THE GEIRD PROJECT

Genes Environment Interaction on Respiratory Diseases

Clinical Questionnaire

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I AM GOING TO ASK YOU SOME QUESTIONS. AT FIRST THESE WILL BE MOSTLY ABOUT YOUR BREATHING. WHEREVER POSSIBLE, I WOULD LIKE YOU TO ANSWER 'YES' OR 'NO'.

0.6 FOR THE INTERVIEWER: Please indicate the sex of interviewee.

0.7 When were you born?

0.8 What is the address of the house in which you live?

City: ________________________________________________________

Street / Square / Avenue / Etc.: ________________________________________________________

House Number: ___________ Zip Code: ___________ Province/District: ___________

THIS INFORMATION IS NEEDED IN ORDER TO HAVE A PRECISE GEOGRAPHICAL REFERENCE THAT IDENTIFIES THE AREA OF RESIDENCE.

1. Have you had wheezing or whistling in your chest at any time in the last 12 months? ('Wheeze' can be described as 'A whistling sound, whether high or low pitched and however faint')

   IF 'NO' GO TO QUESTION 2, IF 'YES':

1.1 How many times have you had wheezing or whistling in the last 12 months? Sometimes One time a week Everyday

1.2 Have you been at all breathless when the wheezing noise was present?  

1.3 Have you had this wheezing or whistling also when you did not have a cold?

2. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?

3. Have you had an attack of shortness of breath that came on during the day when you were at rest at any time in the last 12 months?

4. Have you had an attack of shortness of breath that came on following strenuous activity at any time in the last 12 months?

5. Have you been woken by an attack of shortness of breath at any time in the last 12 months?
IF ‘NO’ GO TO QUESTION 6, IF ‘YES’:

5.1 Have you been woken by an attack of shortness of breath in the last 3 months?

IF ‘NO’ GO TO QUESTION 6, IF ‘YES’:

5.1.1 On average have you been woken by an attack of shortness of breath at least once a week in the last 3 months?

IF ‘NO’ GO TO QUESTION 6, IF ‘YES’:

5.1.1.1 How many times a week on average have you been woken by shortness of breath in the last 3 months?

6. Have you been woken by an attack of coughing at any time in the last 12 months?

7. Do you usually cough first thing in the morning in the winter?

[IF ‘YES’ OR DOUBTFUL, USE QUESTION 8.1 TO CONFIRM]

8. Do you usually cough during the day, or at night, in the winter?

IF ‘NO’ GO TO QUESTION 9, IF ‘YES’:

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

IF ‘NO’ GO TO QUESTION 9, IF ‘YES’:

8.1.1 How many years have you been affected by this problem?

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

[IF ‘YES’ OR DOUBTFUL, USE QUESTION 10.1 TO CONFIRM]

10. Do you usually bring up any phlegm from your chest during the day, or at night, in the winter?

IF ‘NO’ GO TO QUESTION 11, IF ‘YES’:

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

IF ‘NO’ GO TO QUESTION 11, IF ‘YES’:

10.1.1 How many years have you been affected by this problem?

11. Do you ever have trouble with your breathing?

IF ‘NO’ GO TO QUESTION 12, IF ‘YES’:

11.1 Do you have this trouble:

A) continuously so that your breathing is never quite right?

B) repeatedly, but it always gets completely better?

C) only rarely?

12. Are you disabled from walking by a condition other than heart or lung disease?

IF ‘YES’: STATE CONDITION (12.0)___________________

IF THE INTERVIEWEE HAS NEGATIVELY ANSWERED TO ALL QUESTIONS 1-11, GO TO QUESTION 14, OTHERWISE (AT LEAST ONE POSITIVE ANSWER TO QUESTIONS 1-11) GO TO QUESTION 13

IF ‘NO’:

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

IF ‘NO’ AND THE INTERVIEWEE HAS NEGATIVELY ANSWERED TO ALL QUESTIONS 1-11, GO TO QUESTION 14,
IF 'NO' AND THE INTERVIEWEE HAS POSITIVELY ANSWERED AT LEAST TO ONE QUESTION FROM 1 TO 11, GO TO QUESTION 13

IF 'YES':

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

IF 'NO' GO TO QUESTION 13, IF 'YES':

12.1.1.1 Do you have to stop for short of breath when walking at your own pace on level ground?

13. In the last **12 months**, have you had any episodes/times when your symptoms (cough, phlegm, shortness of breath) were a lot worse than usual?

IF 'NO' GO TO QUESTION 14, IF 'YES':

In the last **12 months**:

13.1 How many times have these episodes occurred?

13.2 How many times have these episodes forced you to consult your doctor?

13.3 How many times was your therapy changed after these episodes?

13.4 How many times have you visited a hospital casualty department or emergency room or have you spent a night in hospital after these episodes?

14. **FOR WOMEN ONLY – FOR MEN GO TO QUESTION 15**

Have you ever noticed that you had respiratory symptoms (such as wheeze, tightness in your chest or shortness of breath) at a particular time of your monthly cycle?

TICK ONE BOX ONLY

A) Yes, in the week before my period

B) Yes, during my period

C) Yes, in the week after my period

D) Yes, another time of the month

E) Does not apply to me (i.e., amenorrhoeal)

F) No

15.1-3 Has a doctor ever said that you have or have had:

15.1 Chronic bronchitis?

15.2 COPD (Chronic Obstructive Pulmonary Disease)?

15.3 Emphysema?

16. Have you ever had asthma?

IF 'NO' GO TO QUESTION 17, IF 'YES'

**PLEASE GIVE AND MAKE THE PEOPLE WHO DECLARED THAT THEY HAVE HAD ASTHMA DURING THEIR LIFETIME FILL IN THE ASHTMA CONTROL TEST (QUESTION 16)**

16.1 Was this confirmed by a doctor?

16.2 How old were you when you had your first attack of asthma?

16.3 How old were you when you had your most recent attack of asthma?
16.4.1-6 Which months of the year do you usually have attacks of asthma?

<table>
<thead>
<tr>
<th>Month Range</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>January / February</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March / April</td>
<td></td>
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<tr>
<td>May / June</td>
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<td>July / August</td>
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<tr>
<td>September / October</td>
<td></td>
<td></td>
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<tr>
<td>November / December</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16.5 Have you had one or more attacks of asthma in the last 12 months?

**IF ‘NO’ GO TO QUESTION 16.6, IF ‘YES’**

16.5.1 Did they occur in every month of the year?

**IF ‘NO’ GO TO QUESTION 16.5.3, IF ‘YES’**

16.5.2 Were your asthma attacks more severe or frequent certain months of the year?

**IF ‘NO’ GO TO QUESTION 16.5.4, IF ‘YES’**

16.5.3.1-12 In which months?

<table>
<thead>
<tr>
<th>Month</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
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<td>April</td>
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<td>May</td>
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<td>June</td>
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<td>July</td>
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<td>August</td>
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<td>September</td>
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<td>October</td>
<td></td>
<td></td>
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<tr>
<td>November</td>
<td></td>
<td></td>
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<tr>
<td>December</td>
<td></td>
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</tr>
</tbody>
</table>

16.5.4 How many attacks of asthma have you had in the last 12 months?

ATTACKS

16.5.5 How many attacks of asthma have you had in the last 3 months?

ATTACKS

16.6 How many times have you woken up because of your asthma in the last 3 months?

TICK ONE BOX ONLY

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) every night or almost every night</td>
<td></td>
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<tr>
<td>B) more than once a week, but not most nights</td>
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<tr>
<td>C) at least twice a month, but not more than once a week</td>
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<tr>
<td>D) less than twice a month</td>
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<tr>
<td>E) not at all</td>
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</tr>
</tbody>
</table>

16.7 How often have you had trouble with your breathing because of your asthma in the last 3 months?

TICK ONE BOX ONLY

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Continuously</td>
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<tr>
<td>B) about once a day</td>
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<tr>
<td>C) at least once a week, but less than once a day</td>
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<tr>
<td>D) Less than once a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Not at all</td>
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</tr>
</tbody>
</table>

16.8 Are you currently taking any medicines (including inhalers, aerosols or tablets) for asthma?

NO YES
16.9 Do you have a peak flow meter of your own?  

**IF 'NO' GO TO QUESTION 16.10, IF 'YES':**

16.9.1 How often have you used it over the last 3 months?  

A) Never  

B) some of the days  

C) most of the days

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

**IF 'NO' GO TO QUESTION 16.10, IF 'YES':**

16.11 **FOR WOMEN ONLY - MEN GO TO QUESTION 17**  
Have you ever noticed that your asthma got worse with your monthly cycle?  

A) Yes, in the week before my period  

B) Yes, during my period  

C) Yes, in the week after my period  

D) Yes, another time of the month  

E) Does not apply to me (i.e., amenorrhoeal)  

F) No

16.12 Have you been pregnant (at least 25 weeks) since your asthma started?  

**IF 'NO' GO TO QUESTION 17, IF 'YES':**  

16.12.1 What happened to your asthma during your pregnancies?  

A) got better  

B) got worse  

C) stayed the same  

D) not the same for all pregnancies  

E) Don’t know

17. Do you have any nasal allergies including hay fever?  

**IF 'NO' GO TO QUESTION 18, IF 'YES':**

17.1 How old were you when you first had hay fever or nasal allergy?  

**NOW GO TO QUESTION 19**

18. **During your lifetime** have you ever had any nasal allergies including hay fever?  

**IF 'NO' GO TO QUESTION 19, IF 'YES':**  

18.1 How old were you when you first had hay fever or nasal allergy?  

18.2 How old were you when you had hay fever or nasal allergy for the last time?

19. Have you ever had a problem with sneezing, or a runny or a blocked nose when you did not have a cold or the flu?  

**IF THE INTERVIEWEE REPLIED ‘NO’ TO QUESTION 17 AND ‘NO’ TO QUESTION 19, GO TO QUESTION 21 (NASAL POLYPOSIS)**  

**IF THE INTERVIEWEE REPLIED ‘YES’ TO QUESTION 17 AND ‘NO’ TO QUESTION 19, GO TO QUESTION 20**  

**IF ‘YES’ (TO QUESTION 19):**

19.1 Have you had a problem with sneezing, or a runny or a blocked nose when you did not have a cold or the flu in the last 12 months?  

**IF ‘NO’ TO QUESTION 17 AND ‘NO’ TO QUESTION 19.1, GO TO QUESTION 21 (NASAL POLYPOSIS)**
OTHERWISE:

20.1-9 Which of these symptoms occurred in the last 12 months? NO YES

- 20.1 Blocked nose (both nostrils)
- 20.2 Now one blocked nostril, now the other one
- 20.3 Dripping nose (watery mucus)
- 20.4 Mucus dripping / phlegm from the nose
- 20.5 Mucus dripping / phlegm from the nose into the throat
- 20.6 Sneezes
- 20.7 Nose itch
- 20.8 Smell reduction or complete smell loss
- 20.9 Facial ache or forehead ache

20.10.1-2 Has/have this/these nose problem/s been accompanied by: NO YES

- 20.10.1 Itchy or watery eyes?
- 20.10.2 Itchy throat or palate?

20.11 In which months of the year did this/these nose problem/s occur? NO YES

- 20.11.1 January
- 20.11.2 February
- 20.11.3 March
- 20.11.4 April
- 20.11.5 May
- 20.11.6 June
- 20.11.7 July
- 20.11.8 August
- 20.11.9 September
- 20.11.10 October
- 20.11.11 November
- 20.11.12 December

20.12 Did your problems occur for more than 4 days a week and for more than 4 consecutive weeks in the last 12 months? NO YES

20.13 How much did hay fever or nasal problems limit your abilities in each of these fields in the last 12 months?

<table>
<thead>
<tr>
<th>Field</th>
<th>Not at all</th>
<th>Not so much</th>
<th>Moderately</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.13.1 Sport and recreation activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.13.2 Work or school attendance</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>20.13.3 Friendships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.13.4 Sleeping at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.13.5 Other daily activities</td>
<td></td>
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</tr>
</tbody>
</table>

21. Have you ever suffered from nasal polyps? NO YES

IF ‘NO’ GO TO QUESTION 22, IF ‘YES’:

21.1 Have you been operated to remove nasal polyps? NO ONCE MORE THAN ONE TIME

22. Have you ever had sinusitis? NO YES

IF ‘NO’ FOR THE SUBJECTS OF:
THE SARA COHORT.
THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II, THE ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS
GO TO QUESTION 23.G,

IF ‘NO’
FOR THE SUBJECTS OF:
THE ECRHS II COHORT, THE ISAYA COHORT (CURRENT DIAGNOSED ASTHMA) THAT ANSWERED TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS
GO TO QUESTION 23.E,

IF ‘YES’:

22.1 Was this confirmed by a doctor? NO YES

22.2 Have you had sinusitis in the last 12 months? NO YES

ONLY FOR THE SUBJECTS OF:
THE SARA COHORT, THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II, THE ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS:

23.G Have you ever used any medication to treat your nasal disorders? NO YES

IF ‘NO’ GO TO QUESTION 24, IF ‘YES’:
23.1-2.G Have you used any of the following nasal medicines (e.g. nasal sprays, inhaled powders or drops) for the treatment of your nasal disorders? [SHOW LIST OF STEROID/VASOCONSTRICTOR NASAL MEDICINES]

<table>
<thead>
<tr>
<th>Medicine Type</th>
<th>Years Taking</th>
<th>Last 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.1.G Steroids</td>
<td>NO YES</td>
<td>IF YES</td>
</tr>
<tr>
<td>23.2.G Decongestionant</td>
<td>IF YES</td>
<td></td>
</tr>
<tr>
<td>Vasoconstrictors</td>
<td>IF YES</td>
<td></td>
</tr>
</tbody>
</table>

23.3.G Have you used any of the following pills, capsules or tablets for the treatment of your nasal disorders? NO YES

[SHOW LIST OF ANTIHISTAMINES]
IF ‘NO’ GO TO QUESTION 24, IF ‘YES’:
23.3.1.G How many years have you been taking these sort Of pills, capsules or tablets? YEARS

23.3.2.G Have you used any of the following pills, capsules or tablets in the last 12 months? NO YES
ONLY FOR THE SUBJECTS OF:
THE ECRHS II COHORT,
THE ISAYA COHORT (CURRENT DIAGNOSED ASTHMA) THAT ANSWERED TO THE TELEPHONE INTERVIEW
ON ANTIASTHMATIC DRUGS:

23.E Since the last survey have you used any medication to treat your nasal disorders? NO YES

IF ‘NO’ GO TO QUESTION 24, IF ‘YES’:
23.1-2.E Have you used any of the following nasal medicines (e.g. nasal sprays, inhaled powders or drops) for the treatment of your nasal disorders?

[SHOW LIST OF STEROID/VASOCONSTRICTOR NASAL MEDICINES]

How many years have you been taking them?

23.1.E Steroids

23.2.E Decongestionnant vasoconstrictors

Have you used them in the last 12 months?

NO YES

23.3.E Have you used any of the following pills, capsules or tablets for the treatment of your nasal disorders?

[SHOW LIST OF ANTIHISTAMINES]

IF ‘NO’ GO TO QUESTION 24, IF ‘YES’:
23.3.1.E How many years have you been taking these sort of pills, capsules or tablets?

YEARS

23.3.2.E Have you used any of the following pills, capsules or tablets in the last 12 months?

NO YES

24. Have you ever had eczema or any kind of skin allergy? NO YES

IF ‘NO’ GO TO QUESTION 25, IF ‘YES’:

24.1 Was this confirmed by a doctor?

NO YES

24.2 How old were you when you had your first disorders?

YEARS

24.3 Do you still suffer from this?

IF ‘YES’ GO TO QUESTION 25, IF ‘NO’:

24.3.1 How old were you when they disappeared?

YEARS

25. Have you ever had an itchy rash that was coming and going for at least 6 months? NO YES

IF ‘NO’ GO TO QUESTION 26, IF ‘YES’:

25.1 Have you had this itchy rash in the last 12 months?

IF ‘NO’ GO TO QUESTION 26, IF ‘YES’;

YEARS
25.1.1-7 Has this itchy rash at any time affected any of the following places:

<table>
<thead>
<tr>
<th>Place</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.1.1 The folds of the elbows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.2 Behind the knees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.3 In front of the ankles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.4 Under the buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.5 Around the neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.6 Around the ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1.7 Around the eyes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Have you ever had any difficulty with your breathing after taking medicines?

IF ‘NO’ GO TO QUESTION 27, IF ‘YES’:

<table>
<thead>
<tr>
<th>Place</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.1-2 Which medicines?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26.1)</td>
<td></td>
<td></td>
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<tr>
<td>(26.2)</td>
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</tr>
</tbody>
</table>

27. Have you ever had nasal disorders or swelling or skin soreness after taking aspirin or other antiinflammatory medicines?

<table>
<thead>
<tr>
<th>Place</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.1 Gastroesophageal reflux disease, hiatal hernia or esophagitis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.2 Gastritis or stomach ulcer (confirmed by a gastroscopy)?</td>
<td></td>
<td></td>
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<tr>
<td>27.3 Osteoporosis?</td>
<td></td>
<td></td>
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<tr>
<td>27.4 Gout?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.5 Arthritis or osteoarthritis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.6 Pulmonary embolism?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Has a doctor ever told you that you have or have had:

<table>
<thead>
<tr>
<th>Disease</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.1 Gastritis or stomach ulcer (confirmed by a gastroscopy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.2 Gastroesophageal reflux disease, hiatal hernia or esophagitis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.3 Osteoporosis?</td>
<td></td>
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<tr>
<td>28.4 Gout?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.5 Arthritis or osteoarthritis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.6 Pulmonary embolism?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. During the last years have you been told more than once that you have:

<table>
<thead>
<tr>
<th>Disease</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.1 High triglycerides (dyslipidemia)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.2 High cholesterol (hypercholesterolemia)?</td>
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<td></td>
</tr>
</tbody>
</table>

30. Have you had any fracture not caused by road/work/sport accidents in the last 5 years?

<table>
<thead>
<tr>
<th>Place</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.1 High triglycerides (dyslipidemia)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.2 High cholesterol (hypercholesterolemia)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Have you ever been told that you snore when you sleep?

IF ‘NO’ GO TO QUESTION 32, IF ‘YES’:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Every Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.1 In the last 12 months have you been told that you stop breathing or have irregular breathing while you are sleeping?</td>
<td></td>
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</tr>
<tr>
<td>31.2 Have you woken up all of a sudden with a choking sensation or not being able to breathe in the last 12 months?</td>
<td></td>
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<tr>
<td>31.3 Have you ever that you snore loudly or that your snoring disturbs other people in the last 12 months?</td>
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</tr>
</tbody>
</table>

32. Do you get a pain or discomfort in your legs when you walk?

IF ‘NO’ GO TO QUESTION 33, IF ‘YES’:

<table>
<thead>
<tr>
<th>Place</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1 Does this pain ever begin when you are standing still or sitting?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
32.2 Do you get it if you walk uphill or hurry?

32.3 Do you get it if you walk at an ordinary pace on the level?

32.4 What happens to it if you stand still?
   A) Usually disappears in 10 minutes or less
   B) Usually continues for more than 10 minutes

32.5.1-3 Where do you get this pain or discomfort?
   Using the following picture, indicate where you get/feel the pain (more than one part if necessary).

   FOR THE INTERVIEWER: FILL IN THE PARTS OF THE BODY AFFECTED BY PAIN

   32.5.1 Calves
   32.5.2 Thighs or buttocks
   32.5.3 Hamstrings, joints, feet, legs or other parts of the body

33. Has a doctor ever told you that you have or have had:
   33.1 A heart attack (coronary thrombosis)
   33.2 Angina
   33.3 Arrhythmia (e.g. atrial fibrillation)
   33.4 Other heart problems (specify):

34. Have you ever had a heart or aorta operation?
   IF ‘NO’ GO TO QUESTION 35, IF ‘YES’:
   34.1 Aortocoronaric bypass or coronary angioplastica
   34.2 Pacemaker implant
   34.3 Heart valves surgeries
   34.4 Aortic aneurysm surgery

---

[Diagram of body parts]
35. Have you ever had an ictus?  
(sometimes denominated as cerebral hemorrhage, cerebral thrombosis, subarachnoid hemorrhage, cerebrovascular accident, brain ischemia, transient ischemic attack)

36. Has your doctor ever told you that you have high blood pressure?  
**IF ‘NO’ GO TO QUESTION 37, IF ‘YES’:**

36.1 Are you taking any medicines for high blood pressure?  
**IF ‘NO’ GO TO QUESTION 37, IF ‘YES’:**

36.1.1-3 Which ones?  
[RECORD HERE BELOW THE MEDICINES THAT THE INTERVIEWEE TAKES]

36.1.1 ACE inhibitors
36.1.2 Beta blockers
36.1.3 Other (specify): ___________________________________________

37. Has a doctor ever told you that you have diabetes?  
**IF ‘NO’ GO TO QUESTION 38, IF ‘YES’:**

37.1 How old were you when you started to suffer from diabetes?  

37.2 Are you going on a diet recommended by a doctor?  

37.3 Are you taking oral medicines for your diabetes?  

37.4 Are you taking insulin?

38. Has a doctor ever told you that you have or have had a tumour, or cancer or a neoplasia?  
**IF ‘NO’ GO TO QUESTION 39, IF ‘YES’:**

38.1.1-15 In which part of the body?  
[FOR THE INTERVIEWER: DO NOT READ THE LIST]

38.1.1 Mouth and oropharynx;
38.1.2 Larynx;
38.1.3 Oesophagus;
38.1.4 Stomach;
38.1.5 Colon and rectus;
38.1.6 Liver;
38.1.7 Pancreas;
38.1.8 Trachea;
38.1.9 Bronchi, lungs;
38.1.10 Breasts;
38.1.11 Uterus;
38.1.12 Prostate;
38.1.13 Bladder;
38.1.14 Blood or lymphatic organs (e.g. leukaemia, lymphoma);
38.1.15 Skin;
38.1.16 Bones;
38.1.17 Other part of the body (specify): _________________________________

39. In the *last month*:

39.1 Did you get down, have you been depressed or without hope?  
39.2 Have you often felt low interest or pleasure in doing things?

40. Which year was your mother born?
41. Where was your mother born? (Tick one box only)

- Abruzzo
- Basilicata
- Calabria
- Campania
- Emilia-Romagna
- Friuli-Venezia Giulia
- Lazio
- Liguria
- Lombardia
- Marche
- Molise
- Piemonte
- Puglia
- Sardegna
- Sicilia
- Toscana
- Trentino-Alto Adige
- Umbria
- Valle d’Aosta
- Veneto

**IF SHE WAS NOT BORN IN ITALY:**

42. Specify the foreign country of birth: ____________________________

43. At what age did your mother stop studying (approximately)?

If illiterate enter 0

44. When you were a child, did your mother smoke regularly?

- NO
- YES, outside home only
- YES, inside home as well

45. Where was your father born? (Tick one box only)

- Abruzzo
- Basilicata
- Calabria
- Campania
- Emilia-Romagna
- Friuli-Venezia Giulia
- Lazio
- Liguria
- Lombardia
- Marche
- Molise
- Piemonte
- Puglia
- Sardegna
- Sicilia
- Toscana
- Trentino-Alto Adige
- Umbria
- Valle d’Aosta
- Veneto

**IF HE WAS NOT BORN IN ITALY:**

46. Specify the foreign country of birth: ____________________________

47. At what age did your father stop studying (approximately)?

If illiterate enter 0

48. When you were a child, did your father smoke regularly?

- NO
- YES, outside home only
- YES, inside home as well
49. Where were you born? (Tick one box only)

<table>
<thead>
<tr>
<th>Region</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abruzzo</td>
<td>Molise</td>
</tr>
<tr>
<td>Basilicata</td>
<td>Piemonte</td>
</tr>
<tr>
<td>Calabria</td>
<td>Puglia</td>
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<tr>
<td>Campania</td>
<td>Sardegna</td>
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<tr>
<td>Emilia-Romagna</td>
<td>Sicilia</td>
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<tr>
<td>Friuli-Venezia Giulia</td>
<td>Toscana</td>
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<tr>
<td>Lazio</td>
<td>Umbria</td>
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<tr>
<td>Liguria</td>
<td>Valle d’Aosta</td>
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<tr>
<td>Lombardia</td>
<td>Trentino-Alto Adige</td>
</tr>
<tr>
<td>Marche</td>
<td></td>
</tr>
</tbody>
</table>

IF S/HE WAS NOT BORN IN ITALY:

50. Specify the foreign country of birth: ________________________________

51. Which is your citizenship?

[If s/he has another citizenship other than the Italian one, tick the ‘Italian’ box only]

- A) Italian
- B) Foreign
- C) Displaced (no citizenship)

**IF ‘ITALIAN’**

51.1 Specify:

- A) From birth
- B) Acquired (e.g. through marriage, naturalization, etc.)

**IF ‘ACQUIRED’**

51.1.1 Specify the foreign country of previous citizenship:

COUNTRY CODE

**IF ‘FOREIGN’**

51.2 Specify:

Foreign country of citizenship: ________________________________

COUNTRY CODE

52. What was your weight at birth?

IF S/HE DOES NOT REMEMBER THE WEIGHT AT BIRTH:

52.1 Were you born underweight (weight at birth under 2500 g)?

- NO
- YES
- DO NOT REMEMBER

53. With respect to the estimated birthdate, were you born:

A) Regularly (no more than 3 weeks before than, or no more than 2 weeks later than the estimated birthdate)

- 1

B) More than 3 weeks before

- 2

C) More than 2 weeks later

- 3

D) I do not know

- 4
54. Were you born by:  
A) Natural birth  
B) Caesarian section  
C) Forceps  

55. In the months before your birth, during pregnancy have your mother had loss or great discomfort episodes (mourning, personal or spouse job, separation, etc.)?  

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

57. Were you hospitalized before the age of two years for lung disease?  

58. At what age did you first attend a school, play school, day care or nursery?  

59. How many other children regularly slept in you bedroom before you were five years old?  

60. For every member of your family I will ask you some anagrapical data and possible respiratory pathologies.

<table>
<thead>
<tr>
<th>Family member</th>
<th>Sex</th>
<th>Year of Birth</th>
<th>Only for Brothers/sisters: Is/was s/he your homozygotic twin (almost similar to you)?</th>
<th>Only for Brothers/sisters: Is/was s/he your heterozygotic twin (not similar to you)?</th>
<th>Has s/he ever had asthma?</th>
<th>Has s/he ever had nasal allergies or hay fever?</th>
<th>Has s/he ever had skin allergies or eczema?</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.1 Father</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>60.2 Mother</td>
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<tr>
<td>60.3 Brother/Sister</td>
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<td>60.4 Brother/Sister</td>
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<tr>
<td>60.5 Brother/Sister</td>
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<tr>
<td>60.6 Brother/Sister</td>
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<tr>
<td>60.7 Brother/Sister</td>
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<td>60.8 Brother/Sister</td>
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<td>60.9 Brother/Sister</td>
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<td>60.10 Brother/Sister</td>
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<tr>
<td>60.11 Brother/Sister</td>
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<tr>
<td>60.12 Brother/Sister</td>
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</tbody>
</table>

61. Which among these expressions best describe you present condition?  
A) I am married and my partner and I live together  
B) I share my house with someone who is not my partner  
C) I live alone  

TICK ONE BOX ONLY

1  
2  
3
62. Some stressful events that could have caused you great uneasiness and pain are reported below.

If they occurred, please record the age when they occurred:

<table>
<thead>
<tr>
<th>Event</th>
<th>NO</th>
<th>YES</th>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involuntary job dismissal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation or divorce</td>
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<td></td>
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<tr>
<td>Death of partner or lover</td>
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<td></td>
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<tr>
<td>Family mourning</td>
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<td></td>
</tr>
</tbody>
</table>

63. At what age did you complete full time education?

If full-time student enter 88

64. Have you been employed in any job for three continuous months or longer (these jobs may be outside the house or at home, full-time or part-time, paid or not paid, including self-employment, for example in a family business. Please include part time jobs only if you had been doing them for more than eight hours per week)?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

65. Are you currently:

A) employed (including military service)
B) self employed
C) unemployed, looking for work
D) not working because of poor health
E) full-time house-person
F) full-time student
G) retired
H) other. Specify: ____________________________________________

TICK ONE BOX ONLY

IF S/HE IS ‘EMPLOYED’:

65.1 Are you currently:

A) manager
B) employee
C) workman
D) other. Specify: ____________________________________________

TICK ONE BOX ONLY

IF S/HE IS ‘SELF-EMPLOYED’:

65.2 Are you currently:

A) entrepreneur
B) freelance
C) other. Specify: ____________________________________________

TICK ONE BOX ONLY

IF ‘YES’ TO QUESTION 64, OR IF S/HE ANSWERED ‘EMPLOYED’ OR ‘SELF-EMPLOYED’ OR ‘FULL-TIME HOUSE-PERSON’ TO QUESTION 65, GO TO OCCUPATIONAL MATRIX (QUESTION 66).

OTHERWISE GO TO QUESTION 68
66. If you had more than one job in the same company, or if you were doing more than one job at the same time, we would like to talk about them separately. Please start with your current or last job.

<table>
<thead>
<tr>
<th>JOB</th>
<th>66.1 What is (was) the title of your current (last) job?</th>
<th>66.2 What did the firm, company or organisation do or what services did it provide?</th>
<th>66.3 In what month and year did you start working in this job?</th>
<th>66.4 In what month and year did you stop working in this job?</th>
<th>66.5 Do (did) you work full-time or part-time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB 1</td>
<td></td>
<td></td>
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<tr>
<td>JOB 2</td>
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<td>JOB 3</td>
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<td>JOB 4</td>
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<td>JOB 5</td>
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<td>JOB 6</td>
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<td>JOB 7</td>
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<td>JOB 8</td>
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<tr>
<td>JOB 9</td>
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<tr>
<td>JOB 10</td>
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</tbody>
</table>
67. Have you ever been regularly exposed to vapours, gas dust or fumes at work?  

**IF ‘NO’ GO TO QUESTION 68, IF ‘YES’ PLEASE ANSWER TO QUESTIONS 67.1-5:**

With reference to each job indicated in the previous table, please tick the boxes that match with an affirmative answer. If the answer is negative, please do not tick the box.

<table>
<thead>
<tr>
<th>JOB 1</th>
<th>JOB 2</th>
<th>JOB 3</th>
<th>JOB 4</th>
<th>JOB 5</th>
<th>JOB 6</th>
<th>JOB 7</th>
<th>JOB 8</th>
<th>JOB 9</th>
<th>JOB 10</th>
</tr>
</thead>
</table>

67.1 Which of these jobs exposed you to vapours, gas dust or fumes regularly?
67.2 Were air vents functioning in the area where you were working?
67.3 Have you been using safety measures for the airways?
67.4 Have you undergone spirometric trials?
67.5 Have any of these jobs ever caused you breathing problems (chest tightness, wheezing, breathing problems, coughing)?

**IF ‘NO’ FOR ALL JOBS GO TO QUESTION 68,  
IF ‘YES’ FOR AT LEAST ONE JOB:**

67.5.1 Did these breathing problems start from the first days of work?
67.5.2 Did these breathing problems diminish or stop during the week-end or during holidays and then start again when you went back to work?
67.5.3 Have you ever had to leave any of these jobs because they caused you respiratory problems?

**IF ‘NO’ FOR ALL JOBS GO TO QUESTION 68,  
IF ‘YES’ FOR AT LEAST ONE JOB:**

67.5.3.1 Did the respiratory problems stop or diminish with the new job?

68. Have you ever been involved in an accident at home, work or elsewhere that exposed you to high levels of vapours, gas, dust or fumes?  

**IF ‘NO’ GO TO QUESTION 69, IF ‘YES’:**

68.1 When did it happen to you?
68.2 Where did it happen to you?
   A) In my house
   B) In the workplace
   C) Indoors (another place)
   D) Outdoors
68.3 How long were you exposed?
68.4 Were you exposed to:
   68.4.1 Vapours?
   68.4.2 Gas?
68.4.3 Dust?  
68.4.4 Fumes?

TICK ONE BOX ONLY

68.5 Could you briefly describe what happened during the accident that you had?

A) A fire or an explosion  
B) A leakage of liquid or gas  
C) A mixture of cleaning products  
D) Other (specify): ________________________________

68.6 Did you have respiratory problems within the 24 hours after the accident?

**IF ‘NO’ GO TO QUESTION 69, IF ‘YES’:**

68.6.1 Have you been to the Emergency Room or have you been hospitalized at least one night for these respiratory problems?

NO  YES

69. Do (did) you drink alcohol?

**IF ‘NO’ GO TO QUESTION 70, IF ‘YES’:**

69.1 When do (did) you drink alcohol?

69.2 How much alcohol do you drink when you have each of the following drinks?

*For each type of drink please indicate respectively how many days per week you drink, how many units you drink, when you started to drink regularly and (if applicable) when you gave up drinking regularly*

<table>
<thead>
<tr>
<th>Type of drink</th>
<th>Days/week</th>
<th>Units/week</th>
<th>Age when you started drinking regularly</th>
<th>If ex drinker, age when you stopped drinking regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.2.1 Wine (125 ml)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>69.2.2 Beer (330ml)</td>
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</tr>
<tr>
<td>69.2.3 After dinner drinks (30 ml)</td>
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</tr>
<tr>
<td>69.2.4 Grappa (30 ml)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>69.2.5 Whisky, cognac and brandy (30 ml)</td>
<td></td>
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</tr>
<tr>
<td>69.2.6 Other (at least one per week), specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
70. How often do you usually exercise so much that you get out of breath or sweat?  
TICK ONE BOX ONLY

A) every day  1
B) 4-6 times a week  2
C) 2-3 times a week  3
D) once a week  4
E) once a month  5
F) less than once a month  6
G) never  7

71. How many hours a week do you usually exercise so much that you get out of breath or sweat?  
TICK ONE BOX ONLY

A) none  1
B) about ½ hour  2
C) about 1 hour  3
D) about 2-3 hours  4
E) about 4-6 hours  5
F) 7 hours or more  6

72. Do you avoid taking vigorous exercise because of breathing problems?  

NO  YES

73. When was your present home built?  

YEARS

73. FU Do you live in the same home as when you were last surveyed?  

NO  YES

74. How many years have you lived in your present home?  

YEARS

75. Which best describes the building in which you live?  
TICK ONE BOX ONLY

A) a mobile home or trailer  1
B) a one family house detached from any other house  2
C) a one family house attached to one or more houses  3
D) a building for two families  4
E) a building for three or four families  5
F) a building for five or more families  6
G) a boat, tent or van  7
H) other (specify): ____________________________  8

76. What term best describes the area where your house is situated?  
TICK ONE BOX ONLY

A) country or small village surrounded by open areas or fields  1
B) city suburb, with parks and gardens  2
C) city suburb, without parks and gardens  3
D) inner city, with parks and gardens  4
E) inner city, without parks and gardens  5
F) other (specify): ____________________________  6

77. Are there any industrial plants near your house?  

NO  YES
78. How often do cars pass your house?
   A) constantly 1  
   B) frequently 2  
   C) seldom 3  
   D) never 4  

79. How often do heavy vehicles (e.g. trucks/buses) pass your house?
   A) constantly 1  
   B) frequently 2  
   C) seldom 3  
   D) never 4  

80. How old is your mattress?
   A) less than one year 1  
   B) 1-5 years 2  
   C) more than 5 years 3  

81. What is your mattress made of?
   A) Springs 1  
   B) Foam rubber (polyurethane) 2  
   C) Latex 3  
   D) Polyester (cored fiber) 4  
   E) Wool 5  
   F) Do not know 6  
   G) Other material, please describe it: ___________________________________________ 7  

82. How old is the pillow that you use when you sleep?
   A) less than one year 1  
   B) 1-5 years 2  
   C) more than 5 years 3  

83. What is the pillow that you use when you sleep made of?
   A) Goose feather  
   B) Foam rubber (polyurethane)  
   C) Latex  
   D) Polyester (cored fiber)  
   E) Wool  
   F) Do not know  
   G) Other material, please describe it: ___________________________________________  
   H) Do not use pillows to sleep  

84. Within the last 12 months have you had wet or damp spots on surfaces
   inside your home other than in the basement (for example on walls, wall paper, ceilings or carpets)?  
   NO  YES  

85. Has there been mould or mildew on any surfaces (other than food) inside the home in the last 12 months?  
   NO  YES  

86. Do you keep a cat/cats?
   IF ‘NO’ GO TO QUESTION 87, IF ‘YES’:

86.1 How many years have you been keeping the cat(s)?  
   YEARS  

23
86.2 Is your cat (are your cats) allowed inside the house?  
86.3 Is your cat (are your cats) allowed in your bedroom?  

87. Do you keep a dog/dogs?  
**IF ‘NO’ GO TO QUESTION 88, IF ‘YES’:**  
87.1 How many years have you been keeping the dog(s)?  

87.2 Is your dog (are your dogs) allowed inside the house?  
87.3 Is your dog (are your dogs) allowed in your bedroom?  

88. Was there a cat in your home when you were a child?  
89. Was there a dog in your home when you were a child?  

90. Do you regularly use antidust or antiacari sprays?  
91. Do you regularly use an anallergic mattress cover for your mattress?  

92. What term best describes the place you lived most of the time when you were under the age of five years?  
   A) farm  
   B) village in a rural area  
   C) small town  
   D) suburb of a city  
   E) inner city  
   
93. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ever:  
   93.1 start to cough?  
   93.2 start to wheeze?  
   93.3 get a feeling of tightness in your chest?  
   93.4 start to feel short of breath?  
   93.5 get a runny or stuffy nose or start to sneeze?  
   93.6 get itchy or watery eyes?  
   **IF THE INTERVIEWEE ANSWERED ‘YES’ TO ANY OF THE ABOVE QUESTIONS (FROM 93.1 TO 93.6):**  
   93.7.1-4 Which time of the year does this happen?  
   
94. Do your respiratory symptoms get worse during thunderstorms?  

95. When you are near animals, such as cats or dogs, do you ever:  
   95.1 start to cough?  
   95.2 start to wheeze?  
   95.3 get a feeling of tightness in your chest?  
   95.4 start to feel short of breath?  
   95.5 get a runny or stuffy nose or start to sneeze?  
   95.6 get itchy or watery eyes?
96. When you are in a dusty part of the house, or near pillows or duvets do you ever:

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<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>96.1 start to cough?</td>
<td></td>
<td></td>
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<tr>
<td>96.2 start to wheeze?</td>
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<td></td>
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<tr>
<td>96.3 get a feeling of tightness in your chest?</td>
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<td></td>
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<tr>
<td>96.4 start to feel short of breath?</td>
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<td></td>
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<tr>
<td>96.5 get a runny or stuffy nose or start to sneeze?</td>
<td></td>
<td></td>
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<tr>
<td>96.6 get itchy or watery eyes?</td>
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</table>

97. Have you ever smoked for as long as a year?

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<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>97.1 How old were you when you started smoking?</td>
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<td></td>
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</table>

97.2 Do you now smoke, as of one month ago?

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<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>97.2.1-4 How much do you now smoke on average?</td>
<td></td>
<td></td>
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<tr>
<td>97.2.1 Number of cigarettes per day</td>
<td></td>
<td></td>
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<tr>
<td>97.2.2 Number of cigarillos per day</td>
<td></td>
<td></td>
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<tr>
<td>97.2.3 Number of cigars a week</td>
<td></td>
<td></td>
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<tr>
<td>97.2.4 Pipe tobacco, in grams/week</td>
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</table>

97.3 Have you stopped or cut down smoking?

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<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>97.3.1 Have you stopped or cut down smoking due to breathing problems?</td>
<td></td>
<td></td>
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<tr>
<td>97.3.2 How old were you when you stopped or cut down smoking?</td>
<td></td>
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<tr>
<td>97.3.3.1-4 On average of the entire time you smoked, before you stopped or cut down, how much did you smoke?</td>
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<td></td>
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<tr>
<td>97.3.3.1 Number of cigarettes per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97.3.3.2 Number of cigarillos per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97.3.3.3 Number of cigars a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97.3.3.4 Pipe tobacco, in grams/week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

97.4 Do (did) you inhale the smoke?

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<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
</table>

98. Have you been regularly exposed to tobacco smoke in the last 12 months?

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<th></th>
<th>NO</th>
<th>YES</th>
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</thead>
</table>

IF ‘NO’

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<th>ONLY FOR THE SUBJECTS OF:</th>
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<tr>
<td></td>
<td>THE SARA COHORT,</td>
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<tr>
<td></td>
<td>THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II,</td>
</tr>
<tr>
<td></td>
<td>THE ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS</td>
</tr>
</tbody>
</table>

GO TO QUESTION 99.G
**IF ‘NO’**

*ONLY FOR THE SUBJECTS OF:*
*THE ECRHS II COHORT,*
*THE ISAYA COHORT (CURRENT DIAGNOSED ASTHMA) THAT ANSWERED TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS:*

**GO TO QUESTION 99.E**

**IF ‘YES’:**

98.1 Not counting yourself, how many people in your household smoke regularly?  
98.2 Do people smoke regularly in the room where you work?  
98.3 How many hours per day are you exposed to *other people*’s tobacco smoke?  
98.4 Please provide more information. How many hours per day are you exposed to other people’s tobacco smoke in the following locations?

98.4.1 at home  
98.4.2 at workplace  
98.4.3 in bars, restaurants, cinemas or similar social settings  
98.4.4 elsewhere

---

**ONLY FOR THE SUBJECTS OF:**
*THE SARA COHORT,*  
*THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II,*  
*THE ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS*

99.G Have you ever used inhaled steroids?  

[SHOW THE LIST OF INHALED STEROIDS]  

**IF ‘NO’ GO TO QUESTION 100, IF ‘YES’:**

99.1.G How old were you when you first started to use inhaled steroids?  
99.2.G Have you used inhaled steroids *every year since you started to use them?*

**IF ‘NO’ GO TO QUESTION 99.3.G, IF ‘YES’:**

99.2.1.G On average how many months each year have you taken them?  

**GO TO QUESTION 100**

99.3.G How many years have you been taking inhaled steroids?  
99.4.G On average how many months of each of these years have you taken them?
ONLY FOR THE SUBJECTS OF:
THE ECRHS II COHORT,
THE ISAYA COHORT (CURRENT DIAGNOSED ASTHMA) THAT
ANSWERED TO THE TELEPHONE INTERVIEW
ON ANTIASTHMATIC DRUGS:

99.E Since the last survey have you used inhaled steroids?
[SHOW THE LIST OF INHALED STEROIDS]
IF ‘NO’ GO TO QUESTION 100, IF ‘YES’:

99.1.E How old were you when you first started to use inhaled steroids?

99.2.E Have you used inhaled steroids every year since the last survey?
IF ‘NO’ GO TO QUESTION 99.3.E, IF ‘YES’:

99.2.1.E On average how many months each year have you taken them?

GO TO QUESTION 100

99.3.G How many of the years since the last survey have you taken inhaled steroids?

99.4.G On average how many months of each of these years have you taken them?

100. In the last 12 months have you used spray or aerosol to help your breathing?
IF ‘NO’ GO TO QUESTION 101, IF ‘YES’:
100.1 Do you remember the name/s of the spray/s or aerosol/s that you have been using in the last 12 months?  
**IF ‘NO’ READ THE LIST OF SPRAY/S AND AEROSOL/S.**  
**GIVE A DETAILED RECORD OF THE COMMERCIAL NAME/S OF THE MEDICINE/S SUGGESTED BY THE INTERVIEWEE**

**Commercial name of the medicine**  
(e.g. Ventolin, aerosol dos. 200 inal. 20 mg (MDI))

<table>
<thead>
<tr>
<th>Commercial name of the medicine (e.g. Ventolin, aerosol dos. 200 inal. 20 mg (MDI))</th>
<th>If s/he uses MDI</th>
<th>In the last 3 months have you taken this medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.1.1</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>100.1.2</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>100.1.3</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>100.1.4</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>100.1.5</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**In the last 3 months how have you used this medicine?**

- **When Needed**
  - Number of puffs per month
  - Number of courses
  - Average number of days per course
- **In short courses**
  - Number of puffs per day
- **Continuously**
  - Number of puffs per day

101. Have you used any pills, capsules, tablets or medicines, other than sprays or aerosols, to help your breathing at any time in the last 12 months?  
**IF ‘NO’ GO TO QUESTION 102, IF ‘YES’:**

**Commercial name of the medicine**  
(e.g. Tefamin pills 200 mg)

<table>
<thead>
<tr>
<th>Commercial name of the medicine (e.g. Tefamin pills 200 mg)</th>
<th>Is it a steroid?</th>
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</thead>
<tbody>
<tr>
<td>101.1</td>
<td>NO</td>
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<tr>
<td>101.1.2</td>
<td>IF ‘YES’ GO TO QUESTION 101.2, IF ‘NO’ GO TO QUESTION 101.3</td>
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<tr>
<td>101.1.3</td>
<td>IF ‘YES’ GO TO QUESTION 101.2, IF ‘NO’ GO TO QUESTION 101.3</td>
</tr>
<tr>
<td>101.1.4</td>
<td>IF ‘YES’ GO TO QUESTION 101.2, IF ‘NO’ GO TO QUESTION 101.3</td>
</tr>
<tr>
<td>101.1.5</td>
<td>IF ‘YES’ GO TO QUESTION 101.2, IF ‘NO’ GO TO QUESTION 101.3</td>
</tr>
</tbody>
</table>
101.2 In the last **12 months** how frequently have you used this/these medicine/s?

<table>
<thead>
<tr>
<th>Commercial name of the medicine/s</th>
<th>When needed</th>
<th>In short courses</th>
<th>Continuously</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of pills per month</td>
<td>Number of courses</td>
<td>Average number of days per course</td>
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<tr>
<td>101.2.1</td>
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<td>101.2.2</td>
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<td>101.2.3</td>
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<td>101.2.4</td>
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<td>101.2.5</td>
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</table>

101.3

<table>
<thead>
<tr>
<th>Commercial name of the medicine (e.g. Ventolin, aerosol dos. 200 inal. 20 mg (MDI))</th>
<th>In the last 3 months have you taken this medicine?</th>
<th>When needed</th>
<th>In short courses</th>
<th>Continuously</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of items per month</td>
<td>Number of courses</td>
<td>Average number of days per course</td>
<td>Number of items per day</td>
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<tr>
<td>101.3.1</td>
<td>NO</td>
<td>YES</td>
<td>IF YES</td>
<td>IF YES</td>
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<tr>
<td>101.3.2</td>
<td>NO</td>
<td>YES</td>
<td>IF YES</td>
<td>IF YES</td>
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<td>101.3.3</td>
<td>NO</td>
<td>YES</td>
<td>IF YES</td>
<td>IF YES</td>
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<tr>
<td>101.3.4</td>
<td>NO</td>
<td>YES</td>
<td>IF YES</td>
<td>IF YES</td>
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<tr>
<td>101.3.5</td>
<td>NO</td>
<td>YES</td>
<td>IF YES</td>
<td>IF YES</td>
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</tbody>
</table>

‘Items’ stands for pills, capsules, tablets, spoons, drops or other types of oral medicine taking.

**ONLY FOR THE SUBJECTS OF:**
- THE SARA COHORT,
- THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II,
- THE ISATA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS

102.G Have you ever been vaccinated for allergy?

**IF ‘NO’ OR ‘DO NOT KNOW’ GO TO QUESTION 103, IF ‘YES’:**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DK</th>
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</table>

YEARS
102.1.G How many years have you had vaccinations?

ONLY FOR THE SUBJECTS OF:
The ECRHS II Cohort,
The ISAIA Cohort (Current Diagnosed Asthma) That Answered to the Telephone Interview on Antiasthmatic Drugs:

102.E Have you been vaccinated for allergy since the last survey?
IF ‘NO’ OR ‘DO NOT KNOW’ GO TO QUESTION 103, IF ‘YES’:

102.1.E For how many years have you been vaccinated?

102.2 Have you been vaccinated for allergy in the last 12 months?
IF ‘NO’ GO TO QUESTION 103, IF ‘YES’ RECORD THE REASON WHY THE INTERVIEWEE HAS BEEN VACCINATED:

102.2.1 for asthma 1
102.2.2 for rhinitis 2
102.2.3 for rhinitis and asthma 3
102.2.4 other (specify): ___________________________ 4

103. Have you been vaccinated for flu in the last 12 months?

104. Are you usually (every year) vaccinated for flu?

105. Have you been vaccinated for pneumococcus in the last 5 years?

106. Have you had any antibody anti-IgE (Omalizumab-Xolair) injections to help your breathing in the last 12 months?

107. Have you had any other injections to help your breathing at any time in the last 12 months?
IF ‘NO’ GO TO QUESTION 108, IF ‘YES’:
107.1 Do you remember the name of the injections (other than the allergy vaccinations) that you have had in the last 12 months?
   If ‘NO’ READ THE INJECTIONS LIST. GIVE A DETAILED RECORD OF THE COMMERCIAL NAME/S OF THE MEDICINE/S SUGGESTED BY THE INTERVIEWEE

<table>
<thead>
<tr>
<th>Commercial name of the medicine (e.g. BENTELAN 6 vials 1.5 mg/2 ml)</th>
<th>In the last 3 months have you been taking this medicine?</th>
<th>How many times in the last 3 months have you taken this medicine?</th>
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</thead>
<tbody>
<tr>
<td>107.1.1</td>
<td>NO  YES IF YES</td>
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<td>107.1.2</td>
<td>NO  YES IF YES</td>
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<tr>
<td>107.1.3</td>
<td>NO  YES IF YES</td>
<td></td>
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<tr>
<td>107.1.4</td>
<td>NO  YES IF YES</td>
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<tr>
<td>107.1.5</td>
<td>NO  YES IF YES</td>
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108. Have you ever used any other remedies to help your breathing in the last 12 months?
   If ‘NO’ GO TO QUESTION 109, IF ‘YES’:

   NO  YES
108.1 In the last 12 months, which other remedy have you used?

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<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>IF YES</th>
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<th>IF YES</th>
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In the last 3 months have you used this remedy?

In the last 3 months how many sessions have you attended?

108.1.6 RESPIRATORY EXERCISES

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<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>IF YES</th>
<th>NO</th>
<th>YES</th>
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In the last 3 months how many times have you used this remedy?

109. In the last 3 months, have you regularly (every day or every week) taken medicines, including eye drops, containing beta blockers?

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<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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</table>

110. Has your doctor ever prescribed medicines for your breathing?

**IF 'NO' GO TO QUESTION 111, IF 'YES':**

110.1 Has your doctor ever explained to you how to use the different types of spray nozzles for the prescribed inhalers?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
110.2 If you are prescribed medicines for your breathing, do you normally take: TICK ONE BOX ONLY

A) all of the medicine?
B) most of the medicine?
C) some of the medicine?
D) none of the medicine?

110.3 When your breathing get worse, and you are prescribed medicines for your breathing, do you normally take: TICK ONE BOX ONLY

A) all of the medicine?
B) most of the medicine?
C) some of the medicine?
D) none of the medicine?

110.4 Do you think it is bad for you to take medicines all the time To help your breathing?

NO YES

110.5 Do you think you should take as much medicine as you need to get rid of all your breathing problems?

NO YES

**ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS:**

111.FU Since the last survey, have you visited a hospital casualty department or emergency room (for whichever reason, apart from accidents or injuries)? NO YES

IF ‘NO’ GO TO QUESTION 112.FU, IF ‘YES’:

111.1.FU Was this due at least once to breathing problems?

NO YES

111. In the last 12 months have you visited a hospital casualty department or emergency room (for whichever reason, apart from accidents or injuries)? NO YES

IF ‘NO’ GO TO QUESTION 112.FU, IF ‘YES’:

111.1 How many times in the last 12 months?

TIMES

111.2 Among these ones, how many times because of breathing problems? [Write ‘0’ if s/he had not visited the emergency room for respiratory problems]

TIMES

**ONLY FOR THE SARA COHORT SUBJECTS:**

112.FU Since the last survey, have you spent a night in hospital (for whichever reason, apart from accidents or injuries)? NO YES

IF ‘NO’ GO TO QUESTION 113, IF ‘YES’:

112.1.FU Was this due at least once to breathing problems?

NO YES

111. In the last 12 months have you visited a hospital casualty department or emergency room (for whichever reason, apart from accidents or injuries)? NO YES

IF ‘NO’ GO TO QUESTION 112, IF ‘YES’:

111.1 How many times in the last 12 months?

TIMES

111.2 Among these ones, how many times because of breathing problems? [Write ‘0’ if s/he had not visited the emergency room for respiratory problems]
112. In the last 12 months, have you spent a night in hospital (for whichever reason, apart from accidents or injuries)?

**IF ‘NO’ GO TO QUESTION 113, IF ‘YES’:**

112.1 How many times in the last 12 months?

112.2 Was this due at least once to breathing problems?

**IF ‘NO’ GO TO QUESTION 113, IF ‘YES’:**

112.2.1-5 In the last 12 months how many times have you been hospitalized in each of the following types of ward for breathing problems?

112.2.1 general
112.2.2 chest medicine
112.2.3 rehabilitation
112.2.4 intensive care unit
112.2.5 other

113. In the last 12 months have you been seen by your general practitioner (for whichever reason, apart from accidents or injuries)?

**IF ‘NO’ GO TO QUESTION 114, IF ‘YES’:**

113.1 How many times in the last 12 months?

113.2 Among these ones, how many times because of breathing problems?

[Write ‘0’ if s/he had not been seen by her/his general practitioner for respiratory problems]

114. In the last 12 months have you seen a specialist (for whichever reason, apart from accidents or injuries)?

**IF ‘NO’ GO TO QUESTION 115, IF ‘YES’:**

114.1 How many times in the last 12 months?

114.2 Among these ones, how many times have you seen a specialist (chest physician, allergy specialist, internal medicine specialist, ENT doctor) because of your breathing problems?

[Write ‘0’ if s/he had not been seen by a specialist for respiratory problems]

115. Are you given regular appointments to be seen by a doctor because of breathing problems?

116. In the last 12 months how many times have you visited the following because of breathing problems?

116.1 nurse
116.2 physiotherapist
116.3 practitioner of ‘alternative’ medicine

117. In the last 12 months have you had any clinical or laboratory test because of health problems (apart from accidents or injuries)?

**IF ‘NO’ GO TO QUESTION 118, IF ‘YES’:**

117.1 Was this happened at least once for breathing problems?

**IF ‘NO’ GO TO QUESTION 118, IF ‘YES’:**

117.1.1-5 In the last 12 months how many times have you had the following test for breathing problems?

117.1.1 breathing test in a laboratory specially for lung function measures
117.1.2 skin test for allergy
117.1.3 blood test for allergy
117.1.4 x-rays
117.1.5 thorax CT
118. Have you worked in the last 12 months? 

IF ‘NO’
ONLY FOR THE ISAYA AND THE ECRHS COHORTS’ SUBJECTS
GO TO QUESTION 119.FU

IF ‘NO’
ONLY FOR THE SARA COHORT’S SUBJECTS
GO TO QUESTION 119

IF ‘YES’:

118.1 In the last 12 months have you lost days of work because of health problems (apart from accidents or injuries)?

IF ‘NO’
ONLY FOR THE ISAYA AND THE ECRHS COHORTS’ SUBJECTS
GO TO QUESTION 119.FU

IF ‘NO’
ONLY FOR THE SARA COHORT’S SUBJECTS
GO TO QUESTION 119

IF ‘YES’:

118.1.1 How many days in the last 12 months?

[Write ‘0’ if s/he had not lost days of work for respiratory problems]

118.1.2 Among these ones, how many because of breathing problems?

119. FU Since the last survey were you forced to give up working because of health problems (apart from accidents or injuries)?

IF ‘NO’ GO TO QUESTION 120, IF ‘YES’:

119.1.FU When?

119.2.FU Did it happen because of respiratory problems?

120. Whichever is your professional condition, in the last 12 months, have there been any days when you have had to give up activities other than work (e.g. looking after children, the house, study) because of health problems (apart from accidents or injuries)?

IF ‘NO’ YOU HAVE FINISHED THE QUESTIONNAIRE, IF ‘YES’:

120.1 How many days on average each month?
120.2 Among these ones, how many because of *respiratory problems*?