



UNIVERSITY
OF TASMANIA



MONASH
University



THE UNIVERSITY OF
MELBOURNE

WINDOW

The Fourth Follow-up Study of the 1968 Tasmanian Asthma Survey

We would like to invite you to take part in a postal survey for a follow-up study of the 1968 Tasmanian Asthma Survey. In 1968, as part of a statewide survey of all 7 year old children, your parents filled in a questionnaire about your health. They also completed surveys for your brothers and sisters as well as for themselves. With 45,900 Tasmanians involved, this research is the largest asthma study in the world.

This current follow-up study will look at the factors that affect respiratory health in adults. We have found your address on the federal electoral rolls (*allowed under sections 91(4A)(e) and 91(2A)(c) of the Commonwealth Electoral Act 1918 and Regulation 10 of the Electoral and Referendum Regulations*) or recently from your brothers or sisters.

We would be grateful if you could help us by completing this survey booklet and returning it in the reply paid envelope provided. We'd like as many of you to complete the survey booklet as possible, **even if you do not have any asthma or any respiratory problems**. This is so we can compare information from people with and without respiratory illnesses to identify the causes of these conditions. This survey booklet contains:

- **Consent Form** which you need to sign if you agree to fill in this survey booklet
- **Respiratory Health Questionnaire**
- **Family Contact Details Form**

We are asking for the details of your family so we can also survey them with a similar questionnaire in the future. Providing their details does not commit them to be involved in this study. You may wish to discuss this with them to make sure they are happy for you to pass on their information. A lot of time has gone by since the original study and if this letter happens to bring up memories of upsetting events that have occurred in your family, we sincerely apologise.

If you have questions about this research or need help in completing the survey, please contact Cathryn Wharton on **1800 110 711** (free call Australia wide) or email: inq-tas@unimelb.edu.au
Alternatively, you could contact the chief investigator Dr Shyamali Dharmage on (03) 8344 0737.

Your participation in this survey is completely voluntary. If you do not wish to take part you are not obliged to, but please let us know by ringing 1800 110 711 (free call) so we do not send you a reminder letter. All information you provide is strictly confidential. Your Consent Form (page 2) and Family Contact Details Form (pages 11 and 12) which have your identifying information will be removed from this booklet and stored separately from your questionnaire. If you have a complaint about this project or concerns about your rights as a research participant, you can contact the Executive Officer, Human Research Ethics, The University of Melbourne on (03) 8344 4071.

Over the years this study has made many great contributions to the understanding of respiratory illnesses. Thank you for your help with this research so far and for taking the time to consider our request.

Sincere regards,

Dr Shyamali Dharmage, Senior Lecturer
Chief Investigator of the T.A.S.

Cathryn Wharton, Senior Research Assistant
Project Coordinator of the T.A.S.



THE UNIVERSITY OF
MELBOURNE

Fourth Follow-up Study of the 1968 Tasmanian Asthma Survey

CONSENT FORM

If you agree to fill in this survey booklet we need you to sign below. Signing this form simply means that you are willing to take part in this postal survey and provide information in this booklet. It does not remove any of your legal rights as a research participant.

Please do not fold this booklet or remove any of the pages.

Before you post this booklet please make sure you have:

1. signed this Consent Form
2. completed the Respiratory Health Questionnaire (pages 3 to 10)
3. filled in the Family Contact Details Form (pages 11 and 12)

Post the completed booklet in the reply paid envelope provided or mail to:

Tasmanian Asthma Study
Department of Public Health
The University of Melbourne
Reply Paid 75370
CARLTON VIC 3053

If you have any questions please contact Cathryn Wharton on **1800 110 711**.

Participant Name:

ID number:

*If the above name is **not correct** please record your current full name below.*

Current name:

I agree to complete this survey booklet that is part of a research study titled **“The fourth follow-up study of the 1968 Tasmanian Asthma Survey”**, which is being conducted by Dr Shyamali Dharmage of The University of Melbourne.

I have been informed that the general purpose of this study is to identify the causes of respiratory health problems in adults. I know that my involvement in this research is voluntary and I am free to withdraw at any time. I also understand that my personal information will be kept confidential and my identity will not be revealed in publications of results.

I would like to receive a report on the findings of the study *(please shade in the oval)* Yes

Participant signature:

Date:

RESPIRATORY HEALTH QUESTIONNAIRE

TASMANIAN ASTHMA STUDY 1968 - 2003/04

Please read these instructions & examples before you fill in the questionnaire.

• Please do not fold or bend this booklet.



• Please use a blue or black pen or 2B pencil.

• Please mark your responses like this:

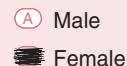
• Ovals must be completely shaded in.

• Cross out any mistakes and shade in the correct oval, e.g.

• If you need help to answer any of the questions please contact us on 1800 110 711 (free call).

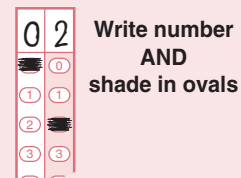
• Unless indicated, shade in only one oval

Example: To indicate "female"



• Where a number is required, write the number in the boxes and shade in the ovals.

Example: To indicate "2"



Today's Date:

Day	Month	Year
<input type="text"/>	<input type="radio"/> JAN	<input type="radio"/> 2003
<input type="text"/>	<input type="radio"/> FEB	<input type="radio"/> 2004
<input type="text"/>	<input type="radio"/> MAR	<input type="radio"/> 2005
<input type="text"/>	<input type="radio"/> APR	<input type="radio"/> 2006
<input type="text"/>	<input type="radio"/> MAY	<input type="radio"/> 2007
<input type="text"/>	<input type="radio"/> JUN	
<input type="text"/>	<input type="radio"/> JUL	
<input type="text"/>	<input type="radio"/> AUG	
<input type="text"/>	<input type="radio"/> SEP	
<input type="text"/>	<input type="radio"/> OCT	
<input type="text"/>	<input type="radio"/> NOV	
<input type="text"/>	<input type="radio"/> DEC	

Your date of birth:

If this is **NOT CORRECT**, please record your date of birth below:

Day	Month	Year
<input type="text"/>	<input type="radio"/> JAN	<input type="text"/>
<input type="text"/>	<input type="radio"/> FEB	<input type="text"/>
<input type="text"/>	<input type="radio"/> MAR	<input type="text"/>
<input type="text"/>	<input type="radio"/> APR	<input type="text"/>
<input type="text"/>	<input type="radio"/> MAY	<input type="text"/>
<input type="text"/>	<input type="radio"/> JUN	<input type="text"/>
<input type="text"/>	<input type="radio"/> JUL	<input type="text"/>
<input type="text"/>	<input type="radio"/> AUG	<input type="text"/>
<input type="text"/>	<input type="radio"/> SEP	<input type="text"/>
<input type="text"/>	<input type="radio"/> OCT	<input type="text"/>
<input type="text"/>	<input type="radio"/> NOV	<input type="text"/>
<input type="text"/>	<input type="radio"/> DEC	<input type="text"/>

19

Write number AND shade in ovals

HEALTH QUESTIONS

1. Have you ever been allergic to any of the following?

SHADE ALL THAT APPLY

- Foods
- Medicine
- Dust
- Animals
- Pollen, grass, trees or flowers

2. Have you ever had eczema or any kind of skin allergy?

- No
- Yes

3. Have you ever had hay fever (that is sneezing, running or blocked nose *when you do not have a cold or the flu*)?

- No
- Yes

4. Have you had treatment for heart trouble in the past 10 years?

- No
- Yes

BARCODE & ID NUMBER TO BE PRINTED HERE

5. Are you disabled from walking by a condition other than heart or lung disease?

- No
- Yes

6. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- No → go to question 7
- Yes → continue

6.1 Do you have to walk slower than people of your age because of breathlessness?

- No
- Yes

6.2 Do you have to stop for breath when walking at your own pace on level ground?

- No
- Yes

6.3 Do you ever get short of breath when resting?

- No
- Yes

7. Do you **usually** cough when you **do not** have a cold?

- No → go to question 8
- Yes → continue

7.1 Are there months in which you cough on most days?

- No → go to question 8
- Yes → continue

7.1.1 Do you cough on most days for at least three months of each year?

- No
- Yes

7.1.2 For how many years have you had this cough?

- Less than 2 years
- 2 - 5 years
- More than 5 years

8. Do you **usually** have phlegm in your chest when you **do not** have a cold?

- No → go to question 9
- Yes → continue

8.1 Are there months in which you have phlegm in your chest on most days?

- No → go to question 9
- Yes → continue

8.1.1 Do you bring up this phlegm on most days for at least three months each year?

- No
- Yes

8.1.2 For how many years have you had this phlegm?

- Less than 2 years
- 2 - 5 years
- More than 5 years

9. Have you, **at any time in your life**, suffered from **cough with phlegm** in the chest (with or without a cold)?

- No → go to question 10
- Yes → continue

9.1 Have you had cough with phlegm on most days for at least three months of each year for two successive years?

- No
- Yes

10. Have you, **at any time in your life**, suffered from attacks of asthma or wheezy breathing? (Regard asthma and wheezy breathing as being much the same for this question.)

- No → go to question 13
- Yes → continue

10.1 At what age did these attacks begin? (*age in years*)

0	0
1	1
2	2
3	3
4	4
	5
	6
	7
	8
	9

Write number AND shade in ovals

10.2 How long ago did you have the last attack?

- Within the last year
- Over 1 year but less than 2 years ago
- Over 2 years ago

11. Are you:

- Male → go to question 13
- Female → continue

11.1 Have you ever noticed that your asthma changes with your monthly menstrual period?

SHADE ONE ONLY

- No, my asthma does not change when I have my period
- Yes, my asthma gets worse when I have my period
- Yes, my asthma gets better when I have my period
- I don't have periods
- Don't know

12. Have you been pregnant since you first had asthma?

- No → go to question 13
- Yes → continue

12.1 What happened to your asthma during your pregnancies?

SHADE ONE ONLY

- Improved
- Got worse
- Stayed the same
- Not the same for all pregnancies
- Don't know

→ go to question 13

Please answer A, B and C for questions 13 to 16.

A. Has a doctor ever told you that you have or had this condition?

B. How old were you when you were told you had this condition? (age in years)

Write number AND shade in ovals

Eg. 2 years

0	2	1	0	3	4				
0	1	2	3	4	5	6	7	8	9

C. Have you taken any medicine (including inhalers or tablets) for this condition in the last three months?

13. Asthma? No → go to question 14
 Yes → continue

	0	1	2	3	4					
	0	1	2	3	4	5	6	7	8	9

No
 Yes

14. Chronic bronchitis? No → go to question 15
 Yes → continue

	0	1	2	3	4					
	0	1	2	3	4	5	6	7	8	9

No
 Yes

15. Emphysema? No → go to question 16
 Yes → continue

	0	1	2	3	4					
	0	1	2	3	4	5	6	7	8	9

No
 Yes

16. Chronic obstructive pulmonary disease or chronic obstructive airways disease? No → go to question 17
 Yes → continue

	0	1	2	3	4					
	0	1	2	3	4	5	6	7	8	9

No
 Yes

17. Have you had wheezing or whistling in your chest in the last 12 months? (wheezing means a whistling sound, however high or low pitched and however faint.)

- No → go to question 18
- Yes → continue

17.1 Have you been at all breathless when the wheezing noise was present?

- No
- Yes

17.2 Have you had this wheezing or whistling when you did not have a cold?

- No
- Yes

18. Have you, at any time in the last 12 months, woken up with a feeling of tightness in your chest?

- No
- Yes

19. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath?

- No
- Yes

YOURSELF, WORK AND HOME

Now, we are asking for some information about yourself, your work and home to look at the effect of these things on people's respiratory health.

20. In your lifetime, have you smoked at least 100 cigarettes or equal amounts of cigars, pipes, or any other tobacco product?

- No → go to question 21
- Yes → continue

20.1 How old were you when you started smoking? (age in years)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write number AND shade in ovals

20.2 Do you currently smoke (within the last 4 weeks)?

- Not at all → go to question 20.3
- Yes, daily → continue
- Yes, at least weekly → continue
- Yes, less than weekly → continue

20.2.1 On average, how much do you **currently** smoke (total number of cigarettes or equivalent product)? (Provide the average number per day OR per week OR per month)

per day OR per week OR per month

Write number AND shade in ovals

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

→ go to question 21

20.3 How old were you when you stopped smoking? (age in years)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write number AND shade in ovals

20.3.1 On average, during periods when you smoked, how much **did** you smoke (total number of cigarettes or equivalent product)? (Provide the average number per day OR per week OR per month)

per day OR per week OR per month

Write number AND shade in ovals

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

21. Not counting yourself, how many people in your household currently smoke regularly (most days of the week) inside the house?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write number AND shade in ovals

22. Do people smoke regularly (most days of the week) in the room where you work (not counting yourself)?

- No
- Yes

23. On average, how many hours per day are you exposed to other people's tobacco smoke (work and home)?

Write number AND shade in ovals

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

24. What is your height without shoes? (answer either in feet and inches **OR** in centimetres.)

Feet and Inches **OR** Centimetres

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Write number AND shade in ovals

25. What is your weight? (answer either in stone and pounds **OR** in pounds **OR** in kilograms?)

Stone and Pounds **OR** Kilograms

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Write number AND shade in ovals

26. How many of your own (biological) children have you had?

Write number AND shade in ovals

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

If you have not had children → go to question 27
If you have had children → continue

26.1 How many of your own (biological) children have ever suffered from attacks of asthma or wheezy breathing?

Write number AND shade in ovals

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

27. What is the highest educational or vocational qualification that you have completed?

SHADE ONE ONLY

- Grade 1 to 6
- Grade 7 to 9
- Grade 10 or 11
- Grade 12 or equivalent (eg. Higher School Certificate)
- Trade / Apprenticeship (eg. Hairdresser, electrician, plumber etc)
- Certificate or Diploma (eg. Child care, technician etc)
- University degree (eg. Bachelor)
- Higher University Degree (eg. Graduate Diploma, Masters, PhD)

28. Are you currently employed or self-employed?

SHADE ONE ONLY

- Yes
- No, I am currently studying.
- No, unemployed for less than 6 months and actively seeking work
- No, unemployed for more than 6 months and actively seeking work
- No, I am not working due to health, family or other reasons
- No, retired
- No, other

29. What is your main occupation?

SHADE ONE ONLY

- Manager or administrator (eg. magistrate, general manager, school principal, director of nursing, farm manager)
- Professional (eg. scientist, doctor, nurse, allied health professional, teacher, artist)
- Associate professional (eg. technician, manager, youth worker, police officer)
- Tradesperson or related worker (eg. hairdresser, gardener, florist)
- Advanced clerical or service worker (secretary, flight attendant, law clerk, personal assistant)
- Intermediate clerical, sales or service worker (eg. typist, data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)
- Intermediate production or transport worker (eg. machine operator, bus driver, sewing machinist)
- Elementary clerical, sales or service worker (eg. filing/mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)
- Labourer or related worker (cleaner, factory worker, farm hand, kitchen hand)
- House person

30. Which types of heating do you use at home?

SHADE ALL THAT APPLY

- Gas ducted central heating
- Coal or wood fire
- Gas room heater
- Electric heater (eg. radiator, fan or Dimplex-type)
- Other central heating (eg. electric, hydronic, slab floor heating)
- Reverse cycle air-conditioning
- Other

31. What kind of stove do you **mostly** use for cooking?

SHADE ONE ONLY

- Gas
- Electric
- Coal, coke or wood
- Other

32. Do you have an exhaust fan over the stove?

- No → go to question 33
- Yes → continue

32.1 When cooking how often do you use the fan?

- All of the time
- Some of the time
- None of the time

32.2 Does the fan take the fumes outside the house?

- No
- Yes
- Don't know

33. Has there ever been mould or mildew on any surfaces, other than food, in your home?

- No → go to instructions on bottom of page
- Yes → continue

33.1 Which rooms have been affected?

SHADE ALL THAT APPLY

- Bathrooms
- Your bedroom
- Other bedrooms
- Living areas
- Kitchen
- Any other area/s

33.2 Has there been mould or mildew on any surface, other than food, in your home **in the last 12 months?**

- No
- Yes

If you are male, please make sure you have signed the Consent Form (page 2) and completed the Family Contact Details Form (pages 11 & 12). Please return this whole booklet in the reply paid envelope provided. Thank you for your time and contribution to the T.A.S.

If you are female, please go to the next page.

SUPPLEMENT FOR WOMEN

We are looking at the reasons why more women have asthma than men, especially since it is more common in boys than in girls. This is why we are asking the following questions. Thank you for your help.

34. Have you ever had a menstrual period?

- No → go to question 35
- Yes → continue

34.1 What was the age of your first period? (age in years)

Write number AND shade in ovals

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

35. Have you **ever** used birth control pills or other hormonal contraceptives (implants or injections)?

- No → go to question 36
- Yes → continue

35.1 At what age did you first use birth control pills or other hormonal contraceptives? (age in years)

Write number AND shade in ovals

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

35.2 Are you currently taking birth control pills or other hormonal contraceptives?

- No
- Yes

35.3 Over your whole lifetime, in total how many months or years have you taken birth control pills or other hormonal contraceptives? (answer in months **OR** years.)

Write number AND shade in ovals

Months	OR	Years
0		0
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9

36. Are you currently pregnant?

- No
- Yes
- Don't know

37. Have you ever been pregnant in the past?

- No → go to instructions below
- Yes → go to question 38 (next page)

If No, please make sure that you have signed the Consent Form (page 2) and completed the Family Contact Details Form (pages 11 and 12). Please return this whole booklet in the reply paid envelope provided. Thank you for your time and contribution to the T.A.S.

38. For each of your past pregnancies (including live births, miscarriages, abortions or still births), please fill in the following information going down the page. If more than 8 pregnancies, please record the details on a separate piece of paper.

	1st pregnancy	2nd pregnancy	3rd pregnancy	4th pregnancy	5th pregnancy	6th pregnancy	7th pregnancy	8th pregnancy																																																																																																																																																																
<p>38.1 What was your age when you became pregnant? (age in years)</p> <p>Write number AND shade in ovals</p>	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
<p>38.2 Taking 40 weeks as the usual length, how long was this pregnancy (counting from your last menstrual period)?</p> <p>Write number AND shade in ovals</p>	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>Don't know <input type="radio"/></p>																				
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
<p>38.3 Was this a live birth? (i.e not a miscarriage, abortion or stillbirth?)</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>																																																																																																																																																																
<p>38.4 IF LIVEBIRTH, did you breast-feed the baby or express breast milk for your baby?</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>																																																																																																																																																																
<p>38.5 IF BREASTFED, for how many months did you breastfeed or express breast milk?</p> <p>Write number AND shade in ovals</p>	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9																					
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							
0	0																																																																																																																																																																							
1	1																																																																																																																																																																							
2	2																																																																																																																																																																							
3	3																																																																																																																																																																							
4	4																																																																																																																																																																							
5	5																																																																																																																																																																							
6	6																																																																																																																																																																							
7	7																																																																																																																																																																							
8	8																																																																																																																																																																							
9	9																																																																																																																																																																							

Now please make sure that you have signed the Consent Form (page 2) and completed the Family Contact Details Form (pages 11 & 12). Please return this whole booklet in the reply paid envelope provided.
Thank you for your time and contribution to the T.A.S.

The Fourth Follow-up Study of the 1968 Tasmanian Asthma Survey

FAMILY CONTACT DETAILS FORM

We would like to collect the contact details of your family so we can also survey them with a similar questionnaire in the future. Providing their information does not commit them to be involved. You may wish to discuss this with them to make sure they are happy with you passing on their information.

ALL NAMES AND ADDRESSES ARE KEPT STRICTLY CONFIDENTIAL

If you have any questions about this research, contact Cathryn Wharton on 1800 110 711. Please **DO NOT** separate this page from your booklet. Thank you!

Main study participant details:

Your name: <input type="text"/>	Family ID: ID:	
<i>If this is not correct please provide your current name below:</i>		
Current name: <input type="text"/>		
Your address: <input type="text"/>		
<i>If this is not correct please provide your correct address below:</i>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Details of your parents:

Name: <input type="text"/>	ID:	
<i>If this is not correct please provide current name below:</i>		
Current name: <input type="text"/>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Name: <input type="text"/>	ID:	
<i>If this is not correct please provide current name below:</i>		
Current name: <input type="text"/>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Details of your brothers and sisters:

Name: <input type="text"/>	ID:	
<i>If this is not correct please provide current name below:</i>		
Current name: <input type="text"/>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Name: <input type="text"/>	ID:	
<i>If this is not correct please provide current name below:</i>		
Current name: <input type="text"/>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Name: <input type="text"/>	ID:	
<i>If this is not correct please provide current name below:</i>		
Current name: <input type="text"/>		
Address: <input type="text"/>		
<small>Street number Street name Suburb Postcode</small>		
Home Ph: <input type="text"/>	Work Ph: <input type="text"/>	Mobile Ph: <input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

Name:	<input type="text"/>	ID:	<input type="text"/>
<i>If this is not correct please provide current name below:</i>			
Current name:	<input type="text"/>		
Address:	<input type="text"/>		
	<small>Street number</small>	<small>Street name</small>	<small>Suburb</small> <small>Postcode</small>
Home Ph:	<input type="text"/>	Work Ph:	<input type="text"/> <input type="text"/>
		Mobile Ph:	<input type="text"/>

***Thank you for completing these details.
Do not fold this booklet or remove any of the pages.
Please post this completed booklet in the reply paid
envelope provided or mail to:***

Tasmanian Asthma Study
Department of Public Health
The University of Melbourne
Reply Paid 75370
CARLTON VIC 3053