

7. Study instruments for 13/14 year olds

7.1 Instructions for completing questionnaire and demographic questions

Examples of instructions for completing questionnaires and demographic questions are given below. **The questionnaire content is fixed.** (see pages 72–73 for 'office use only' boxes example)

On this sheet are questions about your name, school, and birth dates. Please write your answers to these questions in the space provided.

All other questions require you to tick your answer in a box. 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 years

To answer Yes/No, put a tick in the appropriate box as per example

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCHOOL:

TODAY'S DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

YOUR NAME:

YOUR AGE:

years

YOUR DATE OF BIRTH:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

(Tick all your answers for the rest of the questionnaire)

Are you:

MALE	FEMALE
<input type="checkbox"/>	<input type="checkbox"/>

Optional questions on ethnicity here

7.2 Core questionnaire for asthma

7.2.1 Questionnaire for 13/14 year olds

- 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

- 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

- 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

-
- 6 Have you ever had asthma? Yes
No

- 7 In the past 12 months, has your chest sounded wheezy during or after exercise? Yes
No

- 8 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

7.3 Core questionnaire for rhinitis

7.3.1 Questionnaire for 13/14 year olds

All questions are about problems which occur when you DO NOT have a cold or the flu.

- 1 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 6

- 2 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 6

- 3 In the past 12 months, has this nose problem been accompanied by itchy-watery eyes? Yes
No

- 4 In which of the past 12 months did this nose problem occur? (Please tick any which apply)

January	<input type="checkbox"/>	May	<input type="checkbox"/>	September	<input type="checkbox"/>
February	<input type="checkbox"/>	June	<input type="checkbox"/>	October	<input type="checkbox"/>
March	<input type="checkbox"/>	July	<input type="checkbox"/>	November	<input type="checkbox"/>
April	<input type="checkbox"/>	August	<input type="checkbox"/>	December	<input type="checkbox"/>

- 5 In the past 12 months, how much did this nose problem interfere with your daily activities?:
- | | |
|-------------------|--------------------------|
| Not at all | <input type="checkbox"/> |
| A little | <input type="checkbox"/> |
| A moderate amount | <input type="checkbox"/> |
| A lot | <input type="checkbox"/> |
-

- 6 Have you ever had hayfever? Yes
No

7.4 Core questionnaire for eczema

7.4.1 Questionnaire for 13/14 year olds

- 1 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 6

- 2 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 6

- 3 Has this itchy rash at any time affected any of the following places: Yes
No
the folds of the elbows, behind the knees,
in front of the ankles, under the buttocks,
or around the neck, ears or eyes?

- 4 Has this rash cleared completely at any time during the past 12 months? Yes
No

- 5 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

-
- 6 Have you ever had eczema? Yes
No

7.5 ISAAC International Video Questionnaire answer sheet

If the video questionnaire is included with the core questionnaires, 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.		
QUESTION ONE:	Has your breathing been like this, at any time in your life?	YES	NO
if YES:	has this happened in the past year?	YES	NO
if YES:	has this happened one or more times a month?	YES	NO
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.		
QUESTION TWO:	Has your breathing been like the boy's in the dark shirt during or following exercise at any time in your life?	YES	NO
if YES:	has this happened in the past year?	YES	NO
if YES:	has this happened one or more times a month?	YES	NO
SCENE THREE:	The third scene is of a young person waking at night.		
QUESTION THREE:	Have you been woken at night like this at any time in your life?	YES	NO
if YES:	has this happened in the past year?	YES	NO
if YES:	has this happened one or more times a month?	YES	NO
SCENE FOUR:	The fourth scene is also of a young person waking at night.		
QUESTION FOUR:	Have you been woken at night like this at any time in your life?	YES	NO
if YES:	has this happened in the past year?	YES	NO
if YES:	has this happened one or more times a month?	YES	NO
SCENE FIVE:	The final scene is of another person at rest.		
QUESTION FIVE:	Has your breathing been like this at any time in your life?	YES	NO
if YES:	has this happened in the past year?	YES	NO
if YES:	has this happened one or more times a month?	YES	NO

7.6. Video questionnaire verbal instructions

(see page 83 for detailed guidelines)

Instructions to be read out once the video is running:

*THIS IS A VIDEO QUESTIONNAIRE WHICH IS BEING SEEN BY YOUNG PEOPLE ALL OVER THE WORLD.

IT IS DESIGNED TO ASK YOU QUESTIONS ABOUT YOUR BREATHING.

YOU WILL BE SHOWN SOME SCENES OF YOUNG PEOPLE IN DIFFERENT SITUATIONS, FROM DIFFERENT COUNTRIES.

AFTER EACH SCENE, SOME NUMBERED QUESTIONS WILL BE READ OUT TO YOU.

TICK YES OR NO.

PLEASE ANSWER THE QUESTIONS AS YOU GO.

*THE FIRST SCENE IS OF A YOUNG PERSON AT REST.

(First scene comes on here)

*QUESTION 1. HAS YOUR BREATHING BEEN LIKE THIS 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?

*THE SECOND SCENE IS OF TWO YOUNG PEOPLE AFTER EXERCISE. ONE IS IN A DARK SHIRT, AND ONE IS IN A LIGHT SHIRT.

(Second scene comes on here)

*QUESTION 2. HAS YOUR BREATHING BEEN LIKE THE BOY'S IN THE DARK SHIRT FOLLOWING EXERCISE 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?

*THE THIRD SCENE IS OF A YOUNG PERSON WAKING AT NIGHT.

(Third scene comes on here)

*QUESTION 3. HAVE YOU BEEN WOKEN AT NIGHT LIKE THIS 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?

*THE FOURTH SCENE IS ALSO OF A YOUNG PERSON WAKING AT NIGHT.

(Fourth scene comes on here)

*QUESTION 4. HAVE YOU BEEN WOKEN AT NIGHT LIKE THIS 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?

*THE FINAL SCENE IS OF ANOTHER PERSON AT REST.

(Fifth scene comes on here)

*QUESTION 5. HAS YOUR BREATHING BEEN LIKE THIS 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?

*THANK YOU FOR TAKING PART IN THIS PROJECT.

8. Study instruments for 6/7 year olds

8.1 Instructions for completing questionnaire and demographic questions

Examples of instructions for completing questionnaire and demographic questions are given below.

The content of the questionnaires is fixed. (see pages 72–73 for 'office use only' boxes example)

On this sheet are questions about your child's name, school, and birth dates. Please write your answers to these questions in the space provided.

All other questions require you to tick your answer in a box. 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
years

To answer Yes/No, put a tick in the appropriate box as per example

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCHOOL:

TODAY'S DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

CHILD'S NAME:

CHILD'S AGE:

years

CHILD'S DATE OF BIRTH:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

(Tick all your answers for the rest of the questionnaire)

Is your child a:

MALE	FEMALE
<input type="checkbox"/>	<input type="checkbox"/>

Optional questions on ethnicity here

8.2 Core questionnaire for asthma

8.2.1 Questionnaire for 6/7 year olds (strongly recommended)

1 Has your child 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

2 Has your child had wheezing or whistling in the chest in the past 12 months? Yes No

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

3 How many attacks of wheezing has your child 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 child's 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 child's speech to only one or two words at a time between breaths? Yes No

6 Has your child ever had asthma? Yes No

7 In the past 12 months, has your child's chest sounded wheezy during or after exercise? Yes No

8 In the past 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection? Yes No

8.3 Core questionnaire for rhinitis

8.3.1 Questionnaire for 6/7 year olds (strongly recommended)

- 1 Has your child ever had a problem with sneezing, or a runny, or blocked nose when he/she DID NOT have a cold or the flu? Yes
No

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

- 2 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

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

- 3 In the past 12 months, has this nose problem been accompanied by itchy-watery eyes? Yes
No

- 4 In which of the past 12 months did this nose problem occur? (Please tick any which apply)

January	<input type="checkbox"/>	May	<input type="checkbox"/>	September	<input type="checkbox"/>
February	<input type="checkbox"/>	June	<input type="checkbox"/>	October	<input type="checkbox"/>
March	<input type="checkbox"/>	July	<input type="checkbox"/>	November	<input type="checkbox"/>
April	<input type="checkbox"/>	August	<input type="checkbox"/>	December	<input type="checkbox"/>

- 5 In the past 12 months, how much did this nose problem interfere with your child's daily activities?:
- | | |
|-------------------|--------------------------|
| Not at all | <input type="checkbox"/> |
| A little | <input type="checkbox"/> |
| A moderate amount | <input type="checkbox"/> |
| A lot | <input type="checkbox"/> |

-
- 6 Has your child ever had hayfever? Yes
No

8.4 Core questionnaire for eczema

8.4.1 Questionnaire for 6/7 year olds (strongly recommended)

- 1 Have your child 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 7

- 2 Has your child had this itchy rash at any time in the past 12 months? Yes
No

IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 7

- 3 Has this itchy rash at any time affected any of the following places: Yes
No
the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

- 4 At what age did this itchy rash first occur? Under 2 years
Age 2-4 years
Age 5 or more

- 5 Has this rash cleared completely at any time during the past 12 months? Yes
No

- 6 In the past 12 months, how often, on average, has your child 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
-

- 7 Has your child ever had eczema? Yes
No