PROJECT: Environmental factors as modifiers of the expression of genes involved in the pathogenesis of bronchial asthma

Please indicate the correct answer by putting √ or x in the correct □ or write the correct answer in the dotted box
White fields are filled in by a volunteer, gray fields are filled in by a doctor

<table>
<tr><td colspan="3">Date of completing the questionnaire …………….</td><td colspan="2">Form no
(filled in by the doctor)</td></tr>
<tr><td colspan="2">First name ………………...</td><td colspan="3">Last name ……………… Birth date ………………….</td></tr>
<tr><td colspan="5">Contact phone number: ………………………………………</td></tr>
<tr><td colspan="5">Contact address……..……………………………………….</td></tr>
<tr><td>Sex
W□ /M□</td><td>Age
………….</td><td>sex
W□ /M□</td><td>Age
………….</td><td>BMI……….</td></tr>
<tr><td colspan="4">Do you smoke cigarettes or other tobacco?
□ YES, from …… .years, around …… ..cigarettes a day
□ I have smoked in the past (period of abstinence minimum 6 months)
…….. years, around ………cigarettes a day
□ NO</td><td>Pack Years …..</td></tr>
<tr><td colspan="5">Has anyone in your family (parents, siblings, grandparents) suffered from asthma or other allergic diseases, if so who?
□allergic rhinitis ……………………………………………………
□has diagnosed nosakto polyps ………………………………………………… ...
□allergic conjunctivitis ……………………………………………………
Atopic dermatitis who ……………………………………………………
Other allergic diseases, such as …………………………… who?
Thank you, the rest of the section is to be completed only by the doctor</td></tr>
<tr><td colspan="3">Performed tests (completed by the doctor):</td><td colspan="2">□ a sample for genetic tests (3 tubes and 9 ml for EDTA)</td></tr>
<tr><td>□ morphology</td><td>□ CRP</td><td>□ morphology</td><td>□ CRP</td><td>□ morphology</td></tr>
<tr><td colspan="5">Study group (to be completed by a doctor):</td></tr>
<tr><td>□ Severe asthma</td><td>□ Severe asthma OMA</td><td colspan="2">□ Severe asthma</td><td>□ Severe asthma OMA</td></tr>
<tr><td>FEV1 resting</td><td>□≥65%
□<65%</td><td colspan="2">FEV1 resting</td><td>□≥65%
□<65%</td></tr>
<tr><td>Asthma beginning</td><td>□<40 y</td><td colspan="2">Asthma beginning</td><td>□<40 y</td></tr>
<tr><td colspan="5"></td></tr>
</table>

To be completed only by asthma patients

1.	At what age did asthma symptoms appear (wheezing, shortness of breath, cough) ☐<3 y ☐3-7 y ☐7-16 y ☐16-40 y ☐> 40 y		
2.	The year of asthma recognition (by the doctor):………………………		
3.	Since when asthma is severe (persistent symptoms despite treatment, frequent exacerbations, oral or intravenous steroids, hospitalization) year…………………………. ☐ n/a		
4.	In the last 4 weeks:	YES	NO
1)	Have asthma symptoms cough, shortness of breath, wheezing, tightness in the chest (at least one symptom) more than 2 weeks?	☐	☐
2)	Was there any restriction in daily activities due to asthma?	☐	☐
3)	Did you experience asthma symptoms at night: cough, shortness of breath, wheezing, chest tightness (at least one of the symptoms)?	☐	☐
4)	Due to asthma symptoms did the patient use a reliever medication (SABA) more than twice a week?	☐	☐
5)	is the PEF or FEV1 value <80% of the predicted or maximum personal best score?	☐	☐
Asthma control according to GINA			
☐ controlled	☐ partly controlled	☐ uncontrolled	

<table>
<tr><td>5</td><td>Have there been severe exacerbations in the last year (requiring the use of oral or intravenous steroids, ambulance service, help at the Emergency Department or Emergency Room or hospitalization)?
□ There hasn't been in the last year
□ There was 1
□ There were 2
□ There have been 3 or more in the last year He is now</td></tr>
<tr><td colspan="2">If there were severe exacerbations:</td></tr>
<tr><td>5a.</td><td>How many times during the last year was emergency medical help required (PR, A&E, IP, visit to the clinic with intravenous / intramuscular / nebulized drugs, hospitalization)? (give me a number):………………</td></tr>
<tr><td>5b.</td><td>Number of additional unplanned medical visits in the last year (please enter the number): ....</td></tr>
<tr><td>5c.</td><td>Number of hospitalizations in the last year (provide the number): ....</td></tr>
<tr><td>5d.</td><td>Have you had a life-threatening asthmatic incident in the past (need for intubation, adrenaline use, loss of consciousness during an asthma attack due to breathlessness?
□ NO □ YES</td></tr>
<tr><td>.5.</td><td>Please list all your CURRENT asthma medications - inhaled and oral
Drug name Dose Times a day
1) ……………………………… …….. mcg/mg/g/amp …….
2) ……………………………… …….. mcg/mg/g/amp …….
3) ……………………………… …….. mcg/mg/g/amp …….
4) ……………………………… …….. mcg/mg/g/amp …….
5) ……………………………… …….. mcg/mg/g/amp …….
6) ……………………………… …….. mcg/mg/g/amp …….</td></tr>
<tr><td>6.</td><td>Has the patient been using systemic glucocorticosteroids chronically in the last 3 months (or was it necessary to use them for most days in the period in question)?
□ NO □ YES, dose of prednisone calculaiton ………….mg</td></tr>
</table>

7.	Does the patient take inhaled glucocorticoids as a single component or a combined drug for maintenance treatment? □ NO □ YES, *a dose of BDP-CFC calculaiton/day ………mcg/mg*				
8	Is the patient taking LABA (ultraLABA) maintenance therapy as a single component or a combination drug? □ NO □ YES □formoterol□salmeterol□ other				
9	Is the patient taking SAMA or LAMA? □ NO □ YES, □ipratropium□tiotropium□ other				
10	Is the patient taking anti-leukotriene drugs? □ NO □ YES □ montelukast□zafirlukast□ other				
11.	Is the patient taking anti IgE? □ NO □ YES *the month dose* ……………mg				
Treatment intensity according to GINA					
□ 1 degree		□ 2 degree	□ 3 degree	□ 4 degree	□ 5 degree
12.	Do you suffer from			YES	NO
	a) for allergic rhinitis			□	□
	b) has nasal polyps			□	□
	c) allergic conjunctivitis			□	□
	d) atopic dermatitis e) other allergic diseases			□	□
				□	□
	others…………………………………………………………				

13.	Have you ever experienced any side effects after taking painkillers / anti-inflammatory / antipyretic drugs, e.g. aspirin? □ NO □ YES, □ I am not sure *if yes:* a) after which drug:…………………………………………………………………….. b) what symptoms……………………………………………………………………… c) after what time of drug……………………………………………………… d) how many times………… e) when the last time ……………….year f) did the doctor diagnosed hypersensitivity to non-steroidal anti-inflammatory drugs □ NO □ YES, □ I am not sure g) Was a provocation with this drug performed by a doctor? □ NO □ YES, □ I am not sure

Asthma Control Test

1) 1) Over the past 4 weeks, how often did your asthma stop you from performing your usual activities at work, at school, university or at home?

□Always (1)

□Very common (2)

□Sometimes (3)

□Rare (4)

□No

2) 2) How often in the last 4 weeks have you felt short of breath?

□ More than once a day (1)

□Once a day (2)

□3 to 6 times a week (3)

□Once or twice a week (4)

□No (5)

3) How often in the last 4 weeks have you been waking up earlier than usual during the night or morning due to asthma-related symptoms (such as wheezing, coughing, shortness of breath, chest tightness or pain) ?

□4 nights a week or more (1)

□2 to 3 nights a week (2)

□Once a week (3)

□One or two (4)

□No (5) 4)

4) How often have you used your fast-acting 'reliever inhaler' in the last 4 weeks?

□3 times a day or more (1)

□1 or 2 times a day (2)

□ 2 or 3 times a week (3)

□Once a week or less (4)

□No (5)

5) How would you rate your asthma control over the past 4 weeks?

□ Not controlled at all (1)

□Limely controlled (2)

□ Moderately controlled (3)

□ Well controlled (4)

□Fully controlled (5)

15.	Result of the test: 25 points - asthma is fully controlled 20 - 24 points - asthma is well controlled ≤ 19 points - inadequately controlled asthma

Thank you, the rest of the section is to be completed only by the doctor

Wyniki badań dodatkowych alergologicznych				
16.	Skin prick tests: ☐ the study was performed during the visit. ☐ the historical result ☐ positive, including house dust mite from RodzDer.p ☐ positive but negative for house dust mites from RodzDer.p ☐ negative result			
17.	Detailed test results:	positive	negative	not done
	House dust mites Der.p	☐	☐	☐
	House dust mites Der.f	☐	☐	☐
	Pantry mites	☐	☐	☐
	Grasses	☐	☐	☐
	Rye	☐	☐	☐
	Birch	☐	☐	☐
	Hazel	☐	☐	☐
	Alder	☐	☐	☐
	Mugwort	☐	☐	☐
	Cat	☐	☐	☐
	Dog	☐	☐	☐
	Cladosporium	☐	☐	☐
	Alternaria	☐	☐	☐
	Others………………………	☐	☐	☐
	………………………………….	☐	☐	☐

18.	Resting spirometry the examination was performed at the visit historical result, date………………. Was the recommended wash-out times of the drugs observed? YES NO, comment………………………………………….. FEV1 [L]………………….. FVC [L]………………… FEV1 [% wn]……………... FVC [%wn] FEV1/FVC………………… Diastolic test the examination was performed at the visit historical result, date……. FEV1 [L]………………….. FVC [L]………………….. FEV1 [% wn]……………... FVC [%wn]……………… Δ FEV1[%]...……………… Δ FVC [%]……………….. Δ FEV1 [ml]………………. Δ FVC [ml]………………. FEV1/FVC………………… Reversible obstruction YES NO Diastolic test positive YES NO
	Dalsza część tylko dla pacjentów chorych na astmę
19.	Has the patient had a total serum IgE test measured? NO YES ………………..IU/ml Has the patient been tested for Der.p. specific IgE? NO YES ………………..IU/ml *Class* ………………

20.	Diagnosis of bronchial asthma: year of diagnosis .... Recognized on the basis of (select all items that were relevant in this case) an interview a pharmacological test diastolic test diurnal variability of PEF bronchial hyperresponsiveness test other methods, such as …………………………… ..
ATS diagnosis criteria for severe asthma (at least one large and two small)	

1) Therapy with permanent or almost permanent (≥50% of the year) use of oral glucocorticosteroids (high criterion according to ATS 2000)

☐ YES ☐ NO

2) Necessary use of high doses of GCS [> 1200 µg / d of budesonide or an equivalent dose of another GCS]; (large criterion according to ATS 2000)

☐ YES ☐ NO

a) Need for additional daily treatment with a controlling medication (e.g. LABA, theophylline or LTRA)

☐ YES ☐ NO

b) Asthma symptoms requiring SABA use every day or almost every day

☐ YES ☐ NO

c) Persistent airway obstruction (FEV1 <80% predicted, daily variability in PEF> 20%)

☐ YES ☐ NO

d) ≥ 1 visit to the HED / emergency room / emergency room due to asthma

☐ YES ☐ NO

e) ≥ 3 per year of oral GCS insertions

☐ YES ☐ NO

f) Immediate deterioration after ≤25% dose reduction of oral or inhaled glucocorticoids

☐ YES ☐ NO

g) A history of a life-threatening asthma attack

☐ YES ☐ NO

21.	Does the patient's asthma meet the ATS criteria for severe asthma? ☐ YES ☐ NO

The end