erica

evaluation of the
role of inflammation in
chronic airways disease

SUBJECT ID. _____

Participant's Questionnaire

Thank you very much for your participation in the "ERICA" study. We appreciate you taking the time to complete this questionnaire.

Please answer the questions to the best of your availability and feel free to leave blank any questions you do not wish to answer.

Please use black ink.

< Local PI name >

< Site name >

1 Name _____ Today's Date

_____

2 Date of Birth Age (yrs) Birth weight/kg

														___. ___	

NHS No

This will be on your NHS/CHI card or may be on correspondence from the hospital or your GP.

CHI No

3 _____

Address_____

_____

Postcode_____ Telephone _____

4 GP's Name _____

GP Address _____

_____

5 a) Are you employed? Yes ☐ No ☐

b) Have you had any jobs involving work with any of these?

Coal ☐ Asbestos ☐ Chemicals ☐ Dust ☐ No ☐

c) If yes, please specify approximately how long <u>for</u> ☐

We may ask you some more details on this, especially if you have worked with more than one

_____

6 a) Are you married / cohabiting? Yes ☐ No ☐

b) If not married/ co-habiting, are you: -

Single / never married ☐ widowed ☐ divorced ☐ separated ☐

If widowed/ divorced or separated, what year ☐

About your lung health

7 a) Do you get short of breath?

All the time ☐ Worse at certain times of day ☐ With exercise only ☐ Night only ☐ No ☐

b) Do you cough? Yes ☐ No ☐

c) If you cough, do you produce phlegm (sputum)?

Yes, most mornings ☐ at least 3 months / year ☐ Only with exacerbations ☐ Occasionally ☐ Never ☐

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8 When were you diagnosed with COPD? Aged ☐ or year _____

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9 a) Can you climb a flight of stairs without stopping? Yes ☐ No ☐

b) **Which statement best describes your breathlessness?**
Please tick the appropriate box

1. I only get breathless with strenuous exercise ☐
2. I get short of breath when hurrying on the level or walking up a slight hill ☐
3. I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level ☐
4. I stop for breath after walking about 100 yards or after a few minutes on the level ☐
5. I am too breathless to leave the house or I am breathless when dressing ☐

10 **a) Have you ever smoked cigarettes?**

Yes – I currently smoke ☐ Yes – but I have given up ☐ No ☐

b) **If you smoke or have smoked**, how many cigarettes did you smoke each day? If you roll your own or smoke cigars/a pipe, please use the conversion chart on the last page to convert it to days

☐ / day

c) **If you smoke or have smoked**, how many years was this for? ☐ years

d) What age did you start smoking? ☐ Years old

e) If you have given up, how many years ago? ☐ Years ago

f) **Have you been a cigar smoker?** Yes ☐ No? ☐

i) If **yes**, how many / day ☐ / day

ii) How many years have you smoked cigars? ☐ years

g) **Have you ever regularly smoked social drugs, for eg cannabis?** Yes ☐ No ☐

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a) **Have you ever required steroids?** Yes ☐ No ☐

b) **Have you ever required antibiotics for your chest?** Yes ☐ No ☐

c) If **yes**, how many courses of steroids and / or antibiotics have you required in the last 12 months?

Steroids ☐ in last 12 months

Antibiotics ☐ in last 12 months

d) When was your last course of antibiotics or steroids? ☐ weeks ago

12 a) Do you have oxygen at home? Yes ☐ No ☐

b) If yes, how many hours a day, have you been advised to use it? ☐ /day

13 **a) Do you snore?** Yes ☐ No ☐

b) Do you have sleep apnoea (OSA)? Yes ☐ No ☐

c) How likely are you to doze off or fall asleep in the following situations in contrast to just feeling tired? This refers to your usual way in recent times.

Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

	Chance of dozing (0–3)
Sitting and reading	
Watching TV	
Sitting inactive in a public place (eg. a theatre or meeting)	
As passenger in a car for an hour without break	
Lying down to rest during the day when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

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14 **a) Have you ever done pulmonary rehabilitation?** Yes ☐ No ☐

b) If yes, did you complete the whole course? Yes ☐ No ☐

How long ago was the course? ☐ years ago

What limits your walking? Breathlessness ☐ Legs ☐ Nothing/other ☐

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15 **Have you lost or gained any weight in the last 12 months?**

Lost weight ☐ Gained weight ☐ Stayed about same ☐

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Activities

How often do you take part in sport or activities that are mildly energetic, moderately energetic or vigorous?

	3 times a week	Once or twice a week	About once to 3 times a month	Never/ hardly ever
a) Mildly energetic (e.g. walking, gardening, playing darts, general housework)	☐	☐	☐	☐
b) Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming)	☐	☐	☐	☐
c) Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing)	☐	☐	☐	☐

Please give the average number of hours per week that you spend in such activities:

d) Mildly energetic *Hours per week* ☐

e) Moderately energetic *Hours per week* ☐

f) Vigorous *Hours per week* ☐

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a) In the past week – on average, for how long did you walk outside your home/workplace? (If you did not walk please enter '0' in the boxes).

On each weekday Hours ☐ Minutes ☐ On each weekend day Hours ☐ Minutes ☐

b) In the past week – on average, for how long did you cycle? (If you did not cycle please enter '0' in the boxes).

On each weekday Hours ☐ Minutes ☐ On each weekend day Hours ☐ Minutes ☐

How would you describe your usual walking pace? *Please tick one box only.*

Slow pace (less than 3 mph) ☐ Steady average pace ☐

Brisk pace ☐ Fast pace (over 4 mph) ☐

17 Past Medical History

Have you ever been told by your doctor that you have any of the following?

a) High blood pressure — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes, are you on therapy for it? — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

Please specify the drug name .....

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b) High cholesterol — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes, are you on therapy for it? — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

Please specify the drug name .....

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c) Peripheral vascular disease (narrowing of the arteries in the leg) — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes, are you on therapy for it? — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

Please specify the drug name .....

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d) Atrial fibrillation (irregular pulse) — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes, are you on therapy for it? — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

Please specify the drug name .....

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e) Diabetes — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes, which type? — Type I ☐ Type II ☐ Don't Know ☐

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<u>Note</u>: If you have had more than one of the following, please record down the most recent episode.

Has a doctor told you that you have had any of the following?

a) Angina — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

b) Heart attack (myocardial infarct/ coronary thrombosis) — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

c) Stroke or Transient attack (mini-stroke/TIA?) — Yes ☐ No ☐ If Yes, in what year? Y Y Y Y

If Yes: Stroke ☐ Transient Ischemic Attack (TIA) ☐ Other (please specify) ☐ .....

d) Any other heart trouble suspected or confirmed? (e.g. valve disease, congenital heart disease or irregular heart beat) — Yes ☐ No ☐

If Yes, please specify: .....

19 Family History

Was your father ever diagnosed with any of the following?

Please tick the appropriate box(es)	Yes	No	Don't Know	Younger than 60 when diagnosed?
High blood pressure	☐	☐	☐	☐
Angina	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Peripheral vascular disease	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
COPD	☐	☐	☐	☐

Was your mother ever diagnosed with any of the following?

Please tick the appropriate box(es)	Yes	No	Don't Know	Younger than 60 when diagnosed?
High blood pressure	☐	☐	☐	☐
Angina	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Peripheral vascular disease	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
COPD	☐	☐	☐	☐

Were your brother(s)/sister(s) ever diagnosed with any of the following?

Please tick the appropriate box(es)	Yes	No	Don't Know	Younger than 60 when diagnosed?
High blood pressure	☐	☐	☐	☐
Angina	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Peripheral vascular disease	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
COPD	☐	☐	☐	☐

20 **Medication**

Please list below:

a) Inhalers

Name	Dose	How many puffs each time?	How many times per day?

b) Do you have a nebuliser? Yes ☐ No ☐

If so, please let us know what drugs you regularly use in your nebuliser

Name	Dose	How many times per day?

c) Are there any other medication you have NOT mentioned to us in question 17 or above?

Name	Dose	Times per day?

Other information

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On average, how much alcohol do you consume in a week?

Note: 1 unit = 1 small glass of wine (125ml)
= ½ pint of beer/lagar/cider
= 25ml pub measure of spirit

Enter number of units: ☐

Cigarette Equivalents for Tobacco Users

Pipe Smokers

One Bowl (fill) of tobacco is roughly equivalent to 2.5 cigarettes

Take the total number of bowls of tobacco smoked per day and multiply by 2.5

Cigar Smokers

One Café Crème (or similar small size cigar) is equivalent to approximately 1.5 cigarettes.

One Hamlet (or similar small size cigar) is equivalent to approximately 2 cigarettes.

One Havana (or similar small size cigar) is equivalent to approximately 4 cigarettes.

Roll-Your-Own Smokers

Each 25gms (1oz) of tobacco is approximately equivalent to 50 cigarettes. The smoker needs to be asked how many ounces of tobacco they smoke per week, then apply the following formula, which has been seen to give a fairly accurate guide to the cigarette equivalents smoked:

25 gms tobacco smoked per week = 50 cigarettes, divided by 7 days = approx. 7 cigarettes/day

50 gms tobacco smoked per week = 100 cigarettes, divided by 7 days = approx. 14 cigarettes/day

75 gms tobacco smoked per week = 150 cigarettes, divided by 7 days = approx. 21 cigarettes/day

100 gms tobacco smoked per week= 200 cigarettes, divided by 7 days = approx. 28 cigarettes/day

125 gms tobacco smoked per week= 250 cigarettes, divided by 7 days = approx. 35 cigarettes/day

150 gms tobacco smoked per week= 300 cigarettes, divided by 7 days = approx. 42 cigarettes/day