

# TASMANIAN ASTHMA SURVEY

Conducted by the School Health Service for the  
Asthma Foundation of Tasmania

February, 1974

Dear Parent,

You may recall that during 1968, all Tasmanian children who had been born in 1961 participated in an Asthma Survey, from which much valuable knowledge has been gained.

In 1974 it is proposed to review and re-examine some of the children who took part in the original survey. As a preliminary to the follow-up study, it is necessary to locate every child in the 1961 group, and to obtain some up to date information about certain chest disorders.

Would you please assist in this study by completing the accompanying questionnaire about your child who was born in 1961?

It is suggested that you read through all the questions first, then return to Question 1 and answer it by placing a tick in the appropriate square.

If you answer Yes to Question 1, please answer questions 2, 3 and 4 also.

If you answer Yes to Question 5, please answer questions 6, 7 and 8 also.

Thank you very much for your co-operation in this survey.

Yours sincerely,

(Dr.) Heather B. Gibson,

SENIOR SCHOOL MEDICAL OFFICER.

# TASMANIAN ASTHMA SURVEY

1974 QUESTIONNAIRE — CONFIDENTIAL

To be completed for every child born in 1961

Surname

First names

Date of birth  /  /   
*day month year*

Sex Male  Female

School 1974

S.H.S. Number

## To be filled in by parent, guardian or relative.

Please answer YES or NO by placing a tick in the appropriate square.

It is suggested that you read through all the questions first, then return to Question 1.

If you answer YES to Question 1, answer Questions 2, 3 and 4 also.

If you answer NO to Question 1, omit Questions 2, 3 and 4 and go to Question 5.

If you answer YES to Question 5, answer Questions 6, 7 and 8 also.

If you answer NO to Question 5, no further answers are required.

**Q1.** Has your child **at any time** in his/her life suffered from attacks of asthma or of wheezy breathing? Yes  No

(**Note:** Please regard "asthma" and "wheezy breathing" as being much the same thing for this survey; we do not ask you to try to tell the difference).

**Q2.** If **YES**, at what age did this start?

**Q3.** Did your doctor call it asthma? Yes  No

**Q4.** Has there been an attack:

(a) in the last two years? Yes  No

(b) in the last one year? Yes  No

**Q5.** Has your child **at any time** in his/her life suffered from attacks of bronchitis or attacks of sputum (phlegm) in the chest (“loose” or “rattly” cough)?

Yes  No

(**Note:** Please regard “bronchitis”, “cough with sputum (phlegm) in the chest” and “loose or rattly cough” as being much the same thing for this survey; we do not ask you to try to tell the difference).

**Q6.** If **YES**, at what age did this start?

**Q7.** Did your doctor call it bronchitis

Yes  No

**Q8.** Has there been an attack:

(a) in the last two years?

Yes  No

(b) In the last one year?

Yes  No

**Please check your answers to all the questions. Thank you.**

Signature

Address

# T. A. S. 22 1974 SUPPLEMENTARY QUESTIONNAIRE

(Selected Sample)

School	<input type="text"/>	Identification T. A. S. 10
Class	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	Category T. A. S. 10 (68)
First names	<input type="text"/>	T. A. S. 12 (74)
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Since starting school, have you had hay fever? Yes  No

Since starting school, have you had more than 3 colds a year, on the average? Yes  No

*(for those classified A or AB in 1968 or 1974)*

**(i)** What year did your asthma start?

**(ii)** How many attacks of asthma/wheezing or difficult breathing have you had in the past 12 months?

1 only

2-5

6-10

10-20

>20

**(iii)** How long do your attacks usually last?

<12 hours

a day or so

a week or so

a month or so

continuous

(i.e. never free for more than 24 hrs)

- (iv)** Since you started school, is your asthma:
- tending to be more troublesome
  - tending to be less troublesome
  - staying about the same

*(for those classified B or AB in 1968 or 1974)*

**(i)** What year did your bronchitis start?

**(ii)** How many attacks of bronchitis have you had in the past 12 months?

- 1 only
- 2–5
- 6–10
- 10–20
- >20

**(iii)** How long do your attacks usually last?

- <12 hours
- a day or so
- a week or so
- a month or so
- continuous
- (i.e. never free for more than 24 hrs)

**(iv)** Since you starts school, is your bronchitis:

- tending to be more troublesome
- tending to be less troublesome
- staying about the same

**5.** Have you ever been given cortisone / prednisone / steroids for your chest symptoms?

- Yes
- No
- Doubtful
- Unlikely

6. Smoking habits

1. Have you ever smoked?

Yes  No

2. If YES —

a whole cigarette?

or just a puff

3. How old were you when you first tried smoking?

years

4. How much do you smoke now?

less than 5 per day

more than 5 per day

a packet a day

5. Do you do the draw back?

Yes  No

# CLINICAL DATA

School

Class

Surname

First names

Date of birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>day</i>			<i>month</i>			<i>year</i>			

Date of examination

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>day</i>			<i>month</i>			<i>year</i>			

M.O's Number

Child's age

<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months
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Scale calibration

56lbs. =

Height

cm.

Weight

lb.

Eczema Flexural Yes  No

Generalised Yes  No

## Upper Respiratory Signs

Discharge

- None
- Mucoid
- Muco purulent
- Purulent

Obstruction

- Nil
- Partial
- Complete

## Lower Respiratory Signs

Loose cough Yes  No

Audible wheeze Yes  No

Auscultation Normal   
Rhonchi unilateral   
Rhonchi bilateral

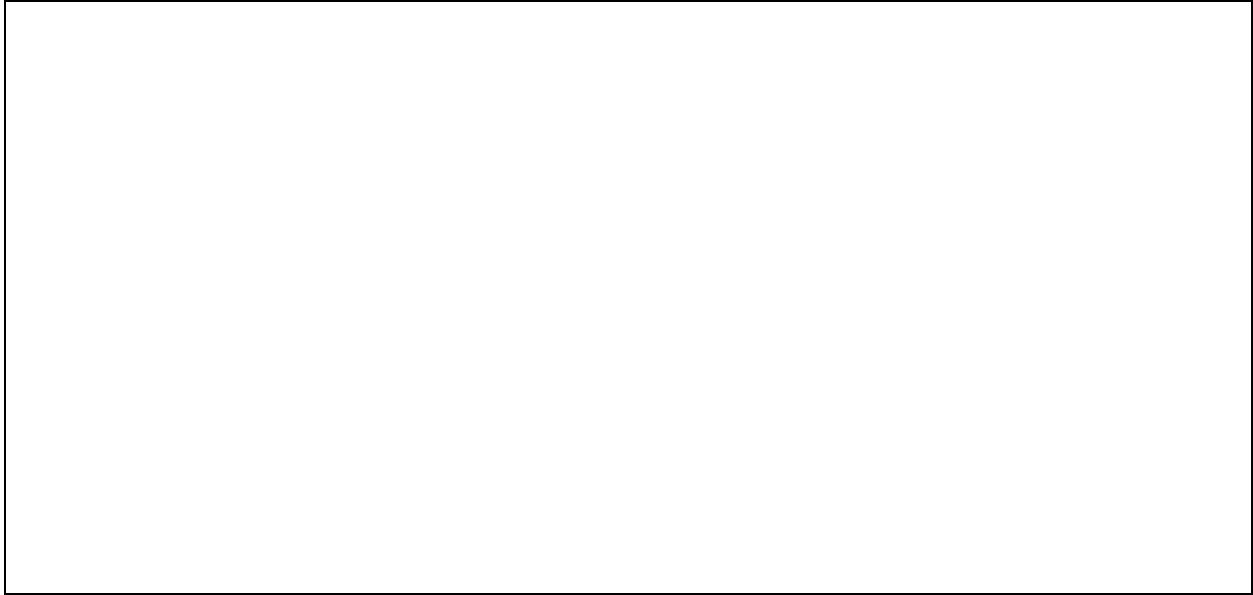
Rales unilateral   
Rales bilateral

**Ventilatory Function**

Spirometer number

Room temperature  °C

Attach spirogram



**RESULTS (Office use only)**

F.E.V. 0.5 (mL)

F.E.V. 1.0 (mL)

V.C. (mL)

Ratio F.E.V./V.C.

M.E.F.R. (mL/sec)