

BAMSE 4.1

Please mark your responses clearly with an × in the box to facilitate optical scanning.

Questionnaire about (child's name):

Daytime phone number to mother: same as child's or (specify) .....

Daytime phone number to father: same as child's or (specify) .....

Date questionnaire was filled in.....

Who completed the questionnaire?

Both mother and father

Mother alone

Father alone

Please fill in the following questions if anything differs from the information given above

To obtain the best possible information about the child's environment, we would be grateful if the mother and the father could complete this questionnaire together.

Child's street address (place where the child lives most of the time)

Town and postal code

Home telephone number

Mother's address if different from child's

Father's name address if different from child's

## Questions about the child's health

1. Has your child ever, after the age of two years, had problems involving:
 

Wheezy or raspy breathing	No/Yes
Difficult (heavy or forced) breathing	No/Yes
2. If the child has had wheezy breathing, on how many occasions during the past 12 months?
  - 0
  - 1-3
  - 4-12
  - More than 12
3. If the child has had difficulty breathing, on how many occasions during the past 12 months?
  - 0
  - 1-3
  - 4-12
  - More than 12
4. How much have these breathing difficulties affected your child's daily activities in the past 12 months?
  - Not at all
  - A little bit
  - Moderately
  - Quite a lot/Very much
5. Has your child had trouble sleeping at night because of coughing and/or breathing problems at any time in the past 12 months?
  - No ==> Go to question 7
  - Yes
6. If so, how often?
  - 1-2 times a month
  - 3-6 times a month
  - More than 6 times a month
7. Has your child's breathing ever sounded wheezy during exertion during the past 12 months?
  - No ==> Go to question 9
  - Yes
8. If so, how often?
  - 1-2 times a month
  - 3-6 times a month
  - More than 6 times a month
9. Has your child at any time after the age of two years had any of the following symptoms when suffering from a cold (upper respiratory disease)?
 

Wheeziness when laughing or crying	No/Yes
Wheeziness when playing or when outdoors	No/Yes
Coughing when laughing or playing or when outdoors	No/Yes
Troublesome coughing at night	No/Yes
10. Has your child at any time after the age of two years had any of the following symptoms without simultaneously having a cold (upper respiratory disease)?
 

Wheeziness when laughing or crying	No/Yes
Wheeziness when playing or when outdoors	No/Yes
Coughing when laughing or playing or when outdoors	No/Yes

- Troublesome coughing at night
- No/Yes  
No ==> Go to question 13
11. If your child has experienced troublesome night cough without having a cold, on how many occasions has this happened in the past 12 months?  
..... times
  12. How long does a cough of that sort generally last?  
1-7 days  
1-3 weeks  
more than 3 weeks
  13. Has your child had trouble with wheezy breathing or cough after contact with the following after the age of two years?  
Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of May)/Grass (June-August)  
response alternatives No/Don't know/Yes, I think so/Yes, definitely
  14. If you responded "Don't know" about contact with animals is that because the child:  
Has never been in contact with the animal in question  
Has avoided contact with the animal in question because of previous adverse reactions
  15. Has a doctor diagnosed your child as having asthma?  
No/Yes
  16. Has your child after the age of two years been given acute treatment for asthma or breathing problems characterised by wheeziness, heavy or difficult breathing?  
No ==> Go to question 18  
Yes
  17. If so, how many times?  
1-3 times  
4-6 times  
More than 6 times
  18. Has your child after the age of two years been prescribed any of the medicines listed below for treatment of asthma or breathing problems characterised by wheeziness, heavy or difficult breathing?  
Bricanyl (terbutaline) or Ventoline (salbutamol) in liquid form  
Teovent (theophylline (2-hydroxy)trimethylammonium) in liquid form or as suppository or rectal enema  
Bricanyl (terbutaline), Ventoline (salbutamol) or Lomudal (cromolyn sodium) for inhalation  
Atrovent (ipratropium) for inhalation  
Pulmicort (budesonide) or Becotide (beclomethasone) for inhalation  
Cortisone tablets (e.g. Betapred (betamethasone) to be dissolved in water)  
Response alternatives No/Yes, as needed/Yes, to be used regularly
  19. Has your child had trouble breathing in combination with a cough resembling a seal's bark after the age of two years?  
No  
Yes, on ..... occasions
  20. Has a doctor diagnosed your child as having croup or pseudocroup after the age of two years?  
No/Yes
  21. Has a doctor diagnosed your child as having pneumonia after the age of two years?  
No  
Yes, on ..... occasions

22. Has a doctor diagnosed your child as having bronchitis after the age of two years?  
No  
Yes, on ..... occasions
23. Has your child been given antibiotics (e.g. penicillin) after the age of two years?  
No  
Yes, ..... courses
24. Does your child have dry skin?  
No/Yes
25. Has your child at any time in the past 12 months had an itchy rash that has caused the child to scratch him/herself for at least two weeks?  
No ==> Go to question 28  
Yes
26. How often did itchiness keep your child awake at night during the month when the rash was worst?  
Never  
At most one night per week  
More than one night per week
27. Where was/is the rash (after the age of one year)? Mark all that apply  
Face  
Scalp  
Exposed parts of arms and/or legs  
Armpits  
Folds of elbows and/or backs of knees  
Wrists and/or front of ankles  
Neck  
Chest, belly and/or back  
Buttocks
28. Has a doctor diagnosed your child as having eczema after the age of two years?  
No/Yes
29. Has your child needed cortisone cream for itchy rash at any time in the past 12 months?  
No/Yes
30. Has your child after the age of two years ever had a rash characterised by pale itchy bumps similar to mosquito bites or blisters, that appeared and disappeared again within a day or two (i.e. nettle rash)?  
No/Yes
31. Has a doctor diagnosed your child as having a nettle rash (urticaria)?  
No/Yes
32. Has your child at any time after the age of two years developed a rash that caused the child to scratch him/herself after contact with the following?  
Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of May)/Grass (June-August)  
Response alternatives No/Don't know/Yes, I think so/Yes, definitely
33. If you responded "Don't know" about contact with animals, is that because the child:  
Has never been in contact with the animal in question  
Has avoided contact with the animal in question because of previous adverse reactions
34. Has your child after the age of two years ever had trouble with runny or stuffy nose that lasted for more than three weeks?  
No ==> Go to question 36  
Yes

35. How long did these symptoms persist?  
 4-8 weeks  
 2-6 months  
 more than 6 months
36. Has a doctor diagnosed your child as having hay fever or allergic rhinitis after the age of two years?  
 No/Yes
37. Has your child after the age of two years ever had trouble with sneezing, runny nose, stuffy nose or red, itchy eyes after contact with the following?  
 Cat/Dog/Horse/Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)/Leafing (month of May)/Grass (June-August)  
 Response alternatives No/Don't know/Yes, I think so/Yes, definitely
38. If you responded "Don't know" about contact with animals, is that because the child:  
 Has never been in contact with the animal in question  
 Has avoided contact with the animal in question because of previous adverse reactions
39. Has your child had trouble with sneezing, runny nose or stuffy nose without having a cold during the past 12 months?  
 No ==> Go to question 42  
 Yes
40. How much did these nasal problems affect your child's daily activities during the past 12 months?  
 Not at all  
 Slightly  
 Moderately  
 Quite a lot/Very much
41. Did the nasal symptoms occur at the same time as the child had itchy, watery eyes?  
 No/Yes
42. Has your child after the age of two years had adverse reactions to food or drink, such as vomiting, diarrhoea, eczema, nettle rash, itch or swollen lips or eyelids, runny nose or asthma?  
 No ==> Go to question 45  
 Yes
43. Please indicate which reaction or reactions your child has had to food or drink after the age of two years.  
 Vomiting and/or diarrhoea  
 Eczema  
 Nettle rash  
 Swollen lips and/or eyelids  
 Itching around the eyes and/or runny nose  
 Asthma  
 Other (specify) .....
44. Which food(s) has your child had an adverse reaction to after the age of two years?  
 Cow's milk or product containing it (formula, gruel containing milk)  
 Egg  
 Fish  
 Nuts/almonds (excluding peanuts)  
 Peanuts  
 Peas  
 Soy  
 Flour (wheat, rye, barley, oat)

Fruit with stones or pips (apple, pear, cherry, plum, peach, nectarine)

Citrus fruit

Chocolate

Banana

Other

Response alternatives

Has not yet been given/No adverse reaction/Adverse reaction/Excluded because of previous adverse reactions.

45. Has a doctor diagnosed your child as having food allergy after the age of two years?  
No/Yes

#### Questions about smoking habits

46. Does the mother currently smoke?

No ==> Go to question 48

Yes, every day

Yes, but not every day

47. How many cigarettes/pipes/cigars/cigarillos does the mother smoke per day?

..... per day

48. Does the father currently smoke?

No ==> Go to question 50

Yes, every day

Yes, but not every day

49. How many cigarettes/pipes/cigars/cigarillos does the father smoke per day?

..... per day

50. Does a sibling and/or any other person smoke in the house?

No ==> Go to question 52

Yes, every day

Yes, but not every day

51. How many cigarettes/pipes/cigars/cigarillos do siblings and/or other people smoke in the house on an average day? ..... per day

52. Does the child regularly (more than once a month) spend time in another environment where he/she is exposed to tobacco smoke?

No/Yes

#### Questions about contact with animals

53. Are there pets in the child's home(s)?

No ==> Go to question 59

Yes, in the home where both parents live

Yes, in the mother's home where the child spends ..... days/week

Yes, in the father's home where the child spends ..... days/week

54. Which animal(s)?

Cat how many? .....

Dog how many? .....

Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)

Bird

Other animal, specify: .....

55. If there is a cat, what breed is it?

Housecat (mixed-breed)

Persian

Burmese

- Norwegian forest cat  
Other
56. The cat is:  
Male  
Female  
Neutered/spayed  
Not neutered/spayed
57. If there is a dog, what breed is it?  
German shepherd  
Golden retriever  
Labrador  
Poodle  
Other
58. The dog is:  
Male  
Female
59. Is any family member regularly in contact with horses (as rider, stable hand, owner)?  
No  
Yes, in contact less than once a week  
Yes, in contact once a week  
Yes, in contact more than once a week, specify: ..... times/week
60. Does your child come in contact with animals outside the home on a regular basis (more than three days a month)?  
No ==> Go to question 62  
Yes
61. Which animal(s)?  
Cat    how many? .....  
Dog    how many? .....  
Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)  
Bird  
Other animal, specify: .....
62. Does anyone in the child's family or anyone living in the same house come in contact with animals daily?  
No/Yes
63. Which animal(s)?  
Cat    how many? .....  
Dog    how many? .....  
Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)  
Bird  
Other animal, specify: .....

Please check to see that all the questions have been answered.  
Thank you once more!

Space for your own comments.