

## Supplementary questionnaire 2

### Baseline questionnaire, English translation

# Questionnaire on breathing and allergies

How to fill it in?    yes ☐    no ☐    = please, tick the appropriate box

|15 |10 |1998| = please, fill out

\_\_\_\_\_ = please, write words

## General questions

Date questionnaire completed: | | |  
day month year

Person completing questionnaire: mother ☐ father ☐ child ☐ other ☐ \_\_\_\_\_  
(tick all who helped to fill in)

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Birthdate 

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 Sex    male ☐    female ☐  
                    day month year

## Part 1

1. In the last 12 months, how many times have you had a cold or flu?

None ☐      1-3 ☐      4-6 ☐      7-9 ☐      10 or more ☐

2. How long does a cold usually last?

Less than a week ☐    1-2 weeks ☐    2-4 weeks ☐    More than 4 weeks ☐

3. In the last 12 months, have you had a cough that lasted more than 4 weeks?

yes ☐ no ☐

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

yes ☐ no ☐

5. Do you think that you cough more than other children your age?

yes ☐ no ☐

## Part 2

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

yes ☐ no ☐

7. Have you had wheezing or whistling in the chest in the last 12 months?

yes ☐ no ☐

**If you answered “no” to both questions, please skip to part 3.**

8. How many attacks of wheezing have you had during the last 12 months?

None ☐ 1-3 times ☐ 4-12 times ☐ More than 12 times ☐

9. In the last 12 months, have you had wheezing or whistling in the chest during or soon after a cold or flu?

yes ☐

no ☐

10. In the last 12 months, have you had wheezing or whistling in the chest without having a cold or flu?

yes ☐

no ☐

11. In the last 12 months, has your chest sounded wheezy during or after exercise?

yes ☐

no ☐

12. In the last 12 months, which of the following things caused you to wheeze

- |                                       |                              |                             |                                     |
|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| - Exercise (running, sports)          | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| - Laughing or crying                  | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| - Pollen (grass, hay, trees, flowers) | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| - House dust                          | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| - Contact with pets or other animals  | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| - Foods or drinks                     | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> |

13. In the last 12 months, how often, on average, has your sleep been disturbed due to wheezing?

Never woken up ☐

Less than one night per week ☐

One or more nights per week ☐

14. In the last 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 ☐

15. Have you ever had asthma?

yes ☐

no ☐

16. Do you need to use medication because of these breathing problems?

yes ☐

no ☐

- If yes, how regularly?

Sometimes (less than once per week) ☐

Regularly (1-6 times per week) ☐

Daily ☐

- If yes, which medication?

\_\_\_\_\_

17. In the last 12 months, how much did cough, wheezing or breathlessness interfere with your daily activities (at home or while playing with other kids)

Practically daily ☐

About once a week ☐

About once per month ☐

Less than once per month ☐

Never ☐

Don't know ☐

18. In the last 12 months, how much did cough, wheezing or breathlessness interfere with your sport activities?

Practically daily ☐

About once a week ☐

About once per month ☐

Less than once per month ☐

Never ☐

Don't know ☐

**Part 3**

19. In the last 12 months, have you had a problem with sneezing or a runny or blocked nose when you did not have a cold or flu?

yes ☐no ☐

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

yes ☐no ☐

21. In which of the last 12 months, did these problems occur?

January ☐February ☐March ☐April ☐May ☐June ☐July ☐August ☐September ☐October ☐November ☐December ☐

22. In the last 12 months, how much did these problems interfere with your daily activities?

Not at all ☐A little ☐Moderately ☐Very much ☐

23. Have you ever had hay fever?

yes ☐no ☐**Part 4**

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

yes ☐no ☐

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

yes ☐no ☐

26. Has this itchy rash affected any of the following places: the folds of the elbows, behind the knees or around the neck, ears or eyes?

yes ☐no ☐

-If yes, which places were affected by this itchy rash? \_\_\_\_\_

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

yes ☐no ☐

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

Never in the last 12 months ☐Less than 1 night per week ☐One or more nights per week ☐

29. Have you ever had eczema?

yes ☐no ☐**Part 5**

30. Did you ever have problems with your heart?

yes ☐no ☐

31. What kind of heart problems?

Arrhythmia ☐

Congenital heart defect ☐

Other ☐ \_\_\_\_\_

32. Did you ever have to take medication for your heart?

yes ☐

no ☐

33. Did you ever have a heart surgery?

yes ☐

no ☐

34. Do your heart problems still interfere with your daily activities?

yes ☐

no ☐

## Part 6

35. Who smokes in your household?

Father	yes <input type="checkbox"/>	no <input type="checkbox"/>
Mother	yes <input type="checkbox"/>	no <input type="checkbox"/>
Other adult	yes <input type="checkbox"/>	no <input type="checkbox"/>
Children	yes <input type="checkbox"/>	no <input type="checkbox"/>

36. How many cigarettes in total are being smoked in your house per day?

None ☐

1-10 ☐

11-20 ☐

21-40 ☐

Über 40 ☐

37. Do you smoke yourself?

Yes, I smoke sometimes ☐

Yes, I have tried it once or twice,  
but I don't smoke regularly ☐

No, I have never smoked ☐

- If yes, how many packages do you smoke per week? \_\_\_\_\_

- If yes, since how many months do you smoke? \_\_\_\_\_

Comment box

Thank you for completing the questionnaire!