

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"/> |

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- 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