**Mechanisms of Acute Viral Respiratory Infection in Children (MAVRIC)**

# Parent/Guardian Questionnaire

*School of Paediatrics and Child Health, University of Western Australia*
*Respiratory Genetics Group*
NOT FOR MEDICAL RECORDS

Patient Study Number: _____**id**

Date: _____**daa**

Name of person administering questionnaire: _____

Name of person providing information: _____

Relationship to child: _____

*Full name of child*: _____**nsp**

*Child's Medical Record no*. _____

*Child's Date of birth*: _____ **dob**

*Child's Age*:_____**cage**

*Child's gender*:_____**csex**

*Address:* _____

*Alternatively, attach PMH Sticker here*

_____

Phone No:_____ Mobile No. _____

Alternative contacts:

Name: _____ Name:_____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

CONTACT details for your child's friends of similar age whom your child has regular contact with and may like to take part in this study:

Name of child: _____ Name of child:_____

Name of parent: _____ Name of parent:_____

Address: _____ Address: _____

_____ _____

Phone No: _____ Phone No: _____

Name of child: _____ Name of child:_____

Name of parent: _____ Name of parent:_____

Address: _____ Address: _____

_____ _____

Phone No: _____ Phone No: _____

## CHILDHOOD ENVIRONMENT

(1a) How many weeks gestation was your child when they were born? ……..**gage**

(b) How many children do you have? ……..**noch**

If only the subject, proceed to question 2, otherwise...

(c) How many older siblings? ……**nosib**

(d) How many younger siblings? ……**nysib**

(e) How many siblings does this child share a room with? ……**nsrm**

(2) Altogether, how many children live in your house? ...……..**nchl**

(3) Have any other children in your family ever been hospitalised for….. ?
If yes, in what year and at what age?

| | | | | |
|---|---|---|---|---|
| (a) a respiratory infection | [] Yes, year……. | Age……. | [] No | **sibri** |
| (b) bronchiolitis | [] Yes, year……. | Age……. | [] No | **sibbrl** |
| (c) pneumonia | [] Yes, year……. | Age……. | [] No | **sibpn** |
| (d) bronchitis | [] Yes, year……. | Age……. | [] No | **sibbr** |
| (e) asthma | [] Yes, year……. | Age……. | [] No | **sibas** |
| (f) otitis media (ear infections) | [] Yes, year……. | Age……. | [] No | **sibom** |
| (g) other respiratory disease …….. | [] Yes, year……. | Age……. | [] No | **sibord** |

(4) Have any other family members (parents/grandparents) ever been hospitalised for….. ?
If yes, in what year and at what age?

| | | | | |
|---|---|---|---|---|
| (a) a respiratory infection | [] Yes, year……. | Age……. | [] No | **famri** |
| (b) bronchiolitis | [] Yes, year……. | Age……. | [] No | **fambrl** |
| (c) pneumonia | [] Yes, year……. | Age……. | [] No | **fampn** |
| (d) bronchitis | [] Yes, year……. | Age……. | [] No | **fambr** |
| (e) asthma | [] Yes, year……. | Age……. | [] No | **famas** |
| (f) otitis media (ear infections) | [] Yes, year……. | Age……. | [] No | **famom** |
| (g) other respiratory disease …….. | [] Yes, year……. | Age……. | [] No | **famord** |

(5a) Was your child ever breastfed? [] Yes [] No **bfyn**
If no, proceed to question 6, otherwise…

(b) Is your child still being breast-fed? [] Yes [] No **bfs**
If yes, proceed to question 2, otherwise…

(c) How old was your child when breast-feeding stopped? ……..**bfage**

(6) How many old was your child when you first gave them any milk other than breastmilk?
…….. days/weeks **bfmage**

(7a) Did your child receive any milk other than breast-milk in hospital following the birth?
[] Yes [] No **bfhosm**

(b) If yes, at what age in days/weeks? ……..**bfhmage**

(8a) Has your child ever regularly attended daycare? [] Yes [] No **cedayi**
If no proceed to question 8f, If yes, between the ages of…

| | | | |
|---|---|---|---|
| (b) 0-6mths | [] Yes | [] No | **ce06** |
| (c) 6-12mths | [] Yes | [] No | **ce612** |
| (d) 12-18mths | [] Yes | [] No | **ce1218** |
| (e) 18-24mths | [] Yes | [] No | **ce1824** |

(8f) Has your child ever regularly attended kindergarten or pre-school?

| | | | |
|---|---|---|---|
| Kindergarten | [] Yes | [] No | **cekind** |
| Pre-school | [] Yes | [] No | **cepresc** |

(9a) Has your child ever been in regular contact with a friend or relative's child/children?
[] Yes [] No **cefrch**
If no proceed to question 10, If yes, between the ages of

| | | | |
|---|---|---|---|
| (b) 0-6mths | [] Yes | [] No | **cefr06** |
| (c) 6-12mths | [] Yes | [] No | **cefr612** |
| (d) 12-18mths | [] Yes | [] No | **cefr1218** |
| (e) 18-24mths | [] Yes | [] No | **cefr1824** |

(f) What ages were those children? ……..……..**frchage**

(10a) Did you have a cat or dog when your child was born?
[] Yes [] No **pecdwb**
If no, proceed to question 11, otherwise…

| | | | |
|---|---|---|---|
| (i) Cat only | [] Yes | [] no | **peco** |
| (ii) Dog only | [] Yes | [] no | **pedo** |
| (iii) Cat and dog | [] Yes | [] no | **pecdo** |

(10b) If yes, did they come indoors?

| | | | |
|---|---|---|---|
| (i) Cat | [] Yes | [] no | **peci** |
| (ii) Dog | [] Yes | [] no | **pedi** |

(11a) Did you have a cat or dog after your child was born?
[] Yes [] No **pecdab**
If no, proceed to question 12, otherwise…

| | | | |
|---|---|---|---|
| (i) Cat only | [] Yes | [] no | **pecoab** |
| (ii) Dog only | [] Yes | [] no | **pedoab** |
| (iii) Cat and dog | [] Yes | [] no | **pecdoab** |

(11b) If yes, did they come indoors?

| | | | |
|---|---|---|---|
| (i) Cat | [] Yes | [] no | **peciab** |
| (ii) Dog | [] Yes | [] no | **pediab** |

(12a) Has your child ever been regularly exposed to a cat or dog (including other's pets)?
[] Yes [] No **pecdex**
If no, proceed to question 13, otherwise…

| | | | |
|---|---|---|---|
| (i) Cat only | [] Yes | [] no | **pecx1** |
| (ii) Dog only | [] Yes | [] no | **pedx1** |
| (iii) Cat and dog | [] Yes | [] no | **pecdx1** |

(12b) If yes, did they come indoors?

| | | | |
|---|---|---|---|
| (i) Cat | [] Yes | [] no | **peci2** |
| (ii) Dog | [] Yes | [] no | **pedi2** |

(13a) Do you now have a cat or dog? [] Yes [] No **pecdn**

If no, proceed to question 14, otherwise…

| | | | |
|---|---|---|---|
| (i) Cat only | [] Yes | [] no | **peco2** |
| (ii) Dog only | [] Yes | [] no | **pedo2** |
| (iii) Cat and dog | [] Yes | [] no | **pecd2** |

(13b) If yes, do they come indoors?

| | | | |
|---|---|---|---|
| (i) Cat | [] Yes | [] no | **peci3** |
| (ii) Dog | [] Yes | [] no | **pedi3** |

(14a) Is your child now regularly exposed to a cat or dog (including other's pets)?

[] Yes [] No **pencdr**

If no, proceed to question 15, otherwise…

| | | | |
|---|---|---|---|
| (i) Cat only | [] Yes | [] no | **pecx2** |
| (ii) Dog only | [] Yes | [] no | **pedx2** |
| (iii) Cat and dog | [] Yes | [] no | **pecdx2** |

(14b) If yes, do they come indoors?

| | | | |
|---|---|---|---|
| (i) Cat | [] Yes | [] no | **peci4** |
| (ii) Dog | [] Yes | [] no | **pedi4** |

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**SMOKING**

For the mother of the participating child,

(15a) Have you ever smoked cigarettes? [] Yes [] no **smever**

If no, proceed to question 16, otherwise…

| | | | |
|---|---|---|---|
| (b) Do you now smoke cigarettes? | [] Yes | [] no | **smnow** |
| (c) Did you smoke at all during pregnancy? | [] Yes | [] no | **smprga** |
| (d) Did you smoke regularly during pregnancy? | [] Yes | [] no | **smprgr** |

(e) If you gave up smoking after you found out you were pregnant, how many weeks pregnant were you when you gave up? ……**smguw**

(f) How many cigarettes do you smoke per day now?……...**smcpd**

(g) How many cigarettes have you smoked in the last 24 hours?……..**smcp24**

| | | | |
|---|---|---|---|
| (h) Do you smoke in the house? | [] Yes | [] no | **smho** |
| (i) Do you smoke in the car? | [] Yes | [] no | **smca** |

(16a) Has anyone else in the household ever smoked [] Yes [] no **smotev**

If no, proceed to question 17, otherwise…

| | | | |
|---|---|---|---|
| (b) Does anyone else in the household smoke now? | [] Yes | [] no | **smot** |

(c) What is the relationship of that person to your child?……...**smotr**

(d) How many cigarettes do they smoke per day now?…….……**smotpd**

(e) How many cigarettes have they smoked in the last 24 hours?….……**smot24**

| | | | |
|---|---|---|---|
| (f) Do others smoke in the house? | [] Yes | [] no | **smoth** |
| (g) Do others smoke in the car? | [] Yes | [] no | **smotc** |

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## SYMPTOMS

(17a) Does your child often have a cough? [] Yes [] no **coof**
If no, proceed to question 18, otherwise…
(b) Do they usually cough on most days for 3 consecutive months?
[] Yes [] no **co3cm**
(c) Or more during the year? [] Yes [] no **codye**
(d) Is the cough dry or moist? [] Dry [] moist **codom**

(18a) Do they usually cough at all on getting up? [] Yes [] no **cogu**
(b) Or first thing in the morning? [] Yes [] no **cofim**
(c) Do they cough during the night? [] Yes [] no **codni**
(d) Or usually during the rest of the day? [] Yes [] no **cord**

(19) With colds, do they usually cough? [] Yes [] no **cowcol**

(20a) Does your child ever wheeze? [] Yes [] no **weever**
If no, proceed to question 21, otherwise…
(b) How many times have they wheezed in the last 12 months?……...**weov12**
(c) With colds, do they usually wheeze? [] Yes [] no **wewcol**

## ASTHMA Hx

(21a) Does your child have asthma? [] Yes [] no **ahasthm**
(b) Has your child ever been diagnosed with asthma **by a Doctor**?
[] Yes [] no **ahaddr**
(c) Has your child ever been admitted to hospital with asthma?
[] Yes [] no **ahadh**
If no, proceed to question 22, otherwise…
(d) How many times ever?…… **ahadxt**
(e) How many times in last 12 months?…… **ahad12**
(f) How old were they when they were first hospitalized for asthma?.....**ahadag**

(22) What are their current medications and when was each of these started?

| MEDICATION | | COMMENCED age in weeks or months | | FREQUENCY OF USE no. of courses, regularly or continuous? | | ANSWER FROM Clinical notes or Parent/guardian? | |
|---|---|---|---|---|---|---|---|
| [] Flixotide | **fli** | …… | **af** | …… | **flf** | …… | **flw** |
| [] Becotide | **bec** | …… | **abe** | …… | **bef** | …… | **bew** |
| [] Pulmicort | **pul** | …… | **ap** | …… | **puf** | …… | **puw** |
| [] Seretide | **sert** | …… | **ase** | …… | **sef** | …… | **sew** |
| [] Intal | **int** | …… | **ai** | …… | **inf** | …… | **inw** |
| [] Ventolin | **ven** | …… | **av** | …… | **vef** | …… | **vew** |
| [] Bricanyl | **bri** | …… | **abr** | …… | **brf** | …… | **brw** |
| [] Atrovent | **atr** | …… | **aa** | …… | **atf** | …… | **atw** |
| [] Serevent | **serv** | …… | **asv** | …… | **svf** | …… | **svw** |
| [] Theophylline | **theo** | …… | **at** | …… | **thf** | …… | **thw** |
| [] Montelukast | **mon** | …… | **am** | …… | **mof** | …… | **mow** |
| [] Prednisolone | **pre** | …… | **apr** | …… | **prf** | …… | **prw** |
| [] Others …… | **others** | …… | **aothers**…… | | **othf** | …… | **othw** |

…… **CROSS/DASH [] IF "NOT USED" – DO NOT LEAVE ANY BOXES BLANK**

(23a) Have oral steroids been given previously? [] yes []no **meors**

(b) If so, how many courses? .....**prhmt**

(c) When and duration?

| MEDICATION | | DATE GIVEN | | DURATION | ANSWER FROM (Notes/parent) | |
|---|---|---|---|---|---|---|
| [] Prednisolone | **prpre** | ……. | **aprpre** | …… | …… | **prprew** |
| [] Others…… | **proth** | …….. | **aproth** | …… | …… | **prothw** |

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(24a) Construct a nuclear family tree. (LastPage)

(b) Could you please indicate maternal and paternal ethnic background of your child?

| | Mother **ebmc** | Father **ebpc** |
|---|---|---|
| **1** English (*) | [] | [] |
| **2** English-Irish (*) | [] | [] |
| **3** English-Scottish (*) | [] | [] |
| **4** Australian-English (*) | [] | [] |
| **5** Indigenous-Australian | [] | [] |
| **6** British (b) | [] | [] |
| **7** Irish | [] | [] |
| **8** Greek | [] | [] |
| **9** Italian | [] | [] |
| **10** German | [] | [] |
| **11** Dutch | [] | [] |
| **12** Chinese | [] | [] |
| **13** Japanese | [] | [] |
| **14** Arab | [] | [] |
| **15** Indian | [] | [] |
| **16** Other | …… | ……. |
| **17** Unknown | [] | [] |

NB Ancestry classification based on Australian Bureau of Statistics classification.
(*) Anglo-Celtic

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(25a) Does anyone in the family have asthma or allergies? [] Yes [] No **fhaa**

(b) What is their relationship to your child?

[] mother [] father [] sibling [] other…….. **fhrch**

(26a) Apart from eczema/allergy/asthma, has your child had any other illness?

[] Yes [] No **fhoil**

If yes; (b) List which and when your child had the illnesses;

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(27a) Does your child suffer from allergies? [] Yes [] No **fhsal**

If no, proceed to question 28, otherwise…

(b) List which allergies and when they started: AGE STARTED in weeks or months

| | | | | |
|---|---|---|---|---|
| DAIRY PRODUCTS | **fhdp** | [] | ……. | **fhdpa** |
| WHEAT | **fhw** | [] | ……. | **fhwa** |
| SEAFOOD | **fhs** | [] | …… | **fhsa** |
| EGG | **fhe** | [] | ……..…….. | **fhea** |
| NUTS | **fhn** | [] | ……. | **fhna** |
| GRASSES/POLLENS | **fhg** | [] | …….…….…. | **fhga** |
| DUST MITE | **fhd** | [] | ……. | **fhda** |
| OTHER _____ | **fho** | [] | …….……..…. | **fhoa** |

**CROSS/DASH [] IF "NO" – DO NOT LEAVE ANY BOXES BLANK**

(28a) Has your child had eczema as an infant? [] Yes [] No **fhecz**
(b) Has your child had eczema since infancy? [] Yes [] No **fheczin**

If no, proceed to question 29
If yes, (c) When has your child had eczema? _____

## VACCINATION HISTORY

(29) Could you please indicate which and how many of the following vaccinations your baby has had, and when the last vaccination was? If you are unsure, this information can be provided at follow-up.

| | | Yes | no | unsure | |
|---|---|---|---|---|---|
| Diphtheria/Tetanus/Pertussis (DTP) | **dtp** | [] | [] | [] | |
| Measles/Mumps/Rubella (MMR) | **mmr** | [] | [] | [] | |
| Hepatitis B (may be part of DTP) | **hepb** | [] | [] | [] | Please tick if these details |
| Haemophilus Inf. B (Hib) | **hib** | [] | [] | [] | were verified with |
| Polio (OPV) | **opv** | [] | [] | [] | vaccination booklet |
| Chickenpox (Varicella) | **vz** | [] | [] | [] | [] **vacver** |
| Meningitis (MenC) | **menc** | [] | [] | [] | |
| Prevenar | **prev** | [] | [] | [] | |
| Rotavirus | **rota** | [] | [] | [] | |
| Others_____ | **vacothers** | [] | [] | [] | |
| Up to date | **uptodate** | [] | [] | [] | |

Date of last vaccination?……....**vadal**

## THIS ILLNESS

(30a) Is your child currently in good health with no signs of a respiratory infection?
[] Yes [] No **tigh**

If yes, proceed to question 34 and note that you will receive a phone call in 2 weeks to confirm that no respiratory symptoms developed. If no…

(30b) What illness does your child currently have? _____ **tici**

(30c) When did this illness begin? _____ **tibeg**

(30d) thus no. of days with symptoms _____ **tibegn**

(31) What symptoms have there been and how long have they been/were they present?

| | | | |
|---|---|---|---|
| [] Cough | **tic** | for how many days? ……..……...…… | **ticl** |
| Dry or moist? | | [] Dry [] Moist | **ticdm** |
| [] Wheeze | **tiw** | for how many days? ……..……...…… | **tiwl** |
| [] Short of breath | **tisob** | for how many days? ……..……...…… | **tisobl** |
| [] Fever | **tif** | for how many days? ……..……...…… | **tifl** |
| [] Weak and tired | **tiwt** | for how many days? ……..……...…… | **tiwtl** |
| [] Runny nose | **tirn** | for how many days? ……..……...…… | **tirnl** |
| [] Congestion | **ticon** | for how many days? ……..……...…… | **ticonl** |
| [] Sneezing | **tisnz** | for how many days? ……..……...…… | **tisnzl** |
| [] Other …… | **tiothe** | for how many days? ……..……...…… | **tiothel** |

(32) What drugs have been given so far for the illness at home and when?

----------**tihom**

(33) Altogether, what drugs have been given (by Doctors and parents) for this illness?

| LIST OF MEDICATIONS | | FIRST ADMINISTERED (date and time) | | LAST ADMINISTERED (date and time) | |
|---|---|---|---|---|---|
| [] Flixotide | **tifle** | …… | **tiflea** | …… | **tiflel** |
| [] Becotide | **tibec** | …… | **tibeca** | …… | **tibecl** |
| [] Seretide | **tiser** | …… | **tisera** | …… | **tiserl** |
| [] Intal | **tiint** | …… | **tiinta** | …… | **tiintl** |
| [] Ventolin | **tiven** | …… | **tivena** | …… | **tivenl** |
| [] Bricanyl | **tibri** | …… | **tibria** | …… | **tibril** |
| [] Atrovent | **tiatr** | …… | **tiatra** | …… | **tiatrl** |
| [] Serevent | **tisev** | …… | **tiseva** | …… | **tisevl** |
| [] Theophylline | **tithe** | …… | **tithea** | …… | **tithel** |
| [] Mosteleukast | **timos** | …… | **timosa** | …… | **timosl** |
| [] Prednisolone | **tipre** | …… | **tiprea** | …… | **tiprel** |
| [] Antibiotics …… | **tiantib** | …… | **tiantiba** | …… | **tiantibl** |
| [] Others …… | **timother** | …… | **timotha** | …… | **timothl** |

**SAMPLING**

(34) How well did your child tolerate the nasopharyngeal aspirate? *Please circle a number*

Worst discomfort - 1 2 3 4 5 6 7 8 9 10 - No discomfort

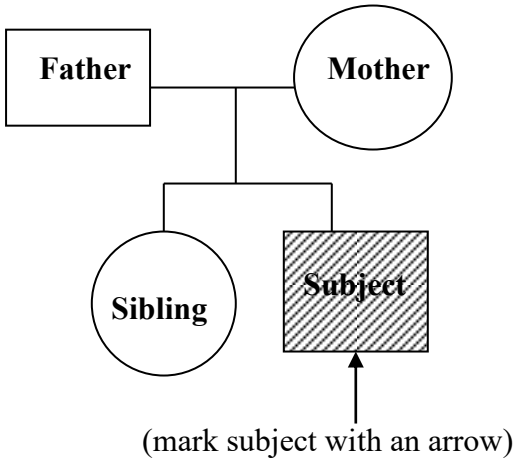
(35) How well did your child tolerate the nasal swab? *Please circle a number*

Worst discomfort - 1 2 3 4 5 6 7 8 9 10 - No discomfort

(36) How well did your child tolerate the nasal blow specimen collection? *Please circle a number*

Worst discomfort - 1 2 3 4 5 6 7 8 9 10 - No discomfort

**FAMILY TREE** (indicate who has asthma or allergy with shading)




Thankyou for completing this questionnaire

**Mechanisms of Acute Viral Respiratory Infection in Children (MAVRIC)**

# Parent/Guardian STFU Questionnaire

Patient Study Number: _____**id**

Date: _____**stfuda**

Name of person administering questionnaire: _____

Name of person providing information: _____

Relationship to child: _____

Name of child: _____

**FOLLOW UP (>6 weeks)**

(1) Since last seen, what symptoms have there been, how long were they present and when did they cease (how long ago)?

| | | | | | |
|---|---|---|---|---|---|
| [] Cough | **fuc** | how long? ……..……...….**fucl** | ceased when? ……..……..….**fucc** |
| [] Wheeze | **fuw** | how long? ……..……**fuwl** | ceased when? ……..……..….**fuwc** |
| [] Short of breath | **fusob** | how long? ……..……**fusobl** | ceased when? ……..…...…..**fusbc** |
| [] Fever | **fuf** | how long? ……..……**fufl** | ceased when? ……..……..….**fufc** |
| [] Weak and tired | **fuwt** | how long? ……..……...….**fuwtl** | ceased when? ……..……..….**fuwtc** |
| [] Runny nose | **furn** | how long? ……..……...….**furnl** | ceased when? ……..……..….**furnc** |
| [] Congestion | **fucon** | how long? ……..……...….**fuconl** | ceased when? ……..….**fuconc** |
| [] Sneezing | **fusnz** | how long? ……..……...….**fusnzl** | ceased when? ……..……..….**fuszc** |
| [] Other …… | **fuothe** | how long? ……..……...….**fuothel** | ceased when? ……..…….....**fuothc** |

(2) Since last seen, what drugs have been given and when?

| MEDICATION | COMMENCED date | FREQUENCY OF USE no. of courses, or regularly, or continuous? | TAKEN IN LAST MONTH yes/no | ANSWERS FROM clinical notes or Parent/guardian? |
|---|---|---|---|---|
| [] Flixotide | **fufli** …… | **fufla** ……...**fuflf**…… | **fuflx1**…….. | **fuflw** |
| [] Becotide | **fubec**…… | **fubeca** ……**fubef**…… | **fubex1**…….. | **fubew** |
| [] Pulmicort | **fupul**…… | **fupua** …… **fupuf**…… | **fupux1**……. | **fupuw** |
| [] Seretide | **fuser**…… | **fusera** ……**fusef**…….. | **fusex1**…… | **fusew** |
| [] Intal | **fuint** …….. | **fuinta** …… **fuinf**…….. | **fuinx1**…… | **fuinw** |
| [] Ventolin | **fuven** …… | **fuvena** …… **fuvef**……. | **fuvex1**…… | **fuvew** |
| [] Bricanyl | **fubri** …… | **fubria** …….. **fubrf**……. | **fubrx1**…… | **fubrw** |
| [] Atrovent | **fuatr** …… | **fuatra** …….. **fuatf**……. | **fuatx1**…… | **fuatw** |
| [] Serevent | **fusev**…….. | **fuseva** …….. **fusvf**……. | **fusvx1**…… | **fusvw** |
| [] Theophylline | **futhe**……. | **futhea** ……**futhf**……. | **futhx1**…… | **futhw** |
| [] Montelukast | **fumon**…… | **fumona** ……. **fumof**…… | **fumox1**…….. | **fumow** |
| [] Prednisolone | **fupre** …… | **fuprea** ……... **fuprf**……. | **fuprx1**…… | **fuprw** |
| [] Others …… | **fumoth**……... | **fumotha** ……**fuothf** …….. | **fuothx1**……. | **fuothw** |

……

**CROSS/DASH [] IF "NOT USED" – DO NOT LEAVE ANY BOXES BLANK**

Reminder: check vaccination info with vaccination booklet

(3) Are you happy for us to contact you about further testing for this ALRI study?……..….**alritest**

(4) Are you interested in participating in other studies of ALRI? .....**othalri**

(5) Are you happy to be contacted by telephone or letter about other studies? ……..…..**othTest**

**Mechanisms of Acute Viral Respiratory Infection in Children (MAVRIC)**

# Parent/Guardian LTFU Questionnaire

Patient Study Number: _____**id**

Initial Recruitment Date: _____**tdaa**

Date of Last Visit for MAVRIC:_____ _____**tlvisd**

Nature of Last Visit for MAVRIC (Acute OR ~8w Conv): _____**tlvisn**

Long Term Follow-up Date (today's date): _____**tdate**

Name of Investigator administering questionnaire: _____ **tquadby**

Name of person providing information: _____ **tparentGu**

Relationship to child: _____**tquadto**

Name of child: _____**name**

Child's Age: _____**tage**

Address: _____

Phone No:_____

Friends/grandparents/other relative:

Name: _____ Name:_____

Address: _____ Address: _____

_____ _____

Phone No: _____ Phone No: _____

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**ASTHMA**

SINCE YOUR CHILD'S LAST PARTICIPATION IN THE MAVRIC STUDY:

(1a) Has your child been admitted to hospital with asthma? [] Yes [] no **thadh**
If no, proceed to question 1g, otherwise…
(1b) How many times?…… **thadxt**

**For each admission:**

(1c) How long did your child stay in hospital (dates of begin and end or if unknown, how long after the first acute asthma assessment)?

1.Date start **ltha1**……. Date stop:……. Duration:…….. (in days) **ltha1d**
2.Date start **ltha2**……. Date stop:……. Duration:…….. (in days) **ltha2d**
3.Date start **ltha3**……. Date stop:……. Duration:…….. (in days) **ltha3d**
4.Date start **ltha4**……. Date stop:……. Duration:…….. (in days) **ltha4d**

(if there are more than 4 times, write their dates and details on the backside of this paper)

(1d) Was it in the Princess Margaret Hospital for Children?

1. [] Yes [] no **ltha1pmh**
2. [] Yes [] no **ltha2pmh**
3. [] Yes [] no **ltha3pmh**
4. [] Yes [] no **ltha4pmh**

(1e) Did your child get oxygen during that admission?

1.[] Yes [] no **ltha1O2**
2.[] Yes [] no **ltha2O2**
3.[] Yes [] no **ltha3O2**
4.[] Yes [] no **ltha4O2**

If yes, how long did your child get oxygen? (dates of begin and end and duration in days)

1.Date start……. **ltha1O2d** Date stop:……..… Duration:…… **ltha1O2du**
2.Date start……. **ltha2O2d** Date stop:…..……. Duration:…… **ltha2O2du**
3.Date start……. **ltha3O2d** Date stop:…..……..Duration:……. **ltha3O2du**
4.Date start……. **ltha4O2d** Date stop:…..……. Duration:…..……. **ltha4O2du**

(1f) Did your child get steroids (prednisolone/dexamethasone/others) during their admission?

1.[] Yes [] no **ltha1st**
2.[] Yes [] no **ltha2st**
3.[] Yes [] no **ltha3st**
4.[] Yes [] no **ltha4st**

If yes, how long did your child receive steroids during that admission? (dates of begin and end and duration in days)

1.Date start…… **ltha1std**.Date stop:…….Duration:…….. **ltha1stdu**
2.Date start……. **ltha2std** Date stop:…….Duration:…….. **ltha2stdu**
3.Date start……. **ltha3std** Date stop:…….Duration:…….. **ltha3stdu**
4.Date start……. **ltha4std** Date stop:…….Duration:…….. **ltha4stdu**

(1g) Has your child been ill with asthma and not admitted to hospital since your child's last participation in the acute asthma study? [] Yes [] no **ltnhah**

(1h) How many times?..... **ltnhaxt**

**For each time:**

(1i) How long was your child sick with asthma? (dates of begin and end or if unknown, how long after the first acute asthma assessment?)

1.Date start **ltnha1**……. Date stop:……. Duration:…….. (in days) **ltnha1d**
2.Date start **ltnha2**……. Date stop:……. Duration:…….. (in days) **ltnha2d**
3.Date start **ltnha3**……. Date stop:……. Duration:…….. (in days) **ltnha3d**
4.Date start **ltnha4**……. Date stop:……. Duration:…….. (in days) **ltnha4d**

(if there are more than 4 times, write their dates and details on the backside of this paper)

(1j) Did the child need oxygen during that illness? 1.[] Yes [] no **ltnha1O2**
2.[] Yes [] no **ltnha2O2**
3.[] Yes [] no **ltnha3O2**
4.[] Yes [] no **ltnha4O2**

If yes, how long did your child need oxygen during that illness (dates of begin and end and duration in days)?

1.Date start……. **ltnha1O2d** Date stop:……..… Duration:…… **ltnha1O2du**
2.Date start……. **ltnha2O2d** Date stop:…..……. Duration:…… **ltnha2O2du**
3.Date start……. **ltnha3O2d** Date stop:…..……..Duration:……. **ltnha3O2du**
4.Date start……. **ltnha4O2d** Date stop:…..……. Duration:…..……. **ltnha4O2du**

(1k) Did the child need steroids (prednisolone/dexamethasone/others) during that illness?

1.[] Yes [] no
2.[] Yes [] no
3.[] Yes [] no
4.[] Yes [] no

If yes, how long did your child receive steroids during that illness? (dates of begin and end and duration in days)

1.Date start…… **ltnha1std**.Date stop:…….Duration:…….. **ltnha1stdu**
2.Date start……. **ltnha2std** Date stop:…….Duration:…….. **ltnha2stdu**
3.Date start……. **ltnha3std** Date stop:…….Duration:…….. **ltnha3stdu**
4.Date start……. **ltnha4std** Date stop:…….Duration:…….. **ltnha4stdu**

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**RESPIRATORY SYMPTOMS AND INFECTION**

SINCE THEIR LAST PARTICIPATION IN THE MAVRIC STUDY

(2a) Has your child had any other illness or symptoms of respiratory infection?

[] Yes [] No **thoili**

If no, proceed to question 3, otherwise…

(2b) List which and when your child had the symptoms;

(c) Since last seen, what symptoms have there been, how long were they present and when did they cease (how long ago)?

| | | | | | |
|---|---|---|---|---|---|
| [] Cough | **fuc** | how long? ……..……...….**fucl** | ceased when? ……..……..….**fucc** |
| [] Wheeze | **fuw** | how long? ……..…….**fuwl** | ceased when? ……..……..….**fuwc** |
| [] Short of breath | **fusob** | how long? ……..…….**fusobl** | ceased when? ……..…...…..**fusbc** |
| [] Fever | **fuf** | how long? ……..…….**fufl** | ceased when? ……..……..….**fufc** |
| [] Weak and tired | **fuwt** | how long? ……..……...….**fuwtl** | ceased when? ……..……..….**fuwtc** |
| [] Runny nose | **furn** | how long? ……..……...….**furnl** | ceased when? ……..……..….**furnc** |
| [] Congestion | **fucon** | how long? ……..……...….**fuconl** | ceased when? ……..….**fuconc** |
| [] Sneezing | **fusnz** | how long? ……..……...….**fusnzl** | ceased when? ……..……..….**fuszc** |
| [] Other …… | **fuothe** | how long? ……..……...….**fuothel** | ceased when? ……..…….....**fuothc** |

SINCE THEIR LAST PARTICIPATION IN THE MAVRIC STUDY

**(3a)** How often has your child had a cough? **ltsc**

[] daily [] weekly [] monthly []seasonal []only during attacks []never

**(3b)** How often has your child had a wheeze? **ltsw**

[] daily [] weekly [] monthly []seasonal []only during attacks []never

**(3c)** If yes, does your child wheeze only with colds or also at other times?
[]Only with colds []also other times **ltswcot**

**(3d)** If also other times, then when do they wheeze?
[]during exercise []at night []specific triggers (eg dust, smoke) []other…….. **ltswotw**
Which:…… **ltswotw_name**

**(3e)** How often has your child had shortness of breath? **ltssb**
[] daily [] weekly [] monthly []seasonal []only during attacks []never

**(3f)** How often has your child had fever? **ltsf**
[] daily [] weekly [] monthly []seasonal []only during attacks []never

**(3g)** How often has your child been weak and tired? **ltswt**
[] daily [] weekly [] monthly []seasonal []only during attacks []never

**(3h)** Has your child had any other symptoms? [] Yes [] no **ltso**
They were……..... **ltso_name**

**(3i)** How often has your child had that symptom? **ltsofq**
[] daily [] weekly [] monthly []seasonal []only during attacks []never

(4a) Has your child had a recurrent cough? [] Yes [] no **tcoof**
(4b) Did they cough on most days for 3 consecutive months?
[] Yes [] no **tco3cm**
(4c) Or more during that year? [] Yes [] no **tcodye**
(4d) Is the cough dry or moist? [] Dry [] moist **tcodom**
(5a) Do they usually cough at all on getting up? [] Yes [] no **tcogu**
(5b) Or first thing in the morning? [] Yes [] no **tcofim**
(5c) Do they cough during the night? [] Yes [] no **tcodni**
(6a) Do they usually cough during the rest of the day? [] Yes [] no **tcord**
(6b) Is the cough usually dry or moist? []Dry [] moist **tcodom1**
(7) With colds, do they usually cough? [] Yes [] no **tcowcol**
If the child had wheezed since the last participation in the MAVRIC study, then:
(8a) How many times did they wheeze in the last 12 months?..... **tweov12**
(8b) With colds, do they usually wheeze? [] Yes [] no **twewcol**

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**MEDICATION**

(9) What drugs have been given since your child's last participation in the acute asthma study and when were they given?

| MEDICATION | | COMMENCED age in months | | FREQUENCY OF USE no. of courses, regularly or continuous? | | ANSWER FROM clinical notes or Parent/guardian? | |
|---|---|---|---|---|---|---|---|
| [] Flixotide | **ltfli** | …… | **ltf** | …… | **ltflf** | …… | **ltflw** |
| [] Becotide | **ltbec** | …… | **ltbe** | …… | **ltbef** | …… | **ltbew** |
| [] Pulmicort | **ltpul** | …… | **ltp** | …… | **ltpuf** | …… | **ltpuw** |
| [] Seretide | **ltsert** | …… | **ltse** | …… | **ltsef** | …… | **ltsew** |
| [] Intal | **ltint** | …… | **lti** | …… | **ltinf** | …… | **ltinw** |
| [] Ventolin | **ltven** | …… | **ltv** | …… | **ltvef** | …… | **ltvew** |
| [] Bricanyl | **ltbri** | …… | **ltbr** | …… | **ltbrf** | …… | **ltbrw** |
| [] Atrovent | **ltatr** | …… | **lta** | …… | **ltatf** | …… | **ltatw** |
| [] Serevent | **ltserv** | …… | **ltsv** | …… | **ltsvf** | …… | **ltsvw** |
| [] Theophylline | **lttheo** | …… | **ltt** | …… | **ltthf** | ……..… | **ltthw** |
| [] Montelukast | **ltmon** | …… | **ltm** | …… | **ltmof** | …… | **ltmow** |
| [] Prednisolone | **ltpre** | …… | **ltpr** | …… | **ltprf** | …… | **ltprw** |
| [] Others …… | **ltmot** | …… | **ltmoth** | ……..… | **ltmothf** | …… | **ltmothw** |

…… **CROSS/DASH [] IF "NOT USED" – DO NOT LEAVE ANY BOXES BLANK**

(10a) Have oral steroids been given since your child's last participation in the acute asthma study?
[] yes []no **tmeors**
If given for a reason other than asthma, please state ……

(10b) If given for a reason other than asthma, when and for how long?

| MEDICATION | | DATE GIVEN | | DURATION | |
|---|---|---|---|---|---|
| [] Prednisolone | **tprpre** | …….. | **tprpred** | …… | **tprpredu** |
| [] Dexamethasone | **tprdex** | …… | **tprdexd** | …… | **tprdexdu** |
| [] Others | **tproth** | …… | **tprothd** | …… | **tprothdu** |

## SMOKING

(11a) Does the child's mum NOW smoke cigarettes? [] Yes [] no **tsmnow**
(11b) Approx how many cigarettes does mum smoke per day NOW?……**tsmcpd**
(11c) Approx how many cigarettes has mum smoked in the last 24 hours?……**tsmcp24**
(11d) Does mum smoke in the house? [] Yes [] no **tsmho**
(11e) Does mum smoke in the car? [] Yes [] no **tsmca**

(12a) Does anyone else in the household **NOW** smoke? [] Yes [] no **tsmotpd**
(12b) (*Approx)* Altogether how many cigarettes have they smoked in the last 24 hours?
.....**tsmot24**
(12c) Do others smoke in the house? [] Yes [] no **tsmoth**
(12d) Do others smoke in the car? [] Yes [] no **tsmotc**

## ALLERGIES

(13a) Does your child now suffer from allergies? [] Yes [] No **tfhsal**
If no, proceed to question 14, otherwise…
(13b) List which allergies and when they started or when you became aware

| | | | AGE STARTED in months | |
|---|---|---|---|---|
| DAIRY PRODUCTS | **thdp** | [] | …… | **thdpa** |
| WHEAT | **thw** | [] | …… | **thwa** |
| SEAFOOD | **ths** | [] | …… | **thsa** |
| EGG | **the** | [] | ……. | **thea** |
| NUTS | **thn** | [] | ……. | **thna** |
| GRASSES/POLLENS | **thg** | [] | ……. | **thga** |
| DUST MITE | **thd** | [] | ……. | **thda** |
| OTHER ……. | **tho** | | ……. | **thoa** |

(14a) Has your child had eczema since their last participation in the acute asthma study?
[] Yes [] No **theczin**
If no, proceed to question 15, otherwise
(14b) When has your child have eczema? _____

## CHILDHOOD ENVIRONMENT

(15a) Does your child now regularly attend:

| | | | |
|---|---|---|---|
| (i) day-care | [] Yes | [] No | **ltcedayc** |
| (ii) kindergarten | [] Yes | [] No | **ltceking** |
| (iii) pre–school | [] Yes | [] No | **ltcepres** |
| (iiii) none of the above | [] | | **ltcenon** |

(15b) Has your child been regularly exposed to a cat or dog since their last participation in the MAVRIC study?

| | | | |
|---|---|---|---|
| | [] Yes | [] No | **tpcdr** |
| If no, proceed to question 16, otherwise… | | | |
| (i) Cat only | [] Yes | [] no | **tpcrx** |
| (ii) Dog only | [] Yes | [] no | **tpdrx** |
| (iii) Cat and dog | [] Yes | [] no | **tpcdrx** |

(15c) If yes, do they come indoors?

| | | | |
|---|---|---|---|
| (i) Indoor cat | [] Yes | [] no | **tpeci** |
| (ii) Indoor dog | [] Yes | [] no | **tpedi** |
| (iii) Indoor cat and dog | [] Yes | [] no | **tpecdi** |

(16) Are you interested in participating in other studies of asthma? …….**tothAst**

(17) Are you happy to be contacted by telephone or letter about other studies?..... **tothTest**

**Thank you for taking the time to complete this questionnaire**