ISAAC Phase II

Coding and Data Transfer Manual

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1.   Introduction

1.1   General information

This manual describes how ISAAC Phase II data should be processed and sent to the ISAAC Phase II Coordinating and Data Centre (I2-CDC) in Ulm, Germany. It is based on the ISAAC manual for Phase II Modules (Muenster, May 1998) which should be used in conjunction with this document.

A combined data set of all the data files from the participating countries/centres and a high data quality is ensured by the I2-CDC only if you adhere to the standard in this manual. Thus data can only be accepted if they are coded according to the conventions of this manual and codebook.

The aim of this manual is to provide you with all guidelines and steps needed to handle your data in a straightforward yet controlled way. It informs you about the file structure, variable definitions, the ID-System for merging the modules, and the format and ways in which the data should be sent to the Coordinating and Data Centre in Ulm, Germany.

Please note that this manual applies only to data of modules not requiring laboratory analysis, i.e. module 1.1 to module 3.3. Guidelines for the blood sampling module 3.4, Serum IgE module 3.5 and genetic blood analysis module 3.6 will be provided by an extra document to be distributed by the ISAAC Phase II Coordinating and Data Centre, Ulm.

Some details are repeated in some sections to enhance readability. In working through this manual it is suggested that you proceed as follows:

- Read this introductory chapter first.

- Part A of this coding and data transfer manual delivers information about the whole process of coding and file building. Principles of file building, conventions for file and variable naming will be explained and clarified by examples.

- Part B provides you with all details necessary for a correct and timely submission of your data. Please pay attention to the checklist for data transfer before submitting your data (see p. 27).

- Part C is a detailed Codebook. It consists of all standard variable names, the questions and responses in clear text and all coding values. It informs you about the format and sequence in which all variables should be coded in the data files. Codes for the header file and the qualification file are also to be found in the appropriate sections of this codebook.

- The Appendix of this manual provides you with all necessary coding lists and overviews referred to in this manual. These lists should be consulted during data processing and transfer of your data.

Do not hesitate to contact the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany, if you need any further information about coding and data transfer of your data. See page 90 for Contact address and Email.

1.2   Overview of structure of Coding and Data Transfer Manual
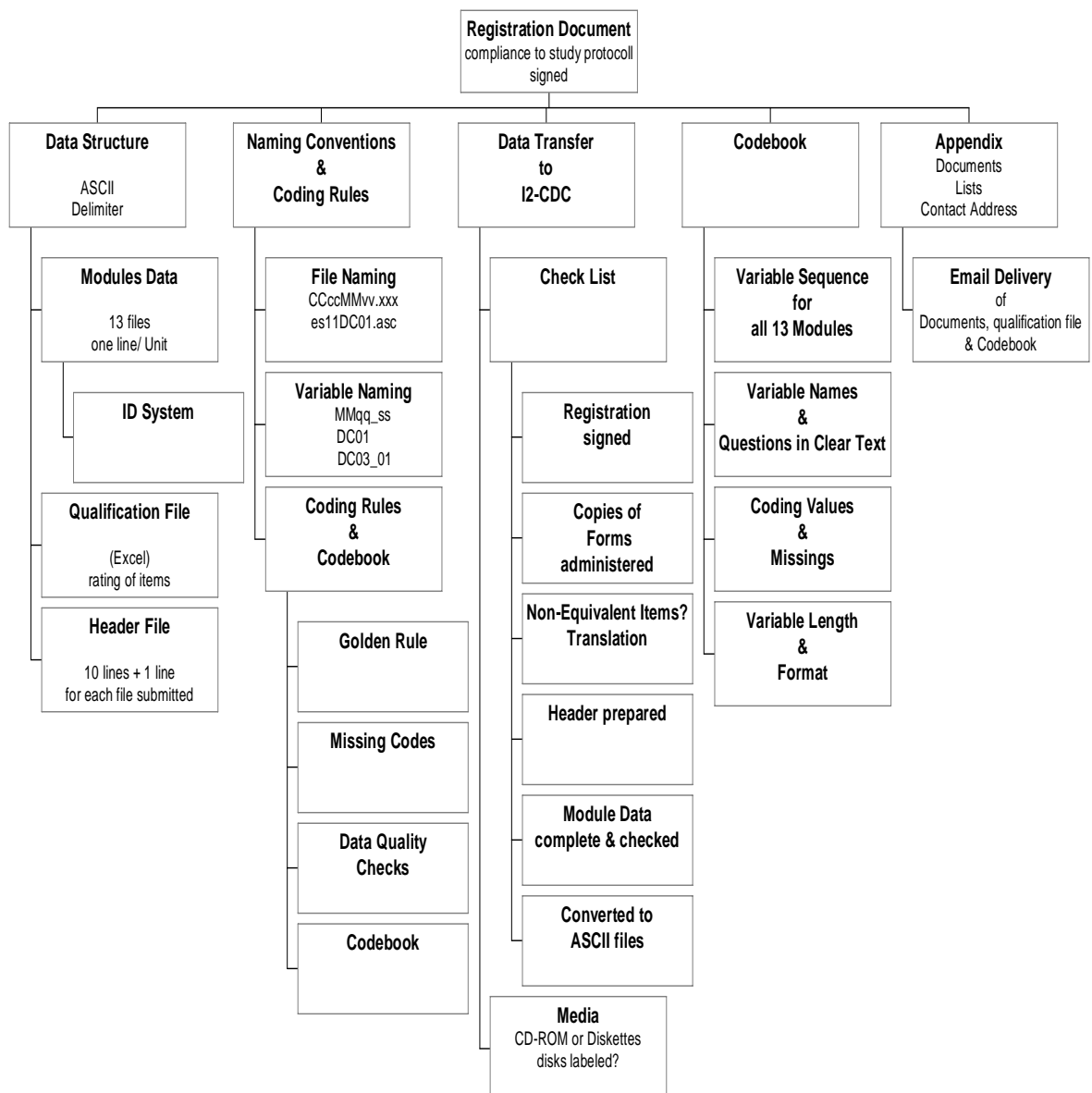
1.3 Timetable

Deadline for data submission is 31 January 2001.

If this deadline can not be met please contact the ISAAC Phase II Coordinating and Data Centre in Ulm as early as possible. Contact address see .

The deadline for submission of specimens will be communicated in close collaboration with the laboratories by the I2-CDC.

Please note that you need to mail a completed Registration Document *before* transfer of your data to the I2-CDC in order to register as participant of ISAAC Phase II.

Part A: Data Structure and Coding

2. Data file specification and coding

2.1 Data set structure

Three kinds of data files are to be sent to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany.

- Module Data Files   i.e. data files containing the responses to the modules

- Header File   i.e. a data file, which gives information about the actual submitted data (one for each time you submit data to I2-CDC)

- Qualification file   i.e. a file containing the equivalence ratings of the posed questions with the standard module items and their coding documented in this manual

Note: Please send a translation in English of any item not equivalent to the standard module items documented in the this manual.

Details on the data structure and expected format for these file types are given in the sections below.

2.1.1 Data structure of Module Data Files

File format and data structure

The ISAAC Phase II Coordinating and Data Centre in Ulm can process module data files efficiently only with the following features:

- Each module must be submitted in a separate data file to meet limitations of the number of variables or record length of some standard software programmes.

- The files must contain only items of the official Phase II Modules. See also the sections 'File building' and 'Documents and files to be sent to the Data Centre' for further information on which data should be sent by whom to the I2-CDC (see pages 14 and 90 respectively).

- Use one and only one record per observation unit (i.e. child).

- Use the format documented in the Codebook of this manual for all variables (see page 29).

- All files must be written in ASCII (American Standard Code on Information Interchange) formatted text.

- Each variable (numeric or character) must be delimited by a semicolon. Hence character variables must not contain semicolons as text values.

- The decimal separator must be a point. Do not use commas as a decimal separator because some export routines for conversion to ASCII text files use commas as a variable delimiter.

  An example of these file format specifications is given below:

  ```
  1;character field;2.15;next text response;   etc.
  ```

Note: Most data entry or database programmes will use the semicolon as default field delimiter or allow to specify it, if you export and save your data as an ASCII text file. If you have any problems to code or convert your data to the requested format, do not hesitate to contact the ISAAC Phase II Coordinating and Data Centre in Ulm.

ID-System

- Each module file must start with the following five variables:

Country Code	Country Code of the participating country (2 letters in lower case, see list of ISAAC Country Codes in the appendix, p. 82).
Centre Code	ISAAC Centre Code (2 digits, see list in the appendix, p. 86).
School-ID	School Identification Code allocated by the local ISAAC Centre. It has to be unique within each centre (up to 4-characters and numbers respectively).
Class-ID	Class Identification Code allocated by the local ISAAC Centre. It has to be unique within each School. (up to 4-characters and numbers).
Local-ID	Child-Identification Code allocated by the local ISAAC Centre. This child-identifier has to be unique within each Centre. Please code here exactly the ID you used. This is crucial to ensure merging of questionnaire data with laboratory data files. (Use up to 15 characters and numbers).

Note:

- Coding of School-ID and Class-ID in addition to Country-code, Centre-Code and Local-ID is requested to account for the cluster sampling frame of the ISAAC Phase II study protocol. Given this information appropriate statistical techniques can be used to account for the different sampling probabilities of the respective sample units and hence improve the validity of the study results.

- Missing values are not allowed for any of the five ID-variables. If you have problems to assign appropriate codes, please contact the I2-CDC in Ulm.

- Code the responses to the first and following module items always after these five variables in the sequence documented by the Codebook of this manual.

- A complete variable list with sequence and length of each variable for every module file separately (including the five ID-variables at the beginning) is provided in the Codebook of this manual (p. 29).

Overview of expected file format, data structure and ID-System for module data:

File Format:	ASCII formatted text
Variable Delimiter:	Semicolon (;)
Decimal Separator:	Point (.)
Records per Observation:	One only
ID-System	Country Code
	Centre-Code
	School-ID
	Class-ID
	Local-ID
Variable Sequence	ID-System (5 variables) followed by module items as documented in the Codebook of this manual
Variable Format	Exactly as documented in the Codebook
Coding Values	Exactly as documented in the Codebook
Missing	Use missing codes documented in Codebook, *not* Blanks

2.1.2   Data Structure of Header File

The header file provides information on the files submitted to the ISAAC Phase II Coordinating and Data Centre in Ulm. The information in the Header File includes who submitted which data, how many files in which format and more.

- The header file must be an ASCII formatted text file.

- The header file contains exactly 10 lines plus one line for every file (header exclusive) included on the Diskettes or CD-ROM.

Overview of expected file format and data structure of header file:

File Format:	ASCII formatted text
Number of Records:	10 lines+1 line for each filename of submitted files
line 1	ISAAC Country Code
line 2	ISAAC Centre Code
line 3	File-type is Header file (alias HD)
line 4	Name of person to be contacted
line 5	Address of person to be contacted
line 6	Phone/Email
line 7	Date of writing Disk/CD-ROM
line 8	Version number of data submitted
line 9	Number of disks for data transfer
line 10	Total number of files submitted (Header exclusive)
line 11	Filename of first submitted Module Data File and number of data records in that file
up to line x	Filename(s) of further submitted Module Data Files and their number of records (one line for each filename)
line x+1	Filename of Qualification File

Details on the structure and the layout of this header file are given in the Codebook .

2.1.3 Data structure of Qualification file

To ensure comparability of information it is important to know for each question whether the question actually used in the study was identical (this includes an exact translation) to the respective question documented in the ISAAC Phase II modules. In order not to be wasteful of information, in case modified questions have been used, a qualification for each variable is needed. The ISAAC Phase II Coordinating and Data Centre has prepared an Excel-spreadsheet containing each variable name (VarName), a column with the item in clear text (VarLab) and a variable named QUALI, in which you should qualify the equivalence of the actually used question with the question documented in the Phase II modules and coded in this manual. The variable name is preceded by a column with the sequence number of the module item as documented in the Codebook of this manual. We will ask for English translations of all questions coded other than 1 (i.e. identical) for our documentation and to decide in close collaboration with the ISAAC II study centre on the final qualification.

This Excel file has been sent to you by email attachment with this manual. If you cannot read Microsoft Excel version 4 spreadsheets please contact the I2-CDC in Ulm.

The first part of the Qualification File looks as follows:

variable sequence	VarName	VarLab	QUALI				
Module 1.1		*Demographic Characteristics questionnaire (DC)*					
6	DC01	Is your child a boy or a girl?		Qualification Code			
7	DC02	When was your child born?					
8	DC03_01	Was your child born in xxx?		1 = Question is identical			
9	DC03_02	If no, in which other country?		2 = Not identical, but information CAN be assigned as required			
10	DC04	In what year was the child's mother born?		3 = Not identical, but information CAN PARTLY be assigned as required			
11	DC05_01	Was she born in xxx?		4 = Not identical, and information CANNOT be assigned as required			
12	DC05_02	If no, in which country?		5 = Question was NOT ASKED			
13	DC06	In what year was the child's father born?					
14	DC07_01	Was he born in xxx?		Please rate to what extent actual posed questions are equivalent with			
15	DC07_02	If no, in which country?					
16-19		For how long did the child's parents attend school or professional training?					
16	DC08_1M	Mother's years of School					
17	DC08_2M	Mother's years of College/University					
18	DC08_1F	Father's years of School					
19	DC08_2F	Father's years of College/University					
20-22		Who has answered this questionnaire?					
20	DC09_01	Father					
21	DC09_02	Mother					
22	DC09_03	Other person					
23	DC10	When was the questionnaire answered?					

For a detailed example how to rate the equivalence of items and a list of the qualification codes see p. 15.

2.2   File building

2.2.1   General guidelines

Each of the following modules should be recorded in appropriate structured and formatted files (one file for each module) and sent to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany:

		abbreviation
Module 1.1	Demographic characteristics / core questionnaire	DC
Module 1.2	Questionnaire on wheezing / core questionnaire	WH
Module 1.3	Questionnaire on rhinitis / core questionnaire	RH
Module 1.4	Questionnaire on eczema / core questionnaire	EC
Module 2.1a	Cough and phlegm / supplementary questionnaire	CP
Module 2.1b	Wheeze and breathlessness / supplementary questionnaire	WB
Module 2.2	Asthma management / supplementary questionnaire	AM
Module 2.3	Rhinitis management / supplementary questionnaire	RM
Module 2.4	Eczema management / supplementary questionnaire	EM
Module 2.5	Risk factor Questionnaire / supplementary questionnaire	RF
Module 3.1	Examination for flexural dermatitis / child contact module	ED
Module 3.2	Skin prick tests for atopy / child contact module	SP
Module 3.3	Bronchial responsiveness to hypertonic saline / child contact module	BR

Note:

- The data from the other child contact modules (module 3.4, 3.5 and 3.6) and the environmental module 4.1 on dust sampling (see appendix p. 87 and ISAAC Phase II Module Manual) must also be recorded in files. However, it is the responsibility of the collaborating laboratories to deliver these modules instead of the local ISAAC Centre.

- Aliases for these special modules are listed in the appendix (Module Filename Codes, p. 87) for completeness.

2.2.2 Equivalence of questionnaires

As mentioned in the section 'Data structure of Qualification File' on page 13, you must rate each item for equivalence to the module items documented in this manual. This section gives a commented example of how to do this.

Note first the Qualification Codes for this equivalence rating.

	Qualification Code
Question is IDENTICAL	1
Question is not identical, but information CAN be assigned as required	2
Question is not identical, but information CAN PARTLY be assigned as required	3
Question is not identical, and information CANNOT be assigned as required	4
Question on this topic was NOT ASKED	5

An Example of item qualification is as follows:

The responses to question "How much did your child weigh at birth?" with the standard variable name RF01 (i.e. first question of Risk factor module) should have been posed as documented in the Codebook:

Version 1 (Standard)

RF01   How much did your child weigh at birth?

    1 = Less than 1500 g
    2 = 1500 to 1999 g
    3 = 2000 to 2499 g
    4 = 2500 to 3499 g
    5 = More than 3500g
    8 = Don't know
    9 = any other response

In contrast, you might have posed this question in a non-equivalent item format:

Version 2   What was the weight of your child at birth?_____ g

Or you may have used another question format:

Version 3   How much did your child weigh at birth?

    1 = Less than 1500 g
    2 = 1500 to 1724 g
    3 = 1725 to 1999 g
    4 = 2000 to 2499 g
    5 = 2500 to 2999 g
    6 = 3000 to 3499 g
    7 = More than 3500g
    8 = Don't know
    9 = any other response

Or you may have used still another question format:

Version 4   How much did your child weigh at birth?

                1 = Less than 1750 g
                2 = 1750 to 2249 g
                3 = 2250 to 2749 g
                4 = 2750 to 3499 g
                5 = More than 3500g
                8 = Don't know
                9 = any other response

Non-standard version 2 and version 3 can be converted to the coding of the standard item (RF01) easily. This will be accomplished by grouping the exact weight of version 2 to the standard intervals or combining and recoding the values of version 3 appropriately.

Thus the required information of non-standard versions 2 and 3 can be assigned as required and you should code a 2 (i.e. question is not identical, but information CAN be assigned as required) in the qualification file for that variable.

In contrast, version 4 has to be qualified as 3 (i.e. question is not identical, but information CAN PARTLY be assigned as required). Notice that the last interval of version 4 is the same as the standard version.

Thus the *general policy of rating for equivalence* is to save as much information as possible from such non-equivalent items.

To summarise:
- Qualification of all questions used to provide the requested information is crucial for the study validity. It also avoids being wasteful of information.
- An English translation of all questions not coded as '1=identical' needs to be provided to the I2-CDC.
- The final qualifications will be decided in close collaboration between the respective ISAAC II study centre and the I2-CDC in Ulm.

2.3   File naming convention

As described in the section 'Data set structure' (p. 9) there are three kinds of files to be sent and thus to be named:

- Data files of the modules (Module Data Files)

- A file which gives information about the submitted data (Header File)

- A file providing information on the equivalence of the actual posed items with the coding of the standard module items documented in this codebook (Qualification File).

File naming for these file types should adhere to the file naming conventions given below.

2.3.1   File naming convention for Module Data Files

Filenames for Module Data Files should be constructed out of the following Codes/Variables:

- Country Code   (CC)   Country Code of the participating country
- Centre Code   (cc)   ISAAC Centre Code
- Module Code   (MM)   alias of the module
- Version number   (vv)   version number of the data set sent to I2-CDC (with leading zero)
- File-Extension Code (xxx)   3-digit file extension as documented in the appendix.

Listings of all these Codes are to be found in the appendix, p. 82, 86, 87 and 89, respectively.

An example preceded by the symbolic representation of the filename may clarify the principle of filename construction.

```
CCccMMvv.xxx
es11DC01.asc
```

`es`	file is from Spain
`11`	ISAAC Centre number for Cartagena
`DC`	file contains demographic module (i.e. the alias for module 1.1)
`01`	it is the first version of this file sent to the Data Centre in Ulm
`.asc`	refers to ASCII formatted text file (file extension consisting of a dot and three characters)

Note:

- Each module has only one alias, except for module 2.1, which has been divided in Cough and Phlegm (CP) and Wheeze and Breathlessness (WB) to mimic the divided structure and question numbering of this module.

2.3.2   File naming convention for Header File

The Header File is an ASCII formatted text file containing information about the submitted data. See section 'Data structure of Header File' on page. 12.

The filename convention for the Header File is the same as the one for the Module Data Files except for a different alias. The alias for the Header is HD.

An example preceded by symbolic representation of the filename may clarify the principle of filename construction for Header Files.

```
CCccHHvv.xxx
es11HD01.asc
```

`es`	file is from Spain
`11`	ISAAC Centre number for Cartagena
`HD`	file is a header file containing information about the files sent to I2-CDC
`01`	it is the first version of this file sent to the Data Centre in Ulm
`.asc`	refers to ASCII formatted file (file extension consisting of a dot and three characters)

2.3.3   File naming convention for Qualification File

The filename convention for the Qualification File is the same as the one for Module Data Files or a Header File except for a different alias. The alias for the Qualification File is QL.

An example on the next page preceded by symbolic representation of the filename may clarify the principle of filename construction for a Qualification File.

```
CCccIIvv.xxx
es11QL01.xls
```

es   file is from Spain

11   ISAAC Centre number for Cartagena

QL   file is a qualification data file containing information about which items are to which extent equivalent to the standard module items.

01   it is the first version of this file sent to the Data Centre in Ulm

.xls   refers to Excel formatted file (file extension consisting of a dot and three characters)

Note:

- This file is already named for you if you use the Excel spreadsheet which was delivered with this manual. Please contact the I2-CDC in Ulm, if you cannot read Microsoft Excel Version 4.

2.4 Variable naming convention

2.4.1 Variable naming for module data items

The variable names specified in the Codebook of this manual will be the standard variable names for the combined data set and the analyses of ISAAC Phase II (see p. 29). However you need not specify this variable names in the ASCII text files you deliver to the I2-CDC. The principles of variable naming are given here for easy reference which questions should be coded to the data files and rated for equivalence in the qualification file (see p. 13).

The variable naming convention is as follows:

- All variable names of items without a sub-question consist of 4 characters (2 letters and 2 numerical digits (except in Module 3.3 Bronchial responsiveness to hypertonic saline).

- All variable names of items with at least one sub-question consist of 7 characters and numbers.

- The first 2 characters are for the alias of the module (see list on Module Filename Codes in the appendix, p. 87).

- The alias of the module is followed by the number of the question in the module with leading zeros. Numbering is according to the manual of Phase II modules, May 1998.

- If there are any sub-questions, the number of the sub-question is appended (with leading zeros if necessary), separated from the main question number by an underscore.

- Leading zeros are omitted for the sub-question if it also consists of several parts. Thus there is one position left for additional qualifiers, e. g. derived or dummy variables.

Some examples preceded by a symbolic representation of variable name construction may clarify the principles of variable name building.

```
MMqq_ss

1234567
#######
DC01        module 1.1/question 1/(no sub-question)
DC03_01     module 1.1/question 3/ sub-question 1
DC03_02     module 1.1/question 3/ sub-question 2
```

DC08_1M	module 1.1/question 8/first part of question for mother, i.e. years of schooling
DC08_2M	module 1.1/question 8/second part of question for mother, i.e. years of College/University
DC08_1F	module 1.1/question 8/first part of question for father
DC08_2F	module 1.1/question 8/second part of question for father
RF11_01	module 2.5/question 11/first part of sub-question
RF11_1a	module 2.5/question 11/first part of first sub-sub-question
RF11_1b	module 2.5/question 11/second part of first sub-sub-question
RF11_1c	module 2.5/question 11/third part of first sub-sub-question

(i.e. vaccination yes/no; if yes at what age)

Note:

- The Codebook provides a complete list of all standard variable names constructed by these principles and all other variables to be delivered to the I2-CDC (see p. 29). However as mentioned above do not specify fieldnames in the ASCII formatted text files submitted to the I2-CDC.

2.4.2   Naming convention for other variables

All other variables, which should be recorded in any of the data files are to be looked up in the respective sections of the Codebook (see p. 29).

2.5   General coding guidelines

2.5.1   Golden rule

Please use only the coding values documented in this manual

For details see Codebook of this manual, p. 29.

2.5.2   Missing values and Blanks

- Do *not* use blanks for missing values, but use the appropriate missing codes documented in the Codebook of this manual. Note also that you must assign a 9 for non-response to variables of open ended questions.

- Note in particular that there are two kinds of missing values.

  - The first kind of missing code is a real non-response, i.e. no answer given although this question has been posed. Missing codes are 9, 99 and so on according to the number of digits of the variable.

  - The second kind of missing code is for a Don't Know response, i.e. *it is a response* but information is lacking to give an answer. Missing code (don't know) is 8.

- Missing values are not allowed for any of the five ID-variables (i.e. Country Code, Centre Code, School-ID, Class-ID and Local-ID).

2.5.3   Coding recommendations

- Code your data twice and search for differences in the two data sets. If possible, please use a double entry programme to minimise coding errors.

- If possible, programme your data entry software to allow entry of valid coding values only.

- Please do not programme your data entry software to 'jump' questions or automatically code some variables based on the answer to a previous question. Such jumps or automatic coding incorporate unjustified assumptions about the intent of the respondent. An example of this would be if the respondent answered 'No' to the question on current wheeze (WH02, see Codebook p. 32) and then answered 'Yes' to the question on wheeze severe enough to limit speech (WH05, see

Codebook p. 32). If the software is programmed to recode WH05 based on the response to WH02, the underlying assumption is that the respondent has incorrectly answered WH05. However, we have no way of knowing if that is the correct interpretation or if they have instead answered WH02 incorrectly. Hence code all responses to a questionnaire even if an answer was not expected due to e.g. the response to a preceding filter question.

3.   Data quality checks

Despite all precautions, errors will occur. Although the Data Centre in Ulm will thoroughly check all incoming data, you are urgently requested to check your data carefully before submission.

Please check your data for:

- The correct number of observation units, i.e. does the number of questionnaires match with the records in the file?

- ID-Codes, which are not unique for a child within an ISAAC Centre, a Class within a School or a School within an ISAAC Centre?

- Blanks in any of the numeric variables? Use the appropriate missing value code instead.

- Blanks only in variables for open ended questions? Empty fields are not allowed. Code a 9 for non-response instead.

- Out of range values?

- Valid, but implausible codes? Check for typing errors? Otherwise do not change such values.

Inspection of the frequency distribution of every item separately will easily perform these tasks.

4.   Format and Software

- Send only ASCII formatted text files. Each variable must be delimited by a semicolon (see p. 9).

- Write the Diskettes or CD-ROMs you submit to the I2-CDC on DOS or Windows computers. This will ensure that all files can be read at the ISAAC Data Centre in Ulm, whatever software or hardware you used for data entry.

- If you do not have access to a DOS or Windows Computer please contact the I2-CDC in Ulm.

Note:

- You can use any software and hardware as long as you are able to convert the data files to be send to the ISAAC Phase II Coordinating and Data Centre to ASCII formatted text files with the above mentioned delimiter (see also section 'Data structure of Module Data Files' p. 9) and as long as you submit your data on DOS/Windows-compatible Diskettes or CD-ROMs.

Part B: Transfer of Data

5. Transfer of Data

Data must be submitted as electronic files. Preferred transmission media are Diskettes or CD-ROM (see below). If you nevertheless like to send your data by email please contact the I2-CDC in Ulm.

Each submission of data to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany should consist of at least three files:

- A Header File giving information about the submitted data.

- One or more Module Data Files containing module data.

- A Qualification File containing the equivalence ratings of the module items.

Additional information to be submitted to the I2-CDC:

- Please send a copy of the blank questionnaires you used in the study.

- Send a translation in English of each module item which is coded or phrased differently to the module items documented in this manual (see p. 29).

Note:

- As already mentioned it will be essential for a high study quality that you qualify the equivalence of the actual posed questions with each standard item (see p. 13).

5.1 Data transfer by CD-ROM or Diskettes

- Preferred media for data transfer are either Diskettes or CD-ROM.

- Please send only DOS/Windows compatible Disks.

- Please submit your data by registered mail.

- Make sure that a label is affixed to each submitted disk as described in the section Disk Labels below.

- The I2-CDC will acknowledge receipt of data within one week after arrival by email or within two weeks by surface mail.

Note:

- If you did not receive a confirmation within two weeks, please contact the I2-CDC.

5.2   Preparation for data transfer

5.2.1   Header File

The Header File is an ASCII formatted text file containing exactly ten lines plus one line for every data file included on the Diskettes or CD-ROMs.

Name the Header File as described in section 'File naming convention for Header File' (see p. 18).

Details on the structure and the layout of this header file and a complete example are given on page 78.

5.2.2   Disk labels

Every Data Diskette or CD-ROM sent to the I2-CDC in Ulm must have a disk label affixed to it. The disk label should contain the following information:

- ISAAC Country Code and Country name in clear text.

- ISAAC Centre Code and Centre name in clear text.

- Date when disk was written (format as dd/mm/yyyy).

- Number of disk and total number of disks (format as disk number / total number of disks). This numbering may be necessary if you cannot save all files on one disk.

- Operating system and version on which disk was processed.

An example of a Diskette or CD-ROM label:

COUNTRY:	es, Spain
CENTRE:	11, Cartagena
DATE:	15/07/2000
DISK:	1/3
SYSTEM:	Windows NT 4.0

Note:

- Disk 1/3 means it is the first out of three submitted disks for that data submission.

- Pick the appropriate Country Code and the ISAAC Centre Code from the lists in the appendix (p. 82 and p. 86, respectively).

5.2.3 Checklist for data transfer

Please check if you have prepared the following documents and files for transfer to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany:

Documents:

- Registration document signed and mailed?

- Blank Copies of each module questionnaire actually used prepared and mailed?

- English translation of all non-equivalent items carried out and mailed?

Files:

- Header file prepared?

- Module data complete, checked for data quality and ready for submission?

- Qualification file completed?

- Are all files named according to the file naming conventions?

- Are all module data files converted to ASCII-formatted files with each variable delimited by a semicolon?

Important Notes:

- Please send the *signed Registration document* by mail *before* you transfer your data to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany. In this document data integrity and adherence to study protocol is to be confirmed. Use the Registration document delivered to you by email (see p. 81).

- Data without receipt of a signed document cannot be accepted by the I2-CDC and will not be part of the final combined data set.

- Please send a translation in English of questions administered that are not equivalent to the items of the Phase II modules in phrasing or coding.

- Make sure that you have rated the equivalence of all variables in the Qualification file. You should have received this prepared Excel spreadsheet with this manual as an email attachment from the I2-CDC. Please contact the I2-CDC to request a copy of this file if your copy has been lost or become corrupted, see Appendix, Contact Address p. 90.

- Please submit only data for the modules documented in this manual.

5.3 Address for data transfer

Please mail all Diskettes or CD-ROM by registered mail to the following mail-address:

Peter Rzehak, Dipl.-Pol.
ISAAC Phase II Coordinating and Data Centre (I2-CDC)
Department of Epidemiology
University of Ulm
Helmholtzstr. 22
D-89081 Ulm
Germany

Part C: Codebook

6. CODEBOOK

Please use exactly the coding as documented in this codebook. However, code all responses to a questionnaire even if an answer was not expected e.g. due to the response to a preceding filter question. As mentioned in section 'Coding recommendations' on page 22 do not make assumptions about the intended response. All necessary recoding will be done at the I2-CDC in Ulm.

6.1 Module data files / Codebook

6.1.1 Module 1.1 Demographic characteristics questionnaire (DC)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15

variable sequence	name	Specification and Codes	format	length
6	DC01	Is your child a boy or a girl?	num	1
		1 = Boy		
		2 = Girl		
		9 = any other response		
7	DC02	When was your child born?	char	8
		code as ddmmyyyy		
		dd Day of birth		2
		mm Month of birth		2
		yyyy Year of birth		4
		missing dd = 99		
		mm = 99		
		yyyy = 9999		
		Note: Please use leading zeros where necessary. Blanks are not allowed. If the child's birthday is not known, please try to find this out. Otherwise use the above given missing codes.		
8	DC03_01	Was your child born in xxx?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
		Note: In the questionnaire form xxx is replaced by the country where the study is carried out		
9	DC03_02	If no, in which country?	char	2
		see country codes (p. 82)		
		missing country = 99		
10	DC04	In what year was the child's mother born?	char	4
		code as yyyy		
		missing year = 9999		
11	DC05_01	Was she born in xxx?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
		Note: In the questionnaire form xxx is replaced by the country where the study is carried out		
12	DC05_02	If no, in which country?	char	2
		see country codes (p. 82)		
		missing country = 99		

variable sequence	name	Specification and Codes	format	length
13	DC06	In what year was the child's father born?	char	4
		code as yyyy		
		missing year = 9999		
14	DC07_01	Was he born in xxx?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
		Note: In the questionnaire form xxx is replaced by the country where the study is carried out		
15	DC07_02	If no, in which country?	char	2
		see country codes (p. 82)		
		missing country = 99		
16-19		For how long did the child's parents attend school or professional training?		
		(Please code with leading zeros, e.g. 07= seven years)		
		99 = any other response		
16	DC08_1M	Mother's years of School	num	2
17	DC08_2M	Mother's years of College/University	num	2
18	DC08_1F	Father's years of School	num	2
19	DC08_2F	Father's years of College/University	num	2
20-22		Who has answered this questionnaire?		
		1 = Yes		
		2 = No		
		9 = any other response		
20	DC09_01	1 = Father	num	1
21	DC09_02	1 = Mother	num	1
22	DC09_03	1 = Other person	num	1
		Note: Please code each of the three variables. If no box is ticked please code a 9 =any other response to each of the three variables.		
23	DC10	When was the questionnaire answered?	char	8
		code as ddmmyyyy		
		dd Day of response		2
		mm Month of response		2
		yyyy Year of response		4
		missing: dd = 99		
		mm = 99		
		yyyy = 9999		
		Note: Please use leading zeros where necessary. Blanks are not allowed.		

6.1.2 Module 1.2 Questionnaire on wheezing (WH)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	WH01	Has your child <u>ever</u> had wheezing or whistling in the chest at any time in the past? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6 (i.e. WH06).	num	1
7	WH02	Has your child had wheezing or whistling in the chest <u>in the last 12 months?</u> 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6 (i.e. WH06).	num	1

variable sequence	name	Specification and Codes	format	length
8	WH03	How many attacks of wheezing has your child had <u>in the last 12 months?</u> 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = any other response	num	1
9	WH04	<u>In the last 12 months,</u> how often, on average, has your child's sleep been disturbed due to wheezing? 1 = Never woken with wheezing 2 = Less than one night per week 3 = One or more nights per week 9 = any other response	num	1
10	WH05	<u>In the last 12 months,</u> has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths? 1 = Yes 2 = No 9 = any other response	num	1
11	WH06	Has your child <u>ever</u> had asthma? 1 = Yes 2 = No 9 = any other response	num	1
12	WH07	<u>In the last 12 months,</u> has your child's chest sounded wheezy during or after exercise? 1 = Yes 2 = No 9 = any other response	num	1
13	WH08	<u>In the last 12 months,</u> has your child had a dry cough at night, apart from a cough associated with a cold or chest infection? 1 = Yes 2 = No 9 = any other response	num	1

6.1.3 Module 1.3 Questionnaire on rhinitis (RH)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	RH01	Has your child <u>ever</u> had a problem with sneezing or a runny or blocked nose, when he/she DID NOT have a cold or the 'flu? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6. (i.e. RH06)	num	1

variable sequence	name	Specification and Codes	format	length
7	RH02	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? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 6. (i.e. RH06)	num	1
8	RH03	In the past 12 months, has this nose problem been accompanied by itchy-watery eyes? 1 = Yes 2 = No 9 = any other response	num	1
9-20		In which of the past 12 months did this nose problem occur? *(Please tick any which apply)* 1 = Yes 2 = No 9 = any other response		
9	RH04_01	January	num	1
10	RH04_02	February	num	1
11	RH04_03	March	num	1
12	RH04_04	April	num	1
13	RH04_05	May	num	1
14	RH04_06	June	num	1
15	RH04_07	July	num	1
16	RH04_08	August	num	1
17	RH04_09	September	num	1
18	RH04_10	October	num	1
19	RH04_11	November	num	1
20	RH04_12	December	num	1
21	RH05	In the past 12 months, how much did this nose problem interfere with your child's daily activities? 1 = Not at all 2 = A little 3 = A moderate amount 4 = A lot 9 = any other response	num	1
22	RH06	Has your child ever had hay fever? 1 = Yes 2 = No 9 = any other response	num	1

6.1.4 Module 1.4 Questionnaire on eczema (EC)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	EC01	Has your child <u>ever</u> had an itchy rash which was coming and going for at least six months? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 7. (i.e. EC07)	num	1
7	EC02	Has your child had this itchy rash at any time <u>in the last 12 months</u>? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" PLEASE SKIP TO QUESTION 7. (i.e. EC07)	num	1

variable sequence	name	Specification and Codes	format	length
8	EC03	Has this itchy rash <u>at any time</u> 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? 1 = Yes 2 = No 9 = any other response	num	1
9	EC04	At what age did this itchy rash first occur? 1 = Under 2 years 2 = Age 2-4 years 3 = Age 5 or more 9 = any other response	num	1
10	EC05	Has this rash cleared completely at any time <u>during the last 12 months</u>? 1 = Yes 2 = No 9 = any other response	num	1
11	EC06	<u>In the last 12 months</u>, how often, on average, has your child been kept awake at night by this itchy rash? 1 = Never in the last 12 months 2 = Less than one night per week 3 = One or more nights per week 9 = any other response	num	1
12	EC07	Has your child <u>ever</u> had eczema? 1 = Yes 2 = No 9 = any other response	num	1

6.1.5   Module 2.1   Additional respiratory questions

Module 2.1a Cough and Phlegm (CP)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	CP01	<u>In the last 12 months</u>, has your child usually seemed congested in the chest or coughed up phlegm (mucus) with colds? 1 = Yes 2 = No 9 = any other response	num	1

variable sequence	name	Specification and Codes	format	length
7	CP02	<u>In the last 12 months</u>, has your child usually seemed congested in the chest or coughed up phlegm (mucus) when he/she did <u>not</u> have a cold? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO" TO <u>BOTH</u> OF THESE QUESTIONS, PLEASE SKIP QUESTIONS 3 & 4 (i.e. CP03 & CP04).	num	1
8	CP03	Does your child seem congested in the chest or cough up phlegm (mucus) on most days (4 or more days a week) for as much as 3 months of the year? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "NO", PLEASE SKIP QUESTION 4. (i.e. CP04)	num	1
9	CP04	For how many years has this happened? (Please code with leading zeros, e.g. 02=two years) 99= any other response	num	2

Module 2.1   Additional respiratory questions

Module 2.1b Wheeze and Breathlessness (WB)

Note: Please code module 2.1b in a separate file to module 2.1a

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	WB01	In the last 12 months, has your child's chest sounded wheezy during or after exercise? 1 = Yes 2 = No 9 = any other response	num	1
7	WB02	In the last 12 months, has your child's chest sounded wheezy when he or she had not recently taken exercise? 1 = Yes 2 = No 9 = any other response	num	1

variable sequence	name	Specification and Codes	format	length
8	WB03	In the last 12 months, has your child had wheezing or whistling in the chest when he/she had a cold or the 'flu? 1 = Yes 2 = No 9 = any other response	num	1
9	WB04	In the last 12 months, has your child had wheezing or whistling in the chest when he/she did not have a cold or the 'flu? 1 = Yes 2 = No 9 = any other response	num	1
10	WB05	Has your child woken up with shortness of breath at any time in his or her life? 1 = Yes 2 = No 9 = any other response	num	1
11	WB06	Has your child woken up with tightness of the chest at any time in his or her life? 1 = Yes 2 = No 9 = any other response	num	1
12-24		In the last 12 months, what has made your child's wheezing worse? *(Tick all that apply)* 1 = Yes 2 = No 9 = any other response		
12	WB07_01	Weather	num	1
13	WB07_02	Pollen	num	1
14	WB07_03	Emotion	num	1
15	WB07_04	Fumes	num	1
16	WB07_05	Dust	num	1
17	WB07_06	Pets	num	1
18	WB07_07	Wool clothing	num	1
19	WB07_08	Colds or 'flu	num	1
20	WB07_09	Cigarette smoke	num	1
21	WB07_10	Foods or drinks	num	1
22	WB07_11	Soaps, sprays or detergents	num	1
23	WB07_12	Other things	num	1
24	WB07_13	Other things (please list below) Note: max. 50 char or 9 = any other response	char	50

6.1.6 Module 2.2 Asthma management (AM)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	AM01_01	In the past 12 months, has your child used any medicines, pills, puffers or other medication for wheezing or asthma? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "YES", THEN PLEASE NAME THE MEDICATION(S):	num	1

variable sequence	name	Specification and Codes	format	length
7-20		How often? (please circle one or both)		
		1 = When wheezy		
		2 = Regularly		
		3 = Both		
		9 = any other response		
		Note: "regularly" means every day for at least two months of the year.		
7	AM01W1a	"Western" medicines (Name)	char	50
8	AM01W1b	"Western" medicines (How often)	num	1
9	AM01W2a	"Western" medicines (Name)	char	50
10	AM01W2b	"Western" medicines (How often)	num	1
11	AM01W3a	"Western" medicines (Name)	char	50
12	AM01W3b	"Western" medicines (How often)	num	1
13	AM01W4a	"Western" medicines (Name)	char	50
14	AM01W4b	"Western" medicines (How often)	num	1
15	AM01T1a	"Traditional" therapies (Name)	char	50
16	AM01T1b	"Traditional" therapies (How often)	num	1
17	AM01T2a	"Traditional" therapies (Name)	char	50
18	AM01T2b	"Traditional" therapies (How often)	num	1
19	AM01T3a	"Traditional" therapies (Name)	char	50
20	AM01T3b	"Traditional" therapies (How often)	num	1
		Note: Please fill in the reported name of the medication (max. 50 char) or 9 = any other response.		
21	AM02_01	In the past 12 months, has your child used any medicines, pills, puffers or other medication for wheezing or asthma before, during or after exercise?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
		IF YOU HAVE ANSWERED "YES", THEN PLEASE NAME THE MEDICATION(S):		
22-28				
22	AM02W1a	"Western" medicines (Name)	char	50
23	AM02W2a	"Western" medicines (Name)	char	50
24	AM02W3a	"Western" medicines (Name)	char	50
25	AM02W4a	"Western" medicines (Name)	char	50
26	AM02T1a	"Traditional" therapies (Name)	char	50
27	AM02T2a	"Traditional" therapies (Name)	char	50
28	AM02T3a	"Traditional" therapies (Name)	char	50
		Note: Please fill in the reported name of the medication (max. 50 char) or 9 = any other response.		

variable sequence	name	Specification and Codes	format	length
29	AM03	Do you have a written plan which tells you how to look after your child's asthma? 1 = Yes 2 = No 9 = any other response	num	1
30	AM04	Does your child have a peak flow meter at home? 1 = Yes 2 = No 9 = any other response	num	1
31-39		<u>In the past 12 months</u>, how many visits has your child made to any of the following health professionals for wheezing or asthma? 1 = None 2 = 1-3 3 = 4-12 4 = More than 12 9 = any other response		
31-34		a) For a wheezy episode?		
31	AM05_01	Health worker	num	1
32	AM05_02	Nurse	num	1
33	AM05_03	Doctor	num	1
34	AM05_04	Hospital emergency department	num	1
35-39		b) For a regular "check-up" for asthma?		
35	AM05_05	Health worker	num	1
36	AM05_06	Nurse	num	1
37	AM05_07	Family doctor	num	1
38	AM05_08	Specialist	num	1
39	AM05_09	Hospital emergency department	num	1
40	AM06	<u>In the past 12 months</u>, how many times has your child been admitted to hospital because of wheezing or asthma? 1 = None 2 = 1 3 = 2 4 = More than 2 9 = any other response	num	1

variable sequence	name	Specification and Codes	format	length
41-48		In the past 12 months, has your child been to any of the following for wheezing or asthma?		
		1 = Yes		
		2 = No		
		9 = any other response		
41	AM07_01	Acupuncturist	num	1
42	AM07_02	Chiropractor	num	1
43	AM07_03	Homeopath	num	1
44	AM07_04	Physiotherapist	num	1
45	AM07_05	Psychiatrist or psychologist	num	1
46	AM07_06	Social worker	num	1
47	AM07_07	Other	num	1
48	AM07_08	Other (please specify)	char	50
		Note: max. 50 char or 9 = any other response		
49	AM08	Has your child ever had an allergy injection to prevent or treat asthma?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
50	AM09	In the past 12 months, how many days (or part days) of school has your child missed because of wheezing or asthma?	num	1
		1 = None		
		2 = 1 to 5		
		3 = 6 to 10		
		4 = More than 10		
		9 = any other response		

6.1.7   Module 2.3   Rhinitis management (RM)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	RM01_01	In the past 12 months, has your child used any medicines, pills, nose sprays or other medication for hay fever or nose problems? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "YES", THEN PLEASE NAME THE MEDICATION(S):	num	1

variable sequence	name	Specification and Codes	format	length
7-20		How often? (please circle one or both) 1 = When irritated 2 = Regularly 3 = Both 9 = any other response Note: "regularly" means every day for at least two months of the year.		
7	RM01W1a	"Western" medicines (Name)	char	50
8	RM01W1b	"Western" medicines (How often)	num	1
9	RM01W2a	"Western" medicines (Name)	char	50
10	RM01W2b	"Western" medicines (How often)	num	1
11	RM01W3a	"Western" medicines (Name)	char	50
12	RM01W3b	"Western" medicines (How often)	num	1
13	RM01W4a	"Western" medicines (Name)	char	50
14	RM01W4b	"Western" medicines (How often)	num	1
15	RM01T1a	"Traditional" therapies (Name)	char	50
16	RM01T1b	"Traditional" therapies (How often)	num	1
17	RM01T2a	"Traditional" therapies (Name)	char	50
18	RM01T2b	"Traditional" therapies (How often)	num	1
19	RM01T3a	"Traditional" therapies (Name)	char	50
20	RM01T3b	"Traditional" therapies (How often)	num	1
		Note: Please fill in the reported name of the medication (max. 50 char) or 9 = any other response.		
21-26		In the past 12 months, how many visits has your child made to a health professional for hay fever or nose problems? 1 = None 2 = 1-3 3 = 4-12 4 = More than 12 9 = any other response		
21	RM02_01	Pharmacist / chemist	num	1
22	RM02_02	Health worker	num	1
23	RM02_03	Nurse	num	1
24	RM02_04	Family doctor	num	1
25	RM02_05	Specialist	num	1
26	RM02_06	Hospital emergency department	num	1
27	RM03	In the past 12 months, has your child had an allergy injection to prevent or treat hay fever or nose problems? 1 = Yes 2 = No 9 = any other response	num	1

variable sequence	name	Specification and Codes	format	length
28	RM04	<u>In the past 12 months</u>, has your child been to a chiropractor, acupuncturist, homeopath or other alternative health care provider for hay fever or nose problems? 1 = Yes 2 = No 9 = any other response	num	1
29	RM05	<u>In the past 12 months</u>, how many days (or part days) of school has your child missed because of hay fever or nose problems? 1 = None 2 = 1 to 5 3 = 6 to 10 4 = More than 10 9 = any other response	num	1

6.1.8 Module 2.4 Eczema management (EM)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	EM01_01	In the past 12 months, has your child used any medicines, ointments, creams, pills or other medications for an itchy skin rash or eczema? 1 = Yes 2 = No 9 = any other response IF YOU HAVE ANSWERED "YES", THEN PLEASE NAME THE MEDICATION(S):	num	1

variable sequence	name	Specification and Codes	format	length
7-20		How often? (please circle one or both)		
		1 = When itching		
		2 = Regularly		
		3 = Both		
		9 = any other response		
		Note: "regularly" means every day for at least two months of the year.		
7	EM01W1a	"Western" medicines, ointments or creams (Name)	char	50
8	EM01W1b	"Western" medicines, ointments or creams (How often)	num	1
9	EM01W2a	"Western" medicines, ointments or creams (Name)	char	50
10	EM01W2b	"Western" medicines, ointments or creams (How often)	num	1
11	EM01W3a	"Western" medicines, ointments or creams (Name)	char	50
12	EM01W3b	"Western" medicines, ointments or creams (How often)	num	1
13	EM01W4a	"Western" medicines, ointments or creams (Name)	char	50
14	EM01W4b	"Western" medicines, ointments or creams (How often)	num	1
15	EM01T1a	"Traditional" therapies (Name)	char	50
16	EM01T1b	"Traditional" therapies (How often)	num	1
17	EM01T2a	"Traditional" therapies (Name)	char	50
18	EM01T2b	"Traditional" therapies (How often)	num	1
19	EM01T3a	"Traditional" therapies (Name)	char	50
20	EM01T3b	"Traditional" therapies (How often)	num	1
		Note: Please fill in the reported name of the medication (max. 50 char) or 9 = any other response.		
21-28		In the past 12 months, how many visits has your child made to a health professional for his or her itchy skin rash or eczema?		
		1 = None		
		2 = 1-3		
		3 = 4-12		
		4 = More than 12		
		9 = any other response		
21	EM02_01	Pharmacist /chemist	num	1
22	EM02_02	Health worker	num	1
23	EM02_03	Nurse	num	1
24	EM02_04	Family doctor	num	1
25	EM02_05	Specialist	num	1
26	EM02_06	Hospital emergency department	num	1
27	EM02_07	Other	num	1
28	EM02_08	Other (please specify)	char	50
		Note: max. 50 char or 9 = any other response		

variable sequence	name	Specification and Codes	format	length
29	EM03	In the past 12 months, has your child been admitted to a hospital ward because of an itchy skin rash or eczema? 1 = Yes 2 = No 9 = any other response	num	1
30	EM04	In the past 12 months, how many days (or part days) of school has your child missed because of an itchy skin rash or eczema? 1 = None 2 = 1 to 5 3 = 6 to 10 4 = More than 10 9 = any other response	num	1

6.1.9 Module 2.5 Risk factor questionnaire (RF)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15

Early days

variable sequence	name	Specification and Codes	format	length
6	RF01	How much did your child weigh at birth? 1 = Less than 1500 g 2 = 1500 to 1999 g 3 = 2000 to 2499 g 4 = 2500 to 3499 g 5 = More than 3500 g 8 = Don't know 9 = any other response	num	1

variable sequence	name	Specification and Codes	format	length
7	RF02	Was your child born within 3 weeks of the calculated date?	num	1
		1 = Yes		
		2 = No, more than 3 weeks early		
		3 = No, more than 3 weeks late		
		8 = Don't know		
		9 = any other response		
8	RF03	Is your child a twin?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
9	RF04_01	Was your child ever breast fed?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
10	RF04_02	If yes, for how long?	num	1
		1 = Less than 6 months		
		2 = 6-12 months		
		3 = More than one year		
		9 = any other response		
11	RF04_03	If yes, for how long was your child breast fed without adding other foods or juices?	num	1
		1 = Less than two months		
		2 = 2-4 months		
		3 = 5-6 months		
		4 = More than as 6 months		
		9 = any other response		
12	RF05_01	Does your child have any <u>older</u> brothers or sisters?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
13	RF05_02	If yes, how many <u>older</u> brothers?	num	2
		e.g. 01 = one older brother		
		99 = any other response		
14	RF05_03	If yes, how many <u>older</u> sisters?	num	2
		e.g. 01 = one older sister		
		99 = any other response		

variable sequence	name	Specification and Codes	format	length
15	RF06_01	Does your child have any <u>younger</u> brothers or sisters? 1 = Yes 2 = No 9 = any other response	num	1
16	RF06_02	If yes, how many <u>younger</u> brothers? e.g. 01 = one younger brother 99 = any other response	num	2
17	RF06_03	If yes, how many <u>younger</u> sisters? e.g. 01 = 1 younger sister 99 = any other response	num	2
18	RF07_01	Did your child ever go to a child care facility or nursery school? 1 = Yes 2 = No 9 = any other response	num	1
19	RF07_02	If yes, from what age? e.g. 005 = from age of five months 024 = from age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
20	RF08_01	Did your child ever go to a kindergarten? 1 = Yes 2 = No 9 = any other response	num	1
21	RF08_02	If yes, from what age? e.g. 005 = from age of five months 024 = from age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3

Diseases and immunisations

variable sequence	name	Specification and Codes	format	length
22-24		Has the child's <u>mother</u> ever had any of the following diseases?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
22	RF09_01	Asthma	num	1
23	RF09_02	Hay fever	num	1
24	RF09_03	Eczema	num	1
25-27		Has the child's <u>father</u> ever had any of the following diseases?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
25	RF10_01	Asthma	num	1
26	RF10_02	Hay fever	num	1
27	RF10_03	Eczema	num	1
28-39		Has your child been vaccinated against any of the following diseases?		
		(tick as many boxes as apply)		
28	RF11_01	Pertussis (Whooping cough) (alone or in combination with Diphtheria and Tetanus)	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
29	RF11_1a	If yes, at what age?	num	3
30	RF11_1b	If yes, at what age?	num	3
31	RF11_1c	If yes, at what age?	num	3

e.g. 005 = at age of five months
    024 = at age of two years (i.e. 2*12 months)

999 = any other response

Note: In order to be not wasteful of information recorded by many centres, please code age in months.
    Please use leading zeros where neccessary.

variable sequence	name	Specification and Codes	format	length
32	RF11_02	Measles (alone or in combination with Mumps and Rubella) 1 = Yes 2 = No 9 = any other response	num	1
33	RF11_2a	If yes, at what age?	num	3
34	RF11_2b	If yes, at what age?	num	3
35	RF11_2c	If yes, at what age?	num	3
		e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.		
36	RF11_03	Tuberculosis / BCG 1 = Yes 2 = No 9 = any other response	num	1
37	RF11_3a	If yes, at what age?	num	3
38	RF11_3b	If yes, at what age?	num	3
39	RF11_3c	If yes, at what age?	num	3
		e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.		
40-47		Has your child ever had any of the following diseases? *(tick as many boxes as apply)*		
40	RF12_01	Measles 1 = Yes 2 = No 9 = any other response	num	1
41	RF12_1a	If yes, at what age? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3

variable sequence	name	Specification and Codes	format	length
42	RF12_02	Whooping cough 1 = Yes 2 = No 9 = any other response	num	1
43	RF12_2a	If yes, at what age? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
44	RF12_03	Tuberculosis 1 = Yes 2 = No 9 = any other response	num	1
45	RF12_3a	If yes, at what age? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
46	RF12_04	Worm infection 1 = Yes 2 = No 9 = any other response	num	1
47	RF12_4a	If yes, at what age? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3

Your home

variable sequence	name	Specification and Codes	format	length
48-49		Does or did your child share the bedroom with other people (adults or children)?		
		1 = Yes		
		2 = No		
		9 = any other response		
48	RF13_1a	At present	num	1
49	RF13_1b	During the child's first year of life	num	1
50-59		Which of the following pets do or did you keep inside your child's home?		
		1 = Yes		
		2 = No		
		9 = any other response		
50	RF14_1a	Dog (at present)	num	1
51	RF14_1b	Dog (during the child's first year of life)	num	1
52	RF14_2a	Cat (at present)	num	1
53	RF14_2b	Cat (during the child's first year of life)	num	1
54	RF14_3a	Other furry pets (at present)	num	1
55	RF14_3b	Other furry pets (during the child's first year of life)	num	1
56	RF14_4a	Bird (at present)	num	1
57	RF14_4b	Bird (during the child's first year of life)	num	1
58	RF14_5a	Others (at present)	num	1
59	RF14_5b	Others (during the child's first year of life)	num	1
60-67		Does or did your child have at least once a week contact with any of the following animals outside your child's home?		
		1 = Yes		
		2 = No		
		9 = any other response		
60	RF15_1a	Dog (at present)	num	1
61	RF15_1b	Dog (during the child's first year of life)	num	1
62	RF15_2a	Cat (at present)	num	1
63	RF15_2b	Cat (during the child's first year of life)	num	1
64	RF15_3a	Farm animals (at present)	num	1
65	RF15_3b	Farm animals (during the child's first year of life)	num	1
66	RF15_4a	Others animals (at present)	num	1
67	RF15_4b	Others animals (during the child's first year of life)	num	1

variable sequence	name	Specification and Codes	format	length
68-70		Does or did your child's mother smoke?		
		1 = Yes		
		2 = No		
		9 = any other response		
68	RF16_1a	At present	num	1
69	RF16_1b	During the child's first year of life	num	1
70	RF16_1c	During pregnancy with your child	num	1
71	RF17_01	Does anybody, <u>at present</u>, smoke <u>inside</u> your child's home?	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
72	RF17_02	If yes, how many cigarettes in total are smoked per day in the child's home? (e.g. mother smokes 4 + father smokes 5 + other persons smoke 3 = 12 cigarettes)	num	1
		1 = Less than 10 cigarettes		
		2 = 10-20 cigarettes		
		3 = More than 20 cigarettes		
		9 = any other response		
73-80		Which fuel do or did you use for cooking? *(tick as many boxes as apply)*		
		1 = Yes		
		2 = No		
		9 = any other response		
73	RF18_1a	Electricity (at present)	num	1
74	RF18_1b	Electricity (during the child's first year of life	num	1
75	RF18_2a	Gas (at present)	num	1
76	RF18_2b	Gas (during the child's first year of life	num	1
77	RF18_3a	Coal or wood (at present)	num	1
78	RF18_3b	Coal or wood (during the child's first year of life	num	1
79	RF18_4a	Other (at present)	num	1
80	RF18_4b	Other (during the child's first year of life	num	1
81-82		How is or was your child's home heated?		
		1 = One fire, stove or boiler inside the home		
		2 = More than one fire, stove or boiler inside the home		
		3 = A fire, stove or boiler outside the home		
		4 = Not heated		
		9 = any other response		
81	RF19_1a	At present	num	1
82	RF19_1b	During the child's first year of life	num	1

variable sequence	name	Specification and Codes	format	length
83-94		Which fuel do or did you use for heating?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
83	RF20_1a	Gas (at present)	num	1
84	RF20_1b	Gas (during the child's first year of life)	num	1
85	RF20_2a	Oil (at present)	num	1
86	RF20_2b	Oil (during the child's first year of life)	num	1
87	RF20_3a	Electricity (at present)	num	1
88	RF20_3b	Electricity (during the child's first year of life)	num	1
89	RF20_4a	Coal or coke (at present)	num	1
90	RF20_4b	Coal or coke (during the child's first year of life)	num	1
91	RF20_5a	Wood (at present)	num	1
92	RF20_5b	Wood (during the child's first year of life)	num	1
93	RF20_6a	Other (at present)	num	1
94	RF20_6b	Other (during the child's first year of life)	num	1
95-96		Does or did your child's home have air conditioning?		
		1 = Yes		
		2 = No		
		9 = any other response		
95	RF21_1a	At present	num	1
96	RF21_1b	During the child's first year of life	num	1
97-98		Does or did the child's home have damp spots on the walls or ceiling?		
		1 = Yes		
		2 = No		
		9 = any other response		
97	RF22_1a	At present	num	1
98	RF22_1b	During the child's first year of life	num	1
99-100		Does or did the child's home have visible moulds or fungus on the walls or ceiling?		
		1 = Yes		
		2 = No		
		9 = any other response		
99	RF23_1a	At present	num	1
100	RF23_1b	During the child's first year of life	num	1

variable sequence	name	Specification and Codes	format	length
101-106		What kind of floor covering is or was there in your child's bedroom?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
101	RF24_1a	Fitted carpets (at present)	num	1
102	RF24_1b	Fitted carpets (during the child's first year of life)	num	1
103	RF24_2a	Loose carpets (at present)	num	1
104	RF24_2b	Loose carpets (during the child's first year of life)	num	1
105	RF24_3a	Bare floor (at present)	num	1
106	RF24_3b	Bare floor (during the child's first year of life)	num	1
107-114		What kind of windows are or were there in your child's bedroom?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
107	RF25_1a	Single glazing (at present)	num	1
108	RF25_1b	Single glazing (during the child's first year of life)	num	1
109	RF25_2a	Secondary window (at present)	num	1
110	RF25_2b	Secondary window (during the child's first year of life)	num	1
111	RF25_3a	Sealed unit/double glazing (at present)	num	1
112	RF25_3b	Sealed unit/double glazing (during the child's first year of life)	num	1
113	RF25_4a	No windows (at present)	num	1
114	RF25_4b	No windows (during the child's first year of life)	num	1
115-124		What kind of pillow does or did your child use?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
115	RF26_1a	Foam (at present)	num	1
116	RF26_1b	Foam (during the child's first year of life)	num	1
117	RF26_2a	Synthetic fibre (at present)	num	1
118	RF26_2b	Synthetic fibre (during the child's first year of life)	num	1
119	RF26_3a	Feather (at present)	num	1
120	RF26_3b	Feather (during the child's first year of life)	num	1
121	RF26_4a	Other (at present)	num	1
122	RF26_4b	Other (during the child's first year of life)	num	1
123	RF26_5a	Does not use a pillow (at present)	num	1
124	RF26_5b	Does not use a pillow (during the child's first year of life)	num	1

variable sequence	name	Specification and Codes	format	length
125-132		What kind of bedding does or did your child use?		
		(tick as many boxes as apply)		
		1 = Yes		
		2 = No		
		9 = any other response		
125	RF27_1a	Synthetic quilt (at present)	num	1
126	RF27_1b	Synthetic quilt (during the child's first year of life)	num	1
127	RF27_2a	Feather quilt (at present)	num	1
128	RF27_2b	Feather quilt (during the child's first year of life)	num	1
129	RF27_3a	Blankets (at present)	num	1
130	RF27_3b	Blankets (during the child's first year of life)	num	1
131	RF27_4a	Other materials (at present)	num	1
132	RF27_4b	Other materials (during the child's first year of life)	num	1
133-145		Have you made any changes in your home because your child had asthma or allergic problems?		
		(tick as many boxes as apply)		
133	RF28_1a	Removed pets	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
134	RF28_1b	If yes, at what age of the child?	num	3
		e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months)		
		999 = any other response		
		Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.		
135	RF28_2a	Stopped or reduced smoking	num	1
		1 = Yes		
		2 = No		
		9 = any other response		
136	RF28_2b	If yes, at what age of the child?	num	3
		e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months)		
		999 = any other response		
		Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.		

variable sequence	name	Specification and Codes	format	length
137	RF28_3a	Changed pillows 1 = Yes 2 = No 9 = any other response	num	1
138	RF28_3b	If yes, at what age of the child? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
139	RF28_4a	Changed bedding 1 = Yes 2 = No 9 = any other response	num	1
140	RF28_4b	If yes, at what age of the child? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
141	RF28_5a	Changed floor covering 1 = Yes 2 = No 9 = any other response	num	1
142	RF28_5b	If yes, at what age of the child? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3

variable sequence	name	Specification and Codes	format	length
143	RF28_6a	Other changes 1 = Yes 2 = No 9 = any other response	num	1
144	RF28_6b	If yes, at what age of the child? e.g. 005 = at age of five months 024 = at age of two years (i.e. 2*12 months) 999 = any other response Note: In order to be not wasteful of information recorded by many centres, please code age in months. Please use leading zeros where neccessary.	num	3
145	RF28_6c	If yes, please describe Note: max 50 char or 9 = any other response Please use leading zeros where neccessary.	char	50
146-147		How would you describe the surroundings of your child's home? 1 = Rural, open spaces or fields nearby 2 = Suburban, with many parks or gardens 3 = Suburban, with few parks or gardens 4 = Urban with no parks or gardens 9 = any other response		
146	RF29_1a	At present	num	1
147	RF29_1b	During the child's first year of life	num	1
148	RF30	What is the name of your child's street of residence? Note: max. 50 char or 9 = any other response	char	50
149	RF31	What is the postal code of your child's home? Note: max. 15 char or 9 = any other response	char	15

Odds and ends

variable sequence	name	Specification and Codes	format	length
150	RF32	Outside school hours, how often does your child usually exercise so much that he/she gets out of breath or sweats?	num	1
		1 = Every day 2 = 4-6 times a week 3 = 2-3 times a week 4 = Once a week 5 = Once a month 6 = Less than once a month 9 = any other response		
151-158		How often, on average, does your child eat or drink the following, nowadays?		
		1 = never 2 = less than once per week 3 = 1-2 times per week 4 = 3-6 times per week 5 = Once per day or more often 9 = any other response		
151	RF33_01	Meat	num	1
152	RF33_02	Fish	num	1
153	RF33_03	Fresh fruits	num	1
154	RF33_04	Raw green vegetables	num	1
155	RF33_05	Cooked green vegetables	num	1
156	RF33_06	Burger	num	1
157	RF33_07	Fruit juice	num	1
158	RF33_08	Fizzy drinks	num	1
159-161		Who has answered this questionnaire?		
		1 = Yes 2 = No 9 = any other response		
159	RF34_01	1 = Father	num	1
160	RF34_02	1 = Mother	num	1
161	RF34_03	1 = Other person	num	1

Note: Please code each of the three variables.
If no box is ticked please code a
9 =any other response to each of the three variables.

variable sequence	name	Specification and Codes	format	length
162	RF35	When was the questionnaire answered? code as ddmmyyyy	char	8
		dd Day of response		2
		mm Month of response		2
		yyyy Year of response		4

missing: dd = 99

mm = 99

yyyy = 9999

Note: Please use leading zeros where necessary.
Blanks are not allowed.

6.1.10 Module 3.1 Examination for flexural dermatitis / record sheet (ED)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	ED_DATE	Date of Examination code as ddmmyyyy	char	8
		dd Day of examination		2
		mm Month of examination		2
		yyyy Year of examination		4
		missing: dd = 99		
		mm = 99		
		yyyy = 9999		
		Note: Please use leading zeros where necessary. Blanks are not allowed.		

variable sequence	name	Specification and Codes	format	length
7	ED_FWNO	Field worker number	num	3
8-12		Has the child signs of visible flexural dermatitis at any of the five following areas? 1 = Yes 2 = No 9 = any other response		
8	ED01	Around the eyes	num	1
9	ED02	Around the sides or front of the neck	num	1
10	ED03	Fronts of elbows	num	1
11	ED04	Behind the knees	num	1
12	ED05	Fronts of ankle	num	1

6.1.11 Module 3.2   **Skin prick tests for atopy/ Skin prick test record sheet (SP)**

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code lower case coding values (p. 82) *(mandatory, no missing allowed)*	char	2
2	CENTRE	ISAAC Centre Code coding values (p. 86) *(mandatory, no missing allowed)*	num	2
3	SCHOOL	School-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	4
4	CLASS	Class-ID (up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School. *(mandatory, no missing allowed)*	char	4
5	ID	Local-ID Identification Code of Child (up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre. *(mandatory, no missing allowed)*	char	15
6	SP_DATE	Date (of skin prick test) code as ddmmyyyy	char	8
		dd Day of skin prick test		2
		mm Month of skin prick test		2
		yyyy Year of skin prick test		4
		missing: dd = 99 　　　　　mm = 99 　　　　　yyyy = 9999		
		Note: Please use leading zeros where necessary. 　　　　Blanks are not allowed.		

variable sequence	name	Specification and Codes	format	length
7	SP_FWNO	Field worker number	char	3
8-23		DIAMETERS MEASURED TO THE NEAREST WHOLE MILLIMETRE:		
		Note: Please code in [mm] Use leading zeros where necessary		
		99 = missing		
8	SP01_01	Positive control (Max diam)	num	2
9	SP01_02	Positive control (Min diam)	num	2
10	SP02_01	Negative control (Max diam)	num	2
11	SP02_02	Negative control (Min diam)	num	2
12	SP03_01	D. pteronyssinus (Max diam)	num	2
13	SP03_02	D. pteronyssinus (Min diam)	num	2
14	SP04_01	D. farinae (Max diam)	num	2
15	SP04_02	D. farinae (Min diam)	num	2
16	SP05_01	Cat (Max diam)	num	2
17	SP05_02	Cat (Min diam)	num	2
18	SP06_01	Alternaria tenuis (Max diam)	num	2
19	SP06_02	Alternaria tenuis (Min diam)	num	2
20	SP07_01	Mixed grasses (Max diam)	num	2
21	SP07_02	Mixed grasses (Min diam)	num	2
22	SP08_01	Mixed trees (Max diam)	num	2
23	SP08_02	Mixed trees (Min diam)	num	2

6.1.12 Module 3.3   Bronchial responsiveness to hypertonic saline (BR)

(4.5% saline challenge record sheet)

variable sequence	name	Specification and Codes	format	length
1	COUNTRY	ISAAC Country Code	char	2
		lower case coding values (p. 82)		
		(mandatory, no missing allowed)		
2	CENTRE	ISAAC Centre Code	num	2
		coding values (p. 86)		
		(mandatory, no missing allowed)		
3	SCHOOL	School-ID	char	4
		(up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a Centre.		
		(mandatory, no missing allowed)		
4	CLASS	Class-ID	char	4
		(up to 4 digits or characters) to be allocated by local ISAAC Centre. Must be unique within a School.		
		(mandatory, no missing allowed)		
5	ID	Local-ID	char	15
		Identification Code of Child		
		(up to 15 characters or digits) to be allocated by local ISAAC Centre. Must be unique within a Centre.		
		(mandatory, no missing allowed)		
6	BR_FWNO	Field worker number	char	3
7	BRDATE	Date (of bronchial challenge)	char	8
		code as ddmmyyyy		
		dd Day of bronchial challenge		2
		mm Month of bronchial challenge		2
		yyyy Year of bronchial challenge		4
		missing: dd = 99		
		mm = 99		
		yyyy = 9999		
		Note: Please use leading zeros where necessary. Blanks are not allowed.		

variable sequence	name	Specification and Codes	format	length
8	BRTIME	Time of start of bronchial challenge code as hhmm (24 hour system)	char	4
		hh hour		2
		mm minutes		2
		missing hh = 99		
		mm = 99		
		Note: Please use leading zeros where necessary. Blanks are not allowed.		
9	BRSEX	Sex 1 = Boy 2 = Girl 9 = any other response	num	1
10	BRDOB	Date of birth code as ddmmyyyy	char	8
		dd Day		2
		mm Month		2
		yyyy Year		4
		missing dd = 99		
		mm = 99		
		yyyy = 9999		
		Note: Please use leading zeros where necessary. Blanks are not allowed.		
11	BRHEI	Height (cm) e.g. 150 = 150 cm 999 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	3
12	BRWEI	Weight (kg) e.g. 060 = 60 kg 999 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	3

variable sequence	name	Specification and Codes	format	length
13	BRMED1	Current medications	char	50
14	BRMED2	Current medications	char	50
15	BRMED3	Current medications	char	50

Note: Please fill in the reported names
or 9 = any other response.

Note: If you have already assigned the medications to therapeutic groups, please contact the I2-CDC for further instructions.

If available, please record date and time when the medication was last taken.

16	BRDMED1	Date taken of first reported medication	char	8
17	BRDMED2	Date taken of second reported medication	char	8
18	BRDMED3	Date taken of third reported medication	char	8

code as ddmmyyyy

dd	Day		2
mm	Month		2
yyyy	Year		4
missing	dd	= 99	
	mm	= 99	
	yyyy	= 9999	

Note: Please use leading zeros where necessary.
Blanks are not allowed.

19	BRTMED1	Time taken of first reported medication	char	4
20	BRTMED2	Time taken of second reported medication	char	4
21	BRTMED3	Time taken of third reported medication	char	4

code as hhmm (24 hour system)

hh	hour		2
mm	minutes		2
missing	hh	= 99	
	mm	= 99	

Note: Please use leading zeros where necessary.
Blanks are not allowed.

Baseline lung function

variable sequence	name	Specification and Codes	format	length
22	BREXFEV	Predicted FEV1 (ml) e.g. 2410 = 2410 (ml) 9999 = missing Note: Please code millilitre (ml)	num	4
23	BRP0FEV	Pre-challenge FEV1 (ml): e.g. 2300 = 2300 (ml) 9999 = missing Note: Please code millilitre (ml)	num	4
24	BRP0PP	Pre-challenge FEV1 as % predicted e.g. 095.4 = 95.4% 999.9 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	5
25	BRP0PV	% variability of pre-challenge FEV1 measurements e.g. 03.5=3.5% 99.9 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	4
26	BRP0F75	FEV1 after inhalation of ß-agonist, because pre-challenge FEV1 was less than 75% predicted e.g. 2410 = 2410 (ml) 9999 = missing Note: Please code millilitre (ml)	num	4

Bronchial challenge

variable sequence	name	Specification and Codes	format	length
27-36		Inhalation period1 to 10		
		Please code minutes of inhalation period		
		e.g. 0.5 = ½ minute (30 seconds)		
		1.0 = 1 minute		
		etc......		
		9.9 = missing		
27	BRP01T	Duration of inhalation during period1	num	3
28	BRP02T	Duration of inhalation during period2	num	3
29	BRP03T	Duration of inhalation during period3	num	3
30	BRP04T	Duration of inhalation during period4	num	3
31	BRP05T	Duration of inhalation during period5	num	3
32	BRP06T	Duration of inhalation during period6	num	3
33	BRP07T	Duration of inhalation during period7	num	3
34	BRP08T	Duration of inhalation during period8	num	3
35	BRP09T	Duration of inhalation during period9	num	3
36	BRP10T	Duration of inhalation during period10	num	3
37-46		FEV1 after inhalation period1 to 10 (ml)		
		e.g. 2410 = 2410 (ml)		
		9999 = missing		
		Note: Please code millilitre (ml)		
37	BRP01F	FEV1 (best) after period1	num	4
38	BRP02F	FEV1 (best) after period2	num	4
39	BRP03F	FEV1 (best) after period3	num	4
40	BRP04F	FEV1 (best) after period4	num	4
41	BRP05F	FEV1 (best) after period5	num	4
42	BRP06F	FEV1 (best) after period6	num	4
43	BRP07F	FEV1 (best) after period7	num	4
44	BRP08F	FEV1 (best) after period8	num	4
45	BRP09F	FEV1 (best) after period9	num	4
46	BRP10F	FEV1 (best) after period10	num	4

variable sequence	name	Specification and Codes	format	length
47-56		Comments on period1 to 10 1 = Regular 2 = Repetition 3 = Stop due to complaints of child 4 = Stop due to decrease >15% FEV1 5 = FEV1 after ß-agonist 6 = Stop due to other reasons 9 = any other response		
47	BRP01C	Comments on period1	num	1
48	BRP02C	Comments on period2	num	1
49	BRP03C	Comments on period3	num	1
50	BRP04C	Comments on period4	num	1
51	BRP05C	Comments on period5	num	1
52	BRP06C	Comments on period6	num	1
53	BRP07C	Comments on period7	num	1
54	BRP08C	Comments on period8	num	1
55	BRP09C	Comments on period9	num	1
56	BRP10C	Comments on period10	num	1
57	BRPSC	Weight of canister plus tubing before challenge (gram) e.g. 0833 = 833 grams 9999 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	4
58	BRPEC	Weight of canister plus tubing after challenge (gram) e.g. 0810 = 810 grams 9999 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	4
59	BRPAN	Amount nebulised (gram) e.g. 23 = 23 grams 99 = missing Note: Please use leading zeros where necessary. Blanks are not allowed.	num	2

If available, we would also be very interested in the following pre-challenge lung function parameters.

variable sequence	name	Specification and Codes	format	length
60	BRFVC	FVC, Forced Vital Capacity (ml)	num	4
		e.g. 2390 = 2390 (ml)		
		9999 = missing		
		Note: Please code millilitre (ml)		
61	BRPEF	PEF, Peak Expiratory Flow (ml/s)	num	4
		e.g. 4230 = 4230 (ml/s)		
		9999 = missing		
		Note: Please code millilitre (ml/s)		
62	BRMEF75	MEF75, Mid Expiratory Flow (ml/s) at 75% of volume, i.e. after exhalation of 25% of FVC	num	4
		e.g. 3890 = 3890 (ml/s)		
		9999 = missing		
		Note: Please code millilitre (ml/s)		
63	BRMEF50	MEF50, Mid Expiratory Flow (ml/s) at 50% of volume, i.e. after exhalation of 50% of FVC	num	4
		e.g. 2700 = 2700 (ml/s)		
		9999 = missing		
		Note: Please code millilitre (ml/s)		
64	BRMEF25	MEF25, Mid Expiratory Flow (ml/s) at 25% of volume, i.e. after exhalation of 75% of FVC	num	4
		e.g. 1260 = 1260 (ml/s)		
		9999 = missing		
		Note: Please code millilitre (ml/s)		
65	BRMMEF	MMEF, Mid Expiratory Flow (ml/s) between exhalation of 25-75% of FVC	num	4
		e.g. 2350 = 2350 (ml/s)		
		9999 = missing		
		Note: Please code millilitre (ml/s)		

6.2   Header file / Codebook

record number	variable	label	coding values	format	columns
1	COUNTRY	ISAAC Country Code	see p. 82	char	1-2
2	CENTRE	ISAAC Centre Code	see p. 86	num	1-2
3	FTYPE	Alias for Header File	HD	char	1-2
4	NAME	Name of person to be contacted regarding the contents of the files		char	1-255
5	ADDRESS	Address of person to be contacted regarding contents of files		char	1-255
6	PHONE	Telephone number and email of the person to be contacted regarding the contents of the files		char	1-255
7	DATE	Date of writing the DISK/CD-ROM	ddmmyyyy	char	1-8
8	VERSION	Version number of data sent to I2-CDC		num	1-2
9	TOTDISKS	Number of Disks/CD-ROM for this data transfer		num	1-2
10	TOTFILE	Total number of files on the Disks/CD-ROM for this data transfer (header file exclusive)		num	1-2
11-24 (max)		One line for each module data file (max. 13) and one additional line (the last) for the qualification file.			
		Note: The line will consist of the filename, according to the standard file naming convention and the number of records of the named file for module data files. Please record the filename of the qualification file as last filename			
	FNAME	Data file name using the filename convention		char	1-12
		i.e. the standard file name consisting of 8 characters and an 3-digit file format extension separated from the name with a dot			
	BLANK	i.e. exactly one blank to separate the filename from the number of records		char	13
	NUMREC	number of data records of the named file (please use leading zeros where necessary)		num	14-18

An example for record 11 of the Header File:

```
        1         2
....+....0....+....0
es11RF01.asc 02995
```

A complete example of a header file may clarify these principles.

```
          1          2
....+....0....+....0


es                    (line #1) Country Code of Spain
11                    (#2) ISAAC Centre Code for Cartagena
HD                    (#3) File-type Code for Header File
Prof. Luis Garcia-Marcos Alvarez
                      (#4) Name of person to be contacted
University of Murcia, Plaza San Augustin 3, E-30201 Cartagena
                      (#5) Address of person to be contacted
Phone +34968502573, Email lgmarcos@fcu.um.es
                      (#6) Phone and email of person to be contacted
15072000              (#7) date of writing Diskette/CD-ROM
01                    (#8) first version of data sent to I2-CDC
03                    (#9) total number of disks used is three
14                    (#10) total number of files sent to I2-CDC in
                      Ulm is 14 (not counting header file)
es11DC01.asc 03010    (#11) data of module 1.1 with 3010 observations
es11WH01.asc 03010    (#12) data of module 1.2 with 3010 observations
es11RH01.asc 03010    (#13) data of module 1.3 with 3010 observations
es11EC01.asc 03010    (#14) data of module 1.4 with 3010 observations
es11CP01.asc 02900    (#15) data of module 2.1 with 2900 observations
es11WB01.asc 02900    (#16) data of module 2.1 with 2900 observations
es11AM01.asc 02950    (#17) data of module 2.2 with 2950 observations
es11RM01.asc 02875    (#18) data of module 2.3 with 2875 observations
es11EM01.asc 02900    (#19) data of module 2.4 with 2900 observations
es11RF01.asc 02995    (#20) data of module 2.5 with 2950 observations
es11ED01.asc 03010    (#21) data of module 3.1 with 3010 observations
es11SP01.asc 03010    (#22) data of module 3.2 with 3010 observations
es11BR01.asc 02995    (#23) data of module 3.3 with 2995 observations
es11QL01.xls          (#24) Qualification File
```

6.3 Qualification file / Codebook

Qualification Codes for equivalence rating of actual posed question with standard module item:

	Qualification Code
Question is IDENTICAL	1
Question is not identical, but information CAN be assigned as required	2
Question is not identical, but information CAN PARTLY be assigned as required	3
Question is not identical, and information CANNOT be assigned as required	4
Question on this topic was NOT ASKED	5

Appendix

REGISTRATION DOCUMENT

In this document data integrity and adherence to study protocol is to be confirmed (see also p. 27). It is supplied as an extra document to you by email. Please send the signed document to the I2-CDC by letter post. If you have not received one please contact the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany. Contact address is given at the end of this manual on page 90.

COUNTRY CODES

The country codes consist of two lowercase letters usually known from internet addresses. The codes can be looked up in the following table which is alphabetically sorted by country.

Missing Codes are not allowed. If a code is not available for a country on this list, please contact the ISAAC Phase II Coordinating and Data Centre in Ulm.

ad	Andorra	bn	Brunei Darussalam
af	Afghanistan	bg	Bulgaria
al	Albania	bf	Burkina Faso
dz	Algeria	bi	Burundi
as	American Samoa	kh	Cambodia
ao	Angola	cm	Cameroon
ai	Anguilla	ca	Canada
aq	Antarctica	cv	Cape Verde
ag	Antigua and Barbuda	ky	Cayman Islands
ar	Argentina	cf	Central African Republic
am	Armenia	td	Chad
aw	Aruba	cl	Chile
au	Australia	cn	China
at	Austria	cx	Christmas Island
az	Azerbaidjan	cc	Cocos (Keeling) Islands
bs	Bahamas	co	Colombia
bh	Bahrain	km	Comoros
bd	Bangladesh	cg	Congo
bb	Barbados	ck	Cook Islands
by	Belarus	cr	Costa Rica
be	Belgium	hr	Croatia
bz	Belize	cu	Cuba
bj	Benin	cy	Cyprus
bm	Bermuda	cz	Czech Republic
bt	Bhutan	dk	Denmark
bo	Bolivia	dj	Djibouti
ba	Bosnia-Herzegovina	dm	Dominica
bw	Botswana	do	Dominican Republic
bv	Bouvet Island	tp	East Timor
br	Brazil	ec	Ecuador
io	British Indian Ocean Territory	eg	Egypt

sv	El Salvador		ir	Iran
gq	Equatorial Guinea		iq	Iraq
er	Eritrea		ie	Ireland
ee	Estonia		il	Israel
et	Ethiopia		it	Italy
fk	Falkland Islands		ci	Ivory Coast (Cote D'Ivoire)
fo	Faroe Islands		jm	Jamaica
fj	Fiji		jp	Japan
fi	Finland		jo	Jordan
cs	Former Czechoslovakia		kz	Kazakhstan
su	Former USSR		ke	Kenya
fr	France		ki	Kiribati
fx	France (European Territory)		kw	Kuwait
gf	French Guyana		kg	Kyrgyzstan
tf	French Southern Territories		la	Laos
ga	Gabon		lv	Latvia
gm	Gambia		lb	Lebanon
ge	Georgia		ls	Lesotho
de	Germany		lr	Liberia
gh	Ghana		ly	Libya
gi	Gibraltar		li	Liechtenstein
gb	Great Britain		lt	Lithuania
gr	Greece		lu	Luxembourg
gl	Greenland		mo	Macau
gd	Grenada		mk	Macedonia
gp	Guadeloupe (French)		mg	Madagascar
gu	Guam (USA)		mw	Malawi
gt	Guatemala		my	Malaysia
gn	Guinea		mv	Maldives
gw	Guinea Bissau		ml	Mali
gy	Guyana		mt	Malta
ht	Haiti		mh	Marshall Islands
hm	Heard and McDonald Islands		mq	Martinique (French)
hn	Honduras		mr	Mauritania
hk	Hong Kong		mu	Mauritius
hu	Hungary		yt	Mayotte
is	Iceland		mx	Mexico
in	India		fm	Micronesia
id	Indonesia		md	Moldavia

mc	Monaco		rw	Rwanda
mn	Mongolia		gs	S. Georgia / S. Sandwich Isls.
ms	Montserrat		sh	Saint Helena
ma	Morocco		kn	Saint Kitts / Nevis Anguilla
mz	Mozambique		lc	Saint Lucia
mm	Myanmar		pm	Saint Pierre and Miquelon
na	Namibia		st	Saint Tome (Sao Tome) and Principe
nr	Nauru			
np	Nepal		vc	Saint Vincent / Grenadines
nl	Netherlands		ws	Samoa
an	Netherlands Antilles		sm	San Marino
nt	Neutral Zone		sa	Saudi Arabia
nc	New Caledonia (French)		sn	Senegal
nz	New Zealand		sc	Seychelles
ni	Nicaragua		sl	Sierra Leone
ne	Niger		sg	Singapore
ng	Nigeria		sk	Slovak Republic
nu	Niue		si	Slovenia
nf	Norfolk Island		sb	Solomon Islands
kp	North Korea		so	Somalia
mp	Northern Mariana Islands		za	South Africa
no	Norway		kr	South Korea
om	Oman		es	Spain
pk	Pakistan		lk	Sri Lanka
pw	Palau		sd	Sudan
pa	Panama		sr	Suriname
pg	Papua New Guinea		sj	Svalbard and Jan Mayen Islands
py	Paraguay		sz	Swaziland
pe	Peru		se	Sweden
ph	Philippines		ch	Switzerland
pn	Pitcairn Island		sy	Syria
pl	Poland		tj	Tadjikistan
pf	Polynesia (French)		tw	Taiwan
pt	Portugal		tz	Tanzania
pr	Puerto Rico		th	Thailand
qa	Qatar		tg	Togo
re	Reunion (French)		tk	Tokelau
ro	Romania		to	Tonga
ru	Russian Federation		tt	Trinidad and Tobago

tn	Tunisia
tr	Turkey
tm	Turkmenistan
tc	Turks and Caicos Islands
tv	Tuvalu
ug	Uganda
ua	Ukraine
ae	United Arab Emirates
uk	United Kingdom
us	United States
uy	Uruguay
um	USA Minor Outlying Islands
uz	Uzbekistan
vu	Vanuatu
va	Vatican City State
ve	Venezuela
vn	Vietnam
vg	Virgin Islands (British)
vi	Virgin Islands (USA)
wf	Wallis and Futuna Islands
eh	Western Sahara
ye	Yemen
yu	Yugoslavia
zr	Zaire
zm	Zambia
zw	Zimbabwe

CENTRE CODES

11	Spain, Cartagena	30	Norway, Tromsø
12	Spain, Almería	31	Portugal, Lisbon
13	Spain, Madrid	32	Sweden, Linköping
14	Spain, Valencia	33	Sweden, Östersund
15	Albania, Tirana	34	Turkey, Ankara
16	Estonia, Tallinn	35	U.K., West Sussex
17	France, Creteil	36	New Zealand, Hastings
18	France, Bordeaux	37	China, Hong Kong
19	France, Clermont-Ferrand	38	China, Beijing
20	France, Strasbourg	39	China, Guangzhou
21	France, Marseille	40	Ghana, Kintampo
22	France, Reims	41	Barbados, Bridgetown
23	Germany, Dresden	42	India, Bombay (A) Municipal
24	Germany, Munich	43	India, Bombay (B) Private
25	Greece, Athens	44	Brazil, Porto Alegre
26	Greece, Thessaloniki	45	Ecuador, Rural Area
27	Italy, Rome	46	Georgia ,Tbilisi
28	Iceland, Reykjavik	47	Oman, Muscat
29	Netherlands,Wageningen		

MODULE FILENAME CODES

Alias		Module description according to Module Phase II manual
DC	module 1.1	Demographic characteristics
WH	module 1.2	Questionnaire on wheezing
RH	module 1.3	Questionnaire on rhinitis
EC	module 1.4	Questionnaire on eczema
CP	module 2.1a	Cough and phlegm / Additional respiratory questions
WB	module 2.1b	Wheeze and breathlessness / Additional respiratory questions
AM	module 2.2	Asthma management
RM	module 2.3	Rhinitis management
EM	module 2.4	Eczema management
RF	module 2.5	Risk factor questionnaire
ED	module 3.1	Examination for flexural dermatitis
SP	module 3.2	Skin prick tests for atopy
BR	module 3.3	Bronchial responsiveness to hypertonic saline

The following alias names do not apply to modules which are to be sent by the ISAAC Centres. They are listed here because they will be the basis for standard variable names in the combined data set

BS	module 3.4	Blood sampling and frozen storage
SE	module 3.5	Serum IgE
SG	module 3.6	Storage of dried blood spots for genetic analyses
SD	module 4.1	Sampling of dust for determination of allergen content

HEADER FILENAME CODE

HD   Alias for Header File. This alias is to be used for file name construction according to the principles stated in section 'File naming convention for Header Files'. (See Part A, p. 18)

            For example: `es11HD01.asc` would be the file name for the first version of the header file from ISAAC Centre Cartagena, Spain.

QUALIFICATION FILENAME CODE

QL   Alias for Qualification File containing information about equivalence of items with standard module items. This alias is to be used for file name construction according to the principles stated in section 'File naming convention for Qualification File'. (See Part A, p. 18)

            For example: `es11QL01.xls` would be the file name for the first version of the qualification file from ISAAC Centre Cartagena, Spain.

FILE EXTENSION CODES

.asc   ASCII formatted text file

.xls   Microsoft Excel file

OPERATING SYSTEM

Each Diskette or CD-ROM should be written on a MS-DOS or Microsoft Windows computer. This will ensure that data transferred by disks can be read at the ISAAC Phase II Coordinating and Data Centre in Ulm.

Please contact the I2-CDC in Ulm if such a computer is not available.

Note: You are free to use whatever operating system you like but make sure to be able to write DOS-formatted Diskettes or CD-ROMs which can be read on Windows computers.

ACCEPTABLE FILE FORMATS/SOFTWARE

Please submit only ASCII formatted text files. Please delimit every variable by a semicolon. For details of the appropriate file structure see p. 9.

ASCII is the preferred file format because it is independent from the data entry software and computer hardware you may have used.

Please write all disks or CD-ROMs you send to the data centre in Ulm on DOS or Windows computers in order to ensure that these disks can be read at the I2-CDC.

Note:

- You can use any software as long as you are able to convert the data files to be send to ASCII formatted text files.

DOCUMENTS AND FILES TO BE SENT TO THE DATA CENTRE

Documents:

Registration document (see p. 81)

Blank copies of each module questionnaire actually used (see p. 14 and 27)

English translation of all non equivalent items (see p. 13)

Files:

Module data files (see p. 9 , 17 and 29)

Header file (see p. 12, 18 and 78)

Qualification file (see p. 13 and 15)

Note:

- Use the Registration Document delivered to you by email (see p. 81) and the prepared Qualification File delivered with this manual.
- The following module data files are to be send to the ISAAC Phase II Coordinating and Data Centre in Ulm, Germany :
  - modules 1.1 to module 3.3 (see p. 14)

CONTACT ADDRESS

Dr. Gudrun Weinmayr
ISAAC Phase II Coordinating and Data Centre (I2-CDC)
Institute of Epidemiology
Ulm University
Helmholtzstr. 22
D-89081 Ulm
Germany

phone: +49-731-50-31071
fax: +49-731-50-31069
email: gudrun.weinmayr@uni-ulm.de