



MEDICAL RESEARCH
INSTITUTE
OF NEW ZEALAND

Mr Thomas Daniel Beagle
PO Box 5641
Lambton Quay
Wellington 6145

3 November 2010

New Zealand Respiratory Health Survey

Breathing problems like asthma, chronic bronchitis and emphysema cause great distress to many people. They affect New Zealanders of all ages and some of these problems are becoming more common. The Medical Research Institute of New Zealand, is conducting a survey of respiratory health in the greater Wellington region, to help find out what causes these problems and how they might best be treated.

This letter is to let you know that you have been randomly selected from the electoral roll to participate in the first phase which involves completing the questionnaire on the other side of this letter. Thank you for taking the time to answer these questions – your help is crucial to the success of this study.

If you would rather respond via the internet, please go to www.mrinz.ac.nz/survey and enter your personal number. Your personal number is **A4809**.

This survey has the approval of the Central Regional Ethics Committee and is completely confidential, and will not affect your health care in any way. No material which could personally identify you will be used in any reports on this study. If you have any queries please contact us at the address below.

Some participants may be contacted and invited to take part in the second phase of the survey in which lung function and response to standard treatments will be assessed.

We would like to add how much we appreciate your assistance with this important project. Your participation will help us to continue to improve the care of patients with breathing problems.

Yours sincerely,

James Fingleton
Medical Research Fellow
Medical Research Institute of New Zealand

Richard Beasley
Respiratory Physician and Director
Medical Research Institute of New Zealand

Medical Research Institute
of New Zealand

Telephone: +64 4 805 0147
Facsimile: +64 4 389 5707

Postal address:
Private Bag 7902
Wellington 6242
New Zealand

Physical address:
Level 7, CSB Building
Wellington Hospital
Riddiford Street, Wellington 6021
New Zealand

Website: www.mrinz.ac.nz

DIRECTOR

Professor Richard Beasley
*MBChB, FRACP, DM(Southampton), FAAAAI,
FRCP(London), DSc(Otago)*
Visiting Professor
University of Southampton, UK
richard.beasley@mrnz.ac.nz

MANAGER

Denise Fabian
denise.fabian@mrnz.ac.nz

PROGRAMME DIRECTORS

ALCOHOL & DRUG ABUSE

Geoffrey M Robinson
MBChB, FRACP, FACHAM

ASTHMA

Richard Beasley
*MBChB, FRACP, DM(Southampton), FAAAAI,
FRCP(London), DSc(Otago)*

COMPLEMENTARY MEDICINE

Shaun Holt
BPharm, MBChB

COPD

Justin Travers
MBChB, FRACP

INFLUENZA

Kyle Perrin
MBChB, FRACP

MAORI & PACIFIC HEALTH

Matire L N Harwood
MBChB

PATIENT SAFETY

Philippa M Shirtcliffe
MBChB, FRACP

PHARMACOVIGILANCE

Kyle Perrin
MBChB, FRACP

STROKE

Harry K McNaughton
MBChB, FRACP, FAFRM, PhD

VENOUS THROMBOEMBOLISM

Richard Beasley
*MBChB, FRACP, DM(Southampton), FAAAAI,
FRCP(London), DSc(Otago)*



TO ANSWER THE QUESTIONS PLEASE CHOOSE THE APPROPRIATE BOX.
IF YOU ARE UNSURE OF THE ANSWER, PLEASE CHOOSE "NO".

- | | | |
|--|--|--|
| 1. Have you had any wheezing or whistling in your chest at any time in the last 12 months?
<i>If "Yes", go to Question 1B; if "No", go to Question 2:</i> | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 1B. Have you been at all breathless when the wheezing noise was present? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 2. Do you usually cough when you don't have a cold?
<i>If "Yes", go to Question 2B; if "No", go to Question 3:</i> | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 2B. Do you cough on most days for as much as 3 months each year? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 3. Do you usually bring up phlegm from your chest first thing in the morning?
<i>If "Yes", go to Question 3B; if "No", go to Question 4:</i> | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 3B. Do you bring up phlegm like this on most days for as much as 3 months each year? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 4. Do you ever have trouble with your breathing? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 5. Has a doctor ever told you that you had chronic bronchitis? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 6. Has a doctor ever told you that you had emphysema? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 7. Has a doctor ever told you that you had asthma? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 8. Do you now smoke cigarettes, or a pipe or cigars?
<i>If "Yes", go to Question 9; if "No", go to Question 8B:</i> | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 8B. If not, have you ever smoked?
<i>If "Yes", go to Question 9; if "No", go to Question 10:</i> | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> |
| 9. How many years have you smoked on a regular basis? | Years
<input style="width: 50px; height: 20px;" type="text"/> | |
| 10. What is your date of birth? | Day
<input style="width: 20px; height: 20px;" type="text"/> | Month
<input style="width: 20px; height: 20px;" type="text"/> |
| | <input style="width: 20px; height: 20px;" type="text"/> | Year
<input style="width: 20px; height: 20px;" type="text"/> |
| 11. Are you male or female? | M
<input type="checkbox"/> | F
<input type="checkbox"/> |

We may wish to contact some respondents with information about the second phase of the study. If you would be prepared for us to contact you, please provide your telephone number below. If you do not wish to be contacted please write "no contact":

Day..... Evening.....

THANK YOU FOR YOUR HELP