A parent-completed respiratory questionnaire for one-year olds: repeatability

Marie-Pierre F. Strippoli, Michael Silverman, Gisela Michel, Claudia E. Kuehni

Institution and country of all co-authors

(1) Swiss Paediatric Respiratory Research Group, Dept. of Social and Preventive Medicine, University of Berne, Berne, Switzerland

(2) The Leicester Children's Asthma Centre, Division of Child Health, Department of Infection, Immunity & Inflammation, University of Leicester, Leicester, UK

Corresponding author

Dr. Claudia E. Kuehni, MD MSc, Dept. of Social and Preventive Medicine

Finkenhuelweg 11, CH- 3012 Berne, Switzerland

Phone: +41 (0)31 631 35 07, Fax: +41 (0)31 631 35 20, e-mail: kuehni@ispm.unibe.ch
Questionnaire on respiratory symptoms in preschool children

**Questionnaire**

**How to complete the questionnaire:** please tick the appropriate box

**Example:** person completing questionnaire: Mother ☐ Father ☐ Other ☐

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Number:</th>
</tr>
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⇒ **Person completing questionnaire** (tick box please) Mother ☐ Father ☐ Other ☐

⇒ **Date questionnaire completed:** day _____ month _______ year ________ (please fill in today’s date)

⇒ **What ethnic group does your family belong to?**
  - European ☐
  - Asian (from India, Bangladesh, Pakistan or East Africa) ☐
  - Afro-Carribean ☐
  - other ☐ mixed ☐
  If you ticked “other” or “mixed”, please explain: _________________________

⇒ **Main language spoken at home**
  - English ☐
  - Gujarati ☐
  - other ☐

If you ticked “other”, please tell us which language: __________________________

**Questions on wheezing**

*By “wheezing” we mean breathing that makes a high-pitched whistling or squeaking sound from the chest, not the throat*

1. Has your child ever had **wheezing or whistling in the chest** at any time in the past?   yes ☐ no ☐

2. Has your child had **wheezing or whistling in the chest** in the last 12 months?   yes ☐ no ☐

⇒ **If you answered “no” to both questions please skip to question 12.**

3. **How old** was your child when he/she first began to wheeze?   years _______ months ______

4. In the last 12 months, has your child had wheezing or whistling in the chest **during or soon after** a cold or flu?   yes ☐ no ☐

5. In the last 12 months, has your child had wheezing or whistling in the chest even **without** having a cold or flu?   yes ☐ no ☐

6. **How many attacks of wheezing** has your child had during the last 12 months?
   - none ☐
   - 1 to 3 ☐
   - 4 to 12 ☐
   - more than 12 ☐

7. Do these attacks cause him/her to be **short of breath**?
   - yes, always ☐
   - yes, occasionally ☐
   - no, never ☐

8. Which of these two **descriptions fits best your child’s wheeze?**   **(tick one only)**
   - a) My child has only short attacks of wheeze, for example with colds. In between these attacks, he/she does not normally wheeze ☐
   - b) My child wheezes always or a lot of the time. With colds he/she has attacks with more severe wheeze ☐

9. In the last 12 months, how often, on average, has your child’s **sleep been disturbed due to wheezing**?
   - never woken with wheezing ☐
   - less than one night per week ☐
   - one or more nights per week ☐

10. In the last 12 months, how much did wheezing interfere with your child’s daily activities?
    - not at all ☐
    - a little ☐
    - a moderate amount ☐
    - a lot ☐
11. In the last 12 months did the following things cause wheezing in your child?  
• exercise (playing or running) yes [ ] no [ ] don't know [ ]  
• laughing, crying or excitement yes [ ] no [ ] don't know [ ]  
• contact with pets or other animals yes [ ] no [ ] don't know [ ]  
• food or drinks yes [ ] no [ ] don't know [ ]

12. Looking back on the last 12 months, do you think that your child had asthma? yes [ ] no [ ]

13. In the last 12 months, did your child suffer from rattly breathing (rattles)?  
never [ ] only with a cold [ ] sometimes even without a cold [ ] almost always [ ]

14. Does your child attend day care, nursery school or play school?  yes [ ] no [ ]

15. Was your child breastfed?  yes [ ] no [ ]  
If yes, how long: less than a month [ ] 1-3 months [ ] 4-6 months [ ] more than 6 months [ ]

16. During the first year of life, did your child posset or vomit? not at all [ ] a little [ ] a lot [ ]

17. Has your child ever suffered from any of the following conditions?  
• pneumonia? never [ ] once [ ] more than once [ ]  
• whooping cough? never [ ] once [ ] more than once [ ]  
• bronchiolitis? never [ ] once [ ] more than once [ ]  
• croup? never [ ] once [ ] more than once [ ]

18. Has your child ever had an itchy rash which was coming and going for at least 6 months? yes [ ] no [ ]

19. Has your child had this itchy rash at any time in the last 12 months? yes [ ] no [ ]

20. In the past 12 months, has your child had eczema?  yes [ ] no [ ]

Questions on ears, nose and throat

21. In the last 12 months, how many times has your child had a cold or flu?  
never [ ] 1 - 3 times [ ] 4 - 6 times [ ] 7 -10 times [ ] more than 10 times [ ]

22. How long does a cold usually last in your child?  
less than 1 week [ ] 1 to 2 weeks [ ] 2 to 4 weeks [ ] more than 4 weeks [ ]

23. 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? yes [ ] no [ ]

24. In the past 12 months, how much did this nose problem interfere with your child’s daily activities?  
not at all [ ] a little [ ] a moderate amount [ ] a lot [ ]

25. Over the past 12 months, has your child snored at night? yes [ ] no [ ]  
If yes, how often: only with a cold [ ] sometimes even without a cold [ ] almost always [ ]

26. Did the snoring disturb your child’s sleep?  
not at all [ ] a little [ ] a moderate amount [ ] a lot [ ]

27. In the past 12 months, has your child had ear infections?  
no, never [ ] yes, once [ ] yes, more than once [ ]
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Questions on coughing

28. Does your child **usually** have a cough with colds?  yes [ ]  no [ ]

29. Does your child have a cough even without having a cold?  
   no, never [ ]  yes, sometimes [ ]  yes, always [ ]

30. Do you think that your child coughs more than other children?  yes [ ]  no [ ]

31. In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or a chest infection?  yes [ ]  no [ ]

32. In the last 12 months, did the following things cause coughing in your child?  
   - exercise (playing or running)  yes [ ]  no [ ]  don't know [ ]
   - laughing, crying or excitement  yes [ ]  no [ ]  don't know [ ]
   - contact with pets or other animals  yes [ ]  no [ ]  don't know [ ]
   - food or drinks  yes [ ]  no [ ]  don't know [ ]

Treatment

33. How often did your child see the GP for coughing or wheezing during the last 12 months?  
   never [ ]  once [ ]  2 - 3 times [ ]  4 - 6 times [ ]  7 or more times [ ]

34. In the last 12 months, has wheezing or asthma resulted in your child:  
   - being referred to a consultant in hospital  yes [ ]  no [ ]
   - being admitted to hospital  yes [ ]  no [ ]
   - attending the casualty (A and E) department  yes [ ]  no [ ]
   - attending (or calling) the GP in an emergency  yes [ ]  no [ ]

35. Did your child take any of the following drugs during the last 12 months?  
   - Salbutamol, Ventolin, Bricanyl or other blue inhaler  yes [ ]  no [ ]  don't know [ ]
   - Pulmicort, Flixotide, Becotide, Beclovent or other brown inhaler  yes [ ]  no [ ]  don't know [ ]
   - Steroid tablets (prednisolone) for attacks  yes [ ]  no [ ]  don't know [ ]

Questions on the household and family

36. Does your child have **brothers and sisters**?  How many?  (please fill in number)

   - How many of them have:  
     - asthma or wheezing?  (please fill in number)
     - hayfever?  (please fill in number)
     - eczema?  (please fill in number)

37. How many rooms are there in your house?  (not counting kitchens, bathrooms and toilets)  (please fill in number)

38. How many children under 16 live in your household?  (please fill in number)

   - How many adults over 16 usually live in your household?  (please fill in number)

39. Has the child’s father ever suffered from any of the following conditions?  
   - asthma or wheezing?  yes [ ]  no [ ]  don’t know [ ]
   - bronchitis?  yes [ ]  no [ ]  don’t know [ ]
   - hayfever?  yes [ ]  no [ ]  don’t know [ ]
   - eczema?  yes [ ]  no [ ]  don’t know [ ]
40. At what age did the **child's father** finish full-time education? *(please fill in age)* ______ years

41. Has the **child's mother** ever suffered from any of the following conditions?
- **asthma or wheezing?**  
  - yes  
  - no  
  - don't know
- **bronchitis?**  
  - yes  
  - no  
  - don't know
- **hayfever?**  
  - yes  
  - no  
  - don't know
- **eczema?**  
  - yes  
  - no  
  - don't know

42. At what age did the **child's mother** finish full-time education? *(please fill in age)* ______ years

43. Which fuel is mainly used for cooking in the home?
- electricity
- gas
- other fuel

44. How do you **heat your home?** *(tick as many as apply)*
- central heating
- gas heaters in rooms
- coal or wood fire
- other
  (gas, electricity, oil)

45. **Do you keep any household pets?**  
  - yes  
  - no

  If yes, do you keep any of these pets? *(tick as many as apply)*
  - dog
  - cat
  - other furry pets
  - bird

46. Does the child's **mother smoke cigarettes?**  
  - yes  
  - no

  If yes, how many per day?  
  - 1 to 10
  - 11 to 20
  - more than 20

47. Did she **smoke during the pregnancy with this child?**  
  - yes  
  - no

48. **Do any other household members smoke cigarettes?**  
  - yes  
  - no

  If yes, how many per day (total of cigarettes)?  
  - 1 to 10
  - 11 to 20
  - more than 20

49. How would you describe the **location of your house?**
- in a street with very dense traffic (main road)
- in a street with moderate traffic (residential road)
- in a quiet street with little or no traffic

50. Did you have problems understanding this questionnaire?  
  - yes  
  - no

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**Please write any comments you have about your child’s health or about the questionnaire in the space below:**

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Thank you for completing the questionnaire. It will **cost you nothing to return it** if you use the **prepaid** envelope provided (**FREEPOST**)! No stamp required!