

INTERVIEW ON  
BRONCHIAL ASTHMA

Locality

\_\_\_\_\_  
 Id number                      Date  


INTERVIEW SUBJECTS

CONDITION: Basic questionnaire form question 6,  
(bronchial asthma diagnosed by a physician) - reply "Yes"

1. Has a physician ever diagnosed that you have bronchial asthma?
- |                     |  |   |
|---------------------|--|---|
| no (interview ends) |  | 0 |
| yes                 |  | 1 |
- 
2. What year was this? 19
- 
3. Where and by whom was your asthma diagnosed?
- |   |   |
|---|---|
| health centre physician or<br>municipal physician       | 1 |
| private general practitioner                            | 2 |
| private specialist in pulmonary<br>or internal diseases | 3 |
| hospital out-patient clinic<br>physician                | 4 |
| hospital ward physician                                 | 5 |
| other _____ (if so, what?)                              | 6 |
| don't know or remember                                  | 9 |
- 
- Name of hospital or out-patient clinic:
- \_\_\_\_\_
- 
4. Do the following factors bring on your asthmatic symptoms  
(or did they, if you no longer have symptoms)?
- |                              |   |
|------------------------------|---|
| presence of domestic animals | 1 |
| pollen                       | 1 |
| certain nutrients            | 1 |
| anger or mental strain       | 1 |
| physical exertion            | 1 |
| other factors                | 1 |
| if so, what _____            |   |
| no or don't know             | 0 |

5. Do your asthmatic symptoms occur or are they aggravated regularly at a certain time of year?

no

0

yes, especially in spring

1

yes, especially in summer

2

yes, especially in autumn

3

yes, especially in winter

4

can't say

9

If no symptoms at present, record previous seasonal variation

6. Did you have atopic eczema as a child?

no or don't know

0

yes

1

7. Do you have a chronic allergic rash?

no or don't know

0

yes

1

8. Has a physician diagnosed that you have hay fever or some other allergic catarrh?

no or don't know

0

yes

1

9. How many times have you seen a physician (out-patient clinic + other ambulatory care + home visits + hospital) about your asthma during the past 12 months?

□ □

10. When will you next see a physician about your asthma?

no appointment

0

only when necessary

1

at an appointed time

2

In how many months time? (00 = less than 1 month)

□ □

11. Who is the physician treating you for asthma?

Name \_\_\_\_\_

Address \_\_\_\_\_

(practice premises)

nobody

0

health centre physician

1

private general practitioner

2

private specialist in internal or pulmonary diseases

3

hospital out-patient physician

4

other physician \_\_\_\_\_

5

(if so, what?)

12. Interviewer's estimate of continuity of treatment  
(during the last 12 months)

no visits

0

generally different physicians

1

generally the same physician or  
other physician recommended by  
the patient's own physician

2

13. What medicine prescribed by a physician do you take for your asthma?

Names: Regularly: \_\_\_\_\_

When necessary: \_\_\_\_\_

14. Have you ever been in a hospital or out-patient clinic for emergency  
treatment of an asthmatic attack?

no (to question 16)

0

yes

1

15. How many times during the past 12 months?  
(00 = none)

□□

16. When did you last have dyspnea or difficulty in breathing due to asthma?

months ago  
(00 = less than a month)

□□

years ago  
(if a year ago or more,  
terminate interview)

□□

17. How frequently have you had dyspnea or difficulty in breathing due to  
asthma during the past 12 months?

Daily or almost daily  
throughout the year

3

Daily or almost daily  
for part of the year

2

Sporadically

1