# **ELIGIBILITY QUESTIONNAIRE**

(STAGE 1)

#### **Instructions**

The inclusion questionnaire will be designed using Qualtrics, which is an online survey system offered by Imperial College London. The inclusion questionnaire will be completed online by the participants and will be available to the participants via the website.

If participants answer **Yes** to Questions 1.1 and 1.2, if they are between 18 and 23 years of age and if they consider themselves as White or South Asian ethnicity (i.e. English/Welsh/Scottish/Northern Irish/British, Irish, Gypsy or Irish Traveller, Any other White background, White and Asian, Indian, Pakistani, Bangladeshi, Any other Asian background) and answer **Yes** to Question 1.5 then they are eligible to participate in the study and the safety questions will be asked (Questions 2.1 to 2.7). If participants are eligible and it is safe for them to participate then the contact details (Questions 3.1 to 3.5) will be asked. Eligible participants will be informed that they will be contacted by email or phone to book a study visit.

No safety questions will be asked or contact details will be collected from the participants if they are not eligible to participate. The obtained information would not allow us to track the non-eligible participant and the answers to the questions do not contain any sensitive information.

# 1. Demographic information 1.1. Are you a student at Imperial College London? Yes $\Box$ No $\square$ 1.2. Are you born in the United Kingdom (England, Scotland, Wales, Northern Ireland)? Yes $\Box$ No $\square$ 1.3. What is your age range? <18yrs 18-23 24-27 >27yrs 1.4. To which of the ethnic group do you consider that you belong? (Choose one option that best describes your ethnic group or background) White English / Welsh / Scottish / Northern Irish / British Gypsy or Irish Traveller Any other White background, please describe: Mixed / Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed / Multiple ethnic background, please describe: Asian / Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, please describe: Black / African / Caribbean / Black British Caribbean African Any other Black / African / Caribbean background, please describe: Other ethnic group Arab Any other ethnic group, please describe:

1.5.Were at lea South-Asia (Pak Tanzania, Ugan	xistan, India, N			_		-
Tanzama, Ogan	ш).				Yes No	
2. Safety Questi 2.1.In the past the abdomen?		ve you had any	surgery on y	your chest or	Yes No	
2.2. Have you h	ad a heart attac	k within the pa	st three mon	ths?	Yes□ No □	
2.3.Do you have the past thre		ina or have you	ı had eye sur	gery within	Yes No	
2.4.Have you be past month?	en hospitalized	I for any other	heart probler	n within the	Yes No	
2.5.Are you in the	ne last trimeste	r of pregnancy	?		Yes No	
2.6.Are you curr	Yes No					
2.7.Have you ha	d a pneumotho	orax within the	past three mo	onths?	Yes No	
3. Contact detail	ls					
3.1. What is you	r Surname?					
3.2. What is you	r Name?					
3.3. What is you	r date of birth?		/	/	y y y	
3.4. What is you	r Phone numbe	er?				
3.5. What is you	r Imperial Coll	lege London er	nail address?			
3.6. When woul	d it suit you to	have the study	visit?			
	Morning (8-11am)	Lunch time (11am-2pm)	Afternoon (2-5pm)			
Monday						
Tuesday						
Wednesday						
Thursday						

Friday

		ID _					 	
Date:			/	/				
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# **ELIGIBILITY QUESTIONAIRE** (STAGE 2)

#### Instructions

The Eligibility questionnaire (stage 2) contains questions which are necessary to assess whether it is safe for the participant to perform spirometry. If any of the Questions 1.1 through 1.9 is **Yes** then it is not safe for the participant to perform the lung function testing. Therefore, the participant will be excluded from the study.

Ca	fate	Ougstions
$oldsymbol{s}$	jeiy	Questions

Safety Questions		
1. I just want to check the safety questions that you answered when you volunteered nothing has changed.	and ch	eck that
1.1. Have you had any surgery on your chest or abdomen?	Yes	
1.2. Have you had a heart attack within the past three months?	No Yes	_
1.2. Do way have a datashed gating on have you had an amount within the west three	No	
1.3. Do you have a detached retina or have you had eye surgery within the past three	Yes No	
1.4. Have you been hospitalized for any other heart problem within the past month?	Yes No	
1.5. Are you in the last trimester of pregnancy?	Yes No	
1.6. Does the participant have a resting pulse of greater than 120 beats per minute?	Yes No	
1.7. Are you currently taking medication for tuberculosis?	Yes No	
1.8. Have you had a pneumothorax within the past three months?	Yes No	
1.9. Is there some other reason why this participant should not perform the spirometry maneuver? If yes, record reason.	Yes No	
If the answer to any of Questions 1.2. through 1.9. is "Yes", then the participant will be excluded from the study.	e	
2. Researcher ID		

ata:	/	/		
ate:_	 /	 /_	 	 

MEASURI	EMENT QUESTIO	NNAIRE
Instructions The Measurements questionnaire of symptoms and will record the result and lung function testing.	-	
1. Demography		
1.1. What is the participant's sex?		_
		Male $\square$
		Female $\Box$
2. Respiratory infection	4: (14) : 41 14 41	
2.1 Have you had a respiratory infec	tion (cold) in the last thi	ree weeks? Yes $\square$
3. Medications for breathing		NO <b>L</b>
3.1. Have you taken any medications	s for breathing in the las	t 24 hours? Yes □
5.1. Have you taken any medications	o for oreasining in the las	No $\square$
If yes, record name/type of medication	on(s used.	110
If Question 3.1 is yes and the medica 3.2. If no, go to question 4		of the types below, go to question
Type of Medication	EXAMPLES	(1,
Short-acting beta-2 agonist	albuterol, salbutamol	6 hours prior to clinic visit
Anticholinergic inhaler	Atrovent,	6 hours prior to clinic visit
Long-acting beta-2 agonist (including combination	formoterol,	12 hours prior to clinic visit
preparations that contain a LABA)	Symbicort	101
Oral beta-2 agonist	Albuterol	12 hours prior to clinic visit
Oral theophylline	Theodur	12-24 hours prior to clinic visit,
Tong ording ordinal alimentic	G.:.: 4:	depending upon preparation
Long-acting anticholinergic	Spiriva, tiotropium	24 hours prior to clinic visit
with some other product, in the last s	six hours? gonist or oral beta 2 ago	c inhaler, either alone or in combination  Yes  No  nist, either alone or in combination with  Yes
product, in the last 12 no	<del></del>	No $\square$
3.4. Did you use an oral theophyllin/	long acting anticholine	
with some other product, in the last 2	0	Yes $\Box$
1		No 🗖

\_\_\_\_hrs ago \_\_\_\_days ago Enter 999 if non smoker or ex smoker (has not smoked in the last month)

4. Smoking

4.1. When did you last smoke?

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Date:		/_		/					
	d d	l	m	m	у		у	у	у
. Cardiovascular measurements									
.1.A. Pulse									_ bpm
.1.B. Pulse									_ bpm
.1.C. Pulse							_		_ bpm
.2.A. Blood pressure (Syst/Dia)						_/_		1	mm Hg
.2.B. Blood pressure (Syst/Dia)						_/_		1	nm Hg
.2.C. Blood pressure (Syst/Dia)						_/_		1	nm Hg
. Anthropometric measurements									
.1. Height					_			-	cm
.2. Weight				_				_•	_kg
.3.A Long bone length (ulna)							_		_cm
.3.B Long bone length (ulna)									_cm
.4.A Long bone length (demispan)									cm
.4.B Long bone length (demispan)									cm
. Measurements Compliance – Pre	ebronch	odila	tor Sp	oirome	rtry				
.1. Acceptable pre-bronchodilator t	est com	plete	d?						
									Yes □
.2. Unable to obtain satisfactory sp	irometri	v (che	eck on	e)?					No 🗖
5 1	ne partic			/	erstar	nd th	e ins	tructio	ons 🗖
	e partic	-						ooper	ate 🗆
								refu	
2 Wang any James	1 4 2 41	a:	4-					pplica	
.3. Were any adverse events related	to the s	spiror	netry	maneı	iver o	obsei	veal	-	evaluator?
									No 🗆

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ID
Date: / / / y y y
7.4. If the participant had a condition that would affect the result of their spirometry test (e.g., kyphosis, missing limbs, etc) note that condition here
8. Measurement Compliance - Bronchodilator
8.1. Bronchodilator administered?  Yes  No  No
9. Measurements Compliance – Postbronchodilator Spirometry
9.1. Acceptable post-bronchodilator test completed?
Yes □ No □
9.2. Unable to obtain satisfactory spirometry (check one)?
The participant did not understand the instructions
The participant was unable to physically cooperate
refused $\Box$
not applicable 9.3. Were any adverse events related to the spirometry maneuver observed by the evaluator?
Yes
No □
If yes, please describe the event
9.4. If the participant had a condition that would affect the result of their spirometry test (e.g., kyphosis, missing limbs, etc) note that condition here
10. Cardiovascular measurements before completing study visit
10.1.A. Pulse <b>bpm</b>
10.1.B. Pulse <b>bpm</b>
10.2.A. Blood pressure (Syst/Dia)/ mm Hg
10.2.B. Blood pressure (Syst/Dia)/ <b>mm Hg</b>
11. Researcher ID

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ID							_	
Date:		/		/				
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## PART A – Respiratory Symptoms, disorders and comorbidities

These questions pertain mainly to your chest. Please answer yes or no if possible. If you are in doubt about whether your answer is yes or no, please answer no.

Cough  1. Do you usually cough when you don't have a cold?  [If yes, continue with Question 1A; If no, skip to Question 2]	Yes No
1A. Are there months in which you cough on most days? [If yes, ask both Questions 1B & 1C; If no, skip to Question 1]	Yes No
1B. Do you cough on most days for as much as three months each	year? Yes No
1C. For how many years have you had this cough?	Less than 2 years 2-5 years More than 5 years
<ul> <li>Phlegm</li> <li>2. Do you <u>usually</u> bring up <u>phlegm</u> from your <u>chest</u>, or do you usually have phlegm in your chest that is difficult to bring up when you don't have a cold?</li> <li>[If yes, continue with Question 2A; If no, skip to Question 3]</li> </ul>	Yes No
2A. Are there <u>months</u> in which you have this phlegm on <u>most days</u> ? [If <b>yes</b> , ask <u>both</u> Questions 2B & 2C; If <b>no</b> , skip to Question 3]	Yes No
2B. Do you bring up this phlegm on <u>most days</u> for as much as <u>three months each year</u> ?	Yes No
2C. For how many <u>years</u> have you had this phlegm?	Less than 2 years 2-5 years More than 5 years
<ul> <li>Wheezing/Whistling</li> <li>3. Have you had wheezing or whistling in your chest at any time in the last 12 months?</li> <li>[If yes, ask both Questions 3A &amp; 3B; If no, skip to Question 4]</li> </ul>	Yes No
3A. In the <u>last 12 months</u> , have you had this wheezing or whistling <u>only</u> when you have a cold?	Yes No
3B. In the <u>last 12 months</u> , have you ever had an attack of wheezing or whistling that has made you feel <u>short of breath</u> ?	Yes No

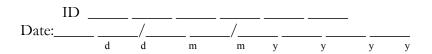
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Are you unable to walk due to a condition other than shortness of breath? Yes  If yes to Question 4, please describe this condition on the line below  If yes to Question 5. If no or unsure, go directly to Question 20.]  Nature of condition(s):  S. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?  So Are you sak Question 5A through 5D; If no, skip to Question 6]  SA. Do you have to walk slower than people of your age on level ground because of shortness of breath?  No Does not apply  SB. Do you ever have to stop for breath when walking at yes your own pace on level ground?  SC. Do you ever have to stop for breath after walking your own pace on level ground?  SC. Do you ever have to stop for breath after walking yes about 100 yards (or after a few minutes) on level ground?  No Does not apply  SD. Are you too short of breath to leave the house or short of breath on dressing or undressing?  No Does not apply		ID			_			_		
**Steathlessness**  **Are you mable to walk due to a condition other than shortness of breath? Yes If yes to Question 4, please describe this condition on the line below No and then skip to Question 5. If no or unsure, go directly to Question 20.]  **Stature of condition(s):		Date:		/		/				
I. Are you unable to walk due to a condition other than shortness of breath?  If yes to Question 4, please describe this condition on the line below  No mid then skip to Question 5. If no or unsure, go directly to Question 20.]  Nature of condition(s):  Sare you troubled by shortness of breath when hurrying on the level or walking up a slight hill?  No level or walking up a slight hill?  No level ground because of shortness of breath?  Sa. Do you have to walk slower than people of your age on level ground because of shortness of breath?  Sa. Do you ever have to stop for breath when walking at your own pace on level ground?  Sa. Do you ever have to stop for breath after walking at your own pace on level ground?  Sa. Do you cere have to stop for breath after walking a your own pace on level ground?  Sa. Do you does not apply  Sa. Do you does not of breath of beath after walking your own pace on level ground?  Sa. Do you does not of breath on dressing or undressing?  Sa. Do you does not of breath on dressing or undressing?  No Does not apply  Does not apply	Breathlessness		u	u	111	111	у	у	у	У
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Level or walking up a slight hill?   No	Nature of condition(s):									
Sevel ground because of shortness of breath?   No Does not apply	<u>level</u> or <u>walking up a slight hill</u>	?		_						
5B. Do you ever have to stop for breath when walking at your own pace on level ground?  5C. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?  5D. Are you too short of breath to leave the house or short of breath on dressing or undressing?  5D. Are you too short of breath to leave the house or you have asthma, asthmatic bronchitis or allergic bronchitis?  6D. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7D. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  7D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  8D. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  9D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  9D. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  9D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  10D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  11D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  12D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  12D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  12D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  12D. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  12D. Has a doctor or other health care provider ever t				age on						
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Does not apply  5C. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?  5D. Are you too short of breath to leave the house or short of breath on dressing or undressing?  No Does not apply  Diagnosed lung disease  5. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  No  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  8. No  9. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  1. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  1. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  1. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  2. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  3. How pour ever health care provider ever told you that you have chronic bronchitis?  No  5. Exacerbations  8. Have you ever had a period when you had breathing problems that got so yes bad that they interfered with your usual daily activities or caused you no to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8. A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episod	5B. Do you ever have to stop for	or breath when	walking	g at				Yes		
5C. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?  Does not apply  5D. Are you too short of breath to leave the house or short of breath on dressing or undressing?  No Does not apply  Diagnosed lung disease  6. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  No If yes, ask Question 6A. If no, skip to Question 7]  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  Yes No  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No If yes, ask Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  Exacerbations  8. Have you ever had a period when you had breathing problems that got so Yes bad that they interfered with your usual daily activities or caused you No to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episod	•									
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Short of breath on dressing or undressing?  Diagnosed lung disease  Shas a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  No  Off yes, ask Question 6A. If no, skip to Question 7]  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  No  No  No  No  Has a doctor or other health care provider ever told you that you have chronic bronchitis?  No  [If yes, ask Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  Yes  No  Exacerbations  Share you ever had a period when you had breathing problems that got so yes bad that they interfered with your usual daily activities or caused you No to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episodes						Does	not aj	oply		
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Diagnosed lung disease  5. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  No  If yes, ask Question 6A. If no, skip to Question 7]  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  8. Has a Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  ———episodes  ———episodes	short of breath on dressin	ng or undressing	g?			_				
S. Has a doctor or other health care provider ever told you that you have asthma, asthmatic bronchitis or allergic bronchitis?  6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  8. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  9. No  1. If yes, ask Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  18. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  ———————————————————————————————————						Does	not ap	oply		
you have asthma, asthmatic bronchitis or allergic bronchitis?  (If yes, ask Question 6A. If no, skip to Question 7]  (A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  (A. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes you have chronic bronchitis?  (B. Has a doctor or other health care provider ever told you that yes yes you have that yes yes yes you have that yes yes yes yes yes you have that yes yes yes y	Diagnosed lung disease									
6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  8. How many such episodes have you had in the past 12 months?  8. How many such episodes have you had in the past 12 months?  1. Yes No  2. Yes No  3. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  1. Sharing the problems are provider ever told you that yes No  2. Yes No  3. Have you ever had a period when you had breathing problems that got so Yes No  4. How many such episodes have you had in the past 12 months?  4. If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  8. How many such episodes have you had in the past 12 months?  4. If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]										
6A. Do you still have asthma, asthmatic bronchitis or allergic bronchitis?  7. Has a doctor or other health care provider ever told you that you have chronic bronchitis?  8. How many such episodes have you had in the past 12 months?  8. How many such episodes have you had in the past 12 months?  8. How many such episodes have you had in the past 12 months?  8. How many such episodes have you had in the past 12 months?  9. If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  10. Yes  10. No  11. Yes  12. No  13. Yes  14. No  15. No  16. No  17. Yes  18. No  19. Yes  19. No  19. No  19. No  19. Provided that got so  19. No  10. No				nchitis?				No		
7. Has a doctor or other health care provider ever told you that you have chronic bronchitis? No [If yes, ask Question 7A. If no, skip to Question 8] 7A. Do you still have chronic bronchitis? Yes No  Exacerbations 8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months? [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episod	ij <b>yes</b> , ask Question oA. Ij <b>no</b> , skip	to Question /	/							
7. Has a doctor or other health care provider ever told you that you have chronic bronchitis? No [If yes, ask Question 7A. If no, skip to Question 8] 7A. Do you still have chronic bronchitis? Yes No  Exacerbations 8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months? [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  ———episod	6A. Do you still have asthma, a	sthmatic brone	hitis or	allergic	bronch	itis?		Yes		
you have chronic bronchitis?  [If yes, ask Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  Exacerbations  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  ————episode								No		
you have chronic bronchitis?  [If yes, ask Question 7A. If no, skip to Question 8]  7A. Do you still have chronic bronchitis?  Exacerbations  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  ————episode	7 Has a doctor or other health care	provider ever t	old vou	ı that				Yes		
7A. Do you still have chronic bronchitis?  Yes No  Exacerbations  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9] episode		provider ever	ora you	· trut						
Exacerbations  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months? [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episode	200	. ~	n 8]							
Exacerbations  8. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episode	7A. Do you still have chronic b	ronchitis?								
B. Have you ever had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]  episode	Exacerbations							NO		
to miss work? [If yes, ask Question 8A. If no, skip to Question 9]  8A. How many such episodes have you had in the past 12 months?  [If 25A > 0, ask Questions 8B and 8C, else skip to Question 9] episode	8. Have you ever had a period when	•			_					
[If 25A > 0, ask Questions 8B and 8C, else skip to Question 9]episod	•	•			•					
8B. For how many of these episodes did you need to see a doctor or other health care provider in						ths?			epis	ode
	8B. For how many of these	e episodes did y	you nee	d to see	a docto	r or othe	er heal	Ith care p	rovider	in

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	m y	y aat 12 maa	y n <b>t l</b> n a <b>2</b>	у
8C. For how many of these episodes were you hospitalized overnigh [If 8C >0, ask Question 8C1, else skip to Question 9]		_ episodes		
8C1. All together, for how many total days were you hospitalized ov the past 12 months?	ernight f	or breathir	ng probl days	lems i
Comorbidities				
9. Has a doctor or other health care provide ever told you that you had:  Yes No				
A. Hypertension				
B. Diabetes				
C. Tuberculosis				
[If yes to 9C, then ask 9C1; otherwise, skip to Question 10]				
9C1. Are you currently taking medicine for tuberculosis?		Yes		
[If <b>no</b> to 9C1, then ask 9C2; otherwise, skip to Question 10]		No		
9C2. Have you ever taken medicine for tuberculosis?		Yes		
		No		
10. Have you ever had an operation on your chest in which a part of your lun	ig was re	moved?		
10. 114. 6 John Charles and operation on John Charles a part of John 14.	.5	Yes		
		No		
11. Were you hospitalized as a child for breathing problems prior to the age of	of 10?			
The first four mosphisme as a simulation or entire proofers prior to use use of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes		
		No		
	Don't K			
12. Has a doctor or other health care professional told your		Yes		
father, mother, sister or brother that they had a diagnosis		No		
of emphysema, chronic bronchitis or COPD?				

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### PART B - Quality of life

13. In general, would you say your health is: (Check one)

Excellent

Very good

Good

Fair

Poor

14. The following questions are about activities you might do during a typical day. Does *your health now limit* you in these activities? If so, how much?

Yes, limited a Yes, limited a Not limited at lot little all

14a. *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

14b.Climbing several flights of stairs

15. **During** *the past* 4 *weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

No, none	Yes, a little	Yes,	Yes,	Yes, all
of the	of the time	some of	most of	the time
time	of the time	the time	the time	me mie

15a. Accomplished less than you would like

15b. Were limited in the **kind** of work or other activities

16. **During** *the past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

No, none	Yes, a little	Yes,	Yes,	Yes, all
of the	,	some of	most of	the time
time	of the time	the time	the time	me ume

16a. **Accomplished less** than you would like

16b. Didn't do work or other activities as **carefully** as usually

17. **During the** *past 4 weeks***,** how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all

Slightly

Moderately

Quite a bit

Extremely

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18. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** 

All of	Most of	A good	Some	A little	None
		bit of	of the	of the	of the
me ume	the time	the time	time	time	time

18a.Have you felt calm and peaceful? 18b.Did you have a lot of energy? 18c.Have you felt downhearted and blue?

19. **During the** *past 4 weeks*, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

All the time
Most of the time
Some of the time
A little of the time
None of the time

20. Now we'd like to ask you some questions about how your health may have changed. Compared to one year ago,

Much	Slightly	About	Slightly	Much
better	better	the same	worse	worse

20a. How would you rate your **physical health** in general now?

20b.How would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) **now**?

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			Date:		/		/_					
				d	d	m	m	v	v	7	v	V

#### **PART C - Management Section**

Now I am going to ask you about medicines that you may be taking to help with your breathing. I want to know about medicines that you take on a regular basis and medicines that you may take only for the relief of symptoms. I would like you to tell me each medicine that you take, what form do you take it in, and how often you take it each month.

21. In the past 12 months, have you taken any medications for your breathing (including medications for nasal congestion)? *If participant does not take any medications to help their breathing, skip to Question 27.* 

Yes No

21.A. Medication Name (not entered)				
21.B. Medication Code				
21.C. Formulation	Pills	Pills	Pills	Pills
	Inhaler	Inhaler	Inhaler	Inhaler
	Nebulizer	Nebulizer	Nebulizer	Nebulizer
	Liquid	Liquid	Liquid	Liquid
	Suppository	Suppository	Suppository	Suppository
	Injection	Injection	Injection	Injection
	Other	Other	Other	Other
21.D. Is the medicine taken on most days or just	Most days	Most days	Most days	Most days
when you have symptoms or both? (If 'most day	Symptoms	Symptoms	Symptoms	Symptoms
ask Q26E if both ask 'both' 26E and Q26F)	Both	Both	Both	Both
	Other	Other	Other	Other
21.E. When you are taking the medication how many days a week do you take it?	days/week	days/week	days/week	days/week
21.F. When you are taking the medication, how	0-3	0-3	0-3	0-3
many months in the past 12 months have you	4-6	4-6	4-6	4-6
taken it?	7-9	7-9	7-9	7-9
	10-12	10-12	10-12	10-12

22. Please tell me about any other products that you take or things you do to help your breathing that you have not already told me about.

Medicine or Activity	Code

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PART D - Smoking	у у	y	у
Now I am going to ask you about smoking. First I will ask about cigarettes, including cigarettes, and then I will ask about other items that are smoked.	ing hand roll	ed	
23.1. Have you <u>ever</u> smoked <b>cigarettes</b> ?	Yes		
("Yes," means more than 20 packs of cigarettes in a lifetime or more than 1 cigare [if yes, ask questions 23.2 through 23.5; otherwise, skip to Question 24.1)	No tte each day j	for a yea	ır)
23.2. How old were you when you first started regular cigarette smoking?		year	rs old
23.3. <u>If you have stopped smoking</u> , how old were you when you last stopped? (If the participant has not stopped smoking, record as code '999'.)		year	s old
23.4. On average over the entire time that you smoke(d), about how many cigarette you smoke? i) cigarettes/day ii) cigarettes/week	s per day/per	week do	o (did)
23.5. On average over the entire time that you smoke(d), do (did) you primarily sm rolled cigarettes?  Manufa Hand		tured or	hand-
241 11	*7		
24.1. Have you ever smoked a water pipe?	Yes No		
("Yes," means more than 1 water pipe per week for one year at any time in your lift [if yes, ask questions 24.2 through 24.4; otherwise, skip to Question 25.1)			
24.2. How old were you when you first started regular water pipe smoking?		year	rs old
24.3. <u>If you have stopped smoking</u> , how old were you when you last stopped? (If the participant has not stopped smoking, record as code '999'.)		year	rs old
	pe per day/pe	·	
(If the participant has not stopped smoking, record as code '999'.)  24.4. On average over the entire time that you smoke(d), about how many water pip you smoke?  i) water pipes /day  ii) water pipes /week	pe per day/pe	·	
(If the participant has not stopped smoking, record as code '999'.)  24.4. On average over the entire time that you smoke(d), about how many water pip you smoke? i) water pipes /day		·	

Yes No Don't work

hours

hours

hours

hours

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25.3.1. At home

25.3.4. Elsewhere

25.3.2. In workplace

25.3.3. Bars, restaurants, cinemas or similar social settings

25.3. How many hours per day, are you exposed to other people's tobacco smoke in the following locations?

	$I\Gamma$			_				_
Date:		/		/				
	d	d	m	m	V	v	V	v

## **PART E – Family history**

Family Composition

26. How many siblings do you have?

If the answer to Question 26 is >0 then ask Question 27 to 28, otherwise skip to Question 29.1.

27. How many older siblings do you have?

28. How many older brothers do you have?

Family history - Education

29.1 What is the highest level of schooling your mother has completed?

**Primary School** 

Middle School

High School

Some College (Trade/Professional/Community)

Four Year College/University

None

Unknown

29.2 What is the <u>highest level</u> of schooling your <u>maternal grandmother</u> has completed?

Primary School

Middle School

High School

Some College (Trade/Professional/Community)

Four Year College/University

None

Unknown

29.3 What is the <u>highest level</u> of schooling your <u>maternal</u> grandfather has completed?

Primary School

Middle School

High School

Some College (Trade/Professional/Community)

Four Year College/University

None

Unknown

29.4 What is the highest level of schooling your father has completed?

**Primary School** 

Middle School

High School

Some College (Trade/Professional/Community)

Four Year College/University

None

Unknown

29.5 What is the <u>highest level</u> of schooling your <u>paternal grandmother</u> has completed?

Primary School

Middle School

High School

Some College (Trade/Professional/Community)

Four Year College/University

None

Unknown

ID	
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29.6 What is the <u>highest level</u> of schooling your <u>paternal grandfather</u> has completed?	У
Primary School  Middle School  High School	
Some College (Trade/Professional/Community) Four Year College/University	
None Unknown	
Family history – Occupation	
30.1. What has been your <u>father's</u> usual occupation or job?  If the he has never worked then enter "never worked" and go to question 31.1	
30.2. What does/did he actually do in his work (describe)	
30.3. What industry does he work in?  If father unemployed put 999	
30.4. For how many years has your <u>father</u> worked at this job? years	
30.5. Is your <u>father:</u>	
A manager working for an employer? A foreman or supervisor working for an employer? Working for an employer, but neither a manager, supervisor or foreman? Self-employed?	
30.6. Enter ISCO code here:	
31.1. What has been your <u>paternal grandfather's</u> usual occupation or job?	
31.2. What does/did he actually do in his work (describe)	
31.3. What industry did he work in?  If grandfather unemployed put 999	
31.4. For how many years has your <u>paternal grandfather</u> worked at this job? years	
31.5. Has your <u>paternal grandfather</u> been a farmer?  If yes go to Question 31.6., otherwise skip to Question 31.7.  Yes	
No 31.6. Has your <u>paternal grandfather</u> been:  If Question 31.6. is being completed then skip to 32.1.	
An owner, but didn't work on the farm An owner, but worked on the farm A tenant, worked on the farmer but didn't own the farm Employed on the farm but not a tenant or owner	

d d m m y y y	V
31.7. Was your paternal grandfather:	<u>y</u>
A manager working for an employer?  A foreman or supervisor working for an employer?  Working for an employer, but neither a manager, supervisor or foreman?  Self-employed?	
31.8. Enter ISCO code here:	
32.1. Did your <u>paternal grandmother</u> work outside the home?	
Yes	
No If Question 32.1 is <b>Yes</b> then go to Question 32.2 to 32.9, otherwise skip to Question 33.1	
32.2. What was your <u>paternal grandmother's</u> usual occupation or job?	
32.3. What does/did she actually do in her work (describe)	
32.4. What industry did she work in?	
If grandmother unemployed put 999	
32.5. For how many years has your <u>paternal grandmother</u> worked at this job? years	
32.6. Has your <u>paternal grandmother</u> been a farmer?	
If yes go to 32.7. else skip to 32.8. Yes	
No	
32.7. Has your <u>paternal grandmother</u> been:  If Question 32.7. is being completed then skip to 33.1.	
An owner, but didn't work on the farm	
An owner, but worked on the farm	
A tenant, worked on the farmer but didn't own the farm	
Employed on the farm but not a tenant or owner	
32.8. Was your <u>paternal grandmother</u> :  A manager working for an employer?	
A foreman or supervisor working for an employer?	
Working for an employer, but neither a manager, supervisor or foreman?	
Self-employed?	
32.9. Enter ISCO code here:	
22.1. Has an door your mother work outside the harman	
33.1. Has or does your <u>mother</u> work outside the home?  If Question 33.1. is <b>Yes</b> then go to Question 33.2 to 33.7,  Yes	
otherwise skip to Question 34.1  No	
33.2. What has been your mother's usual occupation or job?	
25.2. What has over your <u>mouter s</u> asaar overpation of jou:	
33.3. What does/did she actually do in her work (describe)	
33.4. What industry does she work in?	
If mother unemployed put 999	

	Date:		/		/			_	
		d	d	m	m	y	у	у	
33.5. For how many years h	ias your mother	<u>r</u> worke	d at this	job?			years		
33.6. Is your mother:									
55.0. Is your <u>monor</u> .			A ma	nager w	orking	for an	employer?		
	A f	oreman		_	_		employer?		
Working f	or an employer								
_					-		employed?		
33.7. Enter ISCO code here	:								
34.1. What has been your <u>n</u>									
If the he has never worked t	then enter "nev	er work	ked" and	d go to q	uestior	ı 35.1			
2.4.2 XXXI + 1		1 (1	•1						
34.2. What does/did he actu	ially do in his v	vork (de	escribe)						
34.3. What industry did he	work in?								
If grandfather unemployed								•	
., S. and anner unemproyed	P / / /								
34.4. For how many years h	nas your materr	nal gran	dfather v	worked	at this j	job?			
years									
34.5. Has your <u>maternal gra</u>									
If yes go to Question 34.6.,	otherwise skip	to Ques	stion 34.	<i>7</i> .			Yes		
24 6 77	10 1 1						No		
34.6. Has your <u>maternal gra</u>			0.5 1						
If Question 34.6. is being co	ompietea then s	кир то з		nar hut	didn't	work o	n the farm		
				-			n the farm		
	A tenant	t worke					n the farm		
		-					t or owner		
34.7. Was your <u>maternal gr</u>		r							
,			A ma	nager w	orking	for an	employer?		
							employer?		
Working f	or an employer	, but ne	ither a r	nanager	, super				
340 F + 1000 1 1						Self-e	employed?		
34.8. Enter ISCO code here	<u>:                              </u>								
N5.1 D.1	1 .1 1		.1 1						
35.1. Did your <u>maternal gra</u>	<u>indmother</u> work	c outsid	e the ho	me?			<b>1</b> 7		
							Yes		
If Question 35.1 is <b>Yes</b> then	go to Overtica	1 35 2 to	350 0	thorwis	o skin t	o Oues	No tion 36.1		
g Zuesiion 33.1 is <b>105</b> men	go to Question	, JJ.4 lC	, 55.7, 0	inci Wis	ι σπιρ ι	o Ques	JU.1		
35.2. What was your mater	nal grandmothe	er's usua	al occun	ation or	job?				
- · · · · · · · · · · · · · · · · · · ·			P		<i>.</i>			•	
35.3. What does/did she act	ually do in her	work (	describe	)				_	
	- 								
35.4. What industry did she									
If grandmother unemployed			1 4		1	. 10			
35.5. For how many years h	ias your <u>matern</u>	iai gran	amother	worked	i at this	Job?			_
years									

ID \_\_\_\_\_

ID _							_
Date:	/					-	
d	d	m	m	у	у	у	у
35.6. Has your maternal grandmother been a farmer	?						
If yes go to 35.6. else skip to 35.8.					Y	es	
					N	lo	
35.7. Has your <u>maternal grandmother</u> been:							
If Question 35.7. is being completed then skip to 36.	.1.						
	An owr	ner, but	didn't	work o	n the far	m	
	An	owner	, but wo	orked o	n the far	m	
A tenant, worked	on the	farmer	but die	ln't ow	n the far	m	
Employed	l on the	e farm l	but not	a tenan	t or own	er	
35.8. Was your <u>maternal grandmother</u> :							
	A mar	nager w	orking	for an	employe	r?	
A foreman or							
Working for an employer, but neith							
		C	, 1		employe		
35.9. Enter ISCO code here:					1 5		
Family history – Place of birth							
36.1. Where was your <u>mother</u> born?		City	v/region	1:			
		(	Country	/: /:			
36.2. Where was your <u>maternal grandmother</u> born?		City	v/region	1:			
		(	Country	/: /:			
36.3. Where was your <u>maternal grandfather</u> born?		City	y/region	1:			
, <u> </u>							
			,				
36.4. Where was your <u>father</u> born?		City	y/region	1:			
·							
36.5. Where was your <u>paternal grandmother</u> born?		City	y/region	ı:			
		(	Country	/:			
36.6. Where was your <u>paternal grandfather</u> born?		City	y/region	1:			
		(	Country	/:			
Family history – Place of childhood							
37.1. What term best describes the place your mother	<u>er</u> lived	l most	of the ti	me dur	ing her		
childhood?							
					Far	m	
			Vi	llage in	rural ar	ea	
					Small tov		
					b or a ci	-	
				D	on't kno	W	
37. 2. What term best describes the place your <u>mater</u>	rnal gr	andmo	ther live	ed most	t of the t	ime	
during her childhood?					_		
					Far		
			V1.	_	rural ar		
					Small tou	710	

Suburb or a city Don't know

37. 3. What term best describes the place your <u>maternal grandfather</u> lived most of the time during his childhood? Farm Village in rural area Small town Suburb or a city Don't know 37. 4. What term best describes the place your <u>father</u> lived most of the time during his childhood? Farm Village in rural area Small town Suburb or a city Don't know 37. 5. What term best describes the place your <u>paternal grandmother</u> lived most of the time during her childhood? Farm Village in rural area Small town Suburb or a city Don't know 37. 6. What term best describes the place your <u>paternal grandfather</u> lived most of the time during his childhood? Farm Village in rural area Small town Suburb or a city Don't know

Family history - Smoking

38.1. Did your <u>mother</u> smoke regularly before your pregnancy?	
	Yes
	No
	Don't know
38.2. Did your <u>father</u> smoke regularly before your pregnancy?	
3 == 5 3 3 1 5 3	Yes
	No
	Don't know
38.3. Did your <u>mother</u> smoke regularly during your pregnancy?	
	Yes
	No
	Don't know
38.4. Did your <u>father</u> smoke regularly during your pregnancy?	
	Yes
	No
	Don't know
38.5. Did your <u>mother</u> smoke regularly during your childhood?	
	Yes
	No
	Don't know

38.6. Did your father smoke regularly during your childhood?  Yes No Don't know  38.7. Does your mother smoke regularly nowadays?  Yes No Don't know  38.8. Does your father smoke regularly nowadays?  Yes No Don't know  38.8. Does your father smoke regularly nowadays?  Yes No Don't know  PART F - Birth linkage, GP and withdrawal details  Birth linkage  This section will only be completed if the participant consents to accessing birth weight information (See consent form).  39. Is your birth name different from your current name?  Yes No Hithe answer to Questions 39 is "Yes", then proceed with Questions 39.1. and 39.2. If the answer to Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  40. What is your NHS number?  General practice contact details This section will only be completed if the participant consents to sending the results of the lung function testing to their GP (See consent form).  41.1. What is the name of your GP practice?  Withdrawal  42. Define the circumstance under which the participant withdrew if the participant withdrew	6. Did your father smoke regularly during your childhood?  Yes No Don't know 7. Does your mother smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know  RT F - Birth linkage, GP and withdrawal details  th linkage s section will only be completed if the participant consents to accessing birth weight bromation (See consent form).  Is your birth name different from your current name? Yes No he answer to Questions 39 is "Yes", then proceed with Questions 39.1 and 39.2. If the answer Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  What is your NHS number?  Neral practice contact details s section will only be completed if the participant consents to sending the results of the lung ction testing to their GP (See consent form).  1. What is the name of your GP practice?
38.6. Did your father smoke regularly during your childhood?  Yes No Don't know 38.7. Does your mother smoke regularly nowadays?  Yes No Don't know 38.8. Does your father smoke regularly nowadays?  Yes No Don't know  PART F - Birth linkage, GP and withdrawal details  Birth linkage This section will only be completed if the participant consents to accessing birth weight information (See consent form).  39. Is your birth name different from your current name?  Yes No If the answer to Questions 39 is "Yes", then proceed with Questions 39.1 and 39.2. If the answer to Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  40. What is your NHS number?  / /  General practice contact details This section will only be completed if the participant consents to sending the results of the lung function testing to their GP (See consent form).  41.1. What is the name of your GP practice?	6. Did your father smoke regularly during your childhood?  Yes No Don't know 7. Does your mother smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know  RT F - Birth linkage, GP and withdrawal details  th linkage section will only be completed if the participant consents to accessing birth weight tormation (See consent form).  Is your birth name different from your current name?  Yes No he answer to Questions 39 is "Yes", then proceed with Questions 39.1. and 39.2. If the answer Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  What is your NHS number?  What is your NHS number?  Interal practice contact details  s section will only be completed if the participant consents to sending the results of the lung cition testing to their GP (See consent form).  1. What is the name of your GP practice?
Yes No Don't know 38.7. Does your mother smoke regularly nowadays?  Yes No Don't know 38.8. Does your father smoke regularly nowadays?  Yes No Don't know 38.8. Does your father smoke regularly nowadays?  Yes No Don't know PART F - Birth linkage, GP and withdrawal details  Birth linkage  This section will only be completed if the participant consents to accessing birth weight information (See consent form).  39. Is your birth name different from your current name?  Yes No If the answer to Questions 39 is "Yes", then proceed with Questions 39.1 and 39.2. If the answer to Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  40. What is your NHS number?  General practice contact details This section will only be completed if the participant consents to sending the results of the lung function testing to their GP (See consent form).  41.1. What is the name of your GP practice?  Withdrawal	Yes No Don't know 7. Does your mother smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know 8. Does your father smoke regularly nowadays?  Yes No Don't know  RT F - Birth linkage, GP and withdrawal details  th linkage s section will only be completed if the participant consents to accessing birth weight formation (See consent form).  Is your birth name different from your current name? Yes No he answer to Questions 39 is "Yes", then proceed with Questions 39.1. and 39.2. If the answer Question 39 is No then skip to Question 40.  39.1. What was your Birth Surname?  39.2. What was your Birth Name?  What is your NHS number?  What is your NHS number?  Interal practice contact details s section will only be completed if the participant consents to sending the results of the lung cition testing to their GP (See consent form).  1. What is the name of your GP practice?
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39.2. What was your Birth Name?  40. What is your NHS number?  General practice contact details  This section will only be completed if the participant consents to sending the results of the lung function testing to their GP (See consent form).  41.1. What is the name of your GP practice?  41.2. What is the contact address of your GP practice?	39.2. What was your Birth Name?  What is your NHS number?  **Ineral practice contact details**  Is section will only be completed if the participant consents to sending the results of the lung ction testing to their GP (See consent form).  1. What is the name of your GP practice?
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