

HUNT 2 Questionnaire 3

Supplementary form on lung disease

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Do you usually experience shortness of breath, wheezing or coughing in these situations:

<yes, no>

Physical activity outside in cold weather?

In dusty or smoke filled places?

When there is a lot of car exhaust or other types of pollution?

Around strong smells, perfumes, spices, soaps, printer's ink, etc?

When you are near animals, feathers or are in a dusty part of the house, have you ever experienced that you: <yes, no>

Start coughing

Start wheezing

Feel tightness in your chest

Feel short of breath

Get a runny or stuffy nose or start sneezing

Get itchy or watery eyes

When you are near trees, grass, flowers or when there are high levels of pollen, have you ever experienced that you: <yes, no>

Start coughing

Start wheezing

Feel tightness in your chest

Feel short of breath

Get a runny or stuffy nose or start sneezing

Get itchy or watery eyes

Do you wheeze or become short of breath at work? <yes, no>

Have you ever had to quit a job because of trouble with your breathing? <yes, no>

If YES, which job did you quit? _____

Do you become more short of breath than other people your age when walking uphill? <yes, no>

Do you become short of breath when you climb two flights of stairs at a normal pace? <yes, no>

Do you become short of breath when walking on flat ground at a normal pace? <yes, no>

Are you short of breath when sitting still? <yes, no>

To what extent do your breathing problems limit your daily activities? (Put an X in one box)

Not at all

A little

Much

Very much

When you were a child, did you have any of these animals? <yes, no>

Cats

Dogs

Horses

Birds

Other animals with fur

Have you been diagnosed with asthma by your doctor? <yes, no>

Have you been diagnosed with chronic bronchitis or emphysema by your doctor? <yes, no>

Have you been examined by a general practitioner for breathing problems? <yes, no>

If YES, was a lung function measurement taken? <yes, no>

Have you been examined by a paediatrician, pulmonologist or another doctor at hospital for breathing problems? <yes, no>

If YES, have you been examined by such a doctor in the last 12 months? <yes, no>

Please put this questionnaire in the same envelope as the other questionnaires that you were given at the health examination and post them as soon as possible.

The postage is paid.

Many thanks for your help!