ISAAC

INTERNATIONAL

STUDY OF

ASTHMA AND

ALLERGIES IN

CHILDHOOD

Coding and Data Transfer Manual

Phase One

Auckland (NZ) / Münster (FRG)

August 1993

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A. Coding and Data Transfer Manual

The ISAAC Coding and Data Transfer Manual is based on the ISAAC Manual (October 1992). The purpose of this manual is to describe how data should be formatted and structured on a magnetic disk to be sent to the ISAAC International Data Centre (IIDC). In 1993 this is the Auckland ISAAC Centre.

The data should be sent on magnetic disks and not on paper forms. The format applies to the data sent on magnetic disk and not necessarily to the data held locally. The structure required of the data when being sent to the IIDC certainly can be used as the local data format but it is not necessary to do so.

The locally held data must be able to be transcribed to the format given in this manual. To do this each of the options for each variable required to be sent to the IIDC must have a unique code in the local dataset so that they can be translated to the appropriate IIDC code.

Data collected that are not included in the manual are not to be sent. Only the questions of the Phase One core questionnaires are included in this Data Transfer Manual and any other questions that have been collected along with the core data are not required by the IIDC.

The disks to be sent need to be identified clearly and this is done both by a label attached to the disk and by a file on the disk containing identifying information. This file is known as the DISK HEADER.

There can be a number of data files[1] on the disk and these files also need to be clearly identified. Each data file is identified by a one line record at the beginning that gives information about that data file. This single record at the beginning of each data file is called the FORM HEADER.

As an additional check on each data item, each data record has identification information contained within it. This is the information on form type, form version, country and centre of survey.

There is clearly considerable redundancy involved in all this identification material but it is absolutely essential that the data received by the IIDC is unambiguous and the redundancy allows checks to be made.

At present there are 6 different types of forms that can be used to transfer the data to the IIDC. Types 01 to 05 are independent forms for sending demographic, wheezing and asthma, rhinitis, eczema and video information. Form type 06 allows the sending of all this information in one record. If form type 06 is used then form types 01 to 05 will not need to be used. There is this choice because different centres may collect only a portion of the data or it may be more convenient to process the data in a segmented way.

The Item Name used in the Coding and Data Transfer Manual is the computer name used by the IIDC to identify that data item. The Columns indicate the columns in which

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[1] A data file is a collection of data records. A data record is the information obtained about one subject, and is sometimes called a data form, or an observation.

the code for the item is to appear in the record on the magnetic disk. Data for different subjects must be written in different records.

Blank fields are not allowed in the magnetic disk records except in the DISK HEADER. Leading zeros are to be used where necessary to pad fields to avoid blanks. Code variables with 9's to indicate that there was no response. No response may occur deliberately because it was a question that was not required to be answered or may occur unintentionally because the respondent did not correctly supply the information.

In this version of the Coding and Data Transfer Manual forms 01 to 06 have been used. Other form numbers will be used in the future for any additional information, either in Phase One or for the later phases of the ISAAC study.

COUNTRY and CENTRE codes will be issued by the IIDC as necessary when Centres register and are accepted into the study. The COUNTRY codes allocated at present are:

New Zealand	001			
		Auckland	001	
		Wellington	002	
		Christchurch	003	
		Nelson	004	
		Bay of Plenty	005	
		Napier	006	
Australia	002			
		Sydney	001	
		Melbourne	002	
		Perth	003	
England	003			
		London	001	
Canada	004			
Poland	005			
USA	006			
Germany	007			
		Hamburg	001	
		Dortmund	002	
		Dresden	003	
		München	004	
Spain	008			

SCHOOL and SERIAL codes are to be unique codings within each Centre of each Country and are to be allocated by the Centre.

B.   Transfer of Data

1.   DISKETTES

All data to be transferred must be transferred on floppy disk.

1.1   Characteristics of diskette

Specification:	3.5 inch or 5.25 inch
Format:	MS-DOS, 1.44Mb or 720kb (3.5 inch) 1.2 Mb or 360kb (5.25 inch)
Character Code:	ASCII
Records:	The record length can be variable or fixed length.

Please prepare the diskette using the COPY command of the DOS operating system. The BACKUP command should not be used as it is DOS version specific.

1.2   Internal layout of diskette

Each diskette must contain at least two files: a DISK HEADER file and one or more DATA files.

DISK HEADER file: The DISK HEADER file should contain exactly nine lines plus one line for every data file included on the disk. The DISK HEADER contains information about the person preparing the disk and the data files included on the diskette.

Name the DISK HEADER file as "Hmmmnnn.rrr", where
    mmm is the ISAAC country code number
    nnn are the last three digits of the disk number
    rrr is the ISAAC centre code number

DATA files: The data of the actual data forms (i.e. forms with form identification 01, 02, … etc e.g. Demographic data, Wheezing and asthma) are included in the DATA files.

The first form of every DATA file should be the FORM HEADER. The FORM HEADER should be followed by the actual data forms.

The data files should be named as "Dxxmmmnn.rrr", where
    xx is any number identifying the DATA file on the diskette
    mmm is the ISAAC country code number
    nn are the last two digits of the disk number

rrr is the ISAAC centre code number.

1.3   Label to be Fixed to Diskette

Every diskette in which data is to be submitted from the ISAAC centre to the Data Centre must have a DISK LABEL fixed on it.

2.   DISK HEADER (Version 1)

2.1   The DISK HEADER contains nine lines plus one line for every data file included on the disk. Details given below:

Line	Name	Specification and Codes	Columns
1	FORM	Form identification HDISAAC	1 to 7
1	VERSION	Form Version (Version 1)	8
2	NAME	Name of person to be contacted regarding the contents of the disk.	1 to 255
3	ADDRESS	Address of person to be contacted regarding the contents of the disk.	1 to 255
4	PHONE	Telephone and Facsimile numbers of the person to be contacted regarding the contents of the disk.	1 to 255
5	DWRITTEN	Date of writing the disk (dd,mm,yy)	1 to 6
6	COUNTRY	Source of data - Country code	1 to 3
7	CENTRE	ISAAC Centre code number	1 to 3
8	DISKNUM	Disk identification number The ISAAC centre must give a sequential DISK NUMBER to every floppy disk on which data is submitted to the Data Centre. The number of the first disk should be 0001, the second should be 0002 etc. The DISK NUMBER is recorded in the DISK HEADER, and also on the DISK LABEL. This number is also part of the name of the data files.	1 to 4
9	TOTFILE	Total number of files on the disk Record here the total number of files on the diskette. This number will be 1 (for the DISK HEADER) plus the number of data files on the disk. The number given here plus eight (8) will give the number of lines in the DISK HEADER file.	1 to 3

Line	Name	Specification and Codes	Columns
10 -		One line for each data file. The line will consist of the filename, the form type the file contains and the number of records within the file.	
	DATAxx	Data file name using the following format Dxxmmmnn.rrr where xx is a unique identifier mmm is the ISAAC country number nn is the last two digits of the disk identification number (DISKNUM) rrr is the ISAAC centre number	1 to 12
		blank	13 to 15
	FORMxx	Type of form within the data file	16 to 17
		blank	18 to 20
	NUMRECxx	Number of data records within the data file DATAxx, FORMxx and NUMRECxx are repeated as many times as is necessary to describe all the data files on the disk.	21 to 26

An example:

```
                    1         2         3
        ....+....0....+....0....+....0

        D0100201.003   01    000435
        D0200201.003   02    000416
        D0300201.003   01    002516
```

This shows that there are three data files from Perth (003), Australia (002) on the first disk submitted and these data files contain demographic data on 435 subjects, wheezing and asthma data on 416 subjects and demographic data on 2,516 subjects.

3.   FORM HEADER (Version 1)

3.1   This one record is the first line of information in each data file. The details follow:

Item	Name	Specification and Codes	Columns
1	FORM	Form identification HDRFORM	1 to 7
2	VERSION	Form Version (Version 1)	8
3	HDFORM	Form identification of the following forms	9 to 10
4	HDVERSN	Form version of the following forms	11

Item	Name	Specification and Codes	Columns
5	HDNMFRM	Number of records of type HDFORM in this file	12 to 17

3.2 None of the characters of the FORM HEADER should be left blank.

3.3 Item 3

HDFORM

Code the form identification of the data forms for which actual ISAAC data is included in this file. The accepted values here are
01: Demographic data
02: Wheezing and asthma
03: Rhinitis
04: Eczema
05: Video
06: All questionnaire data

Item 5

HDNMFRM   Number of forms of type HDFORM in this file

Enter the number of records (excluding the FORM HEADER) for which data are submitted in this file. This number will be the same as that used for NUMRECxx for this data file in the DISK HEADER.

4. DISK LABEL

4.1 A DISK LABEL must be attached to all diskettes submitted to the Data Centre.

4.2 The label must show the following information:

4.2.1 ISAAC Centre Number

4.2.2 Date when disk written (format as DDMMYY)

4.2.3 Disk sequence number

4.2.4 Storage density (ie 1.44Mb, 1.2Mb, 720kb or 360kb)

4.3 An example of a completed DISK LABEL

```
┌─────────────────────────┐
│ ISAAC Country: 002      │
│ ISAAC Centre: 003       │
│ Date : 13/07/93         │
│ Disk: 0006              │
│ Density: 1.44Mb         │
└─────────────────────────┘
```

C.   Coding of Data

PHASE ONE DATA COLLECTION

DEMOGRAPHIC

Form: 01
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 01 = Demographic dataCODE 01 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	DINT	Date of interview / receiving response dd = Day mm = Month yy = Year 99 = For any invalid response	23 to 28
9	AGE	The actual age of the child/respondent (years) 99 = For any invalid response	29 to 30
10	DBIRTH	Date of birth of the child/respondent dd = Day mm = Month yy = Year 99 = For any invalid response	31 to 36
11	SEX	Sex of the child/respondent 1 = Male 2 = Female 9 = Any other response	37

PHASE ONE DATA COLLECTION

WHEEZING AND ASTHMA

Form: 02
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 02 = Wheezing and asthma CODE 02 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	WHEZEV	Has your child/Have you <u>ever</u> had wheezing or whistling in the chest at any time in the past? 1 = Yes 2 = No 9 = Any other response	23
9	WHEZ12	Has your child/Have you had wheezing or whistling in the chest <u>in the last 12 months?</u> 1 = Yes 2 = No 9 = Any other response	24
10	NWHEZ12	How many attacks of wheezing has your child/have you 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	25
11	AWAKE12	<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	26

Item	Name	Specification and Codes	Columns
12	SPEECH12	<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	27
13	ASTHMAEV	Has your child/Have you <u>ever</u> had asthma? 1 = Yes 2 = No 9 = Any other response	28
14	EXWHEZ12	<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	29
15	COUGH12	<u>In the last 12 months</u>, has your child/have you 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	30

PHASE ONE DATA COLLECTION

RHINITIS

Form: 03
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 02 = Rhinitis CODE 03 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	PNOSEEV	Has your child/Have you <u>ever</u> had a problem with sneezing or a runny or blocked nose when he/she DID NOT have a cold of flu? 1 = Yes 2 = No 9 = Any other response	23
9	PNOSE12	<u>In the last 12 months</u>, has your child/have you had a problem with sneezing or a runny or blocked nose when he/she/you DID NOT have a cold of flu? 1 = Yes 2 = No 9 = Any other response	24
10	IEYES12	<u>In the past 12 months</u>, has this nose problem been accompanied by itchy-watery eyes? 1 = Yes 2 = No 9 = Any other response	25
11	PNOSE<mth>	In which of the <u>past 12 months</u> did this nose problem occur? 1 = No nose problem in month 2 = A nose problem in month 9 = Any other response PNOSEJAN 26, PNOSEFEB 27, PNOSEMAR 28, PNOSEAPR 29, PNOSEMAY 30, PNOSEJUN 31, PNOSEJUL 32, PNOSEAUG 33, PNOSESEP 34, PNOSEOCT 35, PNOSENOV 36, PNOSEDEC 37	26 to 37

Item	Name	Specification and Codes	Columns
12	IACTIV12	<u>In the last 12 months</u>, 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	38
13	HFEVEREV	Has your child/Have you <u>ever</u> had hayfever? 1 = Yes 2 = No 9 = Any other response	39

PHASE ONE DATA COLLECTION

ECZEMA

Form: 04
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 04 = Eczema CODE 04 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	RASHEV	Has your child/Have you <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	23
9	RASH12	Has your child/Have you had this itchy rash at any time <u>in the last 12 months</u>? 1 = Yes 2 = No 9 = Any other response	24
10	SITESEV	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	25
11	RASHAGE	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 (Code 9 for the 13-14 year age group questionnaire)	26

Item	Name	Specification and Codes	Columns
12	RCLEAR12	Has this rash cleared completely at any time <u>during the last 12 months</u>? 1 = Yes 2 = No 9 = Any other response	27
13	RAWAKE12	<u>In the last 12 months</u>, how often, on average, has your child/have you 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 night per week 9 = Any other response	28
14	ECZEMAEV	Has your child/Have you <u>ever</u> had eczema? 1 = Yes 2 = No 9 = Any other response	29

PHASE ONE DATA COLLECTION

VIDEO

Form: 05
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 05 = Video CODE 05 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	BRTHEV	Has your breathing ever been like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	23
9	BRTH12	Has your breathing ever been like this in the last year? 1 = Yes 2 = No 9 = Any other response	24
10	BRTH1M	Has your breathing ever been like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	25
11	EXBRTHEV	Has your breathing been like the girl's in the video following exercise at any time in your life? 1 = Yes 2 = No 9 = Any other response	26

Item	Name	Specification and Codes	Columns
12	EXBRTH12	Has your breathing been like the girl's in the video following exercise in the last year? 1 = Yes 2 = No 9 = Any other response	27
13	EXBRTH1M	Has your breathing been like the girl's in the video following exercise one or more times a month? 1 = Yes 2 = No 9 = Any other response	28
14	WWOKENEV	Have you been woken like this at night at any time in your life? 1 = Yes 2 = No 9 = Any other response	29
15	WWOKEN12	Have you been woken like this at night in the last year? 1 = Yes 2 = No 9 = Any other response	30
16	WWOKEN1M	Have you been woken like this at night one or more times a month? 1 = Yes 2 = No 9 = Any other response	31
17	CWOKENEV	Have you been woken at night like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	32
18	CWOKEN12	Have you been woken at night like this in the last year? 1 = Yes 2 = No 9 = Any other response	33
19	CWOKEN1M	Have you been woken at night like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	34

Item	Name	Specification and Codes	Columns
20	SABRTHEV	Has your breathing been like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	35
21	SABRTH12	Has your breathing been like this in the last year? 1 = Yes 2 = No 9 = Any other response	36
22	SABRTH1M	Has your breathing been like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	37

PHASE ONE DATA COLLECTION

ALL QUESTIONNAIRE DATA

Form: 06
Version 1

Item	Name	Specification and Codes	Columns
1	FORM	Questionnaire type 06 = All questionnaire data CODE 06 HERE	1 to 2
2	VERSION	Form Version	3
3	COUNTRY	Source of data - Country	4 to 6
4	CENTRE	ISAAC Centre	7 to 9
5	AGEGRP	Age group 06 = 6 and 7 year old children 13 = 13 and 14 year old respondents	10 to 11
6	SCHOOL	School identifying number	12 to 15
7	SERIAL	Serial number of respondent	16 to 22
8	DINT	Date of interview / receiving response dd = Day mm = Month yy = Year 99 = For any invalid response	23 to 28
9	AGE	The actual age of the child/respondent (years) 99 = For any invalid response	29 to 30
10	DBIRTH	Date of birth of the child/respondent dd = Day mm = Month yy = Year 99 = For any invalid response	31 to 36
11	SEX	Sex of the child/respondent 1 = Male 2 = Female 9 = Any other response	37
12	WHEZEV	Has your child/Have you <u>ever</u> had wheezing or whistling in the chest at any time in the past? 1 = Yes 2 = No 9 = Any other response	38

Item	Name	Specification and Codes	Columns
13	WHEZ12	Has your child/Have you had wheezing or whistling in the chest <u>in the last 12 months?</u> 1 = Yes 2 = No 9 = Any other response	39
14	NWHEZ12	How many attacks of wheezing has your child/have you 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	40
15	AWAKE12	<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	41
16	SPEECH12	<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	42
17	ASTHMAEV	Has your child/Have you <u>ever</u> had asthma? 1 = Yes 2 = No 9 = Any other response	43
18	EXWHEZ12	<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	44
19	COUGH12	<u>In the last 12 months</u>, has your child/have you 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	45

20

Item	Name	Specification and Codes	Columns
20	PNOSEEV	Has your child/Have you <u>ever</u> had a problem with sneezing or a runny or blocked nose when he/she DID NOT have a cold of flu? 1 = Yes 2 = No 9 = Any other response	46
21	PNOSE12	<u>In the last 12 months</u>,has your child/have you had a problem with sneezing or a runny or blocked nose when he/she/you DID NOT have a cold of flu? 1 = Yes 2 = No 9 = Any other response	47
22	IEYES12	<u>In the past 12 months</u>, has this nose problem been accompanied by itchy-watery eyes? 1 = Yes 2 = No 9 = Any other response	48
23	PNOSE_{<mth>}	In which of the <u>past 12 months</u> did this nose problem occur? 1 = No nose problem in month 2 = A nose problem in month 9 = Any other response PNOSEJAN 49, PNOSEFEB 50, PNOSEMAR 51, PNOSEAPR 52, PNOSEMAY 53, PNOSEJUN 54, PNOSEJUL 55, PNOSEAUG 56, PNOSESEP 57, PNOSEOCT 58, PNOSENOV 59, PNOSEDEC 60	49 to 60
24	IACTIV12	<u>In the last 12 months</u>, 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	61
25	HFEVEREV	Has your child/Have you <u>ever</u> had hayfever? 1 = Yes 2 = No 9 = Any other response	62
26	RASHEV	Has your child/Have you <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	63

Item	Name	Specification and Codes	Columns
27	RASH12	Has your child/Have you had this itchy rash at any time <u>in the last 12 months</u>? 1 = Yes 2 = No 9 = Any other response	64
28	SITESEV	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	65
29	RASHAGE	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 (Code 9 for the 13-14 year age group questionnaire)	66
30	RCLEAR12	Has this rash cleared completely at any time <u>during the last 12 months</u>? 1 = Yes 2 = No 9 = Any other response	67
31	RAWAKE12	<u>In the last 12 months</u>, how often, on average, has your child/have you 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 night per week 9 = Any other response	68
32	ECZEMAEV	Has your child/Have you <u>ever</u> had eczema? 1 = Yes 2 = No 9 = Any other response	69

Code 9 for all the following variables when the subject has not seen the video. This will be the case for 6-7 year old participants.

Item	Name	Specification and Codes	Columns
33	BRTHEV	Has your breathing ever been like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	70

Item	Name	Specification and Codes	Columns
34	BRTH12	Has your breathing ever been like this in the last year? 1 = Yes 2 = No 9 = Any other response	71
35	BRTH1M	Has your breathing ever been like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	72
36	EXBRTHEV	Has your breathing been like the girl's in the video following exercise at any time in your life? 1 = Yes 2 = No 9 = Any other response	73
37	EXBRTH12	Has your breathing been like the girl's in the video following exercise in the last year? 1 = Yes 2 = No 9 = Any other response	74
38	EXBRTH1M	Has your breathing been like the girl's in the video following exercise one or more times a month? 1 = Yes 2 = No 9 = Any other response	75
39	WWOKENEV	Have you been woken like this at night at any time in your life? 1 = Yes 2 = No 9 = Any other response	76
40	WWOKEN12	Have you been woken like this at night in the last year? 1 = Yes 2 = No 9 = Any other response	77
41	WWOKEN1M	Have you been woken like this at night one or more times a month? 1 = Yes 2 = No 9 = Any other response	78

Item	Name	Specification and Codes	Columns
42	CWOKENEV	Have you been woken at night like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	79
43	CWOKEN12	Have you been woken at night like this in the last year? 1 = Yes 2 = No 9 = Any other response	80
44	CWOKEN1M	Have you been woken at night like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	81
45	SABRTHEV	Has your breathing been like this at any time in your life? 1 = Yes 2 = No 9 = Any other response	82
46	SABRTH12	Has your breathing been like this in the last year? 1 = Yes 2 = No 9 = Any other response	83
47	SABRTH1M	Has your breathing been like this one or more times a month? 1 = Yes 2 = No 9 = Any other response	84