**Data Dictionary for the 3rd Decade of the**

**Tasmanian Longitudinal Health Study (1991-93)**

**TAS 91-93 Children**

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| --- | --- | --- | --- |
| Question number | Question | Variable name | Coding |
|  | Subject Unique ID | ID |  |
|  | Health number | HLTHNUM |  |
|  | Your Surname | YSURNAME |  |
|  | Your given name | YGIVEN |  |
|  | Relationship to child | RELATION | 1=mother  2=father  3=step parent  4= |
|  | Todays date | TODAY |  |
|  | Child's surname | SURNAME |  |
|  | Child's given names | GIVEN |  |
|  | Child's sex | SEX | 1=male, 2=female |
|  | Child's age | AGE |  |
|  | Child's DOB | BIRTHDATE |  |
|  | Name of child's biological mother | MOTHER |  |
|  | Name of child's biological father | FATHER |  |
|  |  | OTHER\_PARE |  |
| 6 | Height | HEIGHT | Cms |
|  | Current Weight | WEIGHT | kgs |
| 7 | The following question is about long term conditions that have lasted or are likely to last for six months or more: Epilepsy | LONGTERM1 |  |
|  | Migrane | LONGTERM2 |  |
|  | diabetes or high blood sugar | LONGTERM3 |  |
|  | kidney disease | LONGTERM4 |  |
|  | Other | LONGTERM5 |  |
|  |  | OTHER |  |
| 8a | a) Cough medicines, or any other remedies for colds? | COUGHMED | 1=Yes, 0=no |
| 8b | b) Medications for asthma or wheeze? | ASTHMAMED | 1=Yes, 0=no |
| 8c | c) Medications for an allergy | ALLERGYMED | 1=Yes, 0=no |
| 8d | d) Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | SKINMED | 1=Yes, 0=no |
| 8e | e) Medications for your stomach or any laxatives? | STOMACHMED | 1=Yes, 0=no |
| 8f | h) Pain relievers? | PAINMED | 1=Yes, 0=no |
| 8g | i) Insulin? | INSULINMED | 1=Yes, 0=no |
| 9 | For how much time in the last 12 months have you been ill due to chest illnesses? | CHESTILL | 1=not at all  2=one to seven days  3=eight to thirty days  4=more than a month |
| 10 | Has the child had more than two sore throats in the past 12 months? | SORETHROAT | 1=Yes, 0=no |
| 11 | has the child ever been told by a doctor that you have pneumonia or pleurisy? | PNEUMONIA | 1=no, never  2=yes, once or twice  3=yes, more than twice |
| 12 | Has the child ever been told by a doctor that you are allergic to any foods or medicines? | ALLERGIC | 1=Yes, 0=no |
| 13 | Does the child get hives? | HIVES | 1=no, never  2=yes, once or twice  3=yes, more than twice |
| 14 | Does the child get eczema? | ECZEMA | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 15 | Does the child get psoriasis? | PSORIASIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 16 | Does the child get dermatitis? | DERMATITIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 17 | Has the child at any time in his/her life suffered from attacks of asthma or wheezy breathing? | ASTHMA | 1=yes, 0=no |
| 18 | Age what age did these attacks begin? | AGEATTACK | 1=under 1 year  2=between 1 and 2 years  3=between 3 and 4 years  4=between 5 and 6 years  5=between 7 and 8 years  6=between 9 and 10 years  7=over 10 years |
| 19 | How long is it since the last attack? | LASTATTACK | 1=less than one month  2=over one but less than three months ago  3=over three but less than six months ago  4=over six but less than twelve months ago  5=over one year but less than two years ago  6=over two years ago  7=over five years ago  8=over ten years ago |
| 20 | On the average (as near as you can say) how often do these attacks tend to occur over the last 12 months? | AVEATTACK | 1=About once in 24 hours  2=about once a week  3=about once a fortnight  4=about once a month  5=about once every three months  6=about once every six months  7=about once in 12 months (or less often)  8=no attacks at all in the last 12 months |
| 21 | Over the last 12 months, on average (as near as you can say) how long do these attacks usually last (with usual treatment)? | DURATION | 1=less than 12 hours  2=a day or so  3=a week or so  4=a month or so  5=Continuous |
| 22 | In the last 12 months, approximately how many attacks has the child had altogether? | NUMBER | 1=one attack only  2=two to five attacks  3=six to ten attacks  4=eleven to twenty attacks  5=twenty to fifty attacks  6=fifty to one hundred attacks  7=over one hundred attacks |
| 23 | Do you feel that over your lifetime your asthma or wheezy breathing has: | LIFEASTHMA | 1=improved  2=remained the same  3=worsened |
| 24 | Has the child at anytime in his/her life suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest("loose" or "ratty" cough)? | BRONCHITIS | 1=Yes, 0=no |
| 25 | Has the child at any time in the last 12 months woken up with a feeling of tightness in his/her chest first thing in the morning? | TIGHTCHEST | 1=Yes, 0=no |
| 26 | Has the child at any time in the last 12 months had any attacks of shortness of breath that came on during the day when he/she wasn't doing anything strenuous? | SHORTBRETH | 1=Yes, 0=no |
| 27 | Has the child at any time in the last 12 months had an attack of shortness of breath that came on after he/she stopped exercising? | EXERCISE | 1=Yes, 0=no |
| 28 | Has the child at any time in the last 12 months been woken at night by an attack of shortness of breath? | WOKEN | 1=Yes, 0=no |
| 29 | Has the child at any time in the last 12 months been woken at night by coughing? | WOKENCOUGH | 1=Yes, 0=no |
| 30 | Does the child usually cough first thing in the morning? | COUGHMORN | 1=Yes, 0=no |
| 31 | Does the child usually bring up phlegm from your chest first thing in the morning? | PHELGM | 1=Yes, 0=no |
| 32 | Does the child get attacks of hay fever (that is sneezing running or blocked nose sometimes with itchy eyes or nose)? | HAYFEVER | 1=Yes, 0=no |
| 32a | if yes, do these hay fever attacks tend to be more frequent or more severe at any particular time or season of the year(seasonally)? | SEASON | 1=Yes, 0=no |