

BAMSE 0

Thank you in advance for your participation in this survey!

To obtain the best possible information about the child's environment, we would be grateful if the mother and the father could complete this questionnaire together.

Child's first name

Child's last name

Child's civic registration number

Child's weight at birth

Street address

Town and postal code

Home telephone number

Municipality

Name of child health care centre

Mother's name

Address if different from child's

Daytime telephone number

Father's name

Address if different from child's

Daytime telephone number

Questions about the child's current place of residence

1. What type of structure do you live in?
 Multi-unit dwelling (flat) ==> Go to question 2
 Single-unit dwelling (house, bungalow, townhouse) ==> Go to question 5
2. If you live in a flat, what floor do you live on?
 Ground floor
 First floor ==> Go to question 4
 Second floor ==> Go to question 4
 Higher up ==> Go to question 4
3. If you live on the ground floor, what type of foundation does the building have?
 Foundation with cellar
 Slab-on-grade foundation
4. If you live in the city centre, where is your flat?
 Facing the street
 Within the inner court ==> Go to question 8
5. If you live in a single-unit dwelling, what type of foundation does the building have?
 Foundation with cellar or basement
 Foundation with crawlspace
 Slab-on-grade foundation
6. How many storeys high is the building?
 One storey
 Two storeys
 More than two storeys
7. Which storey does the child sleep on?
 Cellar/below ground level
 Ground floor

- First floor
Second floor or higher
8. When was the house built?
Before 1940
1940-1960
1961-1975
1976-1985
After 1985
 9. If the house was built after 1985, was it built less than one year before the child was born Yes/No
 10. How big is the living space in square metres?
 11. How many rooms are there in the residence (excluding kitchen, bath)?
 12. How many people are permanent residents in the same dwelling as the child, including the child?
Adults (18 years and over)
Children 0-2 years old
Children 3-12 years old
Teenagers 13-17 years old
 13. How many people does the child share a bedroom with?

Questions about heating

14. How is the residence mainly heated?
Oil furnace
Wood-burning furnace
District heating
Electric heaters
Oil/water radiators run on electricity
Don't know
Other, specify:.....
15. Is there any kind of fireplace for supplementary heating? Check all that apply.
No ==> Go to question 19
Open hearth
Fireplace with insert/wood-burning stove
Tile oven
Other, specify:.....
16. How often do you use the open hearth, fireplace with insert or tile oven during the winter season?
Less than once a month
1-3 days per month
1-2 days per week
More than 2 days per week
Every day
17. Do you leave the flue open when not using the fireplace? Yes/No
18. If you have a fireplace with insert, where does the combustion air come from?
From within the house
From outside
Don't know
19. Is there a gas stove in the residence?
Yes
No ==> Go to question 21

20. Is the gas stove used every day?
 Yes
 No

Questions about ventilation

21. Does the residence have forced ventilation (exhaust fan only or both intake and exhaust fans)
 Yes
 No ==> Go to question 25
 Don't know ==> Go to question 25
22. How does the ventilation fan usually run?
 Full speed
 Half speed
 Usually off
 Don't know
23. Is the ventilation switched off or run at reduced speed in the daytime?
 Yes
 No
 Don't know
24. Is the ventilation switched off or run at reduced speed at night?
 Yes
 No
 Don't know
25. What type of kitchen ventilation does the residence have?
 Only the general ventilation that serves for the rest of the residence ==> Go to question 27
 Hood over the cooker ==> Go to question 27
 Fan with carbon filter ==> Go to question 27
 Fan connected to flue
 Don't know ==> Go to question 27
26. How many hours, on the average, is the fan connected to the flue in use per day?
 Less than one hour
 1-3 hours
 4-6 hours
 7-12 hours
 All day
 Don't know
27. Do you air the residence regularly (daily) in the wintertime?
 Yes
 No ==> Go to question 29
28. How do you usually air the residence?
 Cross-draught in the entire house
 Window wide open for a short while
 Window or ventilation window open a crack for a long time
 Window or ventilation window open a crack for a short time
 Other, specify:
29. Is there air intake through vents/slots that are kept open in the wintertime, or is there a draught through the windows?
 In the living room Yes/No/Don't know

In the master bedroom Yes/No/Don't know
 In the child's bedroom Yes/No/Don't know

Questions about your home's layout and furnishings

30. What direction does the child's bedroom face?
 Towards the back
 Towards the street
 Other, specify:
31. Is there wall-to-wall carpeting in the child's bedroom?
 Yes/No
32. Is there wall-to-wall carpeting elsewhere in the home?
 Yes
 No ==> Go to question 34
33. Approximately how great an area is covered by wall-to-wall carpeting?
 Less than one tenth of the floor space in the home
 Between one tenth and half the floor space in the home
 More than half the floor space in the home
34. What type of bed do the parents sleep in?
 Foam mattress, box spring mattress
 Water bed
35. How long has the parents' mattress been in use? years
36. Is there a protective cover on the parents' top mattress?
 Yes
 No ==> Go to question 38
37. Is it washed more frequently than every other month?
 Yes/No
38. Has the child's bedroom been renovated in the past year?
 Yes/No

Questions about moisture

39. Does the home have triple-glazed windows?
 Yes/No/Don't know
40. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the bedrooms in the winter (Nov-Mar)?
 Yes, frequently
 Yes, but only under certain weather conditions
 No, never ==> Go to question 44
41. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the living room in the winter (Nov-Mar)?
 Yes, frequently
 Yes, but only under certain weather conditions
 No, never ==> Go to question 44
42. Where is the condensation?
 Between the windowpanes
 On the inside of the inner windowpane
43. How often is there condensation?
 Less than once a month
 1-4 times a month
 More than 4 times a month

44. Is there, or has there ever been, any type of moisture damage (spots and the like) in the home?
 Yes
 No ==> Go to question 46
 Don't know ==> Go to question 46
45. Where is the moisture damage?
 Visible on inner surfaces in the home
 On structural elements
46. Is there, or has there ever been, a smell of mildew in the home?
 Yes/No/Don't know
47. Has there been any visible mould/mildew in the home in the past year?
 Yes/No
48. Is there an aquarium in the home?
 Yes
 No ==> Go to question 50
49. Is there an aquarium in the room where the child sleeps?
 Yes/No
50. Estimate the average showering time in the home. Approximately hours/week.
51. Is a washer used in the flat or on the same floor as the living area of the home?
 Yes
 No ==> Go to question 53
52. How often is the washer used? Approximately washes (cycles) per week.
53. Is laundry dried in the flat or on the same floor as the living area of the home?
 Yes
 No ==> Go to question 55
54. How is the laundry dried?
 It is hung up on the same floor as the living area of the home
 It is dried in a drying cupboard or a tumble dryer
55. How many times have the floors in living rooms and bedrooms been mopped in the past six months? Approximately times.
56. How many times per month are living rooms and bedrooms vacuum cleaned?
 Approximately times.

Other questions

57. What type of vacuum cleaner is used in the home?
 Traditional vacuum cleaner
 Central vacuum cleaner
 Wet/dry vacuum cleaner
58. Is there a sauna in the home?
 Yes
 No ==> Go to question 60
59. How often is the sauna used?
 Once a week or more frequently
 1-3 time a month
 Less than once a month
 Never

Questions about smoking habits

Mother's smoking habits

60. Did you smoke during your pregnancy?
 Yes
 No ==> Go to question 62
61. How much did you smoke during each trimester of your pregnancy?
 0-3 months cigarettes/day
 4-6 months cigarettes/day
 7-9 months cigarettes/day
62. How long was your pregnancy? weeks.
63. Do you currently smoke?
 Yes
 No ==> Go to question 68
64. How many cigarettes/pipes/cigars/cigarillos do you smoke per day? per day.
65. Do you smoke at home?
 Yes
 No ==> Go to question 68
66. Do you usually smoke near the kitchen fan, on the balcony or at an open window?
 Yes/No
67. Do you smoke at home mainly when the child is asleep?
 Yes/No

Father's smoking habits

68. Do you smoke?
 Yes
 No ==> Go to question 73
69. How many cigarettes/pipes/cigars/cigarillos do you smoke per day? per day.
70. Do you smoke at home?
 Yes
 No ==> Go to question 73
71. Do you usually smoke near the kitchen fan, on the balcony or at an open window?
 Yes/No
72. Do you smoke at home mainly when the child is asleep?
 Yes/No

Smoking habits of other family members

73. Does any sibling or other person living in the home smoke?
 Yes
 No ==> Go to question 76
74. How many smokers (excluding mother and father) live in the home? persons.
75. How many cigarettes/pipes/cigars/cigarillos do siblings and other people living in the home smoke per day on the average? per day.

Questions about pets

76. Are there pets in the home?
 Yes
 No ==> Go to question 78
77. Which animal(s)?
 Cat
 Dog
 Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)

- Bird
Other animal
78. Have there been animals in the home previously (in the past 5 years)?
Yes
No ==> Go to question 80
Don't know ==> Go to question 80
79. Which animal(s)?
Cat
Dog
Rodent
Other animal
80. Are there furred animals at the homes of relatives that the child meets?
Yes
No ==> Go to question 82
81. Which animal(s)?
Cat
Dog
Rodent
Other animal
82. Do any nearby neighbours have furred animals in their homes?
Yes
No ==> Go to question 84
Don't know ==> Go to question 84
83. Which animal(s)?
Cat
Dog
Rodent
Other animal
84. Do any close friends have furred animals in their homes?
Yes
No ==> Go to question 86
85. Which animal(s)?
Cat
Dog
Rodent
Other animal

Questions about contact with horses

86. Does any family member work with horses professionally or have regular contact with horses? (rider, stable hand, owner)
Yes
No ==> Go to question 89
87. If yes, how frequently?
More than once a week
Once a week
Less than once a week
88. Does the person who has been in the stable change out of the riding/working clothing at home?
Yes

No, does not change clothing
 No, changes clothing somewhere else

Questions about heredity and health

N.B. If possible, the mother should complete the questions concerning her and the father should complete the questions concerning him!

Questions to the mother:

89. Have you at any time in the past 12 months experienced symptoms of asthma? (e.g. periods or attacks of difficulty breathing or shortness of breath. The problems can occur with or without cough and with or without wheezing.)
 Yes/No
90. Do you now use, or have you ever used any medication against asthma?
 Yes/No
91. Is there often a whistling or wheezing sound in your chest when you breathe?
 Yes/No
92. Do you often experience shortness of breath, wheezing and/or cough:
 a) During exertion in cold weather Yes/No
 b) In dusty or smoky environments Yes/No
 c) From automobile exhaust or other air pollution Yes/No
 d) From strong odours, perfume, spices, cleansers, printer's ink, etc Yes/No
93. As a child, did you repeatedly have bronchitis?
 Yes/No
94. Do you now have, or have you previously had asthma?
 Yes
 No ==> Go to question 96
95. Was it diagnosed by a doctor?
 Yes/No
96. Do you now have, or have you previously had hay fever?
 Yes
 No ==> Go to question 98
97. Was it diagnosed by a doctor?
 Yes/No
98. Do you now have, or have you previously had eczema? (excluding contact dermatitis and psoriasis)
 Yes
 No ==> Go to question 100
99. Was it diagnosed by a doctor?
 Yes/No
100. Are you allergic to furred animals?
 Yes
 No ==> Go to question 102
101. Was your allergy diagnosed by a doctor?
 Yes/No
102. Are you allergic to pollen?
 Yes
 No ==> Go to question 104
103. Was your allergy diagnosed by a doctor?
 Yes/No

Questions to the father:

104. Have you at any time in the past 12 months experienced symptoms of asthma? (e.g. periods or attacks of difficulty breathing or shortness of breath. The problems can occur with or without cough and with or without wheezing.)
Yes/No
105. Do you now use, or have you ever used any medication against asthma?
Yes/No
106. Is there often a whistling or wheezing sound in your chest when you breathe?
Yes/No
107. Do you often experience shortness of breath, wheezing and/or cough:
a) During exertion in cold weather Yes/No
b) In dusty or smoky environments Yes/No
c) From automobile exhaust or other air pollution Yes/No
d) From strong odours, perfume, spices, cleansers, printer's ink, etc Yes/No
108. As a child, did you repeatedly have bronchitis?
Yes/No
109. Do you now have, or have you previously had asthma?
Yes
No ==> Go to question 111
110. Was it diagnosed by a doctor?
Yes/No
111. Do you now have, or have you previously had hay fever?
Yes
No ==> Go to question 113
112. Was it diagnosed by a doctor?
Yes/No
113. Do you now have, or have you previously had eczema? (excluding contact dermatitis and psoriasis)
Yes
No ==> Go to question 115
114. Was it diagnosed by a doctor?
Yes/No
115. Are you allergic to furred animals?
Yes
No ==> Go to question 117
116. Was your allergy diagnosed by a doctor?
Yes/No
117. Are you allergic to pollen?
Yes
No ==> Go to question 119
118. Was your allergy diagnosed by a doctor?
Yes/No
119. Does the child have siblings?
Yes
No ==> Go to question 135
120. Have any of the child's siblings at any time in the past 12 months experienced symptoms of asthma? (e.g. periods or attacks of difficulty breathing or shortness of breath. The problems can occur with or without cough and with or without wheezing.)
Yes/No

121. Does the sibling now use, or has he/she ever used any medication against asthma?
Yes/No
122. Is there often a whistling or wheezing sound in the sibling's chest when he/she breathes?
Yes/No
123. Does any sibling often experience shortness of breath, wheezing and/or cough:
a) During exertion in cold weather Yes/No
b) In dusty or smoky environments Yes/No
c) From automobile exhaust or other air pollution Yes/No
d) From strong odours, perfume, spices, cleansers, printer's ink, etc Yes/No
124. Does any sibling repeatedly have bronchitis?
Yes/No
125. Does any sibling now have, or has he/she previously had asthma?
Yes
No ==> Go to question 127
126. Was it diagnosed by a doctor?
Yes/No
127. Does any sibling now have, or has he/she previously had hay fever?
Yes
No ==> Go to question 129
128. Was it diagnosed by a doctor?
Yes/No
129. Does any sibling now have, or has he/she previously had eczema? (excluding contact dermatitis and psoriasis)
Yes
No ==> Go to question 131
130. Was it diagnosed by a doctor?
Yes/No
131. Is any sibling allergic to furred animals?
Yes
No ==> Go to question 133
132. Was the allergy diagnosed by a doctor?
Yes/No
133. Is any sibling allergic to pollen?
Yes
No ==> Go to question 135
134. Was the allergy diagnosed by a doctor?
Yes/No

Other questions

135. What level of education does the mother have? (Several alternatives may be marked)
9-year compulsory school / 2-year secondary school / 3-4-year secondary school /
University or college degree / Other education
If other education, please specify:
136. What is the mother's profession or trade? (Try to describe the profession so as to provide a clear impression of the main tasks involved.) For example, rather than writing teacher, write pre-school teacher, lower school teacher, textile crafts teacher:
137. How old is the mother? years.
138. What level of education does the father have? (Several alternatives may be marked)
9-year compulsory school / 2-year secondary school / 3-4-year secondary school /

University or college degree / Other education

If other education, please specify:

139. What is the father's profession or trade? (Try to describe the profession so as to provide a clear impression of the main tasks involved.) For example, instead of "teacher", write pre-school teacher, lower school teacher, textile crafts teacher:
140. How old is the father? years.
141. Who completed this questionnaire?
Both mother and father
Only the mother
Only the father
Someone else
142. Date questionnaire was filled in.....

Thank you for taking the time to complete this questionnaire!

Space for your own comments: