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, β 2 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:

<u>Height and weight measurements</u>: These measurements will be taken at school by the fieldworker preferably <u>after</u> 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 ma	rk question	naires:	Age	13 years
To answer Yes/No, put a appropriate box as per		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 e	thnicity here	e:		

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

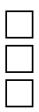
1.	Have you ever had wheezing or whistling in the chest at any time in the	ne past?	?
	Y	Yes	
	Ν	No	
	IF YOU HAVE ANSW PLEASE SKIP TO QU		
2.	Have you had wheezing or whistling in the chest in the past 12 mont	<u>hs?</u>	
	Y	les	
	Ν	No	
	IF YOU HAVE ANSW PLEASE SKIP TO QU		

3. How many attacks of wheezing have you had <u>in the past 12 months?</u>

None	
1 to 3	
4 to 12	
More than 12	

4. <u>In the past 12 months</u>, 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

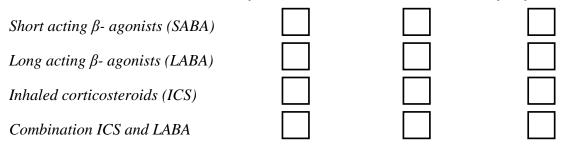


5.	<u>In the past 12 months</u> , has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?			
		Yes		
		No		
6.	Have you <u>ever</u> had asthma?			
		Yes		
		No		
	IF YOU HAVE A PLEASE SKIP T			
7.	Was asthma confirmed by a doctor?			
		Yes		
		No		
8.	Do you have a written plan which tells you how to look after you	r asthma?		
		Yes		
		No		
9.	Have you used any inhaled medicines e.g. puffers (<i>use local term</i> your breathing problems at any time in the past 12 months ? (wh a cold)			
		Yes		
		No		

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

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

(delete the words below and put your local brand) only when needed / in short courses / every day



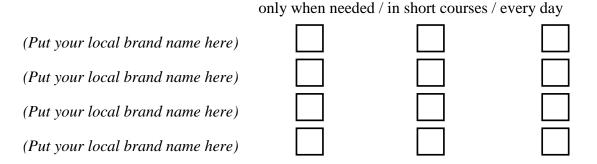
10. Have you used any tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) that you swallowed to help your breathing at any time <u>in the past 12</u> <u>months</u>? (when you didn't have a cold)

Yes

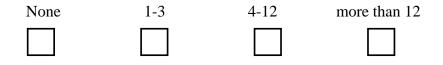
No

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 <u>in the past 12</u> <u>months</u>:



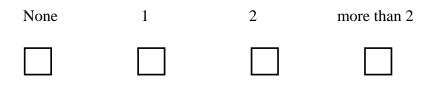
11. <u>In the past 12 months</u>, how many times have you <u>urgently</u> been to a doctor because of breathing problems?



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



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



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

None	1-3	4-12	more than 12

15. <u>In the past 12 months</u>, has your chest sounded wheezy during or after exercise?

Yes	
No	

Yes

No

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

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

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

Yes

No

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

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

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

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

No

Yes

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

Not at all	
A little	
A moderate amount	
A lot	

22. Have you <u>ever</u> 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

23.	Was your hay fever confirmed by a doctor?		
		Yes	
		No	

Questions 24 – 30 are questions about your skin

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

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

Yes

No

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

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?

		Г

Yes

No

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

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

29. Have you <u>ever</u> had eczema?

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

Yes

No

No

Yes

	_



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



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34.	Are you a twin?	Yes No	
35.	How many older brothers and/or sisters do you have? (please put 0 if there are no older	Number r siblings)	
36.	How many younger brothers and/or sisters do you have? (please put 0 if there are no your	Number nger sibling	gs)
37.	Were you born in <u>(country of survey)</u> ?	Yes No	
	37a. <i>If No</i> , what country were you born in? Country		
38.	How many years have you lived in <u>(country of survey)</u> ?	Years	
39.	How often do trucks pass through the street where you live on week Never Seldom (not often) Frequently through the 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)			

local terminology e.g. A	cetaminophen, Panadol, Pamol, Tylenol) for fever
	Never
	At least once a year
	At least once a month
In the past 12 months,	have you had a cat in your home?
	Yes
	No
In the past 12 months,	have you had a dog in your home?
	Yes

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	

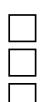
45. Do you **currently** smoke tobacco on a daily basis, less than daily, or not at all?

> Not at all Less than daily Daily

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

Not applicable

Age



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 (<i>use local terminolog hubble-bubble, narghile, shisha, vapourizer, wa</i>		
		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?
 Image: Comparison of the past year?
 Image: Comparison of the past year?

 if YES: has this happened one or more times a month?
 Image: Comparison of the past year?
 Image: Comparison of the past year?

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?
 Image: Comparison of the past year?
 Image: Comparison of the past year?
 Image: Comparison of the past year?

 if YES: has this happened one or more times a month?
 Image: Comparison of the past year?
 Image: Comparison of the past year?

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. Ha	ave 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?		
SCEN	IE FIVE: The final scene is of another person at rest.		
53.	Has your breathing been like this at any	YES	NO
	time in your life?		

if **YES:** has this happened in the past year? if **YES:** has this happened one or more times a month? s no] []] []] []

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