

SUPPLEMENTARY ONLINE MATERIAL - QUESTIONNAIRE

A parent-completed respiratory questionnaire for one-year olds: repeatability

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Questionnaire

How to complete the questionnaire: please tick the appropriate box

Example: person completing questionnaire: Mother ☐ Father ☐ Other ☐

Name of Child:

Number:

⇒ **Person completing questionnaire** (tick box please) Mother ☐ Father ☐ Other ☐

⇒ **Date questionnaire completed:** day _____ month _____ year _____ (please fill in today's date)

⇒ **What ethnic group does your family belong to?**

European ☐ Asian (from India, Bangladesh, Pakistan or East Africa) ☐ Afro-Caribbean ☐

other ☐ mixed ☐ If you ticked "other" or "mixed", please explain: _____

⇒ **Main language spoken at home** English ☐ Gujarati ☐ other ☐

If you ticked "other", please tell us which language: _____

Questions on wheezing

By "wheezing" we mean breathing that makes a high-pitched whistling or squeaking sound from the chest, not the throat

1. Has your child ever had **wheezing or whistling in the chest** at any time in the past? yes ☐ no ☐

2. Has your child had **wheezing or whistling in the chest** in the last 12 months? yes ☐ no ☐

⇒ If you answered "**no**" to both questions please skip to question **12.**

3. **How old** was your child when he/she **first began to wheeze**? years _____ months _____

4. In the last 12 months, has your child had wheezing or whistling in the chest **during or soon after** a cold or flu? yes ☐ no ☐

5. In the last 12 months, has your child had wheezing or whistling in the chest even **without** having a cold or flu? yes ☐ no ☐

6. **How many attacks of wheezing** has your child had during the last 12 months?

none ☐ 1 to 3 ☐ 4 to 12 ☐ more than 12 ☐

7. Do these attacks cause him/her to be **short of breath**?

yes, always ☐ yes, occasionally ☐ no, never ☐

8. Which of these two **descriptions fits best your child's wheeze**? (tick one only)

a) My child has only short attacks of wheeze, for example with colds. In between these attacks, he/she does not normally wheeze ☐

b) My child wheezes always or a lot of the time. With colds he/she has attacks with more severe wheeze ☐

9. In the last 12 months, how often, on average, has your child's **sleep been disturbed due to wheezing**?

never woken with wheezing ☐ less than one night per week ☐ one or more nights per week ☐

10. In the last 12 months, how much did wheezing interfere with your child's daily activities?

not at all ☐ a little ☐ a moderate amount ☐ a lot ☐

Questionnaire on respiratory symptoms in preschool children

11. In the last 12 months did the following things cause wheezing in your child?

- exercise (playing or running) yes ☐ no ☐ don't know ☐
- laughing, crying or excitement yes ☐ no ☐ don't know ☐
- contact with pets or other animals yes ☐ no ☐ don't know ☐
- food or drinks yes ☐ no ☐ don't know ☐

12. Looking back on the last 12 months, do you think that your child had asthma? yes ☐ no ☐

13. In the last 12 months, did your child suffer from rattly breathing (rattles)?

never ☐ only with a cold ☐ sometimes even without a cold ☐ almost always ☐

14. Does your child attend day care, nursery school or play school? yes ☐ no ☐

15. Was your child breastfed? yes ☐ no ☐

If yes, how long: less than a month ☐ 1-3 months ☐ 4-6 months ☐ more than 6 months ☐

16. During the first year of life, did your child posset or vomit? not at all ☐ a little ☐ a lot ☐

17. Has your child ever suffered from any of the following conditions?

- pneumonia? never ☐ once ☐ more than once ☐
- whooping cough? never ☐ once ☐ more than once ☐
- bronchiolitis? never ☐ once ☐ more than once ☐
- croup? never ☐ once ☐ more than once ☐

18. Has your child ever had an itchy rash which was coming and going for at least 6 months? yes ☐ no ☐

19. Has your child had this itchy rash at any time in the last 12 months? yes ☐ no ☐

20. In the past 12 months, has your child had eczema? yes ☐ no ☐

Questions on ears, nose and throat

21. In the last 12 months, how many times has your child had a cold or flu?

never ☐ 1 - 3 times ☐ 4 - 6 times ☐ 7 - 10 times ☐ more than 10 times ☐

22. How long does a cold usually last in your child?

less than 1 week ☐ 1 to 2 weeks ☐ 2 to 4 weeks ☐ more than 4 weeks ☐

23. In the past 12 months, has your child had a problem with sneezing, or a runny, or blocked nose when he/she did NOT have a cold or the flu? yes ☐ no ☐

24. In the past 12 months, how much did this nose problem interfere with your child's daily activities?

not at all ☐ a little ☐ a moderate amount ☐ a lot ☐

25. Over the past 12 months, has your child snored at night? yes ☐ no ☐

If yes, how often: only with a cold ☐ sometimes even without a cold ☐ almost always ☐

26. Did the snoring disturb your child's sleep?

not at all ☐ a little ☐ a moderate amount ☐ a lot ☐

27. In the past 12 months, has your child had ear infections?

no, never ☐ yes, once ☐ yes, more than once ☐

Questions on coughing

28. Does your child **usually** have a **cough with colds**? yes ☐ no ☐

29. Does your child have a **cough even without having a cold**?

no, never ☐ yes, sometimes ☐ yes, always ☐

30. Do you think that your child **coughs more than other children**? yes ☐ no ☐

31. In the last 12 months, has your child had a **dry cough at night**, apart from a cough associated with a cold or a chest infection? yes ☐ no ☐

32. In the last 12 months, **did the following things cause coughing in your child?**

- exercise (playing or running) yes ☐ no ☐ don't know ☐
- laughing, crying or excitement yes ☐ no ☐ don't know ☐
- contact with pets or other animals yes ☐ no ☐ don't know ☐
- food or drinks yes ☐ no ☐ don't know ☐

Treatment

33. **How often did your child see the GP for coughing or wheezing** during the last 12 months?

never ☐ once ☐ 2 - 3 times ☐ 4 - 6 times ☐ 7 or more times ☐

34. In the last 12 months, **has wheezing or asthma resulted in your child:**

- being referred to a consultant in hospital yes ☐ no ☐
- being admitted to hospital yes ☐ no ☐
- attending the casualty (A and E) department yes ☐ no ☐
- attending (or calling) the GP in an emergency yes ☐ no ☐

35. **Did your child take any of the following drugs** during the last 12 months?

- Salbutamol, Ventolin, Bricanyl or other **blue** inhaler yes ☐ no ☐ don't know ☐
- Pulmicort, Flixotide, Becotide, Beclovent or other **brown** inhaler yes ☐ no ☐ don't know ☐
- Steroid tablets (prednisolone) **for attacks** yes ☐ no ☐ don't know ☐

Questions on the household and family

36. Does your child have **brothers and sisters**? **How many?** (please fill in number)

- **How many of them** have: - asthma or wheezing? (please fill in number)
- - hayfever? (please fill in number)
- - eczema? (please fill in number)

37. **How many rooms are there in your house?**
(not counting kitchens, bathrooms and toilets)

(please fill in number)

38. **How many children under 16** live in your household? (please fill in number)

• **How many adults over 16** usually live in your household? (please fill in number)

39. Has the **child's father** ever suffered from any of the following conditions?

- **asthma or wheezing?** yes ☐ no ☐ don't know ☐
- **bronchitis?** yes ☐ no ☐ don't know ☐
- **hayfever?** yes ☐ no ☐ don't know ☐
- **eczema?** yes ☐ no ☐ don't know ☐

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40. At what age did the **child's father** finish full-time education? *(please fill in age)* _____ years

41. Has the **child's mother** ever suffered from any of the following conditions?

- **asthma or wheezing?** yes ☐ no ☐ don't know ☐
- **bronchitis?** yes ☐ no ☐ don't know ☐
- **hayfever?** yes ☐ no ☐ don't know ☐
- **eczema?** yes ☐ no ☐ don't know ☐

42. At what age did the **child's mother** finish full-time education? *(please fill in age)* _____ years

43. **Which fuel is mainly used for cooking** in the home?

electricity ☐ gas ☐ other fuel ☐

44. How do you **heat your home?** *(tick as many as apply)*

central heating ☐ gas heaters in rooms ☐ coal or wood fire ☐ other ☐
(gas, electricity, oil)

45. **Do you keep any household pets?** yes ☐ no ☐

If yes, do you keep any of these pets? *(tick as many as apply)*

dog ☐ cat ☐ other furry pets ☐ bird ☐

46. Does the child's **mother smoke cigarettes?** yes ☐ no ☐

If yes, how many per day? 1 to 10 ☐ 11 to 20 ☐ more than 20 ☐

47. Did she **smoke during the pregnancy with this child?** yes ☐ no ☐

48. Do **any other household members smoke** cigarettes? yes ☐ no ☐

If yes, how many per day (total of cigarettes)? 1 to 10 ☐ 11 to 20 ☐ more than 20 ☐

49. How would you describe the **location of your house?**

in a street with very dense traffic (main road) ☐

in a street with moderate traffic (residential road) ☐

in a quiet street with little or no traffic ☐

50. Did you have problems understanding this questionnaire? yes ☐ no ☐

Please write any comments you have about your child's health or about the questionnaire in the space below:

Thank you for completing the questionnaire. It will *cost you nothing to return it* if you use the *prepaid* envelope provided (FREEPOST**). No stamp required!**