ID ☐☐☐☐

THE CHILDHOOD ASTHMA PREVENTION STUDY

3 YEAR ASSESSMENT PROFORMA

Mother's name ______________________________
surname

____
other names

Child's name ______________________________
surname

____
other names

Date ☐☐☐☐☐☐

Data collected by ☐☐☐

Data entered by ☐☐☐

Smoking

Do you (the mother) smoke ? Yes ☐1 No ☐2

Do other people living in your home smoke inside the house ? Yes ☐1 No ☐2

(if 'Yes' to either smoking question, please complete the table below for cigarettes smoked inside the house)

cigarettes/day	Mother	Father	Other
1-10/ day			
11-20/ day			
21-40/day			
41+/day			

Child care

Has you child attended a child care facility, nursery, creche or play group? Yes ☐1 No ☐2

(if 'Yes' please complete the table below)

Do not include relatives or other carers minding your children in your own home or at another persons' home unless there are other people's children present. (In which case it could be classified as family day care)

	approx number of children at centre	average **hours** per week	Does he/she usually sleep there?	age when started (months)	duration of attendance (months)
long day care at a child care centre (includes lunch time)			Yes ☐1 No ☐2		
occasional care at a child care centre			Yes ☐1 No ☐2		
family day care			Yes ☐1 No ☐2		
play group (parent supervised)			Yes ☐1 No ☐2		
other: describe:			Yes ☐1 No ☐2		

Cough

In the last 18 months has your child had a cough which lasted for one week or more? Yes ☐1 No ☐2

If the initial answer is 'No' check that this also means no cough at night, after physical activity or crying, or on breathing cold air at night. If the answer is "Yes" to any of these then choose "Yes" here.
If definitely 'No', go to section on "Wheeze"

How long was the longest episode of cough?

- One week ☐1
- Two weeks ☐2
- three or four weeks ☐3
- more than four weeks ☐4
- persistent cough ☐5

How often has your child had a cough which lasted for one week or more?

- Only once ☐1
- Twice ☐2
- Three or four times ☐3
- more than four times ☐4
- persistent cough ☐5

In the last 18 months has your child had a cough which lasted for a week or more and did **not** appear to be associated with a cold? *(prompt with question about whether child had a runny nose)*

Yes ☐1 No ☐2

In the last 12 months has you child which he/she coughed during his/her sleep?

Yes ☐1 No ☐2

If yes did this cough occur

- every night ☐1
- more than 3 nights per week ☐2
- more than once per week ☐3
- less than once per week ☐4

In the last 12 months has your child coughed during or after physical activity or crying or when breathing cold air at night? Yes ☐1 No ☐2

During this period, did this cough occur

- every day ☐1
- more than three days per week ☐2
- more than once per week ☐3
- less than once per week ☐4

Wheeze

In the last 18 months has your child wheezed *(that is whistling in the chest or noisy breathing)*?

Yes ☐1 No ☐2

If the initial answer is 'No' check that this also means no wheeze at night, after physical activity or crying, or on breathing cold air at night. If the answer is "yes' to any of these then choose "Yes" here.
If definitely 'No', go to section on "Rhinitis"

In the last 18 months has your child had an illness with wheezing which lasted for one week or more?

Yes ☐1 No ☐2

If the answer is 'No', go to the section on "Examination for Wheeze"

How long was the longest episode of wheezing?

- One week ☐1
- Two weeks ☐2
- three or four weeks ☐3
- more than four weeks ☐4
- persistent wheezing ☐5

How often has your child had an episode of wheezing which lasted for one week or more?

- Only once ☐1
- Twice ☐2
- Three or four times ☐3
- more than four times ☐4
- persistent wheezing ☐5

If option 3 or 4 was ticked please answer next question

If option 3 or 4 was ticked please answer the following, otherwise skip to next question

Do the episodes usually occur more often than every 6 weeks?

Yes ☐1 No ☐2

In the last 18 months has your child had an episode of wheezing which lasted for a week or more and did **not** appear to be associated with a cold?

Yes ☐1 No ☐2

In the last 18 months has your child had an episode of wheezing which appeared to cause difficulty in breathing?

Yes ☐1 No ☐2

In the last 18 months has your child had an episode of wheezing for which he/she:

- visited your family doctor (GP) or medical centre Yes ☐1 No ☐2
- attended a hospital's Emergency Department Yes ☐1 No ☐2
- was admitted to hospital Yes ☐1 No ☐2

In the last 12 months has your child wheezed during his/her sleep?

Yes ☐1 No ☐2

Did this wheezing occur

- every night ☐1
- more than 3 nights per week ☐2
- more than once per week ☐3
- less than once per week ☐4

Over the last 12 months has your child wheezed during or after physical activity or crying or when breathing cold air at night? Yes ☐1 No ☐2

Did this wheezing occur

- every day ☐1
- more than three days per week ☐2
- more than once per week ☐3
- less than once per week ☐4

Examination for wheeze

(examiner place stethescope on 4 positions on child's back to assess wheezing)

Audible wheeze apparent on inspection? Yes ☐1 No ☐2

Wheezing apparent on occultation Yes ☐1 No ☐2

Rhinitis

In the last 18 months has your child had a problem with sneezing or a runny or blocked nose which lasted for one week or more? Yes ☐1 No ☐2

If the answer is "No", examine for nasal crusting and nasal discharge and then go to the section on dermatitis / eczema.

How long was the longest episode of sneezing / runny nose / blocked nose?

- One week ☐1
- Two weeks ☐2
- three or four weeks ☐3
- more than four weeks ☐4
- persistent sneezing / runny/ blocked nose ☐5

How often has your child had an episode of sneezing / runny nose / blocked nose which lasted for one week or more?

- Only once ☐ 1
- Twice ☐ 2
- Three or four times ☐ 3
- more than four times ☐ 4
- persistent sneezing / runny/ blocked nose ☐ 5

Examination of nose

Nasal crusting apparent on inspection ? Yes ☐ 1 No ☐ 2

Nasal discharge apparent on inspection? Yes ☐ 1 No ☐ 2

Dermatitis / Eczema

Has your child had an itchy rash that has been coming and going for three months or more which has affected the skin creases? (ie. folds of the elbows, behind the knees, fronts of the ankles, under the buttocks, around the neck, ears or eyes)

Yes ☐1 No ☐2

Presence of flexural eczema on inspection ? Yes ☐1 No ☐2

Food allergy

Has your child ever experienced any illness or symptoms which you thought were due to a reaction to foods he / she was eating? Yes ☐1 No ☐2

If "yes" what type of problems attributable to foods did you observe? *(tick the appropriate responses- do not read through the list)*

Crying	☐	Unspecified rash	☐
Diarrhoea	☐	sneezing / runny nose	☐
Vomiting	☐	Angio-oedema *(or urticaria around the mouth)*	☐
Wheezing	☐	behavioural disturbance	☐
Cough	☐	failure to gain weight	☐
Eczema	☐	other: specify	
Urticaria(hives)	☐		

Have you ever avoided giving specific types of food to your child for six weeks or more in order to prevent possible food allergy, reaction? (this does not refer to children disliking the food and refusing to eat it)

Yes ☐1 No ☐2

Which foods have you avoided?

- Cow's milk Yes ☐1 No ☐2
- other diary products Yes ☐1 No ☐2
- egg Yes ☐1 No ☐2
- other Yes ☐1 No ☐2 ____________________ *please specify*

On whose advice did you take this action?

- GP Yes ☐1 No ☐2
- Paediatrician Yes ☐1 No ☐2
- Baby health sister Yes ☐1 No ☐2
- other health care professional Yes ☐1 No ☐2
- friends Yes ☐1 No ☐2
- no-one (own decision) Yes ☐1 No ☐2

Diagnoses

Has your child **ever** been diagnosed as having the following illnesses by a doctor or at a hospital ?

Yes ☐1 No ☐2

For each illness which has been diagnosed, ask for that illness, about the how many times they have used the following medical care AND INSERT NUMBER OF VISITS

		In the last 12 months how many times have you seen a GP (family doctor) or a doctor at a medical centre?	In the last 12 months how many times have you seen a specialist children's doctor (paediatrician) in his/her surgery or clinic?	In the last 12 months how many times have you attended a hospital emergency department (casualty) but not been admitted to hospital?	In the last 12 months how many times have you been admitted to hospital?
Eczema/ atopic dermatitis	Yes ☐1 No ☐2				
Allergic rhinitis/ hayfever	Yes ☐1 No ☐2				
Pneumonia	Yes ☐1 No ☐2				
Bronchiolitis	Yes ☐1 No ☐2				
Whooping cough	Yes ☐1 No ☐2				
Bronchitis	Yes ☐1 No ☐2				
Croup	Yes ☐1 No ☐2				
Asthma	Yes ☐1 No ☐2				

Has your child been diagnosed as having any other illnesses by a doctor or at a hospital?

Yes ☐1 No ☐2

If yes- please list: ______________________________

____

____

Treatment

In the last 12 months has your child taken any of the following medications? Yes ☐1 No ☐2

Start by asking what medicines, inhalers, nebulisers, or creams/ointments the child has used. Show pictures and lists. No need to record specific names of medicines, just the relevant classes.

Medication	Yes	How long in total was he/she taking this medication?				How frequently was he/ she taking this medication?		
		<1 week	<1 month	1-3 months	>3 months	<once/ week	<once/ day	>once/ day
Ventolin or Bricanyl syrup	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Ventolin, Bricanyl, Airomir or Asmol by puffer (spacer)	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Ventolin, Bricanyl, Airomir or Asmol by nebuliser	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Theophylline suspensions and syrups	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Atrovent by puffer (and spacer)	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Atrovent by nebuliser	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Intal, Intal Forte, or Tilade by puffer (and spacer)	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Intal by nebuliser	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Becotide, Becloforte, Pulmicort, Flixotide, Qvar or Respocort by puffer	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Pulmicort by nebuliser	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Oral antihistamines	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Beconase, Rhinocort or Flixonase (nasal steroids)	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
steroid creams (*refer to list)*	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
emollient creams *(refer to list)*	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Oral prednisone or dexamethasone	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Accolate, singular (tablets)	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3
Serevent, Oxis, Foradile, Optrol	☐1	☐1	☐2	☐3	☐4	☐1	☐2	☐3

Skin prick test results

Record the longest diameter of the wheal and the diameter perpendicular to this.

Dimensions mm		Dimensions mm	
Glycerine	☐ x ☐	Peanuts	☐ x ☐
Histamine	☐ x ☐	Cows milk	☐ x ☐
Der p1	☐ x ☐	Eggs	☐ x ☐
Cockroach	☐ x ☐	Rye grass	☐ x ☐
Cat	☐ x ☐	Grass mix	☐ x ☐
Alternaria	☐ x ☐	Tuna	☐ x ☐
Salmon	☐ x ☐		☐ x ☐

Blood tests

Blood collected: Yes ☐ 1 No ☐ 2 Amount:_____ mls

If "No" please give reason ____

____

____

Exhaled Nitric Oxide: **Done? Yes** ☐ 1 **No** ☐ 2

Bag 1: ☐☐.☐

Bag 2: ☐☐.☐

Ambient: ☐☐.☐

Forced Oscillation Technique: **Done? Yes** ☐ 1 **No** ☐ 2

	Mean R	SD	CV
Pre – Ventolin:	☐☐.☐☐	☐☐.☐☐	☐☐.☐☐
Post – Ventolin:	☐☐.☐☐	☐☐.☐☐	☐☐.☐☐