Questionnaire: Asthma and Allergic Diseases

Q1. Has your child ever had wheezing or whistling in the chest at any time in the past?

- No ................................................................. 1 (Go to Q6)
- Yes ....................................................................... 2

Q2. Has your child ever had wheezing or whistling in the chest in the last 12 months?

- No ................................................................. 1 (Go to Q6)
- Yes ....................................................................... 2

Q3. How many attacks of wheezing has your child had in the last 12 months?

- 1 to 3 ................................................................. 1
- 4 to 12 ............................................................... 2
- More than 12 .................................................... 3

Q4. In the last 12 months, how often, on average, has your child’s sleep been disturbed due to wheezing?

- None ................................................................. 1
- Less than one night per week) ......................... 2
- One or more nights per week) ....................... 3

Q5. Has wheezing ever been severe enough to limit your child’s speech to only one or two words at a time between breaths?

- No ................................................................. 1
- Yes ....................................................................... 2

Q6. Has your child ever had asthma?

- No ................................................................. 1
- Yes ....................................................................... 2
Q7. has your child’s chest sounded wheezy during or after playing/running/exercise?)

نا (No) ..............................................................1

हाँ (Yes) ..........................................................2

Q8. has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?)

نا (No) ..............................................................1

हाँ (Yes) ..........................................................2

Q9. Has father of the child ever had asthma?

نا (No) ..............................................................1

हाँ (Yes) ..........................................................2

Q10. Has mother of the child ever had asthma?

نا (No) ..............................................................1

हाँ (Yes) ..........................................................2

Q11. Has brother or sister of the child ever had asthma?

نا (No) ..............................................................1

हाँ (Yes) ..........................................................2

Not applicable) ................................................3

Note:
- In the questionnaire at the age of 10 years the confirmation period was changed from 12 months to 6 months.
- In the questionnaire at the age of 10 years Q3, Q4 and Q5 were not included.