

These questions pertain mainly to your lungs. If you are in doubt about whether your answer is Yes or No, mark No.

Office
Use
Only

1. COUGH

- | | No | Yes |
|---|--------------------------|---------------------------|
| 1.1 Do you usually have a cough? (Count a cough with the first smoke or on first going out-of-doors. Exclude clearing of throat.) | <input type="radio"/> No | <input type="radio"/> Yes |
| 1.2 Do you usually cough at all on getting up or first thing in the morning? | <input type="radio"/> No | <input type="radio"/> Yes |
| 1.3 Do you usually cough at all during the rest of the day or at night? | <input type="radio"/> No | <input type="radio"/> Yes |
| 1.4 Do you usually cough as much as 4 to 6 times a day, four or more days out of the week? | <input type="radio"/> No | <input type="radio"/> Yes |

If you answered Yes to any of the above answer the following:

1.5 Do you usually cough like this on most days for 3 consecutive months or more during the year? <input type="radio"/> No <input type="radio"/> Yes
1.6 For how many years have you had this cough? _____ years

Q.1.6

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. PHLEGM

- | | No | Yes |
|---|--------------------------|---------------------------|
| 2.1 Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.) | <input type="radio"/> No | <input type="radio"/> Yes |
| 2.2 Do you usually bring up phlegm like this as much as 4 to 6 times a day, four or more days out of the week? | <input type="radio"/> No | <input type="radio"/> Yes |
| 2.3 Do you usually bring up phlegm at all on getting up, or first thing in the morning? | <input type="radio"/> No | <input type="radio"/> Yes |
| 2.4 Do you usually bring up phlegm at all during the rest of the day or at night? | <input type="radio"/> No | <input type="radio"/> Yes |

If you answered Yes to any of the above answer the following:

2.5 Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? <input type="radio"/> No <input type="radio"/> Yes
2.6 For how many years have you had trouble with phlegm? _____ years

Q.2.6

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. EPISODES OF COUGH AND PHLEGM

Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year?
*(For persons who usually have cough and/or phlegm)

- No Yes

3.1 If you answered Yes, for how long have you had at least 1 such episode per year? _____ years
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Q.3.1

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4. WHEEZING

Does your chest ever sound wheezy or whistling: No Yes

- 4.1 When you have a cold? No Yes
- 4.2 Occasionally apart from colds? No Yes
- 4.3 Most days or nights? No Yes

4.4 If Yes, for how many years has this been present? _____ years

4.5 Have you ever had an attack of wheezing that has made you feel short of breath?

- No Yes

If Yes:

4.6 How old were you when you had your first such attack? _____ years old

No Yes

4.7 Have you had 2 or more such episodes? No Yes

4.8 Have you ever required medicine or treatment for these attacks? No Yes

5. BREATHLESSNESS

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

- No Yes

If Yes:

No Yes

5.2 Do you have to walk slower than people of your age on the level because of breathlessness? No Yes

5.3 Do you ever have to stop for breath when walking at your own pace on the level? No Yes

5.4 Do you ever have to stop for a breath after walking about 100 yards (or after a few minutes) on the level? No Yes

5.5 Are you too breathless to leave the house or breathless on dressing or undressing? No Yes

Q.4.4

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Q.4.6

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

