Translation 1 years questionnaire

Institute of Environmental Medicine (IMM)
Stockholm, Sweden
BAMSE: Barn (children) Allergi (allergy) Miljö (environment) Stockholm Epidemiological Study

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BAMSE 1

Thank you in advance for your participation in this survey!

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
  Only mother
  Only father

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

1. Has your child ever had problems involving:
   Wheezy breathing No/Yes Starting at age .......... months
   Difficulty breathing No/Yes Starting at age .......... months

2. If the child has had wheezy breathing, on how many occasions?
   before 3 months of age .......... times
   after 3 months of age .......... times

3. Has your child ever had any of the following symptoms in conjunction with 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

4. Has your child ever 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

5. If your child has experienced troublesome night cough without having a cold, on how
   many occasions has this happened?
before 3 months of age .......... times
after 3 months of age .......... times
6. How long does a cough of that sort generally last?
   1-7 days
   1-3 weeks
   more than 3 weeks
7. Has your child ever had trouble with wheezy breathing or cough 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
8. Has a doctor diagnosed your child as having asthma?
   No
   Yes, at age .......... months
9. Has your child ever been given acute treatment for asthma or breathing problems characterised by wheeziness, heavy or difficult breathing?
   No
   Yes, the first time at age .......... months
10. Has your child ever been prescribed any of the medicines listed below for treatment of asthma or breathing problems characterised by wheeziness, heavy or difficult breathing?
    No, has never been prescribed any medicine
    Yes
    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
    Pulmicort (budesonide) or Becotide (beclomethasone) for inhalation
    Cortisone tablets (e.g. Betapred (betamethasone) to be dissolved in water)
11. Has your child had trouble breathing in combination with a cough resembling a seal’s bark?
    No
    Yes, on ............... occasions
12. Has a doctor ever diagnosed your child as having croup or pseudocroup?
    No
    Yes, at age .......... months
13. Has a doctor ever diagnosed your child as having pneumonia?
    No
    Yes, on ............... occasions
14. Has a doctor ever diagnosed your child as having bronchitis?
    No
    Yes, on ............... occasions
15. Has your child ever had an RSV (respiratory syncytial virus) infection?
    No
    Yes, at age .......... months
16. Has your child ever had whooping cough?
    No/Don’t know ==>
    Go to question 20
    Yes
17. How long was the child coughing?
    less than 3 weeks
    3 weeks or more
18. Was a nasal swab culture taken that showed the child had whooping cough?
   No/Yes

19. Did a nasal swab culture from any other family member show presence of whooping
cough?
   No/Yes

20. Has your child been vaccinated against whooping cough (pertussis)?
   No/Yes/Don’t know

21. Did your child require help breathing as a newborn?
   No
   Yes, a ventilator for .................... days
   Yes, CPAP for ......................... days

22. Has your child been given antibiotics (e.g. penicillin)?
   No
   Yes, .................... courses

23. Does your child have dry skin?
   No/Yes

24. Has your child ever had an itchy rash that has caused the child to scratch him/herself for
at least two weeks?
   No ==> Go to question 28
   Yes

25. How old was your child when these rashes appeared?
   The first time: ................... months
   Most recently: .................... months

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? (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
   Front of body inside nappy
   Buttocks

28. Has a doctor ever diagnosed your child as having eczema?
   No
   Yes, at age ..................... months

29. Has your child 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

30. Has a doctor ever diagnosed your child as having a nettle rash (urticaria)?
   No/Yes

31. Has your child ever 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
32. Has your child ever had trouble with runny or stuffy nose that lasted for more than three weeks?
   No ==> Go to question 34
   Yes
33. How long did these symptoms persist?
   4-8 weeks
   2-6 months
   more than 6 months
34. Has a doctor ever diagnosed your child as having hay fever or allergic rhinitis?
   No
   Yes, at the age of ...................... months
35. Has your child 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
36. Has your child had earaches that were treated with antibiotics (e.g. penicillin)?
   No
   Yes. How many times? ..................
37. Has your child had earaches, or ear infections with fluid behind the eardrum that were not treated with antibiotics?
   No/Don’t know
   Yes. How many times? ..................
38. How long was your child fed exclusively on breast milk (unsupplemented with formula or gruel)?
   ........... months and ............ weeks
39. How long was your child breastfed?
   ........... months and ............ weeks
40. How old was your child when he/she started getting food containing cow’s milk every day (ordinary dairy products, formula, gruel or porridge containing milk)?
   ........... months and ............ weeks
41. Did your child, in the first year of life, receive infant formula that did not contain milk (e.g. products based on soy protein (Soya Semp, Pro-Sobee), hydrolysed whey protein (Profylac), hydrolysed casein (Pregestimil, Nutramigen))?
   No/Yes
42. Did your child ever have adverse reactions to food or drink, such as vomiting, diarrhoea, eczema, nettle rash, itch or swelling of lips or eyelids, runny nose or asthma?
   No ==> Go to question 45
   Yes
43. Please specify which reaction(s) your child had to food or drink:
   Vomiting and/or diarrhoea
   Eczema
   Nettle rash
   Swollen lips and/or eyelids
   Itchy eyelids and/or runny nose
   Asthma
   Other, specify: ............................................
44. Which of these foods cause adverse reactions in your child (as described in question 43) and how long after consuming them did your child react?
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)
- Other, specify: ........................................................

Response alternatives
- Has not yet eaten/No adverse reaction/Adverse reaction after ........... min

45. Has a doctor diagnosed your child as having food allergy?
   - No/Yes, at age ........... months

46. How old was the child the first time he/she was given
   - Egg
   - Fish
   - Wheat, oat, rye, barley (found in rusks, porridge, gruel)
   - Response alternatives
   - Has not yet been given/Age ............ months

47. How often does the child eat fish?
   - More than once a week
   - Once a week
   - 2-3 times a month
   - Once a month or less
   - Never eats fish

48. Does or did your child receive AD-vitamin drops?
   - No
   - Yes, in water solution
   - Yes, in oil solution

49. Has your child had repeated spells of diarrhoea or had it over extended periods?
   - No/Yes

50. Has you child had repeated attacks of colic after the age of 6 months?
   - No/Yes

51. Does the child have any serious disease?
   - No/Yes, specify: .........................

52. Does the mother currently smoke?
   - No ==> Go to question 54
   - Yes, every day
   - Yes, but not every day

53. How many cigarettes, pipes, cigars or cigarillos does the mother smoke per day? ...........

54. Does the father currently smoke?
   - No ==> Go to question 56
   - Yes, every day
   - Yes, but not every day

55. How many cigarettes, pipes, cigars or cigarillos does the father smoke per day? ...........

56. Are there any pets in the child’s home or homes?
   - No ==> Go to question 58
   - Yes

57. Which animal(s)?
   - Cat
Dog
Rodent (guinea pig, rabbit, hamster, rat, mouse, etc.)
Bird
Other animal, specify: ..........................

58. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the bedrooms in the winter (Nov-Mar)?
  No, never
  Yes, but only under certain weather conditions
  Yes, frequently

59. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the living room in the winter (Nov-Mar)?
  No, never
  Yes, but only under certain weather conditions
  Yes, frequently

60. Where is the condensation?
  Between the windowpanes
  On the inside of the inner windowpane

61. One upper respiratory disease in children is characterised by susceptibility to infection and that infections spread “down the windpipe” leading to whistling or wheezing sounds in the chest, often along with laboured breathing. The symptoms are often worst at night and can vary in both severity and duration (hours to days). These symptoms can be recurrent.
  Has your child ever had symptoms like those described above?
  No/Yes, ............... times

62. Another upper respiratory disease in children can also be characterised by susceptible airways. This disease causes hoarseness, harsh, barking cough and occasionally breathing difficulties, especially when the child is inhaling (giving a hoarse sound “stridor”).
  Has your child ever had symptoms like those described above?
  No/Yes, ............... times

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

Space for your own comments.