7. Study Instruments for 13/14 Year Olds

7.1 Instructions for preparing the questionnaire

The following instructions are to be undertaken BEFORE the questionnaire is printed including pre-coding the office use only boxes (see page 183). The content of the questions 1-30 are fixed. Questions 31 onwards are strongly recommended.

Question 9. After e.g. Please delete the words "puffers (*use local terminology*)" and insert your local terminology for inhalers, prior to printing the questionnaire.

Question 9a. Please insert the name of your local brand of SABAs, LABAs, ICSs and combination ICS and LABA prior to printing the questionnaire.

Question 10 After e.g. Please delete the words "pills (*use local terminology*)" and insert your local terminology for tablets, capsules, liquids or pills, prior to printing the questionnaire

Question 10a. We are only interested in 4 categories of medicines: leukotriene receptor antagonists, β2 agonist bronchodilator, theophylline and oral corticosteroid. Please delete the words (*Put your local brand name here*) and insert the chemical name, and then in brackets the brand/local name of the tablets, capsules, liquids or other medicines e.g. pills (using your local terminology), prior to printing the questionnaire.

Question 37. "Were you born in (***country of survey***)? Please delete the words (***country of survey)*** and insert the name of your country, prior to printing the questionnaire.

Question 38. Please delete the words (***country of survey)*** and insert the name of your country, prior to printing the questionnaire.

Question 39. "How often do trucks pass through the street where you live on weekdays?" The word 'truck' can be changed to an alternative local term, for example 'lorry', prior to printing the questionnaire.

Question 40. "In the past 12 months how often, on average, did you eat or drink the following?"

If there are foods listed that are not applicable to your country you may delete them. Similarly, if you consider the list too comprehensive, you may delete some of the foods. For MEAT, we include examples that would be applicable for New Zealand. Other countries may like to delete our examples and include relevant examples for their country, prior to printing the questionnaire.

Question 41. "**In the past 12 months** how often, on average, have you taken paracetamol for fever?" Please delete the words "*(use local terminology e.g. Acetaminophen, Panadol, Pamol, Tylenol*) and insert your local brand name, prior to printing the questionnaire.

Question 48. There are various terms used to describe a water pipe. Please use the terminology most suitable for your country, prior to printing the questionnaire.

NOTE:

Height and weight measurements: These measurements will be taken at school by the fieldworker preferably after the written and video questionnaires have been completed and it will be noted on the questionnaire which measurement was used. Please see pages 187-189 for the height and weight protocol. This will give the fieldworker the opportunity to check the demographic data has been completed correctly.

7.2 Instructions for completing the demographic questions

Surveillance and management questionnaire for 13/14 year olds

Examples of Instructions for completing the questions are given below.

The questions require you to tick your answer in a box, write a number or a few words as indicated. If you make a mistake put a cross in the box and tick the correct answer. Tick only one option unless otherwise instructed.

Examples of how to mark questionnaires: Age [13] years

To answer Yes/No, put a tick in the appropriate box as per example	YES	NO
	[ ]	[✓]

SCHOOL: [ ]

TODAY'S DATE: [ ] Day [ ] Month [ ] Year

YOUR NAME: [ ]

YOUR AGE: [ ] years

YOUR DATE OF BIRTH: [ ] Day [ ] Month [ ] Year

Are you: MALE [ ] FEMALE [ ]

Optional questions on ethnicity here:

[ ]

Your weight will be measured at school _____ kg/stone/pounds

Your height will be measured at school _____ metres/centimetres/feet and inches

Questions 1 – 16 are about your breathing

1. Have you **ever** had wheezing or whistling in the chest at any time in the past?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6

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2. Have you had wheezing or whistling in the chest **in the past 12 months**?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6

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3. How many attacks of wheezing have you had **in the past 12 months**?

None ☐

1 to 3 ☐

4 to 12 ☐

More than 12 ☐

4. **In the past 12 months**, how often, on average, has your sleep been disturbed due to wheezing?

Never woken with wheezing ☐

Less than one night per week ☐

One or more nights per week ☐

5. **In the past 12 months**, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?

Yes ☐

No ☐

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6. Have you **ever** had asthma?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 9

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7. Was asthma confirmed by a doctor?

Yes ☐

No ☐

8. Do you have a written plan which tells you how to look after your asthma?

Yes ☐

No ☐

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9. Have you used any inhaled medicines e.g. puffers (*use local terminology*) to help your breathing problems at any time **in the past 12 months**? (when you didn't have a cold)

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 10

9a. Please indicate how often you used each of the **inhaled** medicines listed below **in the past 12 months**:

(delete the words below and put your local brand)	only when needed	/ in short courses	/ every day
Short acting β- agonists (SABA)	☐	☐	☐
Long acting β- agonists (LABA)	☐	☐	☐
Inhaled corticosteroids (ICS)	☐	☐	☐
Combination ICS and LABA	☐	☐	☐

10. Have you used any tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) that you swallowed to help your breathing at any time **in the past 12 months**? (when you didn't have a cold)

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 11

10a. Please indicate how often you used each of the tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) listed below **in the past 12 months**:

	only when needed	/ in short courses	/ every day
(Put your local brand name here)	☐	☐	☐
(Put your local brand name here)	☐	☐	☐
(Put your local brand name here)	☐	☐	☐
(Put your local brand name here)	☐	☐	☐

11. **In the past 12 months**, how many times have you **urgently** been to a doctor because of breathing problems?

None	1-3	4-12	more than 12
☐	☐	☐	☐

12. **In the past 12 months**, how many times have you **urgently** been to an Emergency Department without being admitted to hospital because of breathing problems?

None	1-3	4-12	more than 12
☐	☐	☐	☐

13. **In the past 12 months** how many times have you been admitted to hospital because of breathing problems?

None	1	2	more than 2
☐	☐	☐	☐

14. **In the past 12 months,** how many days (or part days) of school have you missed because of breathing problems?

None	1-3	4-12	more than 12
☐	☐	☐	☐

15. **In the past 12 months**, has your chest sounded wheezy during or after exercise?

Yes ☐

No ☐

16. **In the past 12 months**, have you had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes ☐

No ☐

Questions 17-23 are about *nose problems* which occur when you *do not have a cold or the flu*

17. Have you **ever** had a problem with sneezing, or a runny, or blocked nose when you DID NOT have a cold or the flu?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 22

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18. **In the past 12 months**, have you had a problem with sneezing, or a runny or blocked nose when you DID NOT have a cold or the flu?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 22

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19. **In the past 12 months**, has this nose problem been accompanied by an itchy nose?

Yes ☐

No ☐

20. **In the past 12 months**, has this nose problem been accompanied by itchy-watery eyes?

Yes ☐

No ☐

21. **In the past 12 months**, how much did this nose problem interfere with your daily activities?

Not at all ☐
A little ☐
A moderate amount ☐
A lot ☐

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22. Have you **ever** had hay fever? *(include local names for hay fever such as allergic rhinitis)*

Yes ☐
No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 24

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23. Was your hay fever confirmed by a doctor?

Yes ☐
No ☐

Questions 24 – 30 are questions about your skin

24. Have you **ever** had an itchy rash which was coming and going for at least six months?

Yes ☐
No ☐

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 29

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25. Have you had this itchy rash at any time **in the past 12 months**?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO"
PLEASE SKIP TO QUESTION 29

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26. Has this itchy rash **at any time** affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

Yes ☐

No ☐

27. Has this rash cleared completely at any time **during the past 12 months**?

Yes ☐

No ☐

28. **In the past 12 months**, how often, on average, have you been kept awake at night by this itchy rash?

Never in the past 12 months ☐

Less than one night per week ☐

One or more nights per week ☐

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29. Have you **ever** had eczema?

Yes ☐

No ☐

IF YOU HAVE ANSWERED "NO"
PLEASE SKIP TO QUESTION 31

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30. Was your eczema confirmed by a doctor?

Yes ☐

No ☐

Questions 31 to 48 are about other aspects of your life and environment

31. How many times a week do you engage in vigorous physical activity long enough to make you breathe hard?

Never or only occasionally ☐

Once or twice per week ☐

Three or more times a week ☐

32. During a normal week of 7 days, how many hours a day (24 hours) do you watch television (include DVD's films, videos)?

Less than 1 hour ☐

1 hour but less than 3 hours ☐

3 hours but less than 5 hours ☐

5 hours or more ☐

33. During a normal week of 7 days, how many hours a day (24 hours) do you spend on any of the following: computer (include PlayStation, smartphone, tablet); the internet (include Chat, Facebook, games, Twitter, YouTube) and more?

Less than 1 hour ☐

1 hour but less than 3 hours ☐

3 hours but less than 5 hours ☐

5 hours or more ☐

34. Are you a twin? Yes ☐

No ☐

35. How many older brothers and/or sisters do you have?

Number ☐

(please put 0 if there are no older siblings)

36. How many younger brothers and/or sisters do you have?

Number ☐

(please put 0 if there are no younger siblings)

37. Were you born in **_____(*country of survey*)_____**? Yes ☐

No ☐

37a. ***If No***, what country were you born in? Country_____

38. How many years have you lived in **__(*country of survey*)__**?

Years ☐

39. How often do trucks pass through the street where you live on weekdays?

Never ☐

Seldom (not often) ☐

Frequently through the day ☐

Almost the whole day ☐

40. **<u>In the past 12 months</u>**, how often, on average, did you eat or drink the following? (*please leave blank if you do not know what a food is*)

	Never or only occasionally	Once or twice per week	Most or all days
Meat (eg beef, lamb, chicken, pork)	☐	☐	☐
Seafood (including fish)	☐	☐	☐
Fruit	☐	☐	☐
Cooked Vegetables (green and root)	☐	☐	☐
Raw Vegetables (green and root)	☐	☐	☐
Pulses (peas, beans, lentils)	☐	☐	☐
Cereals (excluding bread)	☐	☐	☐
Bread	☐	☐	☐
Pasta	☐	☐	☐
Rice	☐	☐	☐
Margarine	☐	☐	☐
Butter	☐	☐	☐
Olive Oil	☐	☐	☐
Milk (include flavoured milk)	☐	☐	☐
Other dairy (include cheese and yoghurt)	☐	☐	☐
Eggs	☐	☐	☐
Nuts	☐	☐	☐
Potatoes	☐	☐	☐
Sugar (includes lollies, candies, sweets)	☐	☐	☐
Fastfood/burgers	☐	☐	☐
Fast food, excluding burgers	☐	☐	☐
Fizzy or soft drinks (include local terminology)	☐	☐	☐

41. **In the past 12 months** how often, on average, have you taken paracetamol (*use local terminology e.g. Acetaminophen, Panadol, Pamol, Tylenol)* for fever?

Never ☐

At least once a year ☐

At least once a month ☐

42. **In the past 12 months**, have you had a cat in your home?

Yes ☐

No ☐

43. **In the past 12 months**, have you had a dog in your home?

Yes ☐

No ☐

44. **In the past**, have you smoked tobacco on a daily basis, less than daily, or not at all?

Not at all ☐

Less than daily ☐

Daily ☐

45. Do you **currently** smoke tobacco on a daily basis, less than daily, or not at all?

Not at all ☐

Less than daily ☐

Daily ☐

46. If you have smoked tobacco ever, either daily or less than daily, at what age did you first smoke cigarettes, cigars, or pipe?

Age ☐ Not applicable ☐

47. On average over the entire time you have smoked, how many cigarettes, cigars, or pipe did you smoke each day?

Number per day ☐ Not applicable ☐

48. Do you smoke water pipe (*use local terminology e.g. bong, crack pipe, hookah, hubble-bubble, narghile, shisha, vapourizer, water vapour*) at home?

Yes ☐

No ☐

Thank you very much for completing these questions, we appreciate your participation.

International Video Questionnaire answer sheet

If the video questionnaire is included with the questionnaire, the demographic details will have been put onto the front of the questionnaire. If the video questionnaire is administered separately, the demographic questions will need to be added to this section.

SCENE ONE: The first scene is of a young person at rest.

49.	Has your breathing been like this,	**YES**	**NO**
	at any time in your life?	☐	☐
	if **YES:** has this happened in the past year?	☐	☐
	if **YES:** has this happened one or more times a month?	☐	☐

SCENE TWO: The second scene is of two young people exercising. One is in a dark shirt and the other is in a white shirt.

50.	Has your breathing been like the boy's in the dark shirt during or following exercise	**YES**	**NO**
	at any time in your life?	☐	☐
	if **YES:** has this happened in the past year?	☐	☐
	if **YES:** has this happened one or more times a month?	☐	☐

SCENE THREE: The third scene is of a young person waking at night.

51.	Have you been woken at night like this at	**YES**	**NO**
	any time in your life?	☐	☐
	if **YES:** has this happened in the past year?	☐	☐
	if **YES:** has this happened one or more times a month?	☐	☐

SCENE FOUR: The fourth scene is also of a young person waking at night.

52. Have you been woken at night like this at	**YES**	**NO**
any time in your life?	☐	☐
if **YES:** has this happened in the past year?	☐	☐
if **YES:** has this happened one or more times a month?	☐	☐

SCENE FIVE: The final scene is of another person at rest.

53.	Has your breathing been like this at any time in your life?	**YES**	**NO**
	if **YES:** has this happened in the past year?	☐	☐
	if **YES:** has this happened one or more times a month?	☐	☐

Thank you very much for completing these questions, we appreciate your participation.