THE GEIRD PROJECT

Genes Environment Interaction on Respiratory Diseases

Clinical Questionnaire

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0.1 N. AREA
0.2 PERSONAL ID
0.3 SAMPLE
0.4 STUDY
0.5 COMPILATION DATE

DAY MONTH YEAR

ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS:

0.5.FU LAST SURVEY DATE

DAY MONTH YEAR

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. M F

0.7 When were you born? DAY MONTH YEAR

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')* NO YES

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? NO YES

1.3 Have you had this wheezing or whistling also when you did ***not*** have a cold? NO YES

2. Have you woken up with a feeling of tightness in your chest at any time in the last ***12 months***? NO YES

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***? NO YES

4. Have you had an ***attack*** of shortness of breath that came on following strenuous activity at any time in the last ***12 months***? NO YES

5. Have you been woken by an ***attack*** of shortness of breath at any time in the last ***12 months***? NO YES

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***? NO ☐ YES ☐

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***? NO ☐ YES ☐

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***? TIMES ☐☐

6. Have you been woken by an attack of coughing at any time in the last ***12 months***? NO ☐ YES ☐

7. Do you ***usually*** cough first thing in the morning in the winter? NO ☐ YES ☐

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

8. Do you ***usually*** cough during the day, or at night, in the winter? NO ☐ YES ☐

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? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 9, IF 'YES':

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

9. Do you ***usually*** bring up any phlegm from your chest first thing in the morning in the winter? NO ☐ YES ☐

[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? NO ☐ YES ☐

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? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 11, IF 'YES':

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

11. Do you ever have trouble with your breathing? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 12, IF 'YES':

11.1 Do you have this trouble: TICK ONE BOX ONLY

A) continuously so that your breathing is never quite right? 1 ☐

B) repeatedly, but it always gets completely better? 2 ☐

C) only rarely? 3 ☐

12. Are you disabled from walking by a condition ***other than*** heart or lung disease? NO ☐ YES ☐

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? NO ☐ YES ☐

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? NO ☐ YES ☐

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? NO ☐ YES ☐

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? NO ☐ YES ☐

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

In the last ***12 months***: TIMES

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 theraphy 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. ***<u>FOR WOMEN ONLY – FOR MEN GO TO QUESTION 15</u>***

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	1 ☐
B)	Yes, during my period	2 ☐
C)	Yes, in the week after my period	3 ☐
D)	Yes, another time of the month	4 ☐
E)	Does not apply to me (i.e., amenorrhoeal)	5 ☐
F)	No	6 ☐

15.1-3 Has a doctor ever said that you have or have had: NO YES

15.1 Chronic bronchitis? ☐ ☐

15.2 COPD (Chronic Obstructive Pulmonary Disease)? ☐ ☐

15.3 Emphysema? ☐ ☐

NO YES

16. Have you ever had asthma? ☐ ☐

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

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

NO YES

16.1 Was this confirmed by a doctor? ☐ ☐

YEARS

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

YEARS

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?

	NO	YES
16.4.1 January / February	☐	☐
16.4.2 March / April	☐	☐
16.4.3 May / June	☐	☐
16.4.4 July / August	☐	☐
16.4.5 September / October	☐	☐
16.4.6 November / December	☐	☐

	NO	YES
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?	NO	YES
16.5.3.1 January	☐	☐
16.5.3.2 February	☐	☐
16.5.3.3 March	☐	☐
16.5.3.4 April	☐	☐
16.5.3.5 May	☐	☐
16.5.3.6 June	☐	☐
16.5.3.7 July	☐	☐
16.5.3.8 August	☐	☐
16.5.3.9 September	☐	☐
16.5.3.10 October	☐	☐
16.5.3.11 November	☐	☐
16.5.3.12 December	☐	☐

	ATTACKS
16.5.4 How many attacks of asthma have you had in the last ***12 months***?	☐☐
16.5.5 How many attacks of asthma have you had in the last ***3 months***?	☐☐

16.6 How many times have you woken up because of your asthma in the last ***3 months***? TICK ONE BOX ONLY

A)	every night or almost every night	1 ☐
B)	more than once a week, but not most nights	2 ☐
C)	at least twice a month, but not more than once a week	3 ☐
D)	less than twice a month	4 ☐
E)	not at all	5 ☐

16.7 How often have you had trouble with your breathing because of your asthma in the last ***3 months***? TICK ONE BOX ONLY

A)	Continuously	1 ☐
B)	about once a day	2 ☐
C)	at least once a week, but less than once a day	3 ☐
D)	Less than once a week	4 ☐
E)	Not at all	5 ☐

	NO	YES
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***? TICK ONE BOX ONLY

A) Never 1 ☐
B) some of the days 2 ☐
C) most of the days 3 ☐

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? NO ☐ YES ☐

16.11 ***FOR WOMEN ONLY - MEN GO TO QUESTION 17***

Have you ever noticed that your asthma got worse with your montly cycle? TICK ONE BOX ONLY

A) Yes, in the week before my period 1 ☐
B) Yes, during my period 2 ☐
C) Yes, in the week after my period 3 ☐
D) Yes, another time of the month 4 ☐
E) Does not apply to me (i.e., amenorrhoeal) 5 ☐
F) No 6 ☐

NO YES

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? TICK ONE BOX ONLY

A) got better 1 ☐
B) got worse 2 ☐
C) stayed the same 3 ☐
D) not the same for all pregnancies 4 ☐
E) Don't know 5 ☐

NO YES

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

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

YEARS

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

NOW GO TO QUESTION 19

NO YES

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

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

YEARS

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

YEARS

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? NO ☐ YES ☐

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***? NO ☐ YES ☐

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 throath	☐	☐
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***?

		Not at all	Not so much	Moderately	Very much
20.13.1	Sport and recreation activities	☐	☐	☐	☐
20.13.2	Work or school attendance	☐	☐	☐	☐
20.13.3	Friendships	☐	☐	☐	☐
20.13.4	Sleeping at night	☐	☐	☐	☐
20.13.5	Other daily activities	☐	☐	☐	☐

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

IF 'NO' GO TO QUESTION 22, IF 'YES':

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

22. Have you ever had sinusitis?	NO	YES
	☐	☐

IF 'NO'
<u>FOR THE SUBJECTS OF</u>:
<u>THE SARA COHORT,</u>

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':

	NO	YES
22.1 Was this confirmed by a doctor?	☐	☐
	NO	SI
22.2 Have you had sinusitis in the last ***12 months***?	☐	☐

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:

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

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]

	NO	YES	How many years have you been taking them?	YEARS	Have you used them in the last ***12 months***?	NO	YES
23.1.G Steroids	☐	☐	IF YES	☐☐		☐	☐
23.2.G Decongestionnant Vasoconstrictors	☐	☐	IF YES	☐☐		☐	☐

	NO	YES
23.3.G 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':

	YEARS
23.3.1.G How many years have you been taking these sort Of pills, capsules or tablets?	☐☐

	NO	YES
23.3.2.G Have you used any of the following pills, capsules or tablets in the last ***12 months***?	☐	☐

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

NO YES

23.E ***Since the last survey*** have you used any medication to treat your nasal disorders? ☐ ☐

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]

	NO YES	How many years have you been taking them? YEARS	Have you used them in the last ***12 months***? NO YES
23.1.E Steroids	☐☐	IF YES ☐☐	☐☐
23.2.E Decongestionnant vasoconstrictors	☐☐	IF YES ☐☐	☐☐

23.3.E 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.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? NO SI ☐ ☐

***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***? NO YES ☐ ☐

***IF 'NO' GO TO QUESTION 26, IF 'YES'*:**

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

	NO	YES
25.1.1 The folds of the elbows	☐	☐
25.1.2 Behind the knees	☐	☐
25.1.3 In front of the ankles	☐	☐
25.1.4 Under the buttocks	☐	☐
25.1.5 Around the neck	☐	☐
25.1.6 Around the ears	☐	☐
25.1.7 Around the eyes	☐	☐

26. Have you ever had any difficulty with your breathing after taking medicines? NO ☐ SI ☐

***IF 'NO' GO TO QUESTION 27, IF 'YES'*:**

CODE

26.1-2 Which medicines?(26.1) _____ ☐

(26.2) _____ ☐

27. Have you ever had nasal disorders or swelling or skin soreness after taking aspirin or other antiinflammatory medicines? NO ☐ YES ☐

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

	NO	YES
28.1 Gastritis or stomach ulcer (confirmed by a gastroscopy)?	☐	☐
28.2 Gastroesophageal reflux disease, hiatal hernia or esophagitis?	☐	☐
28.3 Osteoporosis?	☐	☐
28.4 Gout?	☐	☐
28.5 Arthritis or osteoarthritis?	☐	☐
28.6 Pulmonary embolism?	☐	☐

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

	NO	YES
29.1 High triglycerides (dyslipidemia)?	☐	☐
29.2 High cholesterol (hypercholesterolemia)?	☐	☐

30. Have you had any fracture not caused by road/work/sport accidents in the last ***5 years***? NO ☐ YES ☐

31. Have you ever been told that you snore when you sleep? NO ☐ YES ☐

***IF 'NO' GO TO QUESTION 32, IF 'YES'*:**

	Never	Seldom	Sometimes	Frequently	Every Time
31.1 In the last ***12 months*** have you been told that you stop breathing or have irregular breathing while you are sleeping?	☐	☐	☐	☐	☐
31.2 Have you woken up all of a sudden with a chocking sensation or not being able to breathe in the last ***12 months***?	☐	☐	☐	☐	☐
31.3 Have you ever that you snore loudly or that your snoring disturbs other people in the last ***12 months***?	☐	☐	☐	☐	☐

32. Do you get a pain or discomfort in your legs when you walk? NO ☐ YES ☐

***IF 'NO' GO TO QUESTION 33, IF 'YES'*:**

32.1 Does this pain ever begin when you are standing still or sitting? NO ☐ YES ☐

NO SI

32.2 Do you get it if you walk uphill or hurry? ☐ ☐

NO SI

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

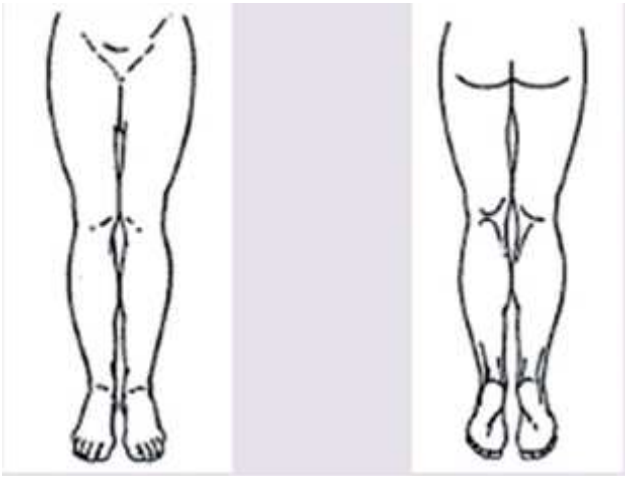
32.4 What happens to it if you stand still? TICK ONE BOX ONLY

A) Usually disappears in 10 minutes or less 1 ☐

B) Usually continues for more than 10 minutes 2 ☐

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).



<u>FOR THE INTERVIEWER</u>: FILL IN THE PARTS OF THE BODY AFFECTED BY PAIN

	NO	YES
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:	NO	YES
33.1 A heart attack (coronary thrombosis)	☐	☐
33.2 Angina	☐	☐
33.3 Arrhythmia (e.g. atrial fibrillation)	☐	☐
33.4 Other heart problems (specify): _____	☐	☐

	NO	YES
34. Have you ever had a heart or aorta operation?	☐	☐

***IF 'NO' GO TO QUESTION 35, IF 'YES'*:**

34.1-4 Have you ever undergone the following operations:	NO	YES
34.1 Aortocoronaric bypass or coronaric angioplastic	☐	☐
34.2 Pacemaker implant	☐	☐
34.3 Heart valves surgeries	☐	☐
34.4 Aortic aneurysm surgery	☐	☐

NO YES

35. Have you ever had an ictus? ☐ ☐
(sometimes denominated as cerebral hemorrhage, cerebral thrombosis, subarachnoid hemorrhage, cerebrovascular accident, brain ischemia, transient ischemic attack)

NO YES

36. Has your doctor ever told you that you have high blood pressure? ☐ ☐

***IF 'NO' GO TO QUESTION 37, IF 'YES'*:** NO 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]

NO YES

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

NO YES

37. Has a doctor ever told you that you have diabetes? ☐ ☐

***IF 'NO' GO TO QUESTION 38, IF 'YES'*:** YEARS

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

NO YES

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? NO YES ☐ ☐

***IF 'NO' GO TO QUESTION 39, IF 'YES'*:**

38.1.1-15 In which part of the body? NO YES

[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***: NO YES

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 thigs? ☐ ☐

YEAR

40. Which year was your mother born? ☐☐☐☐

41. Where was your mother born? (Tick ***one box only***)

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

IF SHE WAS NOT BORN IN ITALY:

42. Specify the foreing country of birth: _____ COUNTRY CODE ☐☐☐

43. At what age did your mother stop studying (approximatively)? YEARS ☐☐

If illiterate enter 0

	NO	YES, outside home only	YES, inside home as well
44. When you were a child, did your mother smoke regularly?	☐	☐	☐

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

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

IF HE WAS NOT BORN IN ITALY:

46. Specify the foreing country of birth: _____ COUNTRY CODE ☐☐☐

47. At what age did your father stop studying (approximatively)? YEARS ☐☐

If illiterate enter 0

	NO	YES, outside home only	YES, inside home as well
48. When you were a child, did your father smoke regularly?	☐	☐	☐

49. Where were you born? (Tick ***one box only***)

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

IF S/HE WAS NOT BORN IN ITALY: COUNTRY CODE

50. Specify the foreing country of birth: _____ ☐☐☐

51. Which is your citizenship?
[If s/he has another citizenship other than the italian one, tick the 'Italian' box only]

TICK ONE BOX ONLY

A) Italian 1 ☐
B) Foreign 2 ☐
C) Displaced (no citizenship) 3 ☐

IF 'ITALIAN'

51.1 ***SPECIFY:*** TICK ONE BOX ONLY

A) From birth 1 ☐
B) Acquired (e.g. through marriage, naturalization, etc.) 2 ☐

IF 'ACQUIRED' COUNTRY CODE

51.1.1 Specify the foreign country of previous citizenship: _____ ☐☐☐

IF 'FOREIGN':

51.2 ***SPECIFY:*** COUNTRY CODE

Foreign country of citizenship: _____ ☐☐☐

52. What was your weight at birth? GRAMS ☐☐☐☐

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

	NO	YES	DO NOT REMEMBER
52.1 Were you born underweight (weight at birth under 2500 g)?	☐	☐	☐

53. With respect to the estimated birthdate, were you born: TICK ONE BOX ONLY

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: TICK ONE BOX ONLY

A) Natural birth 1 ☐

B) Caesarian section 2 ☐

C) Forceps 3 ☐

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.)? NO ☐ YES ☐

56. Did you have a serious respiratory infection before the age of five years? NO ☐ YES ☐ DK ☐

57. Were you hospitalized before the age of two years for lung disease? NO ☐ YES ☐

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

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

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

Familiy member	Sex	Year of Birth	**Only for Brothers/sisters**. Is/was s/he your omozygotic twin (almost similar to you)?	**Only for Brothers/sisters**. Is/was s/he your eterozygotic twin (not similar to you)?	Has s/he ever had asthma?	Has s/he ever had nasal allergies or hay fever?	Has s/he ever had skin allergies or eczema?
			NO YES	NO YES	NO YES	NO YES	NO YES
60.1 Father							
60.2 Mother							
60.3 Brother/Sister							
60.4 Brother/Sister							
60.5 Brother/Sister							
60.6 Brother/Sister							
60.7 Brother/Sister							
60.8 Brother/Sister							
60.9 Brother/Sister							
60.10 Brother/Sister							
60.11 Brother/Sister							
60.12 Brother/Sister							

61. Which among these expressions best describe you present condition? TICK ONE BOX ONLY

A) I am married and my partner and I live together 1 ☐

B) I share my house with someone who is not my partner 2 ☐

C) I live alone 3 ☐

62. Some stressful events that could have caused you great uneasyness and pain are reported below.
If they occurred, please record the age when they occurred:

	NO	YES	YEARS
62.1 Involuntary job dismissal	☐	☐	☐☐
62.2 Separation or divorce	☐	☐	☐☐
62.3 Death of partner or lover	☐	☐	☐☐
62.4 Family mourning	☐	☐	☐☐

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

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 then eight hours per week)?

NO ☐ YES ☐

65. Are you currently: TICK ONE BOX ONLY

A) employed (including military service)	1	☐
B) self employed	2	☐
C) unemployed, looking for work	3	☐
D) not working because of poor health	4	☐
E) full-time house-person	5	☐
F) full-time student	6	☐
G) retired	7	☐
H) other. Specify: _____	8	☐

IF S/HE IS 'EMPLOYED':

65.1 Are you currently: TICK ONE BOX ONLY

A) manager	1	☐
B) employee	2	☐
C) workman	3	☐
D) other. Specify: _____	4	☐

IF S/HE IS 'SELF-EMPLOYED':

65.2 Are you currently: TICK ONE BOX ONLY

A) entrepreneur	1	☐
B) freelance	2	☐
C) other. Specify: _____	3	☐

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.

JOB	66.1 What is (was) the title of your current (last) job?	66.2 What did the firm, company or organisation do or what services did it provide?	66.3 In what month and year did you start working in this job? MONTH	YEAR	66.4 In what month and year did you stop working in this job? MONTH	YEAR	66.5 Do (did) you work full-time or part-time? Full-time	Part-time
JOB 1								
JOB 2								
JOB 3								
JOB 4								
JOB 5								
JOB 6								
JOB 7								
JOB 8								
JOB 9								
JOB 10								

67. Have you ever been ***regularly*** exposed to vapours, gas dust or fumes at work? NO ☐ YES ☐

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.

	JOB 1	JOB 2	JOB 3	JOB 4	JOB 5	JOB 6	JOB 7	JOB 8	JOB 9	JOB 10
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? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 69, IF 'YES':

68.1 When did it happen to you? MONTH ☐☐ YEAR ☐☐☐☐

TICK ONE BOX ONLY

68.2 Where did it happen to you?

A) In my house 1 ☐
B) In the workplace 2 ☐
C) Indoors (another place) 3 ☐
D) Outdoors 4 ☐

68.3 How long were you exposed? HOURS AND/OR MINUTES ☐☐ ☐☐

68.4 Were you exposed to:

	NO	YES
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 1 ☐
B) A leakage of liquid or gas 2 ☐
C) A mixture of cleaning products 3 ☐
D) Other (specify): _____ 4 ☐

68.6 Did you have respiratory problems within the 24 hours after the accident? NO ☐ YES ☐

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 repiratory problems? NO ☐ YES ☐

69. Do (did) you drink alcohol? NO ☐ YES ☐ IN THE PAST ☐

IF 'NO' GO TO QUESTION 70, IF 'YES':

69.1 When do (did) you drink alcohol? DURING LUNCHTIME ☐ NOT AT LUNCHTIME ☐ BOTH ☐

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]

Type of drink	Days/week	Units/week	Age when you started drinking regularly	If ex drinker, age when you stopped drinking regularly
69.2.1 Wine (125 ml)	☐☐	☐☐	☐☐	☐☐
69.2.2 Beer (330ml)	☐☐	☐☐	☐☐	☐☐
69.2.3 After dinner drinks (30 ml)	☐☐	☐☐	☐☐	☐☐
69.2.4 Grappa (30 ml)	☐☐	☐☐	☐☐	☐☐
69.2.5 Whisky, cognac and brandy (30 ml)	☐☐	☐☐	☐☐	☐☐
69.2.6 Other (at least one per week), specify: _____	☐☐	☐☐	☐☐	☐☐

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 ususally 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	☐

	NO	YES
72. Do you avoid taking vigorous exercise because of breathing problems?	☐	☐

	YEAR
73. When was your present home built?	☐☐☐☐

ONLY FOR THE SUBJECTS OF THE ECRHS AND ISAYA COHORTS:

	NO	YES
73.FU Do you live in the same home ***as when you were last surveyed***?	☐	☐

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

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	☐

	NO	YES
77. Are there any industrial plants near your house?	☐	☐

78. How often do cars pass your house? TICK ONE BOX ONLY

A) costantly	1	☐
B) frequently	2	☐
C) seldom	3	☐
D) never	4	☐

79. How often do heavy vehicles (e.g. trucks/buses) pass your house? TICK ONE BOX ONLY

A) costantly	1	☐
B) frequently	2	☐
C) seldom	3	☐
D) never	4	☐

80. How old is your mattress? TICK ONE BOX ONLY

A) less than one year	1	☐
B) 1-5 years	2	☐
C) more than 5 years	3	☐

81. What is your mattress made of? TICK ONE BOX ONLY

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 decribe it: _____	7	☐

82. How old is the pillow that you use when you sleep? TICK ONE BOX ONLY

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? TICK ONE BOX ONLY

A) Goose feather	☐
B) Foam rubber (polyurethane)	☐
C) Latex	☐
D) Polyester (cored fiber)	☐
E) Wool	☐
F) Do not know	☐
G) Other material, please decribe 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? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 87, IF 'YES':

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

	NO	YES
86.2 Is your cat (are your cats) allowed inside the house?	☐	☐
86.3 Is your cat (are your cats) allowed in your bedroom?	☐	☐

	NO	YES
87. Do you keep a dog/dogs?	☐	☐

IF 'NO' GO TO QUESTION 88, IF 'YES':

	YEARS
87.1 How many years have you been keeping the dog(s)?	☐☐

	NO	YES
87.2 Is your dog (are your dogs) allowed inside the house?	☐	☐
87.3 Is your dog (are your dogs) allowed in your bedroom?	☐	☐

	NO	YES	DK
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?	☐	☐	☐

	NO	YES
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?

TICK ONE BOX ONLY

A) farm	1 ☐
B) village in a rural area	2 ☐
C) small town	3 ☐
D) suburb of a city	4 ☐
E) inner city	5 ☐

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

	NO	YES
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):

	NO	YES
93.7.1-4 Which time of the year does this happen?		
93.7.1 winter	☐	☐
93.7.2 spring	☐	☐
93.7.3 summer	☐	☐
93.7.4 autumn	☐	☐

	NO	YES
94. Do your respiratory symptoms get worse during thunderstorms?	☐	☐

95. When you are near animals, such as cats or dogs, do you ever:

	NO	YES
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: NO YES

96.1 start to cough? ☐ ☐

96.2 start to wheeze? ☐ ☐

96.3 get a feeling of tightness in your chest? ☐ ☐

96.4 start to feel short of breath? ☐ ☐

96.5 get a runny or stuffy nose or start to sneeze? ☐ ☐

96.6 get itchy or watery eyes? ☐ ☐

NO YES

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

('YES' means at least 20 packs of cigarettes or 12 oz (360 grams) of tobacco in a lifetime, or at least one cigarette per day or one cigar a week for one year)

IF 'NO' GO TO QUESTION 98, IF 'YES':

YEARS

97.1 How old were you when you started smoking? ☐☐

NO YES

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

***IF 'NO' GO TO QUESTION 97.3, IF 'YES'*:**

97.2.1-4 How much do you now smoke on average? NUMBER

97.2.1 Number of cigarettes per day ☐☐

97.2.2 Number of cigarillos per day ☐☐

97.2.3 Number of cigars a week ☐☐

GRAMS

97.2.4 Pipe tobacco, in grams/week ☐☐☐

NO YES

97.3 Have you stopped or cut down smoking? ☐ ☐

***IF 'NO' GO TO QUESTION 97.4, IF 'YES'*:** NO YES

97.3.1 Have you stopped or cut down smoking due to breathing problems? ☐ ☐

YEARS

97.3.2 How old were you when you stopped dor cur down smoking? ☐☐

97.3.3.1-4 On average of the entire time you smoked, before you stopped or cut down, how much did you smoke? NUMBER

97.3.3.1 Number of cigarettes per day ☐☐

97.3.3.2 Number of cigarillos per day ☐☐

97.3.3.3 Number of cigars a week ☐☐

GRAMS

97.3.3.4 Pipe tobacco, in grams/week ☐☐☐

NO YES

97.4 Do (did) you inhale the smoke? ☐ ☐

98. Have you been ***regularly*** exposed to tobacco smoke in the last ***12 months***? NO YES

('Regularly' means on most days or nights) ☐ ☐

IF 'NO'

<u>ONLY FOR THE SUBJECTS OF:</u>

<u>THE SARA COHORT,</u>

<u>THE ECRHS COHORT THAT DID NOT PARTICIPATE IN ECRHS II,</u>

<u>THE ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS</u>

GO TO QUESTION 99.G

IF 'NO'

<u>ONLY FOR THE SUBJECTS OF:</u>
<u>THE ECRHS II COHORT,</u>
<u>THE ISAYA COHORT (CURRENT DIAGNOSED ASTHMA) THAT ANSWERED TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS:</u>
GO TO QUESTION 99.E

IF 'YES':

NUMBER

98.1 Not counting yourself, how many people in your household smoke regularly? ☐☐

NO YES

98.2 Do people smoke regularly in the room where you work? ☐ ☐

HOURS

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?

HOURS

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 ☐☐

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

NO YES

99.G Have you ever used inhaled steroids? ☐ ☐

[SHOW THE LIST OF INHALED STEROIDS]
IF 'NO' GO TO QUESTION 100, IF 'YES':

YEARS

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

NO YES

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':

MONTHS

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

GO TO QUESTION 100

YEARS

99.3.G How many years have you been taking inhaled steroids? ☐☐

MONTHS

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:

NO YES

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':

YEARS

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

NO YES

99.2.E Have you used inhaled steroids ***every year since the last survey***? ☐ ☐

IF 'NO' GO TO QUESTION 99.3.E, IF 'YES':

MONTHS

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

GO TO QUESTION 100

YEARS

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

MONTHS

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

NO YES

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***?	NO	YES
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		

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

	Commercial name of the medicine (e.g. Ventolin, aerosol dos. 200 inal. 20 mg (MDI))	***If s/he uses MDI*** Do you also use the spacer?		In the last ***3 months*** have you taken this medicine?			When Needed	In shourt courses			Continuously
		NO	YES	NO	YES		Number of puffs per month	Number of courses	Average number of days per course	Number of puffs per day	Number of puffs per day
100.1.1						IF YES					
100.1.2						IF YES					
100.1.3						IF YES					
100.1.4						IF YES					
100.1.5						IF YES					

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***? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 102, IF 'YES':

101.1 Do you remember the name of the oral medicine/s that you have taken in the last ***12 months***?	NO	YES
IF 'NO' READ THE ORAL MEDICINE/S LIST. GIVE A DETAILED RECORD OF THE COMMERCIAL NAME/S OF THE MEDICINE/S SUGGESTED BY THE INTERVIEWED		

	Commercial name of the medicine (e.g. Tefamin pills 200 mg)	Is it a steroid? NO	YES	
101.1.1				***IF 'YES' GO TO QUESTION 101.2, IF 'NO' GO TO QUESTION 101.3***
101.1.2				***IF 'YES' GO TO QUESTION 101.2, IF 'NO' GO TO QUESTION 101.3***
101.1.3				***IF 'YES' GO TO QUESTION 101.2, IF 'NO' GO TO QUESTION 101.3***
101.1.4				***IF 'YES' GO TO QUESTION 101.2, IF 'NO' GO TO QUESTION 101.3***
101.1.5				***IF 'YES' GO TO QUESTION 101.2, IF 'NO' GO TO QUESTION 101.3***

101.2 In the last ***12 months*** how frequently have you used this/these medicine/s?

Commercial name of the medicine/s	When needed: Number of pills per month	In short courses: Number of courses	In short courses: Average number of days per course	In short courses: Number of pills per day	Continuously: Number of pills per day
101.2.1					
101.2.2					
101.2.3					
101.2.4					
101.2.5					

101.3

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

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

'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 ISAYA COHORT THAT DID NOT ANSWER TO THE TELEPHONE INTERVIEW ON ANTIASTHMATIC DRUGS

102.G Have you ever been vaccinated for allergy? NO ☐ YES ☐ DK ☐

IF 'NO' OR 'DO NOT KNOW' GO TO QUESTION 103, IF 'YES':

YEARS

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

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

NO YES DK

102.E Have you been vaccinated for allergy ***since the last survey***? ☐ ☐ ☐

IF 'NO' OR 'DO NOT KNOW' GO TO QUESTION 103, IF 'YES':

YEARS

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

NO YES

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	☐

NO YES

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

NO YES DK

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

NO YES DK

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

NO YES

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

NO YES

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***	NO	YES

	Commercial name of the medicine (e.g. BENTELAN 6 vials 1,5 mg/2 ml)	In the last ***3 months*** have you been taking this medicine?		How many times in the last ***3 months*** have you taken this medicine?	
107.1.1		NO	YES	IF YES	
107.1.2		NO	YES	IF YES	
107.1.3		NO	YES	IF YES	
107.1.4		NO	YES	IF YES	
107.1.5		NO	YES	IF YES	

	NO	YES
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':***		

108.1 In the last ***12 months***, which other remedy have you used?				In the last ***3 months*** have you used this remedy?			In the last ***3 months*** how many sessions have you attended?	
108.1.1 HYPNOTHERAPHY	NO	YES	IF YES	NO	YES	IF YES		
108.1.2 ACUPUNCTURE	NO	YES	IF YES	NO	YES	IF YES		
108.1.3 REFLEXOLOGY	NO	YES	IF YES	NO	YES	IF YES		
108.1.4 HOMEOPATHY, SPECIFY:	NO	YES	IF YES	NO	YES	IF YES →	In the last ***3 months*** how many times have you used this remedy?	
(108.1.4.1)								
(108.1.4.2)								
(108.1.4.3)								
108.1.5 HERB REMEDIES, SPECIFY:	NO	YES	IF YES	NO	YES	IF YES →		
(108.1.5.1)								
(108.1.5.2)								
(108.1.5.3)								
108.1.6 RESPIRATORY EXERCISES	NO	YES	IF YES	NO	YES	IF YES →	In the last ***3 months*** how many times have you been to the gym/swimming pool?	
108.1.7 SWIMMING	NO	YES	IF YES	NO	YES	IF YES →		
108.1.8 OTHER EXERCISES	NO	YES	IF YES	NO	YES	IF YES →		
108.1.9 DIET CONTROL	NO	YES	IF YES	NO	YES			
108.1.10 THERMAL INHALINGS TREATMENT CYCLE	NO	YES	IF YES	NO	YES			
108.1.11 OTHER, SPECIFY:	NO	YES	IF YES	NO	YES			

109. In the last ***3 months***, have you regularly (every day or every week) taken medicines, including eye drops, containing beta blockers? NO ☐ YES ☐

110. Has your doctor ever prescribed medicines for your breathing? NO ☐ YES ☐

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? NO ☐ YES ☐

110.2 If you are prescribed medicines for your breathing, do you ***normally*** take: TICK ONE BOX ONLY

A) all of the medicine?	1	☐
B) most of the medicine?	2	☐
C) some of the medicine?	3	☐
D) none of the medicine?	4	☐

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

A) all of the medicine?	1	☐
B) most of the medicine?	2	☐
C) some of the medicine?	3	☐
D) none of the medicine?	4	☐

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 ☐

<u>ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS</u>:

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***? TIMES ☐☐

[Write '0' if s/he had not visited the emergency room for respiratory problems]

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 ☐

<u>ONLY FOR THE SARA COHORT SUBJECTS</u>:

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***? TIMES ☐☐

[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)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 113, IF 'YES':

112.1 How many times in the last ***12 months***? TIMES ☐☐

112.2 Was this due at least once to ***breathing problems***? NO ☐ YES ☐

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***? TIMES

- 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)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 114, IF 'YES':

113.1 How many times in the last ***12 months***? TIMES ☐☐

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

[Write '0' if s/he had not been seen by her/his general practicioner for respiratory problems]

114. In the last ***12 months*** have you seen a specialist (for whichever reason, apart from accidents or injuries)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 115, IF 'YES':

114.1 How many times in the last ***12 months***? TIMES ☐☐

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***? TIMES ☐☐

[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***? NO ☐ YES ☐

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

- 116.1 nurse ☐☐
- 116.2 physiotherapist ☐☐
- 116.3 practicioner 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)? NO ☐ YES ☐

IF 'NO' GO TO QUESTION 118, IF 'YES':

117.1 Was this happened at least once for ***breathing problems***? NO ☐ YES ☐

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***? TIMES

- 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'
<u>ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS</u>
GO TO QUESTION 119.FU

IF 'NO'
<u>ONLY FOR THE SARA COHORT'S SUBJECTS</u>
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)? NO ☐ YES ☐

IF 'NO'
<u>ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS</u>
GO TO QUESTION 119.FU

IF 'NO'
<u>ONLY FOR THE SARA COHORT'S SUBJECTS</u>
GO TO QUESTION 119

IF 'YES':

118.1.1 How many days in the last ***12 months***? DAYS ☐☐☐

118.1.2 Among these ones, how many because of ***breathing problems***? DAYS ☐☐☐
[Write '0' if s/he had not lost days of work for respiratory problems]

<u>ONLY FOR THE ISAYA AND THE ECRHS COHORTS' SUBJECTS</u>:

119.FU ***Since the last survey*** were you forced to ***give up working*** NO ☐ YES ☐
Because of health problems (apart from accidents or injuries)?

IF 'NO' GO TO QUESTION 120, IF 'YES':
119.1.FU When? MONTH ☐☐ YEAR ☐☐☐☐

119.2.FU Did it happen because of ***respiratory problems***? NO ☐ YES ☐

<u>ONLY FOR THE SARA COHORT'S SUBJECTS</u>:

119. Were you forced to ***give up working*** in the last ***12 months*** NO ☐ YES ☐
because of health problems (apart from accidents or injuries)?

IF 'NO' GO TO QUESTION 120, IF 'YES':
119.1 When? MONTH ☐☐ YEAR ☐☐☐☐

119.2 Did it happen because of ***respiratory problems***? NO ☐ YES ☐

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) NO ☐ YES ☐
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? DAYS ☐☐
DAYS

120.2 Among these ones, how many because of ***respiratory problems***? | | |

END FIELDWORK NUMBER | | |