

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

Please indicate the correct answer by putting \surd 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

Date of completing the questionnaire		Form no (filled in by the doctor)		
First name	Last name.....		Birth date.	
Contact phone number:				
Contact address.....				
sex W <input type="checkbox"/> /M <input type="checkbox"/>	Age	Weight (kg)	Height (cm)	BMI
Do you smoke cigarettes or other tobacco? <input type="checkbox"/> YES, from years, around cigarettes a day <input type="checkbox"/> I have smoked in the past (period of abstinence minimum 6 months) years, around cigarettes a day <input type="checkbox"/> NO				Pack Years
Has anyone in your family (parents, siblings, grandparents) suffered from asthma or other allergic diseases, if so who? <input type="checkbox"/> allergic rhinitis <input type="checkbox"/> has diagnosed nosakto polyps <input type="checkbox"/> allergic conjunctivitis Atopic dermatitis who Other allergic diseases, such as who?				
Performed tests (completed by the doctor): <input type="checkbox"/> morphology <input type="checkbox"/> CRP <input type="checkbox"/> resting spirometry			<input type="checkbox"/> a sample for genetic tests (3 tubes and 9 ml for EDTA)	
<input type="checkbox"/> diastolic		<input type="checkbox"/> skin tests		
Study group (to be completed by a doctor):				
<input type="checkbox"/> Severe asthma	<input type="checkbox"/> Severe asthma OMA	<input type="checkbox"/> Mild asthma	<input type="checkbox"/> healthy volunteer	
FEV1 resting	<input type="checkbox"/> $\geq 65\%$ <input type="checkbox"/> $< 65\%$	FEV1 after diastole	<input type="checkbox"/> $\geq 108\%$ <input type="checkbox"/> $< 108\%$ <input type="checkbox"/> $\geq 65\%$ <input type="checkbox"/> $< 65\%$	
Asthma beginning	<input type="checkbox"/> < 40 y	<input type="checkbox"/> ≥ 40 y	<input type="checkbox"/> n/a	

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Results of additional allergological tests				
16.	Skin prick tests: <input type="checkbox"/> positive, including house dust mite from RodzDer.p <input type="checkbox"/> positive but negative for house dust mites from RodzDer.p <input type="checkbox"/> negative result			
17.	Detailed test results:	positive	negative	not done
	House dust mites Der.p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	House dust mites Der.f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pantry mites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Grasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Birch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mugwort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cladosporium</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Alternaria</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Resting spirometry <input type="checkbox"/> the examination was performed at the visit <input type="checkbox"/> historical result, date..... Was the recommended wash-out times of the drugs observed? <input type="checkbox"/> YES <input type="checkbox"/> NO, comment..... FEV1 [L]..... FVC [L]..... FEV1 [% wn]..... FVC [%wn] FEV1/FVC.....			
<i>The end</i>				