

Attachment C

The International Union Against Tuberculosis and Lung Disease (IUTALD) (1986) Bronchial Symptoms Questionnaire

1. Have you had wheezing or whistling in your chest, at any time in the last 12 months?
2. Have you been woken up with a feeling of tightness in your chest first thing in the morning at any time in the last 12 months?
3. Have you at any time in the last 12 months had an attack of shortness of breath that came on during the day when you were not doing anything strenuous?
4. Have you had an attack of shortness of breath that came on after you stopped exercise at any time in the last 12 months?
5. Have you at any time in the last 12 months been woken at night by an attack of shortness of breath?
6. Have you at any time in the last 12 months been woken at night by an attack of coughing?
7. Do you usually cough first thing in the morning?
8. Do you usually bring up phlegm from your chest first thing in the morning?
9. Have you brought up phlegm from your chest like this most mornings for at least 3 months each year?
10. Which of the following statements best describes your breathing?
 - a. I never or only rarely get trouble with my breathing
 - b. I get regular trouble with my breathing, but it always gets completely better
 - c. My breathing is never quite right
11. When you are in a dusty part of the house or with animals (for instance dogs, cats, or horses) or near feathers (including pillows, quilts and eiderdown) do you ever:
 - a. Get a feeling of tightness in your chest?
 - b. Start to feel short of breath?
12. Have you ever had asthma?
13. Have you had an attack of asthma at any time in the last 12 months?
14. Are you currently taking any medicines, (including inhalers, aerosols or tablets) for asthma?