yes

19b How many of these do (did) you usually smoke per day?

20a Do (did) you smoke other cigars?

If Yes

20b How many of these do (did) you usually smoke per week?

For present smokers

21a Have you been cutting down your smoking over the past year?

For ex-smokers

Month

Year

21b When did you last give up smoking?

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"/>
2	<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"/>
4	<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"/>

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 tests