

## Attachment D

### The British Medical Research Council Respiratory Questionnaire

CONFIDENTIAL QUESTIONNAIRE ON Respiratory Symptoms (1986), Interview questions only (does not include physical examination components), 1986 version

Approved by Medical Research Council's Committee on Environmental and Occupational Health

Before this questionnaire is used the instruction sheet must be read

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Surname

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First name(s)

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Address

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Serial Number

Sex (M=1 F=2)

Date of Birth

Day

Month

Year

---

Name at birth if different from above

---

Own doctor Name

Address

---

Other identifying data

---

Civil state

---

Occupation

---

Industry

---

Ethnic group

---

Interviewer

---

Day

Month

Year

Date of Interview

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**Use the actual wording of each question. Put 1= Yes, 2= No, or other codes as indicated in boxes. When in doubt record as no.**

Preamble

I am going to ask some questions, mainly about your chest. I should like you to answer **Yes** or **No** whenever possible.

### **Cough**

- 1 Do you usually cough first thing in the morning in winter?
- 2 Do you usually cough during the day or at night-in the winter?

If Yes to 1 or 2

- 3 Do, you cough like this on most days for as much as three months each year?

### **Phlegm**

- 4 Do you usually bring up phlegm from your chest first thing in the morning in the winter?
- 5 Do you usually bring up any phlegm from your chest during the day-or at night in winter?

If Yes to 4 or 5

- 6 Do you bring up phlegm like this on most days for as much as three months each year?

### **Periods of cough and phlegm**

- 7a In the past three years have you had a period of (increased) cough and phlegm lasting for three weeks or more?

If Yes

- 7b Have you had more than one such period?

### **Breathlessness**

If subject is disabled from walking by any condition other than heart or lung disease, omit question 8 and enter 1 here

- 8a Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

If Yes

- 8b Do you get short of breath walking with other people of your own age on level ground?

If Yes

- 8c Do you have to stop for breath when walking at your own pace on level ground?

### **Wheezing**

- 9 Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

- 10a Have you ever had attacks of shortness of breath with wheezing?

If Yes

10b Is/was your breathing absolutely normal between attacks?

11 Have you at any time in the last 12 months been woken at night by an attack of shortness of breath?

### **Chest Illnesses**

12a During the past three years have you had any chest illness which has kept you from your usual activities for as much as a week?

If Yes

12b Did you bring up more phlegm than usual in any of these illnesses?

If Yes

12c Have you had more than one illness like this in the past three years?

### **Past illnesses**

Have you ever had, or been told that you have had:

13a An injury or operation affecting your chest

13b Heart trouble

13c Bronchitis

13d Pneumonia

13e Pleurisy

13f Pulmonary tuberculosis

13g Bronchial asthma

13h Other chest trouble

13i Hay fever

### **Tobacco smoking 1 = Yes, 2 = No**

14 Do you smoke?

If No

14a Have you ever smoked as much as one cigarette a day (or one cigar a week or an ounce of tobacco a month) for as long as a year?

If No to both parts of question 14, omit remaining questions on smoking

15a Do (did) you inhale smoke?

If Yes

15b Would you say you inhaled the smoke slightly = 1, moderately = 2, or deeply = 3?

16 How old were you when you started smoking regularly?

17a Do (did) you smoke manufactured cigarettes?

If Yes

17b How many do (did) you usually smoke per day on weekdays?

17c How many per day at weekends?

17d Do (did) you usually smoke plain (=1) or filter tip (=2) cigarettes?

17e What brands do (did) you usually smoke?

18a Do (did) you smoke hand-rolled cigarettes?

If Yes

18b How much tobacco do (did) you usually smoke per week in this way?

18c Do (did) you put filters in these cigarettes?

19a Do (did) you smoke a pipe?

If Yes

19b How much pipe tobacco do (did) you usually smoke per week?

20a Do (did) you smoke small cigars?

If Yes

20b How many of these do (did) you usually smoke per day?

21a Do (did) you smoke other cigars?

If Yes

21b How many of these do (did) you usually smoke per week?

For present smokers

22a Have you been cutting down smoking over the past year?

For ex-smokers

Month      Year

22b When did you give up smoking altogether?