

## Translation 1 years questionnaire



Institute of Environmental Medicine (IMM) Stockholm, Sweden BAMSE: Barn (children) Allergi (allergy) Miljö (environment) Stockholm Epidemiological Study

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## BAMSE 1

Thank you in advance for your participation in this survey!

Questionnaire about (child's name):

Daytime phone number to mother: same as child's or (specify) .....

Daytime phone number to father: same as child's or (specify) .....

Date questionnaire was filled in.....

Who completed the questionnaire? Both mother and father Only mother Only father

Please fill in the following questions if anything differs from the information given above

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 street address (place where the child lives most of the time) Town and postal code Home telephone number

Mother's address if different from child's

Father's name address if different from child's

| 1. | Has your child ever had problems involving:   |                      |          |  |
|----|---|----------------------|----------|--|
|    | Wheezy breathing N  | o/Yes Starting at ag | e months |  |
|    | Difficulty breathing N  | o/Yes Starting at ag | e months |  |
| 2. | If the child has had wheezy breathing, on how many occasions?                       |                      |          |  |
|    | before 3 months of age times  |                      |          |  |
|    | after 3 months of age times   |                      |          |  |
| 3. | Has your child ever had any of the following symptoms in conjunction with a cold    |                      |          |  |
|    | (upper respiratory disease)?  |                      |          |  |
|    | Wheeziness when laughing or crying  |                      | No/Yes   |  |
|    | Wheeziness when playing or when outdoors  |                      | No/Yes   |  |
|    | Coughing when laughing or playing or when outdoors                                  |                      | No/Yes   |  |
|    | Troublesome coughing at night   |                      | No/Yes   |  |
| 4. | Has your child ever had any of the following symptoms without simultaneously having |                      |          |  |
|    | a cold (upper respiratory disease)?   |                      |          |  |
|    | Wheeziness when laughing or crying  |                      | No/Yes   |  |
|    | Wheeziness when playing or when outdoors  |                      | No/Yes   |  |
|    | Coughing when laughing or playing or when outdoors                                  |                      | No/Yes   |  |
|    | Troublesome coughing at night   |                      | No/Yes   |  |
| 5  | TC  |                      | 141      |  |

5. If your child has experienced troublesome night cough without having a cold, on how many occasions has this happened?

before 3 months of age ...... times after 3 months of age ...... times

- 6. How long does a cough of that sort generally last?
  - 1-7 days1-3 weeksmore than 3 weeks
- 7. Has your child ever had trouble with wheezy breathing or cough after contact with the following?

Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of May)/Grass (June-August)

response alternatives No/Don't know/Yes, I think so/Yes, definitely

- 8. Has a doctor diagnosed your child as having asthma?
  - No

Yes, at age ..... months

9. Has your child ever been given acute treatment for asthma or breathing problems characterised by wheeziness, heavy or difficult breathing? No

Yes, the first time at age ..... months

 Has your child ever been prescribed any of the medicines listed below for treatment of asthma or breathing problems characterised by wheeziness, heavy or difficult breathing? No, has never been prescribed any medicine

Yes

Bricanyl (terbutaline) or Ventoline (salbutamol) in liquid form

Teovent (theophylline (2-hydroxy)trimethylammonium) in liquid form or as suppository or rectal enema

Bricanyl (terbutaline), Ventoline (salbutamol) or Lomudal (cromolyn sodium) for inhalation

Pulmicort (budesonide) or Becotide (beclomethasone) for inhalation Cortisone tablets (e.g. Betapred (betamethasone) to be dissolved in water)

- 11. Has your child had trouble breathing in combination with a cough resembling a seal's bark?
  - No

Yes, on ..... occasions

- 12. Has a doctor ever diagnosed your child as having croup or pseudocroup? No
  - Yes, at age ..... months
- Has a doctor ever diagnosed your child as having pneumonia? No

Yes, on ..... occasions

14. Has a doctor ever diagnosed your child as having bronchitis? No

Yes, on ..... occasions

15. Has your child ever had an RSV (respiratory syncytial virus) infection? No

Yes, at age ..... months

- 16. Has your child ever had whooping cough? No/Don't know ==> Go to question 20 Yes
- 17. How long was the child coughing? less than 3 weeks3 weeks or more

| 18. | Was a nasal swab culture taken that showed the child had whooping cough?<br>No/Yes  |
|-----|---|
| 19. | Did a nasal swab culture from any other family member show presence of whooping cough?  |
| 20. | No/Yes<br>Has your child been vaccinated against whooping cough (pertussis)?<br>No/Yes/Don't know   |
| 21. | Did your child require help breathing as a newborn?<br>No<br>Yes, a ventilator for days   |
| 22. | Yes, CPAP for days<br>Has your child been given antibiotics (e.g. penicillin)?  |
|     | No<br>Yes, courses  |
| 23. | Does your child have dry skin?<br>No/Yes  |
| 24. | Has your child ever had an itchy rash that has caused the child to scratch him/herself for at least two weeks?<br>No ==> Go to question 28  |
| 25. | Yes<br>How old was your child when these rashes appeared?<br>The first time: months   |
| 26. | Most recently: months<br>How often did itchiness keep your child awake at night during the month when the rash<br>was worst?  |
|     | Never<br>At most one night per week<br>More than one night per week   |
| 27. | Where was/is the rash? (Mark all that apply)<br>Face  |
|     | Scalp<br>Exposed parts of arms and/or legs  |
|     | Armpits<br>Folds of elbows and/or backs of knees  |
|     | Wrists and/or front of ankles   |
|     | Neck<br>Chest, belly and/or back  |
|     | Front of body inside nappy  |
| 20  | Buttocks  |
| 28. | Has a doctor ever diagnosed your child as having eczema?<br>No  |
| 29. | Yes, at age months<br>Has your child ever had a rash characterised by pale itchy bumps similar to mosquito<br>bites or blisters, that appeared and disappeared again within a day or two (i.e. nettle<br>rash)? |
| 30. | No/Yes<br>Has a doctor ever diagnosed your child as having a nettle rash (urticaria)?<br>No/Yes   |
| 31. | Has your child ever developed a rash that caused the child to scratch him/herself after contact with the following?   |
|     | Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of  |

May)/Grass (June-August)

Response alternatives No/Don't know/Yes, I think so/Yes, definitely

32. Has your child ever had trouble with runny or stuffy nose that lasted for more than three weeks?

No ==> Go to question 34

Yes

33. How long did these symptoms persist?4-8 weeks

2-6 months

more than 6 months

34. Has a doctor ever diagnosed your child as having hay fever or allergic rhinitis? No

Yes, at the age of ..... months

35. Has your child ever had trouble with sneezing, runny nose, stuffy nose or red, itchy eyes after contact with the following?

Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of May)/Grass (June-August)

Response alternatives No/Don't know/Yes, I think so/Yes, definitely

36. Has your child had earaches that were treated with antibiotics (e.g. penicillin)? No

Yes. How many times? .....

- 37. Has your child had earaches, or ear infections with fluid behind the eardrum that were not treated with antibiotics? No/Don't know
  - No/Don't know

Yes. How many times? .....

38. How long was your child fed exclusively on breast milk (unsupplemented with formula or gruel)?

..... months and ..... weeks

- 39. How long was your child breastfed? ......... months and .......... weeks
- 41. Did your child, in the first year of life, receive infant formula that did not contain milk (e.g. products based on soy protein (Soya Semp, Pro-Sobee), hydrolysed whey protein (Profylac), hydrolysed casein (Pregestimil, Nutramigen))? No/Yes
- 42. Did your child ever have adverse reactions to food or drink, such as vomiting, diarrhoea, eczema, nettle rash, itch or swelling of lips or eyelids, runny nose or asthma?
   No ==> Go to question 45 Yes
- 43. Please specify which reaction(s) your child had to food or drink: Vomiting and/or diarrhoea Eczema Nettle rash Swollen lips and/or eyelids Itchy eyelids and/or runny nose

Asthma

Other, specify: .....

44. Which of these foods cause adverse reactions in your child (as described in question 43) and how long after consuming them did your child react?

Cow's milk or product containing it (formula, gruel containing milk) Egg Fish Nuts/almonds (excluding peanuts) Peanuts Peas Sov Flour (wheat, rye, barley, oat) Fruit with stones or pips (apple, pear, cherry, plum, peach, nectarine) Other, specify: ..... Response alternatives Has not yet eaten/No adverse reaction/Adverse reaction after ..... min 45. Has a doctor diagnosed your child as having food allergy? No/Yes, at age ..... months 46. How old was the child the first time he/she was given Egg Fish Wheat, oat, rye, barley (found in rusks, porridge, gruel) Response alternatives Has not yet been given/Age ..... months 47. How often does the child eat fish? More than once a week Once a week 2-3 times a month Once a month or less Never eats fish 48. Does or did your child receive AD-vitamin drops? No Yes, in water solution Yes, in oil solution 49. Has your child had repeated spells of diarrhoea or had it over extended periods? No/Yes 50. Has you child had repeated attacks of colic after the age of 6 months? No/Yes 51. Does the child have any serious disease? No/Yes, specify: ..... 52. Does the mother currently smoke? No ==> Go to question 54 Yes, every day Yes, but not every day 53. How many cigarettes, pipes, cigars or cigarillos does the mother smoke per day? ..... 54. Does the father currently smoke? No ==> Go to question 56 Yes, every day Yes, but not every day 55. How many cigarettes, pipes, cigars or cigarillos does the father smoke per day? ..... 56. Are there any pets in the child's home or homes? No ==> Go to question 58 Yes

57. Which animal(s)? Cat

Dog Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.) Bird Other animal, specify: .....

58. 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)? No. never

Yes, but only under certain weather conditions Yes, frequently

- 59. 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)?
  No, never
  Yes, but only under certain weather conditions
  Yes, frequently
- 60. Where is the condensation? Between the windowpanes On the inside of the inner windowpane
- 61. One upper respiratory disease in children is characterised by susceptibility to infection and that infections spread "down the windpipe" leading to whistling or wheezing sounds in the chest, often along with laboured breathing. The symptoms are often worst at night and can vary in both severity and duration (hours to days). These symptoms can be recurrent.

Has your child ever had symptoms like those described above? No/Yes, ..... times

62. Another upper respiratory disease in children can also be characterised by susceptible airways. This disease causes hoarseness, harsh, barking cough and occasionally breathing difficulties, especially when the child is inhaling (giving a hoarse sound "stridor").

Has your child ever had symptoms like those described above? No/Yes, ..... times

Please check to see that all the questions have been answered. Thank you once more!

Space for your own comments.