

# 19. Coding and Data Transfer Section

## 19.1 Introduction

The purpose of this section is to describe in detail how the Global Asthma Network data should be formatted and structured when it is sent to the GAN Global Centre. Once the data has been received and acknowledged it will be then sent to one of two data centres – London, UK (Neil Pearce [Neil.pearce@lshtm.ac.uk](mailto:Neil.pearce@lshtm.ac.uk)) for the majority of centres or Murcia, Spain (Luis García Marcos) for Spanish and Portuguese speaking centres. (contact details are on page 215).

The preferred method of data transfer is by email or file upload via the internet. If this is not possible, the data may be sent via a flash drive or CD-ROM, but must be sent as electronic files, not on paper forms. It is the responsibility of the principal investigator to arrange for the data to be entered onto a computer. The GAN Global Centre does not have the resources to carry out this task for any centre.

As noted in section 6.1.3, page 28, at least 10% of data should be double entered to gauge the number of mistakes being made with data entry and if a large number of errors are encountered, the full dataset should be double entered. Double entry of data, as the name suggests, involves entering the data once, followed by a second entry of the data which is compared with the first version to identify any keystroke errors. Some data entry computer software will allow the user to compare the first and second versions of the data as the operator is entering the data for the second time. Any discrepancies between the first and second versions can immediately be resolved using the paper questionnaire as a reference. Otherwise, data will need to be entered into two datasets, and then compared manually.

For basic data entry, Epi-Info is a free epidemiological software package distributed by the Center for Disease Control and Prevention, and may be downloaded from <http://www.cdc.gov/epiinfo/>. Since 2000, **Epi-Info does not compare the two versions of the data automatically** however, it does include a number of useful statistical functions. If centres wish to use an Epi Info data entry package, the Epi Info package can be obtained from the GAN Global Centre or the Global Asthma Network website ([www.globalasthmanetwork.org](http://www.globalasthmanetwork.org)).

Some centres may wish to use questionnaire scanning software such as OMR (Optical Mark Recognition) for data entry. This is acceptable, but if so, procedures to deal with data entry errors must be documented and sent to the GAN Global Centre. The scanning software should also scan and keep an image of the questionnaire so that it can be checked when an error appears and manually corrected if necessary. The questionnaires may need specific preparations to be suitable for being read by a scanner. A copy of any paper questionnaire used must be provided to the GAN Global Centre. The name of the software and its manufacturer, and documentation describing the software should be sent to the GAN Global Centre, and/or a website address for the documentation. The software should have the ability to export the data set as a .CSV file. Adult and student questionnaires must be linked.

The minimum requirements for questionnaire scanning software are:

1. A questionnaire layout which facilitates the scanning procedure: e.g. a large margin separating the text from the marking boxes
2. High quality BLACK printing of questionnaires, to avoid movements of the text, even of half a millimetre.

3. A software package which detects any marking errors and allows for comparisons to the scanned questionnaire and manual error correction.

Please retain the paper questionnaires in secure storage, for the time specified by your Ethics Committee, following data entry. The questionnaires must be available during the data checking process for checking against the computer record. In some countries it may be a condition of ethical approval for the study that the paper questionnaires are stored for a specific period of time.

The answers to the questions provided by the student or parent should be entered onto the computer exactly as they responded. No corrections should be made to remove apparent inconsistencies between the responses to different questions. Corrections may be made to errors in the demographic information if the correct information is available from another source (i.e. the school). However, all corrections to demographic information should be made to a copy of the original data file(s). Please retain copies of the original and any amended versions of the data file(s) for a minimum period of 3 years as a safeguard against accidental loss of the data (or for the time specified by your Ethics Committee).

The data format described in this section applies to the data sent to the GAN Global Centre, not necessarily to the data held locally. The structure required of the data when being sent to the GAN Global Centre 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 responses for each question required to be sent to the GAN Global Centre must have a unique code in the local data set so that they can be translated to the appropriate GAN Global Centre code.

Data for questions that have been added to the core questionnaires to address local research hypotheses should not be sent to the GAN Global Centre. Only the data for questions from the questionnaires included in this manual should be sent to the GAN Global Centre.

If the data is sent to the GAN Global Centre on flash drive or CD-ROM, the disks need to be identified clearly. This identification is achieved using a label attached to the media and a file on the disk containing identifying information. This file is known as the DATA HEADER. The DATA HEADER file must also be included if the data is sent via email or internet upload. The structure and content of the DATA HEADER is described in detail below.

The data for a centre is sent as one or more DATA files 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 file. This single record at the beginning of each DATA file is called the FORM HEADER. The structure and content of the FORM HEADER is described in detail below.

As an additional check, 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 repetition involved in all this identification material but it is absolutely essential that the data received by the GAN Global Centre is unambiguous and the repetition allows checks to be made.

## 19.2 Data structure

### 19.2.1 Data files

A standard form for each age group will be used to format the data sent to the GAN Global Centre. The GAN Global Centre has defined only these forms for formatting data. If any centre would prefer to send data in another format they should contact the GAN Global Centre before formatting or sending any data ([info@globalasthmanetwork.org](mailto:info@globalasthmanetwork.org)).

The GAN Global Centre prefers that all data files are saved in plain text format using the structure described in this section. However, some centres may not be familiar with text format data files (also known as 'flat' files) and may prefer to send the data in a spreadsheet or database file format such as Microsoft Excel or Microsoft Access. If this is the case, the Principal Investigator should contact the GAN Global Centre to confirm that the GAN Global Centre can read the intended format. Other file formats that the GAN Global Centre can accept include, Lotus 1-2-3, Paradox, Dbase, Quattro Pro, Microsoft Works and Epi-Info. If one of these file formats is used to send data to the GAN Global Centre, please follow the data structure described in this section as closely as is feasible. Any alterations to the order of variables, variable names or format of variables described in this section should be clearly described in correspondence to the GAN Global Centre.

When creating the data files, use the format documented in the coding section of this manual for all variables (see section 19.5). The compulsory questions are noted in sections 7-9 (pages 30-78). Should centres wish to omit subsequent questions it is assumed they will re number their questions accordingly, however centres must still use the variable names and item numbers noted in section 19.5 when coding the data from their questionnaires.

Data for different subjects (adolescents, children or adults) must be written in different records (lines). A new file should be created for each age group. The files must contain only items of the questionnaires and preferably saved as a .CSV (Comma Separated Value) file. Each variable (numeric or character) must be delimited by a comma (for .CSV files) or semicolon (for other ASCII text files). Hence character variables should not contain semicolons or commas as text values. The decimal separator must be a point. Do not use commas as a decimal separator as this can interfere with the format of .CSV files and other export routines for conversion to ASCII text files that use commas as a variable delimiter.

An example of these file format specifications is given below:

```
1,text response,2.15,next text response, etc.
```

Note: Most data entry programmes will use the comma as default field delimiter or allow you to specify it, when you export and save your data. If you have any problems to code or convert your data, do not hesitate to contact the GAN Global Centre.

### 19.2.2 Text and empty variables

In most cases blank spaces are not allowed in the DATA file records (except in the DATA HEADER file). Leading zeros are to be used where necessary to pad fields to avoid blanks. Most variables in the questionnaire use numeric codes (e.g. 1 for 'Yes', 2 for 'No'). If there was no response, you should use the code '9' or '99' to indicate that there was no response from the respondent.

```
1,2,9,1,99,etc
```

The exception to this is some variables which contain text (eg item 80 in section 19.5.3). If a respondent has not answered 'Other' for item 79, item 80 should be left blank. Collaborators must also ensure that delimiters are used for blank variables. In this case the coding for these variables should be:

```
1,,next response,9, etc
```

No response may occur deliberately because it was a question that was not required to be answered, or the respondent chose not to answer the question, or may occur unintentionally because the respondent did not correctly supply the information.

Some programs may also enclose text variables in double or single quotes when exporting. Eg:

```
1,"text response",9,etc
```

Empty text variables, however, should not include these quotes. Eg:

```
1,,"next text response",9,etc
```

### **19.2.3 Country, centre, school and serial codes**

COUNTRY and CENTRE codes are issued by the GAN Global Centre when Centres register and are accepted into the study. Principal Investigators should contact the GAN Global Centre if they do not know their COUNTRY or CENTRE code.

SCHOOL and SERIAL codes must be unique within each centre and are to be allocated by the centre. Centres may choose to allocate SERIAL codes for subjects (children) consecutively within the centre, or they may wish to re-start the numbering for each school. Either approach is acceptable as long as no two (or more) respondents share the same combination of SCHOOL and SERIAL codes within a centre. If the Adult questionnaire is used, it is VITAL that the adult respondents can be linked with the corresponding child or adolescent respondent in some way See section 19.5.3 page 167 and "identifying boxes for office use only" on page 183. If questionnaires are scanned a barcode could be used to link student and adult records. The GAN Global Centre may wish to discuss the data for individual respondents during the data checking process. Centres are therefore advised to adopt a numbering system that allows them to easily associate a record in the computer file with a paper questionnaire.

## **19.3 Methods of data transfer**

As stated above, the preferred method of data transfer is by email or file upload via the internet. If this is not possible, media that may be used to transfer data files to the GAN Global Centre include USB flash-drive, CD-ROM or DVD sent via post. At present the GAN Global Centre does not have the capability to accept other formats. Please contact the GAN Global Centre prior to data transfer if you would prefer to use other formats.

### 19.3.1 Email

Data files may be sent as attachments to email messages. All email with data attachments should be sent to the GAN Global Centre in Auckland ([info@globalsthmanetwork.org](mailto:info@globalsthmanetwork.org)).

Each email message must contain at least two attached files: a DATA HEADER file and one or more DATA files.

The version of the data should be numbered sequentially from 01. The first copy of the data sent to the GAN Global Centre will be version 01. If, during correspondence with the GAN Global Centre, changes are made to the data and a further version of the data is sent to the GAN Global Centre, this will be version 02 and so on.

DATA HEADER file: The DATA HEADER file contains information about the person preparing the disk and the data files included on the diskette.

Name the DATA HEADER file as "Hmmmrrrnn.ext", where:

H	indicates header file
mmm	is the country code number,
rrr	is the centre code number,
nn	is the two digit data version number, and
ext	is the file type extension (e.g.txt for a flat text file).

For example, the first DATA HEADER flat text file from Auckland (CENTRE 001), New Zealand (COUNTRY 001) will be called H00100101.txt

DATA files: The first line of every DATA file should be the FORM HEADER. The FORM HEADER should be followed by the actual data, one line for each subject (participant), using the structure described in the data form (see section 19.5).

The data files should be named as "Dxxmmrrrnn", where:

D	indicates data file
xx	is any number identifying the DATA file being sent,
mmm	is the country code number,
rrr	is the centre code number,
nn	is the two digit data version number, and
ext	is the file type extension (e.g. .csv for a comma separated value file).

For example, the first DATA file from Auckland (CENTRE 001), New Zealand (COUNTRY 001) will be called D0100100101.csv

The GAN Global Centre will acknowledge receipt of the data. If no response has been received from the GAN Global Centre within two weeks after the data has been sent, please contact the GAN Global Centre by email or fax requesting confirmation that the data has been received.

### 19.3.2 USB flash-drive and CD-ROM

USB Flash-drives and CD-ROMs should ideally be written on an MS-DOS or Microsoft Windows computer. If such a computer is not available, please clearly state the name and version number of the relevant operating system in correspondence with the GAN Global Centre and on the data label. If at all possible, please avoid using computers with country or region specific operating systems.

Each flash-drive or CD-ROM must contain at least two files: a DATA HEADER file and one or more DATA files.

The DATA HEADER and DATA files should include the same information and be named in the same manner as those described in section 19.3.1.

Flash-drives or CD-ROMS should, if possible, be sent to the GAN Global Centre via registered mail. The GAN Global Centre will acknowledge receipt of data within one working day (except for holiday periods) by email or fax if a fax number has been supplied. If a centre has received no response from the GAN Global Centre two weeks after the data has been sent, please contact the GAN Global Centre ([info@globalasthmanetwork.org](mailto:info@globalasthmanetwork.org)) to request confirmation that the data has been received.

## 19.4 Labels and headers

### 19.4.1 Disk label

Every flash drive or CD-ROM sent from the Global Asthma Network centre to the GAN Global Centre must have a DISK LABEL affixed to it. The DISK LABEL should include the following information:

Country number

Centre number

Date when the disk was written (format as DDMMYYYY)

Data version number

Data type

COUNTRY:	001
CENTRE:	001
Date:	15/07/2015
Data Version:	02
Data type:	Phase 1

An example of a DISK LABEL:

This shows that:

It is from COUNTRY 001 (New Zealand)

It is from CENTRE 001 (Auckland)

It was written on 15 July 2015

It is version 02 of the data from Auckland

The data is from Phase 1 of the Global Asthma Network

### 19.4.2 Data header

The DATA HEADER file contains ten lines plus one line for every data file included on the disk. Details of each line are shown in the table below:

Line	Name	Specification and Codes	Variable length
1	FORM	Identifies that this is a DATA HEADER HDGAN	5
1	VERSION	DATA HEADER version 02	2
2	NAME	Name of person to be contacted regarding the contents of the disk.	255
3	ADDRESS	Address of person to be contacted regarding the contents of the disk.	255
4	EMAIL	Email address of the person to be contacted regarding the contents of the disk.	255
5	DWRITTEN	Date of writing the disk (ddmmyyyy)	8
6	COUNTRY	Country code number	3
7	CENTRE	Centre code number	3
8	DVERSION	Data version identification number	2
		The centre must give a sequential data version number to each different version of the data that is submitted to the GAN Global Centre. The number of the first version should be 01, the second should be 02, etc. The data version number is recorded in the DATA HEADER, and also on the DISK LABEL. This number is also part of the names of the DATA HEADER and the DATA files.	
9	TOTFILE	Total number of files being transferred.  Record here the total number of files being sent to the GAN Global Centre. This number will be 1 (for the DATA HEADER) plus the number of DATA files on the disk.	3
10	PHASE1	A code to identify the data is from a Global Asthma Network Phase 1 study	1
11-		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	<p>Data file name using the format Dxxmmrrrrnn.ext where:</p> <p>D indicates data file</p> <p>xx is a unique identifier,</p> <p>mmm is the country number,</p> <p>rrr is the centre number</p> <p>nn is the last two digits of the data version number (DVERSION), and</p> <p>ext is the file extension type</p>	15
<b>Blank</b>		2
FORMxx	<p>Type of form within the data file.</p> <p>This will always be</p> <p>01 for 13/14</p> <p>02 for 6/7</p> <p>03 for adults</p> <p>unless otherwise agreed with the GAN Global Centre.</p>	2
<b>blank</b>		2
NUMRECxx	<p>Number of data records within the data file (padded with leading zeros if necessary).</p> <p>DATAxx, FORMxx and NUMRECxx are repeated as many times as is necessary to describe all the data files on the disk.</p>	6

## An example of a DATA HEADER:

HDGAN02

Name of Principal Investigator (e.g. Philippa Ellwood)

Department of Paediatrics: Child and Youth Health, University of Auckland,  
Private Bag 92019, Auckland, New Zealand.

Email: p.ellwood@auckland.ac.nz

27/08/2015

001

001

02

004

1

D0100100102.csv 01 000435

D0200100102.csv 02 000416

D0300100102.csv 03 002516

This shows that:

- The file is a DATA HEADER (version 2)
- It was prepared by Philippa Ellwood
- It was written on 27 August 2015
- It is from COUNTRY 001 (New Zealand)
- It is from CENTRE 001 (Auckland)
- It is version 02 of the data
- There are 4 files being sent to the GAN Global Centre
- It is a Phase 1 study
- There are three data files containing data on 435 adolescent subjects, 416 child subjects and 2,516 adult subjects respectively

Note that the line containing the address information and the line containing the email information have wrapped to a second line in this example. In the actual DATA HEADER each would occupy a single line of up to 255 characters.

### 19.4.3 Form header

The FORM HEADER is the first line of information in each text format data file. If a centre sends the data as a spreadsheet, the FORM HEADER should occupy the top left cell of the spreadsheet with the remaining cells on the first row left blank. If a centre sends the data as a database file, the FORM HEADER should be omitted from the file but the information contained in the FORM HEADER, including identification of the file to which it applies, should be included in correspondence to the GAN Global Centre.

The FORM HEADER includes the following information:

<b>Name</b>	<b>Specification and Codes</b>		<b>Columns</b>
FORM	Identifies that this is a FORM HEADER	HDRFORM	1 to 7
VERSION	FORM HEADER version	02	8 to 9
HDFORM	Form identification of the following forms	01, 02, or 03	10 to 11
HDVERSN	Form version of the following forms	1	12
HDNMFRM	Number of records of type HDFORM in this file		13 to 18

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

HDFORM is the code that identifies the form used to structure the data in the file. For all data this will be 01, 02, or 03 unless the Principal Investigator and the GAN Global Centre have agreed to use a different, centre specific form.

The number of records (HDMFRM) included in the FORM HEADER should be consistent with the number of records included in the DATA HEADER for the data file.

An example of a FORM HEADER:

```
HDRFORM02011002557
```

This shows that:

This is a FORM HEADER

This is version 02 of the FORM HEADER

The DATA file uses FORM 01 version 1 to structure the data

The DATA file contains 2557 records (with leading zeros)

## 19.5 Coding of data

### 19.5.1 Coding of data for the 13/14 year age group (adolescents)

DATA COLLECTION

#### QUESTIONNAIRE DATA FOR THE ADOLESCENT GROUP

Form: 01

Version 1

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Item	Name	Specification and Codes	Question #
1	FORM	Questionnaire age group      THIS IS FORM TYPE 01 01 = All questionnaire data 13/14 age group CODE 01 HERE	
2	VERSION	Form version 1	
3	COUNTRY	Country code	
4	CENTRE	Centre code	
5	SCHOOL	School identification number	
6	SERIAL	Serial number of respondent	
7	SERIALA1	Serial number of adult caregiver 1	
8	SERIALA2	Serial number of adult caregiver 2	
9	DINT	Date of interview / receiving response Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
10	AGE	The actual age of the child / respondent (years) Use code 99 for an invalid response	
11	DBIRTH	Date of birth of the child / respondent. Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	

- 12 SEX Sex of the child / respondent  
1 = Male  
2 = Female  
9 = Any other response
- 13 WEIGHT Weight of the respondent  
\_\_\_\_\_kg/stone/pounds  
(Please circle the measurement you used)  
Note: Use code '999' for an invalid response.
- 14 WGTUNIT Measurement used for respondent weight.  
1 = Kilograms  
2 = Stone  
3 = Pounds  
4 = Pounds and ounces  
9 = Any other response  
Note: If you use kilograms or stone or pounds and decimal places are necessary, please ensure that you use only the period (.) as the decimal placeholder, and that you include a maximum of one decimal place.  
Note: If you use pounds and ounces, please separate the two components with an underscore character (e.g. 8\_3 for 8 pounds, 3 ounces).
- 15 HEIGHT Height of the respondent  
\_\_\_\_\_m/cm/feet/inches  
(Please circle the measurement you used)  
Note: Use code '999' for an invalid response.
- 16 HGTUNIT Measurement used for respondent height.  
1 = Metres  
2 = Centimetres  
3 = Feet and inches  
4 = Inches  
9 = Any other response  
Note: If you use metres or feet and inches and decimal places are necessary, please ensure that you use only the period (.) as the decimal placeholder, and that you include a maximum of two decimal places.
- 17 LANGUAGE Language of the questionnaire  
  
Use a three digit code for each language used in the centre from the list on page 186. If an appropriate language code is not available, please contact the GAN Global Centre (contact number page 214) to request a code number for your language.
- 18 WHEZEV Have you ever had wheezing or whistling in the chest at any time in the past? 1  
1 = Yes  
2 = No  
9 = Any other response

19	WHEZ12	<p>Have you had wheezing or whistling in the chest <u>in the past 12 months</u>?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	2
20	NWHEZ12	<p>How many attacks of wheezing have you had <u>in the past 12 months</u>?</p> <p>1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response</p>	3
21	AWAKE12	<p><u>In the past 12 months</u>, how often, on average, has your sleep been disturbed due to wheezing?</p> <p>1 = Never woken with wheezing 2 = Less than one night per week 3 = One or more nights per week 9 = Any other response</p>	4
22	SPEECH12	<p><u>In the past 12 months</u>, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	5
23	ASTHMAEV	<p>Have you <u>ever</u> had asthma?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	6
24	ASTHDOC	<p>Was asthma confirmed by a doctor?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	7
25	ASTHPLAN	<p>Do you have a written plan which tells you how to look after your asthma?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	8
26	MEDPUFF	<p>Have you used any inhaled medicines e.g. puffers (<i>use local terminology</i>) to help your breathing problems at any time <u>in the past 12 months</u>? (when you didn't have a cold)</p> <p>1 = Yes 2 = No 9 = Any other response</p>	9

- 27 SABAFREQ Please indicate how often you used of each of the **inhaled** medicines listed below **in the past 12 months**: 9a
- Short Acting  $\beta$ -Agonists (SABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 28 LABAFREQ Long Acting  $\beta$ -Agonists (LABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 29 ICSFREQ Inhaled Corticosteroids (ICS):  
 Frequency 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 30 COMBFREQ Combination ICS and LABA:  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 31 MEDPILL Have you used any tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) that you swallowed to help your breathing at any time **in the past 12 months**? (when you didn't have a cold) 10
- 1 = Yes  
 2 = No  
 9 = Any other response
- Please indicate how often you used of each of the tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) listed below **in the past 12 months**: 10a
- 32 MEDPIL1a Name [1]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 33 MEDPIL1b Frequency [1]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 34 MEDPIL2a Name [2]  
 Note: Please enter the chemical name and local brand name that relates to this question.

- 35 MEDPIL2b Frequency [2]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 36 MEDPIL3a Name [3]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 37 MEDPIL3b Frequency [3]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 38 MEDPIL4a Name [4]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 39 MEDPIL4b Frequency [4]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- Note: If you require more columns to accommodate more medicine names, please follow the naming convention above where MEDPILxa is the name of the medicine and MEDPILxb is the frequency of that medicine, and x is a sequential number uniquely identifying each variable. Use the existing codes to code each question:  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 40 DOCBRT12 In the past 12 months, how many times have you urgently been to a doctor because of breathing problems? 11  
 1 = None  
 2 = 1 to 3  
 3 = 4 to 12  
 4 = More than 12  
 9 = Any other response
- 41 ERBRTH12 In the past 12 months, how many times have you urgently been to an Emergency Department without being admitted to hospital because of breathing problems? 12  
 1 = None  
 2 = 1 to 3  
 3 = 4 to 12  
 4 = More than 12  
 9 = Any other response

42	HOSBRT12	<p><u>In the past 12 months</u> how many times have you been admitted to hospital because of breathing problems.</p> <p>1 = None  2 = 1  3 = 2  4 = More than 2  9 = Any other response</p>	13
43	SCHOOL12	<p><u>In the past 12 months</u>, how many days (or part days) of school have you missed because of breathing problems?</p> <p>1 = None  2 = 1 to 3  3 = 4 to 12  4 = More than 12  9 = Any other response</p>	14
44	EXWHEZ12	<p><u>In the past 12 months</u>, has your chest sounded wheezy during or after exercise?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	15
45	COUGH12	<p><u>In the past 12 months</u>, have you had a dry cough at night, apart from a cough associated with a cold or chest infection?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	16
46	PNOSEEV	<p>Have you <u>ever</u> had a problem with sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	17
47	PNOSE12	<p><u>In the past 12 months</u>, have you had a problem with sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	18
48	IITCH12	<p><u>In the past 12 months</u>, has this nose problem been accompanied by an itchy nose?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	19
49	IEYES12	<p><u>In the past 12 months</u>, has this nose problem been accompanied by itchy-watery eyes?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	20

50	IACTIV12	<u>In the past 12 months</u> , how much did this nose problem interfere with your daily activities? 1 = Not at all 2 = A little 3 = A moderate amount 4 = A lot 9 = Any other response	21
51	HFEVEREV	Have you <u>ever</u> had hay fever? 1 = Yes 2 = No 9 = Any other response	22
52	HFEVDOC	Was your hay fever confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	23
53	RASHEV	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	24
54	RASH12	Have you had this itchy rash at any time <u>in the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	25
55	SITSEV	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	26
56	RCLEAR12	Has this itchy rash cleared completely at any time <u>during the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	27
57	RAWAKE12	<u>In the past 12 months</u> , how often on average, have you been kept awake at night by this itchy rash? 1 = Never in the past 12 months 2 = Less than one night per week 3 = One or more nights per week 9 = Any other response	28
58	ECZEMAEV	Have you <u>ever</u> had eczema? 1 = Yes 2 = No 9 = Any other response	29

59	ECZEDOC	Was your eczema confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	30
60	EXERCISE	How many times a week do you engage in vigorous physical activity long enough to make you breathe hard? 1 = Never or occasionally 2 = Once or twice per week 3 = Three or more times per week 9 = Any other response	31
61	TELEVIS	During a normal week of 7 days, how many hours a day (24 hours) do you watch television? (include DVD's films, videos) 1 = Less than 1 hour 2 = 1 hour but less than 3 hours 3 = 3 hours but less than 5 hours 4 = 5 hours or more 9 = Any other response	32
62	COMPUTER	During a normal week of 7 days, how many hours a day (24 hours) do you spend on any of the following: computer (include PlayStation, smartphone, tablet); the internet (include Chat, Facebook, games, Twitter, YouTube) and more? 1 = Less than 1 hour 2 = 1 hour but less than 3 hours 3 = 3 hours but less than 5 hours 4 = 5 hours or more 9 = Any other response	33
63	TWIN	Are you a twin? 1 = Yes 2 = No 9 = Any other response	34
64	OLDSIBS	How many older brothers and/or sisters do you have? Note: Use code '99' for an invalid response.	35
65	YNGSIBS	How many younger brothers and/or sisters do you have? Note: Use code '99' for an invalid response.	36
66	CNTRYBIR	Were you born in [country of survey]? 1 = Yes 2 = No 9 = Any other response	37
67	CBIROTH	<i>If NO</i> , what country were you born in? Note: Please enter the country name specified. Leave blank if no country was specified, or an illegible or invalid response was provided.	37a

68	YRSLIVED	How many years have you lived in [country of survey]? Note: Use code '99' for an invalid response.	38
69	TRUCFREQ	How often do trucks pass through the street where you live on weekdays? 1 = Never 2 = Seldom (not often) 3 = Frequently through the day 4 = Almost the whole day 9 = Any other response	39
70	MEAT	In the past 12 months, how often, on average did you eat meat (e.g. beef, lamb, chicken, pork)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	40
71	SEAFOOD	In the past 12 months, how often, on average did you eat seafood (including fish)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
72	FRUIT	In the past 12 months, how often, on average did you eat fruit? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
73	VEGECOOK	In the past 12 months, how often, on average did you eat cooked vegetables (green and root)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
74	VEGERAW	In the past 12 months, how often, on average did you eat raw vegetables (green and root)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
75	PULSES	In the past 12 months, how often, on average did you eat pulses (peas, beans, lentils)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	

- 76 CEREALS In the past 12 months, how often, on average did you eat cereals (excluding bread)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 77 BREAD In the past 12 months, how often, on average did you eat bread?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 78 PASTA In the past 12 months, how often, on average did you eat pasta?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 79 RICE In the past 12 months, how often, on average did you eat rice?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 80 MARGARIN In the past 12 months, how often, on average did you eat margarine?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 81 BUTTER In the past 12 months, how often, on average did you eat butter?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 82 OLIVEOIL In the past 12 months, how often, on average did you eat Olive Oil?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 83 MILK In the past 12 months, how often, on average did you drink milk (including flavoured milk)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

- 84 DAIRYOTH In the past 12 months, how often, on average did you eat other dairy products (including cheese or yoghurt)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 85 EGGS In the past 12 months, how often, on average did you eat eggs?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 86 NUTS In the past 12 months, how often, on average did you eat nuts?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 87 POTATO In the past 12 months, how often, on average did you eat potatoes?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 88 SUGAR In the past 12 months, how often, on average did you eat sugar (including lollies, candies, sweets)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 89 BURGER In the past 12 months, how often, on average did you eat fast food/burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 90 FASTFOOD In the past 12 months, how often, on average did you eat fast food excluding burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 91 SOFTDRNK In the past 12 months, how often, on average did you drink fizzy or soft drinks (include local terminology)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

92	PARANOW	<p>In the past 12 months, how often, on average, have you taken paracetamol (<i>use local terminology e.g. Acetaminophen, Panadol, Pamol, Tylenol</i>) for fever?</p> <p>1 = Never  2 = At least once a year  3 = At least once per month  9 = Any other response</p>	41
93	CATNOW	<p>In the past 12 months, have you had a cat in your home?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	42
94	DOGNOW	<p>In the past 12 months, have you had a dog in your home?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	43
95	TOBACEVA	<p>In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?</p> <p>1 = Not at all  2 = Less than daily  3 = Daily  9 = Any other response</p>	44
96	TOBACNOW	<p>Do you currently smoke tobacco on a daily basis, less than daily, or not at all?</p> <p>1 = Not at all  2 = Less than daily  3 = Daily  9 = Any other response</p>	45
97	TOBACAGE	<p>If you have smoked tobacco ever, either daily or less than daily, at what age did you first smoke cigarettes, cigars, or pipe?</p> <p>Note: Use code '99' for an invalid response.  Note: Use code '99' for not applicable</p>	46
98	TOBACNUM	<p>On average over the entire time you have smoked, how many cigarettes, cigars, or pipe did you smoke each day?</p> <p>Note: Use code '99' for an invalid response.  Note: Use code '99' for not applicable</p>	47
99	TOBACNAR	<p>Do you smoke water pipe (<i>use local terminology e.g. bong, crack pipe, hookah, hubble-bubble, narghile, shisha, vapourizer, water vapour</i>) at home?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	48

Code 9 for the following 15 variables (items 98 to 112) if the child / respondent has not seen the video questionnaire.

- |     |          |   |    |
|-----|----------|---|----|
| 100 | BRTHEV   | Has your breathing been like this at any time in your life?<br>1 = Yes<br>2 = No<br>9 = Any other response  | 49 |
| 101 | BRTH12   | Has your breathing been like this in the past year?<br>1 = Yes<br>2 = No<br>9 = Any other response  |    |
| 102 | BRTH1M   | Has your breathing been like this one or more times a month?<br>1 = Yes<br>2 = No<br>9 = Any other response   |    |
| 103 | EXBRTHEV | Has your breathing been like the boy's in the dark shirt following exercise at any time in your life?<br>1 = Yes<br>2 = No<br>9 = Any other response  | 50 |
| 104 | EXBRTH12 | Has your breathing been like the boy's in the dark shirt following exercise in the past year?<br>1 = Yes<br>2 = No<br>9 = Any other response          |    |
| 105 | EXBRTH1M | Has your breathing been like the boy's in the dark shirt following exercise one or more times a month?<br>1 = Yes<br>2 = No<br>9 = Any other response |    |
| 106 | WWOKENEV | Have you been woken like this at night at any time in your life?<br>1 = Yes<br>2 = No<br>9 = Any other response                                       | 51 |
| 107 | WWOKEN12 | Have you been woken like this at night in the past year?<br>1 = Yes<br>2 = No<br>9 = Any other response   |    |
| 108 | WWOKEN1M | Have you been woken like this at night one or more times a month?<br>1 = Yes<br>2 = No<br>9 = Any other response                                      |    |

109	CWOKENEV	<p>Have you been woken like this at night at any time in your life?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	52
110	CWOKEN12	<p>Have you been woken like this at night in the past year?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	
111	CWOKEN1M	<p>Have you been woken like this at night one or more times a month?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	
112	SABRTHEV	<p>Has your breathing been like this at any time in your life?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	53
113	SABRTH12	<p>Has your breathing been like this in the past year?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	
114	SABRTH1M	<p>Has your breathing been like this one or more times a month?</p> <p>1 = Yes 2 = No 9 = Any other response</p>	

## 19.5.2 Coding of data for the 6/7 year age group (children)

### DATA COLLECTION

#### QUESTIONNAIRE DATA FOR THE CHILDRENS GROUP

Form: 02

Version 1

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Item	Name	Specification and Codes	Question #
1	FORM	Questionnaire age group THIS IS FORM TYPE 02 02 = All questionnaire data 6/7 age group CODE 02 HERE	
2	VERSION	Form version 1	
3	COUNTRY	Country code	
4	CENTRE	Centre code	
5	SCHOOL	School identification number	
6	SERIAL	Serial number of respondent	
7	SERIALA1	Serial number of adult caregiver 1	
8	SERIALA2	Serial number of adult caregiver 2	
9	DINT	Date of interview / receiving response Use ddmmyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
10	AGE	The actual age of the child / respondent (years) Use code 99 for an invalid response	
11	DBIRTH	Date of birth of the child / respondent Use ddmmyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	

- 12 SEX Sex of the child / respondent  
1 = Male  
2 = Female  
9 = Any other response
- 13 WEIGHT Weight of the child / respondent  
\_\_\_\_\_kg/stone/pounds  
(Please circle the measurement you used)  
Note: Use code '999' for an invalid response.
- 14 WGTUNIT Measurement used for child / respondent weight.  
1 = Kilograms  
2 = Stone  
3 = Pounds  
4 = Pounds and ounces  
9 = Any other response  
Note: If you use kilograms or stone or pounds and decimal places are necessary, please ensure that you use only the period (.) as the decimal placeholder, and that you include a maximum of one decimal place.  
Note: If you use pounds and ounces, please separate the two components with an underscore character (e.g. 8\_3 for 8 pounds, 3 ounces).
- 15 HEIGHT Height of the child / respondent  
\_\_\_\_\_m/cm/feet/inches  
(Please circle the measurement you used)  
Note: Use code '999' for an invalid response.
- 16 HGTUNIT Measurement used for child / respondent height.  
1 = Metres  
2 = Centimetres  
3 = Feet and inches  
4 = Inches  
9 = Any other response  
Note: If you use metres or feet and inches and decimal places are necessary, please ensure that you use only the period (.) as the decimal placeholder, and that you include a maximum of two decimal places.
- 17 LANGUAGE Language of the questionnaire  
Use a three digit code for each language used in the centre from the list on page 186. If an appropriate language code is not available, please contact the GAN Global Centre (contact number page 214) to request a code number for your language.
- 18 WHEZEV Has this child ever had wheezing or whistling in the chest at any time in the past? 1  
1 = Yes  
2 = No  
9 = Any other response

19	WHEZAGE	<p><i>IF YOU ANSWERED "YES" – How old was this child when the wheezing or whistling started?</i></p> <p>1 = Less than one year  2 = 1 to 2  3 = 3 to 4  4 = 5 to 6  5 = More than 6 years  9 = Any other response</p>	2
20	WHEZ12	<p>Has this child had wheezing or whistling in the chest <u>in the past 12 months</u>?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	3
21	NWHEZ12	<p>How many attacks of wheezing has this child had <u>in the past 12 months</u>?</p> <p>1 = None  2 = 1 to 3  3 = 4 to 12  4 = More than 12  9 = Any other response</p>	4
22	AWAKE12	<p><u>In the past 12 months</u>, how often, on average, has this child's sleep been disturbed due to wheezing?</p> <p>1 = Never woken with wheezing  2 = Less than one night per week  3 = One or more nights per week  9 = Any other response</p>	5
23	SPEECH12	<p><u>In the past 12 months</u>, has wheezing ever been severe enough to limit this child's speech to only one or two words at a time between breaths?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	6
24	ASTHMAEV	<p>Has this child <u>ever</u> had asthma?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	7
25	ASTHDOC	<p>Was this child's asthma confirmed by a doctor?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	8
26	ASTHPLAN	<p>Does this child have a written plan which tells you/him/her how to look after his/her asthma?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	9

- 27 MEDPUFF Has this child used any inhaled medicines e.g. puffers (use *local terminology*) to help his/her breathing problems at any time in the past 12 months? (when he/she did not have a cold) 10  
 1 = Yes  
 2 = No  
 9 = Any other response
- 28 SABAFREQ Please indicate how often this child used each of the inhaled medicines listed below in the past 12 months: 10a  
 Short Acting  $\beta$ -Agonists (SABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 29 LABAFREQ Long Acting  $\beta$ -Agonists (LABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 30 ICSFREQ Inhaled Corticosteroids (ICS):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 31 COMBFREQ Combination ICS and LABA:  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 32 MEDPILL Has this child used any tablets, capsules, liquids or other medicines e.g. pills (use *local terminology*) that he/she swallowed to help his/her breathing at any time in the past 12 months? (when he/she did not have a cold) 11  
 1 = Yes  
 2 = No  
 9 = Any other response
- 33 MEDPIL1a Please indicate how often this child used each of the tablets, capsules, liquids or other medicines e.g. pills (use *local terminology*) listed below in the past 12 months: 11a  
 Name [1]  
 Note: Please enter the chemical name and local brand name that relates to this question.

- 34 MEDPIL1b Frequency [1]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 35 MEDPIL2a Name [2]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 36 MEDPIL2b Frequency [2]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 37 MEDPIL3a Name [3]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 38 MEDPIL3b Frequency [3]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 39 MEDPIL4a Name [4]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 40 MEDPIL4b Frequency [4]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- Note: If you require more columns to accommodate more medicine names, please follow the naming convention above where MEDPILxa is the name of the medicine and MEDPILxb is the frequency that medicine, and x is a sequential number uniquely identifying each variable. Use the existing codes to code each question:  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 41 DOCBRT12 In the past 12 months, how many times have you urgently taken this child to a doctor because of his/her breathing problems?  
 1 = None  
 2 = 1 to 3  
 3 = 4 to 12  
 4 = More than 12  
 9 = Any other response

42	ERBRTH12	<p><u>In the past 12 months</u>, how many times have you urgently taken this child to an Emergency Department without being admitted to hospital because of his/her breathing problems?</p> <p>1 = None  2 = 1 to 3  3 = 4 to 12  4 = More than 12  9 = Any other response</p>	13
43	HOSBRT12	<p><u>In the past 12 months</u> how many times has this child been admitted to hospital because of his/her breathing problems.</p> <p>1 = None  2 = 1  3 = 2  4 = More than 2  9 = Any other response</p>	14
44	SCHOOL12	<p><u>In the past 12 months</u>, how many days (or part days) of school has this child missed because of his/her breathing problems?</p> <p>1 = None  2 = 1 to 3  3 = 4 to 12  4 = More than 12  9 = Any other response</p>	15
45	EXWHEZ12	<p><u>In the past 12 months</u>, has this child's chest sounded wheezy during or after exercise?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	16
46	COUGH12	<p><u>In the past 12 months</u>, has this child had a dry cough at night, apart from a cough associated with a cold or chest infection?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	17
47	PNOSEEV	<p>Has this 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?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	18
48	PNOSEAGE	<p><i>IF YOU ANSWERED "YES"</i> – How old was this child when the nose problem started?</p> <p>1 = Less than one year  2 = 1 to 2  3 = 3 to 4  4 = 5 to 6  5 = More than 6 years  9 = Any other response</p>	19

49	PNOSE12	<u>In the past 12 months</u> , has this 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	20
50	IITCH12	<u>In the past 12 months</u> , has this child's nose problem been accompanied by an itchy nose? 1 = Yes 2 = No 9 = Any other response	21
51	IEYES12	<u>In the past 12 months</u> , has this child's nose problem been accompanied by itchy-watery eyes? 1 = Yes 2 = No 9 = Any other response	22
52	IACTIV12	<u>In the past 12 months</u> , how much did this child's nose problem interfere with his/her daily activities? 1 = Not at all 2 = A little 3 = A moderate amount 4 = A lot 9 = Any other response	23
53	HFEVEREV	Has this child <u>ever</u> had hay fever? 1 = Yes 2 = No 9 = Any other response	24
54	HFEVDOC	Was this child's hay fever confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	25
55	RASHEV	Has this 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	26
56	RASH12	Has this child had this itchy rash at any time <u>in the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	27
57	SITSEV	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	28

58	RASHAGE	<p>At what age did this child's itchy rash first occur?</p> <p>1 = Under 2 years  2 = Age 2-4 years  3 = Age 5 or more  9 = Any other response</p>	29
59	RCLEAR12	<p>Has this child's rash cleared completely at any time <u>during the past 12 months</u>?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	30
60	RAWAKE12	<p><u>In the past 12 months</u>, how often on average, has this child been kept awake at night by this itchy rash?</p> <p>1 = Never in the past 12 months  2 = Less than one night per week  3 = One or more nights per week  9 = Any other response</p>	31
61	ECZEMAEV	<p>Has this child <u>ever</u> had eczema?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	32
62	ECZEDOC	<p>Was this child's eczema confirmed by a doctor?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	33
63	MPARAPRG	<p>How often, on average, did this child's Mother take paracetamol in the <u>pregnancy</u> that she had with this child?</p> <p>1 = Never  2 = At least once in pregnancy  3 = At least once a month  4 = More often  5 = Don't know  9 = Any other response</p>	34
64	ANIMOTH	<p>Did this child's mother have regular (<u>at least once a week</u>) contact with farm animals (e.g. cattle, pigs, goats, sheep or poultry; <i>use local terminology</i>) while being pregnant with this child?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	35
65	MSMOKPRG	<p>Did this child's Mother smoke during her pregnancy with this child?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	36

66	MPCAR01	<p>Was there carpet in the house while this child's Mother was pregnant with this child? (tick as many as are applicable)</p> <p>No carpet in the house  1 = Ticked  2 = Not ticked  9 = Any other response</p>	37
67	MPCAR02	<p>Mother's bedroom  1 = Ticked  2 = Not ticked  9 = Any other response</p>	
68	MPCAR03	<p>Living room  1 = Ticked  2 = Not ticked  9 = Any other response</p>	
69	MPCAR04	<p>Other room/s  1 = Ticked  2 = Not ticked  9 = Any other response</p>	
70	CHPREM	<p>Was this child born prematurely (more than 3 weeks before he/she was expected)?  1 = Yes  2 = No  9 = Any other response</p>	38
71	BWEIGHT	<p>What was the weight of this child when he/she was born? _____kg/stone/pounds  (Please circle the measurement you used)  Note: Use code '99' for an invalid response.</p>	39
72	BWGTUNIT	<p>Measurement used for birth weight.  1 = Kilograms  2 = Stone  3 = Pounds  4 = Pounds and ounces  9 = Any other response  Note: If you use kilograms or stone or pounds and decimal places are necessary, please ensure that you use only the period (.) as the decimal placeholder, and that you include a maximum of one decimal place.  Note: If you use pounds and ounces, please separate the two components with an underscore character (e.g. 8_3 for 8 pounds, 3 ounces).</p>	
73	BRSTFED	<p>Was this child <u>ever</u> breastfed?  1 = Yes  2 = No  9 = Any other response</p>	40

74	NBRSTFED	<p>For how long was this child breastfed?</p> <p>1 = Less than 6 months  2 = 6-12 months  3 = More than 12 months  9 = Any other response</p>	40a
75	NBRSTEXC	<p>For how long was this child breastfed without adding other foods or liquids?</p> <p>1 = Less than 2 months  2 = 2-4 months  3 = 5-6 months  4 = More than 6 months  9 = Any other response</p>	40b
76	MILKYNGa	<p>In this child's <u>first 12 months of life</u> what kind of milk did this child drink most often?</p> <p>1-6 months</p> <p>1 = Breast milk  2 = Infant formula  3 = Homogenised or full cream pasteurised milk from the shop  4 = Low fat or skimmed pasteurised milk from the shop  5 = Long life milk (UHT)  6 = Boiled milk, fresh from the farm  7 = Unboiled milk, fresh from the farm  8 = Soy milk, goats milk  9 = None of the above  10 = Don't know  99 = Any other response</p>	41
77	MILKYNGb	<p>7-12 months</p> <p>1 = Breast milk  2 = Infant formula  3 = Homogenised or full cream pasteurised milk from the shop  4 = Low fat or skimmed pasteurised milk from the shop  5 = Long life milk (UHT)  6 = Boiled milk, fresh from the farm  7 = Unboiled milk, fresh from the farm  8 = Soy milk, goats milk  9 = None of the above  10 = Don't know  99 = Any other response</p>	
78	PARAYNG	<p><u>In the first 12 months</u> of this child's life, did you usually give paracetamol (<i>use local terminology e.g. Acetaminophen, Panadol, Tylenol</i>) for fever?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	42

79	NCHSTYNG	How many chest infections did this child have <u>in his/her first year of life?</u> 1 = None 2 = 1 3 = 2-5 4 = 6 or more 9 = Any other response	43
80	ANTIBIOT	<u>In the first 12 months of life</u> , did this child have any antibiotics? 1 = Yes 2 = No 9 = Any other response	44
81	NANTBIOT	How many courses of antibiotics did this child have? 1 = 1 2 = 2-5 3 = 6 or more 9 = Any other response	44a
82	ANTBIOCH	Were any antibiotics taken to treat chest infections? 1 = Yes 2 = No 9 = Any other response	44b
83	SHEEPYNG	Did this child lie on a sheepskin as an infant? 1 = Yes 2 = No 9 = Any other response	45
84	CATYNG	Did you have a cat in your home during <u>the first year of this child's life?</u> 1 = Yes 2 = No 9 = Any other response	46
85	DOGYNG	Did you have a dog in your home during <u>the first year of this child's life?</u> 1 = Yes 2 = No 9 = Any other response	47
86	ANIYNG	In this <u>child's first year of life</u> did this child have regular (at least once a week) contact with farm animals (e.g. cows, cattle, pigs, goats, sheep or poultry; <i>use local terminology</i> )? 1 = Yes 2 = No 9 = Any other response	48
87	WHEEZYNG	Did this child suffer from wheezing or whistling in the chest <u>during his/her first year of life?</u> 1 = Yes 2 = No 9 = Any other response	49

88	MEDYNG	<p>Was this child <u>treated</u> with <b>inhaled and/or oral</b> medicines to help his/her breathing <u>during his/her first year of life?</u> (when he/she did not have a cold)</p> <p>1 = Yes 2 = No 9 = Any other response</p>	50
89	MEDYNG1	<p>Please indicate how often you used of each of the <b>inhaled and/or oral</b> medicines listed below <u>during his/her first year of life:</u></p> <p>Inhaled SABA: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	50a
90	MEDYNG2	<p>Inhaled ICS: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	
91	MEDYNG3	<p>Oral SABA: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	
92	MEDYNG4	<p>Oral corticosteroids Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	
93	MEDYNG5	<p>Theophylline: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	
94	MEDYNG6	<p>Montelukast: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response</p>	

95	MEDYNG7	Antibiotics: Frequency 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response	
96	CHCARYNG	Did this child ever go to out of home care (such as a child care facility or nursery school) when he/she was younger than 3 years of age? ( <i>use local terminology</i> ) 1 = Yes 2 = No 9 = Any other response	51
97	CHCRYNGY	<u>If yes,</u> from what age Years_____	51a
		Note: Use code '99' for an invalid response	
98	CHCRYNGM	Months_____	
		Note: Use code '99' for an invalid response	
99	CHCAROLD	Did this child ever go to out of home care (such as a kindergarten/playcentre, preschool) when he/she was older than three years of age? ( <i>use local terminology</i> ) 1 = Yes 2 = No 9 = Any other response	52
100	CHCROLDY	<u>If yes,</u> from what age Years_____	52a
		Note: Use code '99' for an invalid response.	
101	CHCROLDM	Months_____	
		Note: Use code '99' for an invalid response	
102	EXERCISE	How many times a week does this child engage in vigorous physical activity long enough to make him / her / breathe hard? 1 = Never or occasionally 2 = Once or twice per week 3 = Three or more times per week 9 = Any other response	53
103	TELEVIS	During a normal week of 7 days, how many hours a day (24 hours) does this child watch television? (include DVD's films, videos) 1 = Less than 1 hour 2 = 1 hour but less than 3 hours 3 = 3 hours but less than 5 hours 4 = 5 hours or more 9 = Any other response	54

104	COMPUTER	<p>During a normal week of 7 days, how many hours a day (24 hours) does this child spend on the computer (including PlayStation, smartphone tablet), or on the internet (include Chat, Facebook, games, Twitter, YouTube)?</p> <p>1 = Less than 1 hour  2 = 1 hour but less than 3 hours  3 = 3 hours but less than 5 hours  4 = 5 hours or more  9 = Any other response</p>	55
105	PNEUMON	<p>Has this child <u>ever</u> been diagnosed with pneumonia or bronchopneumonia?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	56
106	TWIN	<p>Is this child a twin?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	57
107	OLDSIBS	<p>How many older brothers and/or sisters does this child have?</p> <p>Note: Use code '99' for an invalid response.</p>	58
108	YNGSIBS	<p>How many younger brothers and/or sisters does this child have?</p> <p>Note: Use code '99' for an invalid response.</p>	59
109	CNTRYBIR	<p>Was this child born in [country of survey]?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	60
110	CBIROTH	<p><i>If NO</i>, what country was this child born in?</p> <p>Note: Please enter the country name specified. Leave blank if no country was specified, or an illegible or invalid response was provided.</p>	60a
111	YRSLIVED	<p>How many years has this child lived in [country of survey]?</p> <p>Note: Use code '99' for an invalid response.</p>	61
112	CHFLR01	<p>What kind of floor covering is or was there in <u>this child's bedroom</u> at the following times (<i>tick as many as are applicable</i>)</p> <p>Wall to wall carpet. Enter:</p> <p>1 = Ticked  2 = Not ticked  9 = Any other response</p> <p>For <u>each</u> of the four options (Never, At this time, During the first year of this child, At some other time)  E.g. for: "At this time" and "During the first year of this child" enter: 2122</p>	62

113	CHFLR02	<p>Smooth floor (vinyl/linoleum, tiles, wood, concrete, etc.)  <u>without</u> a rug  Enter:  1 = Ticked  2 = Not ticked  9 = Any other response</p> <p>For <u>each</u> of the four options (Never, At this time, During the first year of this child, At some other time)  E.g. for: "At this time" and "During the first year of this child" enter: 2122</p>	
114	CHFLR03	<p>Smooth floor (vinyl/linoleum, tiles, wood, concrete, etc.)  <u>with</u> a rug  Enter:  1 = Ticked  2 = Not ticked  9 = Any other response</p> <p>For <u>each</u> of the four options (Never, At this time, During the first year of this child, At some other time)  E.g. for: "At this time" and "During the first year of this child" enter: 2122</p>	
115	CHFLR04	<p>No covering – soil or dirt  Enter:  1 = Ticked  2 = Not ticked  9 = Any other response</p> <p>For <u>each</u> of the four options (Never, At this time, During the first year of this child, At some other time)  E.g. for: "At this time" and "During the first year of this child" enter: 2122</p>	
116	CHHMCHNG	<p>Have you made any changes in your home to prevent the symptoms of allergies or asthma, or breathing problems in <u>this child</u>?  1 = Yes  2 = No  3 = Not applicable  9 = Any other response</p>	63
117	TRUCFREQ	<p>How often do trucks pass through the street where you live on weekdays?  1 = Never  2 = Seldom (not often)  3 = Frequently through the day  4 = Almost the whole day  9 = Any other response</p>	64
118	MEAT	<p><u>In the past 12 months</u>, how often, on average did <u>this child</u> eat meat (e.g. beef, lamb, chicken, pork)?  1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	65

- 119 SEAFOOD In the past 12 months, how often, on average did this child eat seafood (including fish)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 120 FRUIT In the past 12 months, how often, on average did this child eat fruit?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 121 VEGECOOK In the past 12 months, how often, on average did this child eat cooked vegetables (green and root)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 122 VEGERAW In the past 12 months, how often, on average did this child eat raw vegetables (green and root)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 123 PULSES In the past 12 months, how often, on average did this child eat pulses (peas, beans, lentils)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 124 CEREALS In the past 12 months, how often, on average did this child eat cereals (excluding bread)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 125 BREAD In the past 12 months, how often, on average did this child eat bread?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 126 PASTA In the past 12 months, how often, on average did this child eat pasta?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

- 127 RICE In the past 12 months, how often, on average did this child eat rice?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 128 MARGARIN In the past 12 months, how often, on average did this child eat margarine?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 129 BUTTER In the past 12 months, how often, on average did this child eat butter?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 130 OLIVEOIL In the past 12 months, how often, on average did this child eat Olive Oil?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 131 MILK In the past 12 months, how often, on average did this child drink milk (including flavoured milk)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 132 DAIRYOTH In the past 12 months, how often, on average did this child eat other dairy products (including cheese or yoghurt)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 133 EGGS In the past 12 months, how often, on average did this child eat eggs?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 134 NUTS In the past 12 months, how often, on average did this child eat nuts?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

- 135 POTATO In the past 12 months, how often, on average did this child eat potatoes?  
 1 = Never or only occasionally  
 2 = Once or twice per week  
 3 = Most or all days  
 9 = Any other response
- 136 SUGAR In the past 12 months, how often, on average did this child eat sugar (including lollies, candies, sweets)?  
 1 = Never or only occasionally  
 2 = Once or twice per week  
 3 = Most or all days  
 9 = Any other response
- 137 BURGER In the past 12 months, how often, on average did this child eat fast food/burgers?  
 1 = Never or only occasionally  
 2 = Once or twice per week  
 3 = Most or all days  
 9 = Any other response
- 138 FASTFOOD In the past 12 months, how often, on average did this child eat fast food excluding burgers?  
 1 = Never or only occasionally  
 2 = Once or twice per week  
 3 = Most or all days  
 9 = Any other response
- 139 SOFTDRNK In the past 12 months, how often, on average did this child drink fizzy or soft drinks (include local terminology)?  
 1 = Never or only occasionally  
 2 = Once or twice per week  
 3 = Most or all days  
 9 = Any other response
- 140 CATNOW In the past 12 months, have you had a cat in your home? 66  
 1 = Yes  
 2 = No  
 9 = Any other response
- 141 DOGNOW In the past 12 months, have you had a dog in your home? 67  
 1 = Yes  
 2 = No  
 9 = Any other response
- 142 PARANOW In the past 12 months, how often, on average, have you given this child paracetamol (use local terminology e.g. Acetaminophen, Panadol, Pamol, Tylenol) for fever? 68  
 1 = Never  
 2 = At least once a year  
 3 = At least once per month  
 9 = Any other response

### 19.5.3 Coding of data for the adult age group

#### DATA COLLECTION

#### QUESTIONNAIRE DATA FOR THE ADULT GROUP

Form: 03 or 04

Version 1

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Item	Name	Specification and Codes	Question #
1	FORM	Questionnaire age group THIS IS FORM TYPE 03 / 04 03 = All questionnaire data from adults of 13-14 year old students CODE 03 HERE 04 = All questionnaire data from adults of 6-7 year old students CODE 04 HERE	
2	VERSION	Form version 1	
3	COUNTRY	Country code	
4	CENTRE	Centre code	
5	SCHOOL	School identification number	
6	SERIAL	Serial number of respondent	
7	DINT	Date of interview / receiving response Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
8	AGE	The actual age of the respondent (years) Use code 99 for an invalid response	
9	DBIRTH	Date of birth of the respondent Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
10	SEX	Sex of the respondent 1 = Male 2 = Female 9 = Any other response	

11	RELAT	Relationship to the child who brought this questionnaire home from school 1 = Parent 2 = Grandparent 3 = Other 9 = Any other response	
12	RELATOTH	Other relationship to the child Note: Please enter the relationship name specified. Leave blank if no relationship was specified, or an illegible or invalid response was provided.	
13	LANGUAGE	Language of the questionnaire Use a three digit code for each language used in the centre from the list on page 186. If an appropriate language code is not available, please contact the GAN Global Centre (contact number page 214) to request a code number for your language.	
14	ADBRTHEV	Do you ever have trouble with your breathing? 1= never 2= only rarely 3= repeatedly, but it always gets completely better 4= continuously, so that your breathing is never quite right 9= Any other response	1
15	WHEZ12	Have you had wheezing or whistling in your chest at any time <u>in the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	2
16	NWHEZ12	How many attacks of wheezing have you had <u>in the past 12 months</u> ? 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response	3
17	AWAKE12	<u>In the past 12 months</u> , how often, on average, has your 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	4
18	ADBRTHLS	Have you ever been breathless when the wheezing noise was present? 1 = Yes 2 = No 9 = Any other response	5

19	ADWOKE12	<p><u>In the past 12 months</u>, how often, on average, has your sleep been disturbed due to shortness of breath?</p> <p>1 = Never  2 = Less than one night per week  3 = One or more nights per week  9 = Any other response</p>	6
20	ADCOUH12	<p><u>In the past 12 months</u>, how often, on average, has your sleep been disturbed due to coughing?</p> <p>1 = Never  2 = Less than one night per week  3 = One or more nights per week  9 = Any other response</p>	7
21	SPEECH12	<p><u>In the past 12 months</u>, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	8
22	ASTHMAEV	<p>Have you <u>ever</u> had asthma?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	9
23	ASTHDOC	<p>Was your asthma confirmed by a doctor?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	10
24	ASTHPLAN	<p>Do you have a written plan which tells you how to look after your asthma?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	11
25	ASTHAGE	<p>How old were you when you had your first attack of asthma?</p> <p>Note: Use code '99' for an invalid response.</p>	12
26	ASTHMA12	<p>Have you had an attack of asthma <u>in the past 12 months</u>?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	13
27	MEDPUFF	<p>Have you used any inhaled medicines e.g. puffers (<i>use local terminology</i>) to help your breathing at any time <u>in the past 12 months</u>? (when you did not have a cold)</p> <p>1 = Yes  2 = No  9 = Any other response</p>	14

- 28 SABAFREQ Please indicate how often you used of each of the inhaled medicines listed below in the past 12 months: 14a
- Short Acting  $\beta$ -Agonists (SABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 29 LABAFREQ Long Acting  $\beta$ -Agonists (LABA):  
 Frequency  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 30 ICSFREQ Inhaled Corticosteroids (ICS):  
 Frequency 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 31 COMBFREQ Combination ICS and LABA:  
 Frequency [4]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 32 MEDPILL Have you used any tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) that you swallowed to help your breathing at any time in the past 12 months? (when you didn't have a cold) 15
- 1 = Yes  
 2 = No  
 9 = Any other response
- 33 MEDPIL1a Please indicate how often you used of each of the tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) listed below **in the past 12 months**: 15a
- Name [1]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 34 MEDPIL1b Frequency [1]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 35 MEDPIL2a Name [2]  
 Note: Please enter the chemical name and local brand name that relates to this question.

- 36 MEDPIL2b Frequency [2]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 37 MEDPIL3a Name [3]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 38 MEDPIL3b Frequency [3]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 39 MEDPIL4a Name [4]  
 Note: Please enter the chemical name and local brand name that relates to this question.
- 40 MEDPIL4b Frequency [4]  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- Note: If you require more columns to accommodate more medicine names, please follow the naming convention above where MEDPILxa is the name of the medicine and MEDPILxb is the frequency that medicine, and x is a sequential number uniquely identifying each variable. Use the existing codes to code each question:  
 1 = Only when needed  
 2 = In short courses  
 3 = Every day  
 9 = Any other response
- 41 DOCBRT12 In the past 12 months, how many times have you urgently been to a doctor because of your breathing problems? 16  
 1 = None  
 2 = 1 to 3  
 3 = 4 to 12  
 4 = More than 12  
 9 = Any other response
- 42 ERBRTH12 In the past 12 months, how many times have you urgently been to an Emergency Department without being admitted to hospital because of breathing problems? 17  
 1 = None  
 2 = 1 to 3  
 3 = 4 to 12  
 4 = More than 12  
 9 = Any other response

43	HOSBRT12	<p><u>In the past 12 months</u> how many times have you been admitted to hospital because of your breathing problems.</p> <p>1 = None  2 = 1  3 = 2  4 = More than 2  9 = Any other response</p>	18
44	SCHOOL12	<p><u>In the past 12 months</u>, how many days was your usual activity (at work or in the home) limited because you had breathing problems?</p> <p>1 = None  2 = 1 to 3  3 = 4 to 12  4 = More than 12  9 = Any other response</p>	19
45	JOBWHEEZ	<p>Have you ever worked in any job that caused wheezing or whistling in your chest?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	20
46	NOJOBWHZ	<p>Have you had to leave any of these jobs because they affected your breathing?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	20a
47	HFEVEREV	<p>Have you <u>ever</u> had hay fever?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	21
48	HFEVDOC	<p>Was your hay fever confirmed by a doctor?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	22
49	ECZEMAEV	<p>Have you <u>ever</u> had eczema?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	23
50	ECZEDOC	<p>Was your eczema confirmed by a doctor?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	24

51	ADEDU	What level of education have you received? ( <i>use local terminology</i> ) 1 = Primary school 2 = Secondary school 3 = College, University or other form of tertiary education 9 = Any other response	25
		Does or did your home have visible moisture or mould spots on the walls or ceiling, anywhere in the home? (multiple answers are possible).	26
		<b>26a. Moisture or damp spots</b>	26a
52	DAMPNOW	At this moment 1 = Yes 2 = No 9 = Any other response	
53	DAMPPREG	During pregnancy of this child 1 = Yes 2 = No 9 = Any other response	
54	DAMPYNG	During the first year of this child 1 = Yes 2 = No 9 = Any other response	
55	DAMPOTH	At some other time 1 = Yes 2 = No 9 = Any other response	
		<b>26b. Mould spots</b>	26b
56	MOULDNOW	At this moment 1 = Yes 2 = No 9 = Any other response	
57	MOULDPRG	During pregnancy of this child 1 = Yes 2 = No 9 = Any other response	
58	MOULDYNG	During the first year of this child 1 = Yes 2 = No 9 = Any other response	
59	MOULDOTH	At some other time 1 = Yes 2 = No 9 = Any other response	

60	MOLDRM01	Where in the home do these moisture/damp/mould spots occur (more than one answer is possible)	27
		Living room 1 = Yes 2 = No 9 = Any other response	
61	MOLDRM02	Parent's Bedroom 1 = Yes 2 = No 9 = Any other response	
62	MOLDRM03	Your child's Bedroom 1 = Yes 2 = No 9 = Any other response	
63	MOLDRM04	Kitchen 1 = Yes 2 = No 9 = Any other response	
64	MOLDRM05	Bathroom 1 = Yes 2 = No 9 = Any other response	
65	MOLDRM06	Other 1 = Yes 2 = No 9 = Any other response	27
66	MOLDSIZE	Does the total area affected by all moisture/damp/mould spots exceed the size of one postcard? 1 = Yes 2 = No 9 = Any other response	28
67	CFUEL01	What type of fuel does your household use daily for cooking: No food cooked at home  1 = Ticked 2 = Not ticked 9 = Any other response	29
68	CFUEL02	What type of fuel does your household use daily for cooking: Electricity  1 = Ticked 2 = Not ticked 9 = Any other response	

- 69 CFUEL03 What type of fuel does your household use daily for cooking:  
Liquefied petroleum gas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 70 CFUEL04 What type of fuel does your household use daily for cooking:  
Natural gas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 71 CFUEL05 What type of fuel does your household use daily for cooking:  
Biogas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 72 CFUEL06 What type of fuel does your household use daily for cooking:  
Kerosene
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 73 CFUEL07 What type of fuel does your household use daily for cooking:  
Coal/lignite
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 74 CFUEL08 What type of fuel does your household use daily for cooking:  
Charcoal
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 75 CFUEL09 What type of fuel does your household use daily for cooking:  
Wood
- 1 = Ticked  
2 = Not ticked  
9 = Any other response

76	CFUEL10	<p>What type of fuel does your household use daily for cooking: Straw/shrubs/grass</p> <p>1 = Ticked 2 = Not ticked 9 = Any other response</p>	
77	CFUEL11	<p>What type of fuel does your household use daily for cooking: Animal Dung</p> <p>1 = Ticked 2 = Not ticked 9 = Any other response</p>	
78	CFUEL12	<p>What type of fuel does your household use daily for cooking: Agricultural crop residue</p> <p>1 = Ticked 2 = Not ticked 9 = Any other response</p>	
79	CSTOV TYP	<p>What type of stove is <b>usually</b> used for cooking?</p> <p>1 = Open fire 2 = Surrounded fire 3 = Surrounded fire with sunken pot 4 = Stove with combustion chamber 5 = Two or three pot stove 6 = Griddle stove 7 = Sunken pot stove 8 = Other 9 = Don't know 99 = Any other response</p>	30
80	CSTOVOTH	<p>What type of stove is usually used for cooking? Other (specify)_____</p> <p>Note: Please enter the stove name specified. Leave blank if no name was specified, or an illegible or invalid response was provided.</p>	
81	CSTOVCHM	<p>Is smoke removed by hood or chimney?</p> <p>1 = neither 2 = Hood 3 = Chimney 9 = Any other response</p>	31
82	CHMCLEAN	<p>When was chimney last cleaned?</p> <p>1 = Never 2 = More than 3 months ago 3 = 1-3 months ago 4 = Less than 1 month ago 5 = Don't know 9 = Any other response</p>	31a

83	CSTOVRM	<p>Where is the cooking usually done?</p> <p>1 = In a room used for living / sleeping  2 = In a separate room used as a kitchen  3 = In a separate building used as a kitchen  4 = Outdoors  5 = Other (specify)_____</p> <p>9 = Any other response</p>	32
84	CSTRMOTH	<p>Where is the cooking usually done?</p> <p>Other (specify)_____</p> <p>Note: Please enter the room or area specified. Leave blank if no name was specified, or an illegible or invalid response was provided.</p>	
85	CSTOVENT	<p>What type of ventilation is present where the stove is used?</p> <p>1 = Closed room  2 = Room with eaves spaces  3 = Room with open windows / doors  4 = Room with 3 or fewer walls  5 = Other (specify)_____</p> <p>9 = Any other response</p>	33
86	CVENTOTH	<p>What type of ventilation is present where the stove is used?</p> <p>Other (specify)_____</p> <p>Note: Please enter the ventilation name specified. Leave blank if no name was specified, or an illegible or invalid response was provided</p>	
87	HEAT	<p>Do you heat your house when it is cold?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	34
88	HFUEL01	<p>What type of fuel do you <u>mainly</u> use for heating:  Electricity</p> <p>1 = Ticked  2 = Not ticked  9 = Any other response</p>	35
89	HFUEL02	<p>What type of fuel do you <u>mainly</u> use for heating:  Liquefied petroleum gas</p> <p>1 = Ticked  2 = Not ticked  9 = Any other response</p>	
90	HFUEL03	<p>What type of fuel do you <u>mainly</u> use for heating:  Natural gas</p> <p>1 = Ticked  2 = Not ticked  9 = Any other response</p>	

- 91 HFUEL04 What type of fuel do you mainly use for heating:  
Biogas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 92 HFUEL05 What type of fuel do you mainly use for heating:  
Kerosene
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 93 HFUEL06 What type of fuel do you mainly use for heating:  
Coal/lignite
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 94 HFUEL07 What type of fuel do you mainly use for heating:  
Charcoal
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 95 HFUEL08 What type of fuel do you mainly use for heating:  
Wood
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 96 HFUEL09 What type of fuel do you mainly use for heating:  
Straw/shrubs/grass
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 97 HFUEL10 What type of fuel do you mainly use for heating:  
Animal Dung
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 98 HFUEL11 What type of fuel do you mainly use for heating:  
Agricultural crop residue
- 1 = Ticked  
2 = Not ticked  
9 = Any other response

99	HSTOV TYP	<p>What type of stove is usually used for heating?</p> <p>1 = Open fire  2 = Surrounded fire  3 = Surrounded fire with sunken pot  4 = Stove with combustion chamber  5 = Two or three pot stove  6 = Griddle stove  7 = Sunken pot stove  9=any other response</p>	36
100	HSTOVOTH	<p>What type of stove is usually used for heating?</p> <p>Other</p> <p>Note: Please enter the stove name specified. Leave blank if no name was specified, or an illegible or invalid response was provided.</p>	
101	MEAT	<p>In the past 12 months, how often, on average did you eat meat (e.g. beef, lamb, chicken, pork)?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	37
102	SEAFOOD	<p>In the past 12 months, how often, on average did you eat seafood (including fish)?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	
103	FRUIT	<p>In the past 12 months, how often, on average did you eat fruit?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	
104	VEGECOOK	<p>In the past 12 months, how often, on average did you eat cooked vegetables (green and root)?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	
105	VEGERAW	<p>In the past 12 months, how often, on average did you eat raw vegetables (green and root)?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	

- 106 PULSES In the past 12 months, how often, on average did you eat pulses (peas, beans, lentils)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 107 CEREALS In the past 12 months, how often, on average did you eat cereals (excluding bread)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 108 BREAD In the past 12 months, how often, on average did you eat bread?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 109 PASTA In the past 12 months, how often, on average did you eat pasta?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 110 RICE In the past 12 months, how often, on average did you eat rice?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 111 MARGARIN In the past 12 months, how often, on average did you eat margarine?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 112 BUTTER In the past 12 months, how often, on average did you eat butter?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 113 OLIVEOIL In the past 12 months, how often, on average did you eat Olive Oil?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

- 114 MILK In the past 12 months, how often, on average did you drink milk (including flavoured milk)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 115 DAIRYOTH In the past 12 months, how often, on average did you eat other dairy products (including cheese or yoghurt)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 116 EGGS In the past 12 months, how often, on average did you eat eggs?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 117 NUTS In the past 12 months, how often, on average did you eat nuts?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 118 POTATO In the past 12 months, how often, on average did you eat potatoes?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 119 SUGAR In the past 12 months, how often, on average did you eat sugar (including lollies, candies, sweets)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 120 BURGER In the past 12 months, how often, on average did you eat fast food/burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 121 FASTFOOD In the past 12 months, how often, on average did you eat fast food excluding burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

122	SOFTDRNK	<p>In the past 12 months, how often, on average did you drink fizzy or soft drinks (include local terminology)?</p> <p>1 = Never or only occasionally  2 = Once or twice per week  3 = Most or all days  9 = Any other response</p>	
123	TOBACEVA	<p>In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?</p> <p>1 = Not at all  2 = Less than daily  3 = Daily  9 = Any other response</p>	38
124	TOBACNOW	<p>Do you currently smoke tobacco on a daily basis, less than daily, or not at all?</p> <p>1 = Not at all  2 = Less than daily  3 = Daily  9 = Any other response</p>	39
125	TOBACAGE	<p>If you have smoked tobacco ever, either daily or less than daily, at what age did you first smoke cigarettes, cigars, or pipe?</p> <p>Note: Use code '99' for an invalid response.  Note: Use code '99' for not applicable</p>	40
126	TOBACNUM	<p>On average over the entire time you have smoked, how many cigarettes, cigars, or pipe did you smoke each day?</p> <p>Note: Use code '99' for an invalid response.  Note: Use code '99' for not applicable</p>	41
127	TOBACNAR	<p>Do you smoke water pipe (<i>use local terminology e.g. bong, crack pipe, hookah, hubble-bubble, narghile, shisha, vapourizer, water vapour</i>) at home?</p> <p>1 = Yes  2 = No  9 = Any other response</p>	42