The Birmingham COPD Cohort

Part of the Birmingham Lung Improvement StudieS (BLISS) programme

BLISS
Birmingham Lung Improvement Studies

Baseline questionnaire

HOME COMPLETION BOOKLET

Your answers and opinions are valuable to us. We would be very grateful if you could read the below before turning the page:

- Please complete this questionnaire yourself if at all possible
- Please answer all questions as well as you can
- Do not spend too long thinking about your answers
- If someone is completing this on your behalf, they should record your answers

Patient Initials	
Study ID	
Date	

In the following booklet we would like to ask you a few questions about yourself, your family and your home. Please take time to answer the questions (in blue or black ink) as best as you can and bring the completed booklet to your first assessment.

1.1 Sex

Male ☐ Female ☐

1.2 Date of Birth

☐

1.3 What is the highest level of qualification that you have?

No formal qualification ☐

GCSE, CSE, O level or equivalent ☐

A-level/AS level or equivalent ☐

Degree level or higher ☐

Other *(**Please specify**)* ☐ _____

1.4 And which, if any, of the following vocational or professional qualifications have you obtained? Tick all that apply

Level 1 NVQ or SVQ, Foundation GNVQ or GSVQ ☐

Level 2 NVQ or SVQ, Intermediate GNVQ or GSVQ ☐

Level 3 NVQ or SVQ, Advanced GNVQ or GSVQ ☐

Level 4 NVQ or SVQ ☐

Level 5 NVQ or SVQ ☐

Completion of trade apprenticeship ☐

Other vocational or pre-vocational qualifications, e.g. City and Guilds, RSA, OCR BTec ☐

Other professional qualifications e.g. qualified teacher, accountant, nurse ☐

No vocational or professional qualifications ☐

1.5 At what age did you complete your continuous full time education?

☐ years Never went to school ☐

1.6 Do you live alone?

Yes ☐ **No** ☐

1.7 What is your legal marital or same-sex civil partnership status?

Never married and never registered in a same-sex civil partnership	☐
Married or in a registered same-sex civil partnership	☐
Separated, but still legally married or in a same-sex civil partnership	☐
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	☐
Widowed or surviving partner from a same-sex civil partnership	☐

1.8 How many adults (Aged 16 years or over) live in the same household as you? (*Apart from yourself - put zero if there are no other adults.)* ☐

1.9 How many dependents live with you? *(Put zero if there are none.)*

Children under 16 years ☐

Other dependants ☐

1.10 Do you regularly see relatives or friends? (Not counting those who live with you.)

Yes ☐ No ☐ ***If no, please go to 1.12***

1.11 About how often do you see them?

Every day or nearly every day	☐
Two or three times a week	☐
Once a week	☐
Once or twice a month	☐
Less than one a month	☐

1.12 How often are you able to confide in someone close to you?

Almost daily ___

2-4 times per week ___

About once per week ___

About once per month ___

Once every few months ___

Never or almost never ___

2.1 Did you ever have bronchitis, pneumonia or severe whooping cough as a child?

Yes ___ No ___ ***If no, please go to 2.3***

2.2 If yes, approximately how old were you when you had this (or first time if several episodes)? _____ years _____ months

2.3 Do you know what your birth weight was?

Yes ___ _____ kg ***OR*** _____ lb _____ oz

No ___

2.4 Do you know if your birth weight was thought to be low, high or normal?

Low ___ Normal ___ High ___ Don't know ___

2.5 Were you born prematurely?

Yes ___ No ___ Don't know ___

2.6 Have you ever had any nasal allergies including hayfever?

Yes ☐ No ☐ Don't know ☐

2.7 Do you keep any household pets inside your house/flat?

Yes ☐ No ☐ ***If no, please go to 3.1***

2.8 If yes what pets do you keep inside?

Dog ☐

Cat ☐

Bird ☐

Other furry pets ☐

Other ☐

3.1 Is your house...

Fully heated ☐ Part heated ☐ Not heated ☐ *please go to 3.4*

3.2 What is the main type of heating that you have in your current home?

Gas central heating ☐

Electric central heating (including storage heaters) ☐

Oil central heating ☐

Solid fuel central heating (e.g. coal and wood) ☐

Gas fires ☐

Electric fires or radiators ☐

Hot Air Heating ☐

Other ☐

3.3 How often do you use any of the following forms of heating in your home when it is cold?

	Never	Rarely	Sometimes	Always
Gas fire	▭	▭	▭	▭
Electric heaters	▭	▭	▭	▭
Closed solid fuel heater (stove)	▭	▭	▭	▭
Open fire/grate burning coal or wood	▭	▭	▭	▭

3.4 During the winter months, does condensation form on the windows or walls of any room in your home, apart from bathroom, toilets and kitchen?

Yes ▭ No ▭ ***If no, please go to 3.7***

3.5 Do you believe damp or condensation is a minor, moderate or serious problem in your home?

Minor ▭ Moderate ▭ Serious ▭

3.6 Are there patches of mould or fungus in any room in your home, apart from bathroom, toilets or kitchen?

Yes ▭ No ▭

3.7 Do you live on a main road or on a side street?

Main road ▭ Side street ▭ Other ▭

3.8 How often do trucks pass through your residential street on a weekday?

Never ☐

Seldom ☐

Frequently throughout the day ☐

Constantly ☐

4.1 Do you have a nap during the daytime, especially after lunch?

Yes ☐
No ☐ ***If no, please go to 4.4***

4.2 How often do you nap during the daytime?

Daily ☐

Most days (4-6 days per week) ☐

Some days (1-3 days per week) ☐

<1 day per week ☐

4.3 Approximately how long do your naps last on average?

☐ minutes **or** ☐ hours

4.4 On average, how many hours of actual sleep do you normally get a day (over 24 hours)? ☐

The following questions ask you about snoring. Feel free to check with anyone you live with if this will help you to better answer them.

4.5 Do you snore?

Yes ☐ No ☐ Don't know ☐ ***If no or don't know, go to 4.9***

4.6 Is your snoring?

Slightly louder than breathing ___

As loud as talking ___

Louder than talking ___

Very loud...can be heard in adjacent rooms ___

4.7 How often do you snore?

Almost every day ___

3-4 times a week ___

1-2 times a week ___

1-2 times a month ___

Rarely or never ___

4.8 Has your snoring ever bothered other people?

Yes ___ No ___

4.9 Has anyone noticed that you stop breathing for a short while during your sleep?

Almost every day ___

3-4 times a week ___

1-2 times a week ___

1-2 times a month ___

Rarely or never ___

4.10 How often do you feel tired or fatigued after your sleep?

Almost every day _____

3-4 times a week _____

1-2 times a week _____

1-2 times a month _____

Rarely or never _____

4.11 During your waking time, do you feel tired, fatigued or not up to par?

Almost every day _____

3-4 times a week _____

1-2 times a week _____

1-2 times a month _____

Rarely or never _____

4.12 Have you ever nodded off or fallen asleep while driving a vehicle?

Yes _____ No _____

4.13 If yes, how often does it occur?

Almost every day _____

3-4 times a week _____

1-2 times a week _____

1-2 times a month _____

Rarely or never _____

5.1 How are your lung problems? For each item below place a mark in the box that best describes your experience on a scale of 0-5.

Example: I am very happy | 0 | √ 1 | 2 | 3 | 4 | 5 | I am very sad

I never cough	0	1	2	3	4	5	I cough all the time
I have no phlegm (mucus) in my chest at all	0	1	2	3	4	5	My chest is completely full of phlegm
My chest does not feel tight at all	0	1	2	3	4	5	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am breathless
I am not limited doing any activities at home	0	1	2	3	4	5	I am very limited doing activities at home
I am confident leaving home despite my lung condition	0	1	2	3	4	5	I am not confident leaving my home because of my lung condition
I sleep soundly	0	1	2	3	4	5	I don't sleep soundly because of my lung condition
I have lots of energy	0	1	2	3	4	5	I have no energy at all

6.1 Do you regularly take any of the following medications? (*Tick all that apply*)

Cholesterol lowering medication ___

Blood pressure medication ___

Insulin ___

Arthritis medication ___

Hormone replacement therapy (women only) ___

None of the above ___

6.2 Do you regularly take any of the following medications for your lung problems? (*Tick all that apply*)

Beta-2 agonist (BLUE inhaler) ___

Inhaled steroid (BROWN or RED inhaler) ___

Atrovent/Spiriva (GREY inhaler) ___

Seretide (PURPLE inhaler) ___

Symbicort (WHITE AND RED inhaler) ___

Uniphylline/aminophylline tablets ___

Steroid tablets ___

Oxygen ___

Other ___ ***Please specify_____***

None of the above ___

6.3 Do you regularly take any other PRESCRIPTION medications? (Do not forget medications such as puffers, patches or eye drops.)

Yes ___ No ___

6.4 Do you regularly take any of the following NON-PRESCRIPTION medications? (*Tick all that apply*)

Aspirin ___

Ibuprofen (e.g. Nurofen) ___

Paracetamol ___

Ranitidine (e.g. Zantac) ___

Omeprazole (e.g. Zanprol) ___

Laxatives (e.g. dulcolax, senokot) ___

None of the above ___

6.5 Do you regularly take any of the following? (*Tick all that apply)*

Vitamin A ___

Vitamin B ___

Vitamin C ___

Vitamin D ___

Vitamin E ___

Folic acid or Folate (Vit B9) ___

Multivitamins +/- minerals ___

None of the above ___

6.6 Do you regularly take any of the following? (*Tick all that apply)*

Fish oil (including cod liver oil) ___

Glucosamine ___

Calcium ___

Zinc ___

Iron ___

Selenium ___

None of the above ___

7.1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background

A White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Any other White background, write in _____

B Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/multiple ethnic backgrounds, write in _____

C Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, write in _____

D Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background, write in _____

E Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, write in _____

- ☐ **Prefer not to say**

7.2 In which country were you born? (Tick one box only)

England ☐

Wales ☐

Scotland ☐

Northern Ireland ☐

Republic of Ireland ☐

Elsewhere (Please specify) ☐

7.3 What is your religion?

No religion ☐

Christian ☐

Buddhist ☐

Hindu ☐

Jewish ☐

Muslim ☐

Sikh ☐

Any other religion (Please specify) ☐

Prefer not to say ☐

8. Please list all the jobs you have ever had in the space below
Please include as many jobs as you can remember, starting with your first job since school and including any periods of unemployment and retirement.

Date Started	Date finished	Job title	Full time (FT)/part time (PT)	Main duties	Reason left

Finally, please tick one of the below boxes

☐ I completed this questionnaire myself

☐ Someone else has completed this questionnaire on my behalf

Thank you for taking the time to complete this survey

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Baseline questionnaire

LIFESTYLE BOOKLET

Your answers and opinions are valuable to us. We would be very grateful if you could read the below before turning the page:

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Patient Initials	
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In the following booklet we would like to ask you a few questions about your lifestyle. Please take time to answer the questions as accurately as possible.

1. Smoking

L.1.1 Have you ever smoked a cigarette, cigar or pipe regularly? ***(by regularly we mean at least 1 cigarette/day or 7 cigarettes/ week for at least 6 months)***

No, never smoked ___ ***If no, please go to L.1.9***

No, smoked occasionally, but never regularly ___

Yes, I used to, or still smoke regularly ___

L.1.2 How old were you when you first tried smoking, even if it was only a puff or two?

	Write in how old you were then

L.1.3 How much do you usually smoke each day now, or did you smoke before giving up? (if less than one a day, please write 0)

Filter cigarettes		number/day
Non-filter/hand rolled cigarettes		number/day
Cigars		number/day
Pipe tobacco		___oz/day ***or*** ___ g/day tobacco

L.1.4 Do you still smoke now?

Yes ___ No, I have stopped smoking ___ **If no, please go to L.1.8**

L.1.5 Would you like to give up smoking altogether?

Yes ☐ No ☐

L.1.6 Have you ever tried to give up smoking?

Yes ☐ No ☐ **If no, please go to L1.9**

L.1.7 How many times have you tried to give up smoking?

☐ number of quit attempts

L.1.8 How long ago did you last stop smoking daily?

☐ years (if less than one please write 0)

L.1.9 Did your father ever smoke regularly when you were a child?
Please tick one box only

Yes ☐ No ☐ Don't know ☐

L.1.10 Did your mother ever smoke regularly when you were a child?
Please tick one box only

Yes ☐ No ☐ Don't know ☐

L1.11 Did anyone else in your house ever smoke regularly when you were a child? *Please tick one box only*

Yes ☐ No ☐ Don't know ☐
If yes, who? _____

L.1.12 Do you find that you are often near people who are smoking in any of the following places? *Please tick all the places where you are often near people who are smoking*

At home	☐	At work	☐
In other people's homes	☐	In other places	☐
No, none of these	☐	***please go to L1.14***	

L.1.13 In most weeks now, how many hours a week are you exposed to other people's tobacco smoke at home, at work, and in other places?

L1.13.1	☐	Number of hours a week at home
L1.13.2	☐	Number of hours a week at work
L1.13.3	☐	Number of hours a week in other places

L.1.14 In the past, in your adult life (before the 2007 smoking ban) did you find that you were often near people who were smoking in any of these places? *Please tick all the places where you were often near people who were smoking*

At home	☐	At work	☐
In other people's homes	☐	In other places	☐
No, none of these	☐	***please go to L1.16***	

L.1.15 In the past, in your adult life (before the 2007 smoking ban) how many hours a week were you exposed to other people's tobacco smoke at home, at work, and in other places?

L1.15.1		Number of hours a week at home
L1.15.2		Number of hours a week at work
L1.15.3		Number of hours a week in other places

L.1.16 Have you ever smoked cannabis (marijuana, dope, hash, blow, joints)?

Yes ☐ No ☐ **If no, please go to L1.18**

L.1.17 How often do you smoke cannabis now?

Never	☐
A few times a year	☐
Once or twice a month	☐
At least once a week	☐
Most days	☐

L.1.18 Have you ever smoked a shisha pipe (hookah, waterpipe)?

Yes ☐ No ☐ **If no, please go to section 2**

L.1.19 How often do you smoke shisha pipes now?

Never	☐
A few times a year	☐
Once or twice a month	☐
At least once a week	☐
Most days	☐

2. Alcohol Intake

L.2.1 During the past 12 months, have you consumed at least one alcoholic drink of any kind? This includes beer, wine, spirits or any drink containing alcohol.

Yes ☐ ***If yes go to L.2.3*** No ☐ ***If no, go to L2.2***

L.2.2 Have you ever consumed at least one alcoholic drink of any kind?

No (=never drink)	☐	***If no, please go to L3.1***
Yes – but less than once per year	☐	***please go to L3.1***
Yes, used to drink at least once per week (former drinker)	☐	**When did you stop drinking?** (If less than one year use 0) _____ years ago

L.2.3 During the past 12 months, or when you used to drink, about how often did you drink alcohol?

Daily or almost every day	☐	Once every couple of months	☐
Three or four times a week	☐	Only on special occasions (once or twice per year)	☐
1-3 times a month	☐		

L.2.4 During the past 12 months, or when you used to drink, how much and what type of alcohol would you usually consume per week?

L2.4.1 In an average WEEK, how many glasses of wine or champagne would you drink? (There are six glasses in an average bottle)

L2.4.2 In an average WEEK how many pints of beer or cider would you drink? (Include bitter, lager, stout, ale, Guinness)

L2.4.3 In an average WEEK how many measures of spirits or liqueurs would you drink? (There are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)

L2.4.4 In an average WEEK how many glasses of fortified wine (e.g. sherry, vermouth, port) would you drink? (There are 12 glasses in an average bottle)

L2.4.5 In an average WEEK how many glasses of other alcoholic drinks (such as alcopops) would you drink?

L.2.5 During what period of your life did you drink alcohol most? (tick one box)

Less than 20yrs ☐ 20-29yrs ☐ 30-39yrs ☐ 40-49yrs ☐ 50-59yrs ☐ 60yrs+ ☐

L.2.6 How much did you drink at that time?

Same as above ⎯ **Please go to section 3**

If different from above, please answer the following questions:

L2.6.1 In an average WEEK, how many glasses of wine or champagne would you drink? (There are six glasses in an average bottle)

L2.6.2 In an average WEEK how many pints of beer or cider would you drink? (Include bitter, lager, stout, ale, Guinness)

L2.6.3 In an average WEEK how many measures of spirits or liqueurs would you drink? (There are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)

L2.6.4 In an average WEEK how many glasses of fortified wine (e.g. sherry, vermouth, port) would you drink? (There are 12 glasses in an average bottle)

L2.6.5 In an average WEEK how many glasses of other alcoholic drinks (such as alcopops) would you drink?

3. Physical activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and gardening work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Think *only* about those physical activities that you did for at least 10 minutes at a time.**

L3.1 During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

☐ Days per week

☐ No vigorous physical activities ***(please go to L3.3)***

L3.2 How much time did you usually spend doing vigorous physical activities on one of those days?

☐ hours per day ☐ minutes per day ☐ Don't know/not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

L3.3 During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

☐ days per week ☐ No moderate physical activities ***(please go to*** **L3.*5*)**

L3.4 How much time did you usually spend doing moderate physical activities on one of those days?

☐ hours per day ☐ minutes per day ☐ Don't know/not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

L3.5 During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

☐ days per week ☐ No walking, ***please go to question*** **L3.*7***

L3.6 How much time did you usually spend walking on one of those days?

☐ hours per day ☐ minutes per day ☐ Don't know/not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days.** Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

L3.7 During the last 7 days, how much time did you spend sitting on a week day?

☐ hours per day ☐ minutes per day ☐ Don't know/not sure

L.3.8 In a typical day in summer, how many hours do you spend outdoors?

☐ hours ☐ Less than one hour per day

L.3.9 In a typical day in winter, how many hours do you spend outdoors?

☐ hours ☐ Less than one hour per day

4.Your diet

L.4.1 On average how many heaped tablespoons of COOKED vegetables would you eat per DAY? (do not include potatoes; put "0" if you do not eat any)

☐ tablespoons ☐ Less than one ☐ Don't know

L.4.2 On average how many heaped tablespoons of SALAD or RAW vegetables would you eat per DAY? (include lettuce, tomato in sandwiches; put "0" if you do not eat any)

☐ tablespoons ☐ Less than one ☐ Don't know

L.4.3 About how many pieces of FRESH fruit would you eat per DAY? (Count one apple, one banana, 10 grapes etc as one piece; put "0" if you do not eat any)

☐ pieces ☐ Less than one ☐ Don't know

L.4.4 About how many pieces of DRIED fruit would you eat per DAY? (Count one prune, one dried apricot, 10 raisins etc as one piece; put "0" if you do not eat any)

☐ pieces ☐ Less than one ☐ Don't know

L.4.5 How often do you eat oily fish? (eg: sardines, salmon, mackerel, herring)

Never ☐ Less than once a week ☐ Once a week ☐
2-4 times a week ☐ 5-6 times a week ☐ Once or more daily ☐

L.4.6 How often do you eat other types of fish? (eg: cod, tinned tuna, haddock)

Never ☐ Less than once a week ☐ Once a week ☐
2-4 times a week ☐ 5-6 times a week ☐ Once or more daily ☐

L.4.7.1 Do you eat meat?

Yes ☐ ***if yes, please go to L4.8*** No ☐

L4.7.2 How old were you when you last ate any kind of meat? (Enter "0" if you have never eaten meat in your lifetime) ☐ years

L.4.8 Which of the following do you NEVER eat? *(you can select more than one answer)*

- Eggs or foods containing eggs ☐
- Dairy products ☐
- Wheat products ☐
- Sugar or foods/drinks containing sugar ☐
- I eat all of the above ☐

L.4.9 How often do you eat cheese (include cheese in pizzas, quiches, cheese sauce)? *Select one from*

Never	☐	Less than once a week	☐
Once a week	☐	2-4 times a week	☐
5-6 times a week	☐	Once or more daily	☐

L.5.1 What type of milk do you mainly use? *Select one from*

Full cream ☐

Semi-skimmed ☐

Skimmed ☐

Soya ☐

Other type of milk ☐ Please specify _____

Never/rarely have milk ☐

L.5.2 Do you add salt to your food? (do not include salt used in cooking) ***Select one from***

Never/rarely ☐

Sometimes ☐

Usually ☐

Always ☐

L.5.3 How many cups of <u>green</u> tea do you drink each DAY?

☐ cups ☐ less than one ☐ none

L.5.4 How many cups of <u>black</u> tea (with or without milk do you drink each DAY?

☐ cups ☐ less than one ☐ none

L.5.5 How many cups of <u>other</u> tea do you drink each DAY?

☐ cups ☐ less than one ☐ none

L.5.6 How many cups of coffee do you drink each DAY? (include decaffeinated coffee)

	cups	☐ less than one	☐ none

L.5.7 What type of coffee do you <u>usually</u> drink? *Select one from*

Decaffeinated coffee (any type)	☐	
Instant coffee	☐	
Ground coffee (include espresso, filter etc)	☐	
Other type of coffee	☐	*Please specify*_____

L.5.8 How many glasses of water do you drink each DAY?

	glasses	☐ less than one	☐ none

L.5.9 Have you made major changes to your diet in the last 5 years?
Select one from

No	☐	
Yes, because of illness	☐	
Yes, because of other reasons	☐	*Please specify*_____

Finally, please tick one of the below boxes

☐ I completed this questionnaire myself

☐ Someone else has completed this questionnaire on my behalf

Thank you for taking the time to complete this survey

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Baseline questionnaire

YOUR HEALTH

Your answers and opinions are valuable to us. We would be very grateful if you could read the below before turning the page:

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We would like to find out some more detail about your general health and medical history. Please take a few minutes to fill out this section.

H.1 How is your health in general?

Very Good ☐ Good ☐ Fair ☐ Bad ☐ Very Bad ☐

H.2 Medical conditions

Has a doctor EVER told you that you had any of the following conditions?

Please tick all that apply

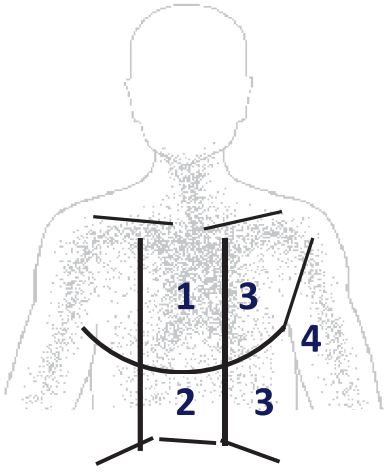
	Yes	No	
Cancer (Please state type)	☐	☐	_____
Diabetes	☐	☐	
High blood pressure	☐	☐	
Coronary heart disease/Angina/Heart Attack	☐	☐	
Heart failure	☐	☐	
Any other heart problem (Please specify)	☐	☐	_____
Stroke/mini-stroke	☐	☐	
Chronic Obstructive Pulmonary Disorder/chronic bronchitis/emphysema	☐	☐	
Asthma	☐	☐	
Tuberculosis	☐	☐	
Cataract	☐	☐	
Osteoarthritis	☐	☐	
Rheumatoid arthritis	☐	☐	
Osteoporosis	☐	☐	
Depression	☐	☐	
Hay fever	☐	☐	
Eczema	☐	☐	
Skin allergies	☐	☐	
Other condition (Please specify)	☐	☐	_____

H.3 Chest symptoms

Question 1 Do you ever have any pain or discomfort in your chest?

Yes ___ No ___ (If no, please go to section H.4)

Question 2 Where do you get this pain or discomfort? (*Mark on the appropriate places on the chest below)*



1. Sternum (upper or middle)
2. Sternum (lower)
3. Left anterior chest
4. Left arm
5. Other

Question 3 When you walk at an ordinary pace on the level, does this produce the pain?

Yes ___ No ___

Question 4 When you walk uphill or hurry, does this produce the pain?

Yes ___ No ___

Question 5 When you get any pain or discomfort in your chest on walking, what do you do?

Stop ___ Slow down ___ Continue at the same pace ___

Question 6 Does the pain or discomfort in your chest go away if you stand still?

Yes ___ No ___

Question 7 How long does it take to go away?

10 minutes or less ___ More than 10 minutes ___

Question 8 Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes ☐ No ☐ (If no, please go to section H.4)

Question 9 If YES did you see a doctor because of this pain?

Yes ☐ No ☐ (If no, please go to question 11)

Question 10 If YES, what did they say it was?

Angina	☐	Bone & muscle	☐
Myocardial infarction	☐	Mental/psychological	☐
Coronary heart disease	☐	Do not know	☐
Respiratory disease	☐		

Question 11 How many of these attacks have you ever had?

☐ episodes

H.4 Fractures

Question 1 Since you were 40 years old has a doctor EVER told you that you had a fracture?

Yes ☐ No ☐

Question 2 How many fractures have you had?

☐ fractures

Question 3 Which sites were affected by a fracture and in approximately which year?

☐	Femur	Year: _____
☐	Pelvis	Year: _____
☐	Tibia or fibula	Year: _____
☐	Foot or ankle	Year: _____
☐	Hand or wrist	Year: _____
☐	Forearm	Year: _____
☐	Humerus	Year: _____
☐	Ribs	Year: _____
☐	Skull or face	Year: _____
☐	Vertebrae	Year: _____
☐	Other	Year: _____

H.5 Stomach complaints

Question 1 Has a doctor EVER told you that you have a peptic (gastric or stomach) ulcer?

Yes ☐ No ☐

If yes, approximately what year was this diagnosis made? _____

Question 2 Has a doctor EVER told you that you have dyspepsia or indigestion?

Yes ☐ No ☐

If yes, approximately what year was this diagnosis made? _____

Question 3

Please answer both parts of each question	A **…y often have you *had* this symptom … the last 2 months?** …only one box per question.	B **How often *has this symptom interfered with your normal activities (eating, sleeping, work, leisure)* over the last 2 months?** Tick only one box per question
1. Indigestion Indigestion is a pain or discomfort in the upper abdomen. 	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more
2. Heartburn Heartburn is a burning feeling behind the breastbone. 	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more
3. Regurgitation Regurgitation is an acid taste coming up into your mouth from your stomach.	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more
4. Nausea Nausea is a feeling of sickness without actually being sick.	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more	☐ Not at all ☐ Less than once a month ☐ Between once a month and once a week ☐ Between once a week and once a day ☐ Once a day or more
5. Which, if any, of these symptoms has been the most troublesome to you in the last 2 months? **Please tick one box only**	☐ Heartburn ☐ Regurgitation ☐ Indigestion ☐ Nausea ☐ None of these have troubled me	

H.6 Oral Health

Question 1 Excluding your four wisdom teeth, do you have your own natural teeth? (adults usually have 28 teeth excluding their wisdom teeth)

- ___ No, only dentures
- ___ Yes all
- ___ Yes, but lost _____ teeth

Question 2 How often do you clean your teeth/dentures nowadays?

- ___ More than twice per day
- ___ Twice per day
- ___ Once per day
- ___ Less than once per day
- ___ Rarely/never

Question 3 How often do your gums bleed when you brush?

- ___ Always
- ___ Sometimes
- ___ Occasionally
- ___ Rarely/never

Question 4 Do you have any fillings?

Yes ___ I have _____ fillings

No ___

H.7 Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

I have no problems in walking about ☐
I have slight problems in walking about ☐
I have moderate problems in walking about ☐
I have severe problems in walking about ☐
I am unable to walk about ☐

SELF-CARE

I have no problems washing or dressing myself ☐
I have slight problems washing or dressing myself ☐
I have moderate problems washing or dressing myself ☐
I have severe problems washing or dressing myself ☐
I am unable to wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐
I am extremely anxious or depressed ☐

H.8 Respiratory Symptoms

Question 1 Do you usually cough first thing (upon waking) in the morning?

Yes ___ No ___

Question 2 Do you usually cough either during the day or night?

Yes ___ No ___

If yes for either of these questions please go to next question, otherwise go to question 9

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

Yes ___ No ___

Question 4 For how many years have you had this cough?

_____ years

Question 5 Do you usually bring up any phlegm from your chest first thing (upon waking) in the morning?

Yes ___ No ___

Question 6 Do you usually bring up any phlegm from your chest either during the day or at night?

Yes ___ No ___

If yes for either question 5 or question 6 go to the next question, otherwise go to question 9

Question 7 Do you bring up phlegm like this on most days for as much as three months each year?

Yes ___ No ___

Question 8 For how many years have you had this trouble with phlegm?

_____ years

Question 9 In the past three years, have you had a period of increased cough and phlegm lasting three weeks or more?

Yes ___ No ___

If yes go to the next question, otherwise go to question 11

Question 10 What is the total number of such periods, lasting three weeks or more in the last three years?

_____ Episodes

Question 11 Are you troubled by shortness of breath when hurrying on the level ground or walking up a slight hill?

Yes ___ No ___

Question 12 Do you get short of breath walking with other people of your own age on level ground?

Yes ___ No ___

Question 13 Do you have to stop for breath when walking at your own pace on level ground?

Yes ___ No ___

Question 14 Do you have to stop for breath after walking for 100yds (or after a few minutes) on the level?

Yes ___ No ___

Question 15 Are you too breathless to leave the house or are you breathless when dressing or undressing?

Yes ___ No ___

Question 16 Does your chest ever sound wheezing or whistling?

Yes ___ No ___

Question 17 Do you get this on most days or nights?

Yes ___ No ___

Question 18 Have you ever had attacks of shortness of breath with wheezing?

Yes ___ No ___

Question 19 Do you usually have a blocked or running nose?

Yes ___ No ___

H.9 St. George's Respiratory Questionnaire (SGRQ-C)

This part of the questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than what the doctors and nurses think your problems are. Please read the instructions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

PART 1
Questions about how much chest trouble you have.

Please tick **ONE** box for each question:

Question 1. I cough:

- most days a week ☐
- several days a week ☐
- only with chest infections ☐
- not at all ☐

Question 2. I bring up phlegm (sputum):

- most days a week ☐
- several days a week ☐
- only with chest infections ☐
- not at all ☐

Question 3. I have shortness of breath:

- most days a week ☐
- several days a week ☐
- not at all ☐

Question 4. I have attacks of wheezing

- most days a week ☐
- several days a week ☐
- a few days a month ☐
- only with chest infections ☐
- not at all

Question 5. How many attacks of chest trouble did you have during the last year?

- 3 or more attacks ☐
- 1 or 2 attacks ☐
- None ☐

Question 6. How often do you have good days (with little chest trouble)?

- No good days ☐
- a few good days ☐
- most days are good ☐
- every day is good ☐

Question 7. If you have a wheeze, is it worse in the morning?

- No ☐
- Yes ☐

PART 2

Question 8. ***How would you describe your chest condition?*** Please tick ***ONE***:

Causes me a lot of problems or is the most important problem I have	☐
Causes me a few problems	☐
Causes no problem	☐

Question 9. ***Questions about what activities usually make you feel breathless*** For each statement please tick in the box that applies to you **these days**:

	True	**False**
Getting washed or dressed	☐	☐
Walking around the home	☐	☐
Walking outside on the level	☐	☐
Walking up a flight of stairs	☐	☐
Walking up hills	☐	☐

Question 10. ***Some more questions about your cough and breathlessness***

For each statement please tick in the box that applies to you **these days**:

	True	**False**
My cough hurts	☐	☐
My cough makes me tired	☐	☐
I am breathless when I talk	☐	☐
I am breathless when I bend over	☐	☐
My cough or breathing disturbs my sleep	☐	☐
I get exhausted easily	☐	☐

Question 11. ***These are questions about other effects that your chest trouble may have on you.***

For each statement please tick in *the box* that applies to you **these days**:

	True	False
My cough or breathing is embarrassing in public	☐	☐
My chest trouble is a nuisance to my family, friends or neighbours	☐	☐
I get afraid or panic when I cannot get my breath	☐	☐
I feel that I am not in control of my chest problem	☐	☐
I have become frail or an invalid because of my chest	☐	☐
Exercise is not safe for me	☐	☐
Everything seems too much of an effort	☐	☐

Question 12. ***These are questions about how your activities might be affected by your breathing.***

For each statement please tick in *the box* that applies to you **because of your breathing**:

	True	False
I take a long time to get washed or dressed	☐	☐
I cannot take a bath or shower, or I take a long time	☐	☐
I walk slower than other people, or I stop for rests	☐	☐
Jobs such as housework take a long time, or I have to stop for rests	☐	☐
If I walk up one flight of stairs, I have to go slowly or stop	☐	☐
If I hurry or walk fast, I have to stop or slow down	☐	☐
My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, play bowls or play golf	☐	☐
My breathing makes it difficult to do things such as carry heavy loads, dig the garden or shovel snow, jog or walk at 5 miles per hour, play tennis or swim	☐	☐

Question 13*. We would like to know how your chest trouble usually affects your daily life.*

For each statement please tick in *the box* that applies to you **because of your breathing:**

	True	**False**
I cannot play sports or games	☐	☐
I cannot go out for entertainment or recreation	☐	☐
I cannot go out of the house to do the shopping	☐	☐
I cannot do housework	☐	☐
I cannot move far from my bed or chair	☐	☐

Question 14*. How does your chest trouble affect you?*
Please tick ***ONE***:

- It does not stop me doing anything I would like to do ☐
- It stops me doing one or two things I would like to do ☐
- It stops me doing most of the things I would like to do ☐
- It stops me doing everything I would like to do ☐

H.10 Over the past 12 months have you had any of the following major events in your life?

	Yes	No
Marital separation/divorce	☐	☐
Loss of job/retirement	☐	☐
Business bankrupt	☐	☐
Violence	☐	☐
Major conflict within family	☐	☐
Major injury or traffic accident	☐	☐
Death of spouse	☐	☐
Death/major illness of other close family member	☐	☐
Major natural disaster (e.g. flood & drought)	☐	☐
Loss of income/living in debt	☐	☐

H.11 In the past two weeks, have you been bothered by:

	Not at all	Several days	More than half the days	Nearly every day
1.Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed or hopeless	☐	☐	☐	☐

H.12 In the last 12 months have you had one or more courses of oral steroids (prednisolone) for your lung problems?

Yes, one course ___
Yes, 2 courses ___
Yes, more than 2 courses ___
No ___
Don't know ___

H.13 In the last 12 months have you had one or more courses of antibiotics for your lung problems?

Yes, one course ___
Yes, 2 courses ___
Yes, more than 2 courses ___
No ___
Don't know ___

H.14 Have you ever been offered pulmonary rehabilitation?

Yes ___ No ___ Don't know ___ ***If no or don't know, please go to H.17***

H.15 If yes, have you ever attended pulmonary rehabilitation?

Yes ___ No ___

H.16 If yes, when did you last attend pulmonary rehabilitation?

In the last 12 months ___
1-2 years ago ___
> 2 years ago ___

H.17 Have you been given written advice on what to do if your symptoms get worse?

Yes ___
No ___
Don't know ___

H.18 How many times have you consulted the following health care personnel regarding your health during the past 14 days?

GP		times
Practice nurse		times
Pharmacist		times
None	***Please go to H.20***	

H.19 If you have consulted someone in the last 14 days, please select reasons for your consultation(s) and specify the number of times this applied

		Number of times
Respiratory (lung) disease	☐	
Diabetes	☐	
Accident/Injury	☐	
Gastro-Intestinal problem (stomach/ intestines)	☐	
Neurological	☐	
Muscle/joint/arthritis	☐	
Heart disease	☐	
Headache	☐	
Mental/psychological	☐	
Other	☐	

H.20 In the last <u>12 months</u> have you been admitted to hospital (spent at least one night) for your lung problems?

Yes ☐ No ☐ If no, please go to question

H.21 If yes, how many times? *(please use table provided to help you)*

	admissions in last <u>6 months</u>
	total nights spent in hospital

Admission	**No. of nights**
1st	
2nd	
3rd	
Total	

H.22 In the last 12 months have you been admitted to hospital (spent at least one night) for a reason other than your lung problems?

Yes ☐ No ☐ If no, please go to question H.24

H.23 If yes how many times? *(please use table provided to help you)*

	admissions in last 6 months
	total nights spent in hospital

Admission	No. of nights
1st	
2nd	
3rd	
Total	

H.24 During the last 12 months did you ever attend casualty or A & E for your lung problems?

Yes ☐ No ☐ If no, please go to question H.26

H.25 If yes, how many times?

	times in the last 3 months		Times in the last 12 months

H.26 During the last 12 months did you ever attend as a patient at the casualty or A & E department of a hospital for a reason other than your lung problems?

Yes ☐ No ☐

H.27 If yes, how many times?

	times in the last 3 months		times in the last 12 months

Finally, please tick one of the below boxes

☐ I completed this questionnaire myself

☐ Someone else has completed this questionnaire on my behalf

Thank you for taking the time to complete this survey

The Birmingham COPD Cohort

Part of the Birmingham Lung Improvement StudieS (BLISS) programme

Baseline questionnaire

INTERVIEWER – LED SECTIONS

Patient Initials	
Study ID	
Date	
Interviewer ID	

Section 1: Background and Home Information

I.1 Please could I make a note of your medications:

Inhalers

DRUG NAME	DOSE	FREQUENCY	AILMENT

Other respiratory medications

DRUG NAME	DOSE	FREQUENCY	AILMENT

Other medications (Do not forget medications such as puffers, patches or eye drops)

DRUG NAME	DOSE	FREQUENCY	AILMENT

Section 2: Your work

I.2.1 Are you currently working in paid employment or self-employed?

Yes ☐

No ☐ ***If NO, please go to question I.2.11***

I.2.2 If currently in employment, what is the full title of your main job, e.g. primary school teacher, registered nurse, car mechanic, television service engineer, benefits assistant. If you are a civil servant or local government officer, please give your job title, not your grade or pay band.

I.2.3 Describe what work you mainly do in your main job. Please describe as fully as possible.

I.2.4 Please give the name of your employer

I.2.5 Please briefly describe the nature of their work

Interviewer to record occupational code here

Does occupational code need double checking? Yes ☐ No ☐

I.2.6 Is this a job you have done for most of your working life?

Yes ☐ ***Go to self-completion booklets***

No ☐

I.2.7 If this is not the job you have done for most of your working life, what is the full title of your previous main job?

I.2.8 Describe what work you mainly did in your main job. Please describe as fully as possible.

I.2.9 Please give the name of your employer

I.2.10 Please briefly describe the nature of their work

Interviewer to record occupational code here

Does occupational code need double checking? Yes ☐ No ☐

I.2.11 If you are not in work, have you ever been in paid employment?

Yes ☐ ***Go to question. I.2.12***

No ☐ ***Go to self-completion booklets*****I.2.12 When you were working what was the full title of your previous main job?**

I.2.13 Describe what work you mainly did in your main job. Please describe as fully as possible.

I.2.14 Please give the name of your employer

I.2.15 Please briefly describe the nature of their work

Interviewer to record occupational code here

Does occupational code need double checking? Yes ☐ No ☐

Thank you for taking the time to complete this survey

The Birmingham COPD Cohort

Part of the Birmingham Lung Improvement StudieS (BLISS) programme

BLISS
Birmingham Lung Improvement Studies

Baseline questionnaire

"NOT CURRENTLY IN WORK" BOOKLET

Your answers and opinions are valuable to us. We would be very grateful if you could read the below before turning the page:

- Please complete this questionnaire yourself if at all possible
- Please answer all questions as well as you can
- Do not spend too long thinking about your answers
- If someone is completing this on your behalf, they should record your answers

Patient Initials	
Study ID	
Date	

N.1.1 Have you ever worked?

Yes ☐

No ☐ ***If no, please go to N1.9***

NOT IN WORK (BUT HAVE WORKED)

N.1.2 Why did you stop work?

Retired ☐

To look after the family or home ☐

Due to my lung problems ☐

Due to other health reasons ☐

Redundancy ☐

Other (please specify) ☐ _____

N.1.3 In which year did you stop working?

☐

N.1.4 Which of the phrases below best described your last job? *(tick one box only)*

Permanent ☐

Temporary – with no agreed end date ☐

Fixed period – with an agreed end date ☐

N.1.5 What were your basic or contractual hours each week in your job at this workplace, excluding any paid or unpaid overtime?

Contracted Hours per week (to nearest hour) ____

N.1.6 How many hours did you usually work each week, including overtime or extra hours?

Usual hours per week (to nearest hour) ____

N.1.7 How much did you get paid for your job here, before tax and other deductions are taken out? If your pay before tax changed from week to week because of overtime, or because you work different hours each week, think about what you earn on average (*as with all information you give in this questionnaire, this will be treated with complete confidentiality)*

£50 or less per week	£2,600 or less per year	___
£51-£80 per week	£2601-£4160 per year	___
£81-£110 per week	£4161-£5720 per year	___
£111-£140 per week	£5721-£7260 per year	___
£141-£180 per week	£7,281-£9360 per year	___
£181-£220 per week	£9,361-£11,440 per year	___
£221-£260 per week	£11,441-£13,520 per year	___
£261-£310 per week	£13,521-£16,120 per year	___
£311-£360 per week	£16,121-£18,720 per year	___
£361-£430 per week	£18,721-£22,360 per year	___
£431-£540 per week	£22,361-£28,080	___
£541-£680 per week	£28,081- £35,360 per year	___
£681-£870 per week	£35,361-£45,240 per year	___
£871 or more per week	£45,241 or more per year	___
Prefer not to say		___

N.1.8 Are you currently:

At a college or training centre _
Looking after the family or home _
Voluntary worker _
Actively seeking work _
On any kind of government training scheme e.g. work-based learning for adults, or New Deal for 50+? _
None of the above _

Now please go to N1.11

NEVER WORKED: If you have never worked,

N.1.9 is this because of:

Your health _

Other reason(e.g. looking after family) _

N.1.10 Are you:

At a college or training centre _
Looking after the family or home _
Voluntary worker _
Actively seeking work _
On any kind of government training scheme e.g. work-based learning for adults, or New Deal for 50+? _
None of the above _

N.1.11 Nowadays, what is your usual gross household income? Please include the value of any welfare benefits, pensions, investments, rents, contributions from relatives) (*as with all information you give in this questionnaire, this will be treated with complete confidentiality)*

		Tick one box only
£50 or less per week	£2,600 or less per year	☐
£51-£80 per week	£2601-£4160 per year	☐
£81-£110 per week	£4161-£5720 per year	☐
£111-£140 per week	£5721-£7260 per year	☐
£141-£180 per week	£7,281-£9360 per year	☐
£181-£220 per week	£9,361-£11,440 per year	☐
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£361-£430 per week	£18,721-£22,360 per year	☐
£431-£540 per week	£22,361-£28,080	☐
£541-£680 per week	£28,081- £35,360 per year	☐
£681-£870 per week	£35,361-£45,240 per year	☐
£871 or more per week	£45,241 or more per year	☐
Prefer not to say		☐

Finally, please tick one of the below boxes

☐ I completed this questionnaire myself

☐ Someone else has completed this questionnaire on my behalf

Thank you for taking the time to complete this survey