6 Year QUESTIONNAIRE HOME VISIT

Mother's forename only: _____

Child's forename only: _____

[Nurse to refer to six-year visit record card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone numbers, email addresses etc, for tracing purposes if family move]

Child's date of birth | d d | m m | y y |

Sex M=Male F=Female | |

Date of interview | d d | m m | y y |

Interviewer | |

Discuss the visit with the mother and child and obtain completed consent and assent forms

To be completed by the nurse if the mother was not the person interviewed:

Why was the mother not available? |

1. *Has left the family home*
2. *Still lives in family home, but was unavailable for interview*
3. *Has died*
4. *Is ill or in hospital*
8. *Other, specify* _____
9. *Don't know*

Who was interviewed? |

1. *Study child's father*
2. *Mother's partner (if not father)*
3. *Study child's grandparent*
4. *Other family member*
5. *Mother "figure" (eg father's partner/step-mother)*
6. *Family friend*
8. *Other, specify* _____

Food frequency
Now I am going to ask you about the foods your child has eaten, and the drinks they have had in the **past 3 months**. I will ask you how often your child has had certain foods and drinks. Please include meals and snacks eaten away from home if possible, including school meals. *(Define the 3 month period)*

1.1

	food	never	less than once per month	1-3 times per month	number of times per week							more than once per day	no. of times per day
					1	2	3	4	5	6	7		
BREAD, CRACKERS AND CEREALS													
1	**white bread**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
2	**brown & wholemeal bread**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
3	**savoury biscuits**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
4	**breakfast cereals and porridge**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
POTATOES, RICE & PASTA													
5	**boiled & baked potatoes**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
6	**chips, waffles and potato shapes**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
7	**roast potatoes**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
8	**tinned pasta and instant noodles**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
9	**pasta and noodles – fresh and dried**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
10	**rice** – white & brown	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
MEAT													
11	**chicken & turkey** in breadcrumbs/batter	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
12	**chicken and turkey** roast meats	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
13	**chicken and turkey** casseroles & curries	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
14	**beef, pork & lamb -** roast meats	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
15	**beef, pork & lamb** casseroles & curries	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
16	**beefburgers**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
17	**bacon & gammon**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
18	**sausages**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
19	**liver, kidney & faggots**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day
					1	2	3	4	5	6	7		
20	**meat pies and sausage rolls**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
21	**ham & processed cold meats**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
FISH													
22	**fish in batter or breadcrumbs**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
23	**other white fish**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
24	**tuna fish**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
25	**oily fish**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
OTHER MEAL ITEMS													
26	**quiche & savoury flans**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
27	**pizza**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
28	**processed meat replacements**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
29	**quorn and soya casseroles & mince**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
30	**eggs**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
31	**cottage cheese**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
32	**cheese**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
33	**soup**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
34	**savoury white sauce**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
35	**tomato pasta sauce**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
VEGETABLES													
36	**tinned vegetables**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
37	**carrots**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
38	**peas & green beans**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
39	**Sweetcorn, mush-rooms & mixed veg**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
40	**broccoli,cauliflower courgettes, marrow**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
41	**green leafy vegetables**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day
					1	2	3	4	5	6	7		
42	**parsnips, turnip and swede**	0	0.3	0.5	1	2	3	4	5	6	7	8	
43	**tomatoes**	0	0.3	0.5	1	2	3	4	5	6	7	8	
44	**salad**	0	0.3	0.5	1	2	3	4	5	6	7	8	
45	**baked beans**	0	0.3	0.5	1	2	3	4	5	6	7	8	
46	**other beans and pulses**	0	0.3	0.5	1	2	3	4	5	6	7	8	
FRUIT													
47	**tinned fruit**	0	0.3	0.5	1	2	3	4	5	6	7	8	
48	**apples & pears**	0	0.3	0.5	1	2	3	4	5	6	7	8	
49	**bananas**	0	0.3	0.5	1	2	3	4	5	6	7	8	
50	**oranges, satsumas and grapefruit**	0	0.3	0.5	1	2	3	4	5	6	7	8	
51	**peaches, nectarines and melon**	0	0.3	0.5	1	2	3	4	5	6	7	8	
52	**berry fruit and tropical fruit**	0	0.3	0.5	1	2	3	4	5	6	7	8	
53	**plums, cherries & grapes**	0	0.3	0.5	1	2	3	4	5	6	7	8	
54	**dried fruit**	0	0.3	0.5	1	2	3	4	5	6	7	8	
55	**cooked/stewed fruit**	0	0.3	0.5	1	2	3	4	5	6	7	8	
56	**nuts**	0	0.3	0.5	1	2	3	4	5	6	7	8	
DESSERTS													
57	**yoghurt & fromage frais**	0	0.3	0.5	1	2	3	4	5	6	7	8	
58	**other ready made desserts in pots**	0	0.3	0.5	1	2	3	4	5	6	7	8	
59	**ice-cream**	0	0.3	0.5	1	2	3	4	5	6	7	8	
60	**ice lollies**	0	0.3	0.5	1	2	3	4	5	6	7	8	
61	**custard, sweet white sauce & instant whip**	0	0.3	0.5	1	2	3	4	5	6	7	8	
62	**other puddings**	0	0.3	0.5	1	2	3	4	5	6	7	8	

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day
					1	2	3	4	5	6	7		
CAKES & BISCUITS													
63	**cakes, buns & pastries**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
64	**cereal bars with added vitamins**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
65	**chocolate & digestive biscuits**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
66	**other biscuits**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
SWEETS AND SNACKS													
67	**chocolate**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
68	**sweets**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
69	**fruit bars and flakes**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
70	**crisps & savoury snacks**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
SPREADS AND PICKLES													
71	**marmite & bovril**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
72	**peanut butter**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
73	**jam & sweet spreads**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
74	**butter and margarine**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
	What are the main types of spread? …… ☐☐☐☐ …… ☐☐☐☐ …… ☐☐☐☐												
75	**Sauces, pickles & salad dressings**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
DRINKS													
76	**pure fruit juice**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
77	**fruit drinks**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day
					1	2	3	4	5	6	7		
78	**squash**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
79	**low calorie squash**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
80	**fizzy drinks**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
81	**low calorie fizzy drinks**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
82	**tea & coffee**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
83	**milky drinks**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
84	**water**	0	0.3	0.5	1	2	3	4	5	6	7	8	☐

Now I would like to ask in more detail about some specific foods

1.2 * Which types of milk has your child used regularly in drinks and added to breakfast cereals over the past 3 months? *(list up to 3 below)*

0 None
1 Whole pasteurised
2 Semi-skimmed pasteurised
3 Skimmed pasteurised
4 Whole UHT
5 Semi-skimmed UHT
6 Skimmed UHT
7 Whole organic
8 Semi-skimmed organic
9 Skimmed organic
10 whole omega 3
11 Semi-skimmed omega 3
12 Other

Milk 1 ☐ If "Other", *specify* _____

Milk 2 ☐ If "Other", *specify* _____

Milk 3 ☐ If "Other", *specify* _____

1.3 * On average over the last 3 months how much of each milk has he/she consumed per day?
(1 average cup = 0.35 pints; 1 pint = 20oz; 1 cup milkshake per wk – liquid = 0.05, powder = 0.01)

Milk 1 ☐ . ☐☐ pints

Milk 2 ☐ . ☐☐ pints

Milk 3 ☐ . ☐☐ pints

1.4 Does your child have sugar added to his/her breakfast cereals, tea & coffee, etc ? ☐

0. No go *to 1.6*
1. Yes

1.5 Approximately how many teaspoons of sugar are added to his/her food and drinks each day? ☐☐

1.6 How often does your child eat organic foods (not including milk or fat spreads)?
(Use food frequency categories, 0, 0.3, 0.5, 1 - 8)

Freq 0 – 8 ☐ . ☐

Freq >1/d ☐☐

1.7 Just thinking about the past week, how many servings did your child have of vegetables and vegetable-containing dishes? *(Including pulses, baked beans and salad but not potatoes)* ☐☐

1.8 Just thinking about the past week, how many servings did your child have of fruit?
(Including fresh, cooked and tinned but not dried fruit) ☐☐

1.9 In an average week over the past 3 months, how many **meals per week** did your child have away from home (do not include packed lunches provided by you, or snacks, such as biscuits or crisps, etc)?

0. None *go to 1.11* No. of times ☐☐

1.10 * How many of these **meals** away from home were you able to include in the previous questions?

0. None
1. Some
2. Most
3. All

☐

1.11 During the past 3 months have you given him/her any vitamins or minerals, including iron and fluoride drops?

0. No *go to section 2*
1. Yes

☐

1.12 Please state which:

Supplement Name	Code	How many days in the last 90?	If not a tablet or capsule, what is the dose?	No. of tablets or stated doses per day
	☐☐☐☐			
	☐☐☐☐			
	☐☐☐☐			
	☐☐☐☐			
	☐☐☐☐			
	☐☐☐☐			

2. NEONATAL HISTORY

Now I'm going to ask you some questions about what happened to your child around the time of birth.

2.1 Was your child admitted to a Special Care Baby Unit?

0. No *go to section 3*
1. Yes

☐

2.3 Was he/she admitted for breathing problems?

0. No
1. Yes
9. Don't know

☐

2.3 How long was your child in the Special Care Baby Unit? ☐ mths ☐ wks ☐ days

2.4 Did he/she need any help with his/her breathing (ventilator / life-support machine / CPAP)?

0. No *go to section 3*
1. Yes

☐

2.5 Did he/she require invasive ventilation (tube into lungs) or non-invasive (e.g.CPAP)?

0. Non- invasive (e.g. CPAP)
1. Invasive (e.g. tube into lungs)
2. Both

☐

2.6 For how long was he/she ventilated? ☐ mths ☐ wks ☐ days

(Note if ventilated both non-invasively and invasively, give combined time here)

3 FAMILY HISTORY

3.1 *Have you or any other members of the child's family (mother, father, siblings or half-siblings) ever been diagnosed **by a doctor** with any of the disorders on the list?

0. No *go to section 4*
1. Yes

Complete each box with a 0 for No or a 1 for Yes)

	Mother	Father	Sibling	Half - sibling
3.2 Asthma				
3.3 Wheezing				
3.4 Eczema				
3.5 Hayfever				
3.6 Food allergy				
3.7 Drug allergy				
3.8 Bee or wasp sting allergy				
3.9 Cystic Fibrosis				

Prompts
Asthma*: wheeze or whistling in the chest with exercise or other triggers that is rapidly relieved with a reliever inhaler. Only if doctor diagnosed.*
Wheeze*: whistling in the chest when breathing out.*
Eczema: *A skin condition resulting in dry, itchy, red skin. If it is infected the skin may become wet. (Doctor diagnosed only).*
Hayfever: runny*, itchy eyes or/and nose in the spring or summer, not caused by a cold.*

Note: Only record 'Yes' if the person has definitely had the problem. If the person has, for example, never been stung by a bee or a wasp then the answer is 'No'.

4 ASTHMA

I would now like to ask a few questions about illnesses your child has had

4.1. Has your child **ever** had **asthma**?
0. No *go to section 5*
1. Yes

4.2 Was the asthma diagnosed by a doctor?
0. No *go to section 5*
1. Yes

4.3 How old was he/she when he/she was first diagnosed? ☐ yrs ☐☐ mths ☐☐ wks

4.4 Has he/she ever been admitted to hospital for asthma?
0. No
1. Yes

4.5 Has he/she received inhalers or other medication for asthma prescribed by a doctor **in the past 12 months**?
0. No *go to section 5*
1. Yes

5 OTHER RESPIRATORY ILLNESSES AND SYMPTOMS

5.1. Has he/she **ever** been diagnosed as having **bronchiolitis** by a doctor?
0. No *go to 5.4*
1. Yes

5.2 How old was he/she when he/she was first diagnosed? ☐ yrs ☐☐ mths ☐☐ wks

5.3 Has he/she ever been admitted to hospital for this?
0. No
1. Yes

5.4 Has he/she **ever** been diagnosed as having **pneumonia or a chest infection** by a doctor?
0. No *go to 5.8*
1. Yes

5.5 Has he/she ever been admitted to hospital for this?
0. No
1. Yes

5.6 Has he/she been diagnosed as having **pneumonia or a chest infection** by a doctor **in the past 12 months**?
0. No *go to 5.8*
1. Yes

5.7 Has he/she been admitted to hospital for **pneumonia or a chest infection in the past 12 months**?
0. No
1. Yes

5.8 Has he/she **ever** had a **persistent cough** every day for more than 3 weeks?
0. No *go to 5.12*
1. Yes

5.9 Has he/she **ever** been admitted to hospital for this?
0. No
1. Yes

5.10 Has he/she had a **persistent cough** every day for more than 3 weeks **in the past 12 months**?
0. No *go to 5.12*
1. Yes

5.11 Has he/she been admitted to hospital for a persistent cough **in the past 12 months**?
0. No
1. Yes

5.12 Does your child have any other respiratory problems (eg cystic fibrosis)?
0. No
1. Yes *if yes specify*_____

5.13 Has your child regularly snored at night (3 nights a week or more) for at least 6 months over the past year?
0. No
1. Yes

5.14 *****Has your child had his/her adenoids or tonsils removed?
0. No
1. Adenoids only
2. Tonsils only
3. Adenoids and tonsils

6 FURTHER QUESTIONS ABOUT ASTHMA AND WHEEZE

(based on core ISAAC questions and proposed standardised BPRS questionnaire)

6.1 Has your child **ever** had wheezing or whistling in the chest at any time in the past? ☐

0. No *go to 6.13*
1. Yes

6.2 Were these wheezy or whistling episodes associated with colds? ☐

0. No *go to 6.4*
1. Yes

6.3 Has he/she **ever** wheezed or whistled in the chest between colds? ☐

0. No
1. Yes

6.4 Has your child had wheezing or whistling in the chest **in the last 12 months**? ☐

0. No *go to 6.12*
1. Yes

6.5 ***How many attacks of wheezing has your child had **in the last 12 months**? ☐

0. None
1. 1-3
2. 4-12
3. more than 12

6.6 ***In the last 12 months**, how often, on average, has your child's sleep been disturbed due to wheezing? ☐

0. Never woken with wheeze
1. Woken less than one night per week
2. One or more nights per week

6.7 ***In the last 12 months**, has your child's chest sounded wheezy during or after exercise? ☐

0. No
1. Yes

6.8 **In the last 12 months** has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths? ☐

0. No
1. Yes

6.9 *Does your child wheeze? *(please put 0 for No or 1 for Yes in each box)*

In winter	
In spring	
In summer	
In autumn	

6.10 *What else makes him/her wheeze? *(please put 0 for No or 1 for Yes in each box)*

Change of weather	
Emotion (eg. excited / upset)	
Smoky rooms	
Exercise	
Pollen Season	
During vacuum cleaning or bed making	
Perfume	
Certain foods (*specify):*	
Moulds	
Hairy / furry animals *(specify):*	
Other *(specify):*	

6.11 ***In the last 12 months** how many of the following has your child had? *(please complete with 0s if none have occurred)*

Hospital admissions with asthma/wheeze	
Visits to Casualty Dept with asthma/wheeze	
Visits to GP or 'out of hours' doctor with asthma/ wheeze	
Days off school due to asthma/wheeze	
Nights woken with asthma / wheeze (with or without colds) – approximate number	

Go to 6.13

6.12 At what age did your child last wheeze? ☐ years

6.13 **In the last 12 months,** has your child had a cough at night, apart from a cough associated with a cold or chest infection?

0. No
1. Yes

☐

6.14 Has your child **ever** been prescribed an asthma reliever inhaler**?**

0. No *go to section 7*
1. Yes

☐

6.15 Did it help his/her breathing (wheezing or coughing) to improve?

0. No
1. Yes

☐

7 ECZEMA

7.1 Has he/she **ever** had an itchy skin condition - by itchy we mean scratching or rubbing the skin a lot ?
(exclude chicken pox, if asked to clarify "itchy skin condition" then ask "Has he/she had any episodes lasting more than 2 weeks when he/she scratched or rubbed his/her skin a lot")

0. No *go to 7.3*
1. Yes ☐

(Note if the woman says 'No' to this, you will not need to ask questions 7.6-7.8 when you come to them)

7.2 How old was he/she when the rash **first** appeared ? ☐ yrs ☐☐ mths ☐ wks

7.3 *Has he/she **ever** had a **scaly**, **or red and weeping** skin rash affecting any of the following areas:

A) the scalp or behind the ears (including "cradle cap")
0. No
1. Yes ☐

B) around the neck
0. No
1. Yes ☐

C) the cheeks or forehead
0. No
1. Yes ☐

D) either the folds of the elbows or behind the knees
0. No
1. Yes ☐

E) the forearms, wrists, shins or ankles
0. No
1. Yes ☐

F) the shoulders, chest, tummy or back
0. No
1. Yes ☐

G) in the armpits
0. No
1. Yes ☐

H) the nappy area (including nappy rash)
0. No
1. Yes ☐

7.4 Has he/she **ever** suffered from a generally dry skin ?
0. No *go to 7.6 (but see note above question 7.6)*
1. Yes
8. To a minor degree ☐

7.5 In **the past twelve months**, has he/she suffered from a generally dry skin ?
0. No
1. Yes
8. To a minor degree ☐

(If the answer to question 7.1 was 'No' – ie the child has never had an itchy skin condition – then go to section 8)

7.6 In **the past twelve months,** has he/she suffered from an itchy skin condition?
(exclude chicken pox)

0. No *go to section 8*
1. Yes ☐

7.7 ***In the last 12 months** how often, on average has your child been kept awake at night by this itchy rash?

0. Never in the last 12 months
1. Less than one night per week
2. One or more nights per week ☐

7.8 Has this skin condition affected **the cheeks**, **the outer arms or legs**, or the **skin creases** in **the past twelve months** - by skin creases we mean the folds of the elbows, behind the knees, the fronts of the ankles, or around the eyes ?

0. No
1. Yes ☐

8 RHINITIS/HAYFEVER (Core ISAAC questions)

I'm now going to ask some questions about problems which occur when your child does **not** have a cold or 'flu.

8.1 Has your child ever had a problem with sneezing, or a runny, or blocked nose when he/she did not have a cold or the 'flu?

0. No *go to 8.8*
1. Yes ☐

8.2 **In the past 12 months**, has your child had a problem with sneezing, or a runny, or blocked nose when he/she did not have a cold or the 'flu?

0. No *go to 8.8*
1. Yes ☐

8.3 **In the past 12 months** was this nose problem accompanied by itchy-watery eyes?

0. No
1. Yes ☐

8.4 *In which of the past 12 months did this nose problem occur?
(*For each month record 0 for No or 1 for Yes)*

January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

8.5 In the past 12 months, how much did this nose problem interfere with your child's daily activities?

0. Not at all
1. A little
2. A moderate amount
3. A lot ☐

8.6 Is there any particular time of day that sneezing and nasal symptoms occur?

0. No *go to 8.8*
1. Yes ☐

8.7 At which times do they occur? (*more than one box can have the answer yes, code 0 for No and 1 for Yes)*

Mornings	
Afternoons	
Evenings	
Night	

8.8 Has your child **ever** had hayfever? (*Prompt: **Hayfever: runny**, itchy eyes or/and nose in the spring or summer, not caused by a cold).*

0. No
1. Yes ☐

9 FOOD ALLERGY

9.1 Has your child **ever** had a reaction to particular foods?

0. No *go to section 10*
1. Yes ☐

9.2 What sort of problems has he/she had? (*Code 0 for No and 1 for Yes for each problem)*

Food that always makes him/her vomit	
Swelling of the face, lips or throat when eating certain food(s)	
Tingling of the mouth	
Rashes with a certain food	
Wheeze with a certain food	
Breathing difficulties caused by foods	
Collapse/faint with certain food	
Other symptoms (*specify)*	

9.3 Which foods have caused these problems? *(0 for No, 1 for Yes for each food)*

01	Cows milk	07	Kiwi fruit
02	Egg	08	Fish
03	Peanuts	09	Shellfish
04	Tree nuts	10	Other *(specify)*
05	Wheat	11	Other *(specify)*
06	Seeds	12	Other (*specify)*

The following questions ask about the reaction to up to three foods. If the child reacts to more than three foods ask which three give the most severe problems and answer the questions in relation to those three.

9.4 Food 1 (*Give code as in table above)* ☐☐

9.5 ***Does the reaction always happen when he/she eats <**food 1 – *name the food***>?

1. Yes, it always happens
2. No, he/she is sometimes OK
3. He/She used to have problems but has now outgrown them ☐

9.6 How long after he/she is first in contact with <**food 1 – *name the food***> does he/she start to get symptoms?

Immediately? ☐ 0. No *give hours and/or minutes below*
1. Yes

Hours ☐☐ Minutes ☐☐

9.7 Food 2 (*Give code as in table above)* ☐☐

9.8 *Does the reaction always happen when he/she eats <**food 2 – *name the food***>?

1. Yes, it always happens
2. No, he/she is sometimes OK
3. He/She used to have problems but has now outgrown them

☐

9.9 How long after he/she is/was first in contact with <**food 2 – *name the food***> does/did he/she start to get symptoms?

Immediately ☐ 0. No *give hours and/or minutes below*
1. Yes

Hours ☐☐ Minutes ☐☐

9.10 Food 3 (*Give code as in table above)* ☐☐

9.11 * Does the reaction always happen when he/she eats <**food 3 – *name the food***>?

1. Yes, it always happens
2. No, he/she is sometimes OK
3. He/She used to have problems but has now outgrown them

☐

9.12 How long after he/she is/was first in contact with <**food 3 – *name the food***> does/did he/she start to get symptoms?

Immediately ☐ 0. No *give hours and/or minutes below*
1. Yes

Hours ☐☐ Minutes ☐☐

10 MEDICATION

Now I would like to ask about medicines and other treatments your child has taken

Oral steroids

10.1 Has he/she **<u>ever</u>** taken Oral steroids for any condition? (eg Prednisolone)

0. No *go to 10.5*
1. Yes

☐

10.2 How many courses has he/she ever taken? ☐☐

10.3 How many courses has he/she taken in the last 12 months? ☐☐

10.4 How long ago did the last course finish? ☐ years ☐☐ months ☐ weeks

(Complete all 4 boxes above with 8s if the course is still on-going)

Antihistamines

10.5 Has he/she taken antihistamines in the last 12 months?
(e.g. Ketotifen, Loratidine, Piriton, Zirtek etc.)
0. No *go to 10.7*
1. Yes

10.6 How often does he/she use these ?
1. All the time?
2. During hayfever season only?
3. Only occasionally?

Current/recent asthma or medication

10.7 In the past three months has he/she used any inhalers or antihistamines, or taken any medicines for asthma, or any chest symptoms
0. No *go to 10.9*
1. Yes

10.8 *Please ask the mother/carer for all those medicines that the child has taken and ask to see them if possible. Then fill in the table below, using the FFQ codes for how often they have been taken*

Name of medicine	Medicine Code	Number of puffs/spoons/ tablets/etc taken for each dose	How often does he/she take this dose? FFQ code 1-8	Number of times per day, if more than once a day

10.9 Has your child taken any other medications in the past three months? Please include **both** prescribed medicines and those bought over the counter. (*Note: do not include vitamins or food supplements, but do include cough remedies, paracetamol etc).*

0 No *go to section 11*
1 Yes ☐

10.10 What medicines has he/she taken? *(please specify)*

Medicine 1_____

Medicine 2_____

Medicine 3_____

Medicine 4_____

Medicine 5_____

Medicine 6_____

Medicine 7_____

Medicine 8_____

11 SMOKING

11.1 Are you/*child's main carer* currently smoking? ☐

0. No *go to 11.5*
1. Yes

11.2 If yes, and offered, is it: ☐

1. Only in a separate room?
2. Only outside the house?

11.3 How many per day? ☐☐

11.4 What is your current brand? _____

11.5 Does anyone else smoke in the home, or is he/she ever looked after more than once a week by anyone who smokes? ☐

0. No *go to 11.8*
1. Yes

11.6 If yes, and offered, is it: ☐

1. Only in a separate room
2. Only outside the house

11.7 How many smokers live in the same house as the child? ☐

11.8 Is your child regularly exposed to non-household smoking? ☐

0. No
1. Yes

11.9 Has he/she been exposed to smoke in the last 24 hours? ☐

0. No *go to section 12*
1. Yes

11.10 *Where? *(please enter 0 for no and 1 for yes)*

Family home	
Car	
Relative/friends' house	
Public place	
Other (*specify)* ----------	

12 ANIMAL EXPOSURE DURING PREGNANCY

Now I'm going to ask you about pets and animals at home when you were pregnant with this child.

12.1 Did you have any pets at home at that time? ☐

0. No *go to section 13*
1. Yes

12.2 How many of each of the pets on the list did you have at the time?

Cats	
Dogs	
Birds	
Other *(specify)* ----------	

12.3 Please tell me where these pets were allowed:

	Your bedroom	Living room	Kitchen	Garden
Cats				
Dogs				
Birds				
Other				

Please score through lines for pets that the woman did not have. For pets she has, put 0 for No and 1 for Yes. If she had more than one 'other' pet, please put 1 if any of these pets is allowed in the area.

13 PETS AND ANIMALS NOW

Now I'd like to move on to ask about pets and animals in your house now

13.1 Do you have any pets at home now?
0. No *go to 13.4*
1. Yes

13.2 ***How many of each of the pets on the list do you have?

Cats	
Dogs	
Birds	
Other *(specify)* ----------	

13.3 *Please tell me where these pets are allowed:

	Child's bedroom	Living room	Kitchen	Garden
Cats				
Dogs				
Birds				
Other				

Please score through the lines for pets that they do not have. For pets they do have, put 0 for No and 1 for Yes. If they have more than one 'other' pet, please put 1 if any of these pets is allowed in the area.

13.4 Does your child have regular (ie. more than once a week) contact with pets in other people's homes?
0 No *go to section 14*
1 Yes

13.5 What pets is he/she in contact with? (*please enter 0 for No and 1 for Yes for each type of pet)*

Dogs	
Cats	
Birds	
Other *(specify)* ----------	

14 RESPIRATORY SYMPTOMS ON DAY OF SPIROMETRY

14.1 Has your child had a cold in the last 3 weeks?
0. No *go to 14.4*
1. Yes

14.2 Does he/she still have symptoms of the cold?
0. No
1. Yes *go to 14.4*

14.3 How many days is it since he/she last had symptoms of the cold? ☐☐

14.4 Has your child coughed in the last 7 days?
0. No *go to 14.6*
1. Yes

14.5 ***What type of cough was it?
1. A cough that produced sputum
2. A cough that sounded "wet" but didn't produce sputum
3. A cough that sounded dry

(may need to explain that we mean coughing something up from the chest)

14.6 Has your child wheezed in the last 7 days?
0. No
1. Yes

14.7 Has your child used a bronchodilator (eg. ventolin, bricanyl, salbutamol, terbutaline) in the last 12 hours? *(Nurse: please note that many mothers will have said that their children do not use such medication in their answers to section 10. Be aware of this but nonetheless please confirm prior to spirometry that there has been no bronchodilator use).*

0. No *go to section 15*
1. Yes

14.8 How long ago was it used? ☐☐ hours ☐☐ minutes

(If less than four hours ago, do not do spirometry and go to section 16)

15 SPIROMETRY

Please record the room temperature ☐☐ . ☐ ^{o}C

Perform the spirometry on the laptop using the Koko incentive software.

16 CHILD EXAMINATION - ANTHROPOMETRY

16.1 Measurement Date d d m m y y

16.2 Time (24 hr clock)

16.3 Measurer

16.4 Helpers (Parent = 90)

16.5 Which hand does the child write with?

1. Right
2. Left
3. Ambidextrous
9. Don't know

Mark up and measure the non-dominant arm and side of body. If ambidextrous or not known measure the left side

16.5 Occipito-frontal circumference

. cm

. cm Wriggling (0 No, 1 Yes)

. cm

16.6 Left mid-upper arm circumference (arm straight)

. cm

. cm Wriggling (0 No, 1 Yes)

. cm

16.7 Chest circumference

. cm

. cm Wriggling (0 No, 1 Yes)

. cm

16.8 Waist circumference (standing)

. cm

. cm Wriggling (0 No, 1 Yes)

. cm

16.9 Hip circumference (standing)

. cm Wriggling (0 No, 1 Yes)

16.10 Height (barefoot) ☐☐.☐ cm

☐☐.☐ cm Wriggling (0 No, 1 Yes) ☐

☐☐.☐ cm

16.11 Sitting height (pants only) ☐☐.☐ cm

☐☐.☐ cm Wriggling (0 No, 1 Yes) ☐

☐☐.☐ cm

16.12 Stadiometer used ☐

16.13 Child's weight (preferably in underwear only) ☐☐.☐ kg

16.14 Approx weight of any clothes (except underwear) ☐.☐ kg

16.15 Scales used ☐☐☐☐

Skinfold thicknesses

16.16 Triceps skinfold ☐☐.☐ mm ☐☐.☐ mm

☐☐.☐ mm ☐☐.☐ mm

☐☐.☐ mm Wriggling (0 No 1 Yes) ☐

16.17 Subscapular skinfold ☐☐.☐ mm ☐☐.☐ mm

☐☐.☐ mm ☐☐.☐ mm

☐☐.☐ mm Wriggling (0 No 1 Yes) ☐

16.18 Skinfold calipers used ☐☐☐☐

17 SKIN PRICK TESTING *(performed on the child's arm)*

(If the child has a food allergy or moderate/ severe asthma, do not perform the skin prick testing at home)

17.1 Has your child had any antihistamine syrup in the last 7 days? ☐

0. No
1. Yes

17.2

Skin Prick Test (av diameter)	mm
Cat	
Dog	
Egg	
Negative control	
Grass pollen mix	
House dust mite	
Milk	
Tree pollen mix	
Positive control	

(If there is no reaction please enter 0)

17.3 Skin prick tester ☐☐

18 ACTIHEART ACTIVITY AND HEART RATE MONITOR

Discuss the Actiheart with the mother and child and place appropriately if they are willing. Also give the mother the activity questionnaire and ask her to complete this and return it with the Actihearts in the envelope you give to her.

19 MOUTH SWAB

If the mother/carer has consented to the cheek swab for genetic analysis, and the child agrees, obtain the sample now.

20 CLINIC VISIT

Discuss the clinic visit with the mother and child. Leave the information booklet for the mother and the leaflet for the child.