**Data Dictionary for the 4th Decade of the**

**Tasmanian Longitudinal Health Study (1991-1993)**

# Tasmanian Asthma Study 1992 Questionnaires

# TAS 91-93 Main

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question number | Question | Variable name | Coding | Frequency | | Comments |
|  |  | idnumber |  | Total values = 1502  Missing = 0 | |  |
|  |  | rank |  | 1  2 | 1498  4 |  |
|  |  | state |  | .  NSW  VIC | 1379  1  122 |  |
|  |  | arm |  | 1  A  N | 1  747  754 |  |
|  |  | hlthnum | Unique values = 1502 | Missing = 0 | |  |
|  |  | today |  | Range = 18/11/1961 – 10/6/1994  Median = 26/6/1992  IQR = 6/02/1992 – 16/11/1992 | |  |
| 1 | surname | surname | Unique values = 1094 | Missing = 0 | |  |
|  | maiden name | maiden | Unique values = 497 | Missing = 928 | |  |
|  | given names | givennames | Unique values = 1312 | Missing = 0 | |  |
|  |  | fname | Unique values = 446 | Missing - 0 | |  |
|  |  | mnames | Unique values = 456 | Missing = 129 | |  |
| 2 | sex | sex | 1=Male, 2=Female | 1  2 | 817  685 |  |
| 3 | age (yrs) | age |  | 0  22  25  27  29  30  31  32 | 8  1  1  1  58  693  714  26 |  |
|  |  | age1 |  | Range = -1, 33  Mean = 30.73  SD = 2.77  Missing = 82 | |  |
| 4 | date of birth | birthdate |  | Range = 31/03/1960 – 26/10/1992  Median = 05/07/1961  IQR = 31/03/1961 – 27/09/1961  Missing = 0 | |  |
| 5 | home address | homeaddres | Unique values = 1485 | Missing = 15 | |  |
|  | home phone | telephoneh | Unique values = 1320 | Missing = 0 | |  |
|  | other phone | telephonew | Unique values = 497 | Missing = 1 | |  |
|  | alternative contact name | altname | Unique values = 1039 | Missing = 434 | |  |
|  | address | altaddress | Unique values = 1047 | Missing = 452 | |  |
|  | home phone | alttelphh | Unique values = 871 | Missing = 1 | |  |
|  | other phone | alttelphw | Unique values = 148 | Missing = 1 | |  |
| 6 | marital status | marital | 1=married, 2=defacto, 3=separated, 4=divorced, 5=widowed, 6=never married | 0  1  2  3  4  5  6 | 2  934  124  76  63  9  294 |  |
| 7 | Number of children | children |  | 0  1  2  3  4  5  6  . | 554  288  422  179  46  6  6  1 |  |
| 8 | How many years of secondary school have you completed? | seconadary |  | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  . | 47  12  37  129  825  89  248  6  5  11  49  7  35  1  1 |  |
| 9 | How many years of tertiary education have you completed? | tertiary |  | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  . | 828  165  108  136  171  42  24  5  12  3  1  1  1  1  4 |  |
| 10 | Are you currently employed? | employed | 1=Yes-full-time, 2=Yes-part-time, 3=No | 0  1  2  3 | 16  892  223  371 |  |
| 11 | What is your current occupation? | occupation | Unique values = 953 | Missing = 56 | |  |
| 12 | Height | height |  | Median = 170  IQR = 163 – 178  Missing = 0 | |  |
|  | Current Weight | weight |  | Mean = 71.12  SD = 16.64  Missing = 0 | |  |
|  | Weigh between 18 and 21 years | weight18 |  | Median = 64  IQR = 54 – 72  Missing = 0 | |  |
| 13 | In the past 12 months how many days did you stay at home from work because of illness? | sickdays | Unique values = 48 | Median = 0  IQR = 0 – 3  Missing = 1 | |  |
| 14 | The following question is about long term condidtions that have lasted or are likely to last for six months or more: | longterm1 | 1=heart or coronary disease  2=hernia or rupture  3=high blood pressure  4=ulcer eg: stomach or duodenum  5=diabetes or high blood sugar  6=paralysis or loss of limb  7=high cholesterol or high  triglycerides  8=migrane  9=thyroid trouble or goitre  10=epilepsy  11=behavioural or emotional disorders  12=amputation or loss eg arm or foot  13=dependence on drugs or alcohol  14=serious burns  15=serious wounds  16=kidney disease | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1093  9  24  51  47  8  6  29  130  16  9  28  1  14  8  20  5  4 |  |
|  |  | longterm2 | [See above] | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1402  0  2  4  5  1  1  8  36  4  4  5  2  12  4  8  0  4 |  |
|  |  | longterm3 | [See above] | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1483  0  0  1  1  0  0  4  1  0  2  2  1  1  0  0  0  6 |  |
|  |  | longterm4 | [See above] | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1492  0  0  0  1  0  0  1  1  0  0  0  0  1  0  0  0  6 |  |
|  |  | longterm5 | [See above] | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1495  0  0  0  0  1  0  0  0  0  0  0  0  0  0  0  0  6 |  |
|  |  | longterm6 | [See above] | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  . | 1495  0  0  0  0  0  1  0  0  0  0  0  0  0  0  0  0  6 |  |
| 15a | a) Cough medicines, or any other remedies for colds? | coughmed | 1=Yes, 0=no | 0  1  2  . | 120  209  1171  2 |  |
| 15b | b) Medications for asthma or wheeze? | asthmamed | 1=Yes, 0=no | 0  1  2  . | 148  141  1211  2 |  |
| 15c | c) Medications for an allergy | allergymed | 1=Yes, 0=no | 0  1  2  . | 160  105  1235  2 |  |
| 15d | d) Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | skinmed | 1=Yes, 0=no | 0  1  2  . | 129  379  993  1 |  |
| 15e | e) Medications for your stomach or any laxatives? | stomachmed | 1=Yes, 0=no | 0  1  2  . | 165  97  1238  2 |  |
| 15f | f) Fluid tablets or medications for heart problems or blood pressure? | fluidmed | 1=Yes, 0=no | 0  1  2  . | 175  22  1303  2 |  |
| 15g | g) Sleeping pills, tranquillisers or sedatives? | sleepmed | 1=Yes, 0=no | 0  1  2  . | 172  44  1284  2 |  |
| 15h | h) Pain relievers? | painmed | 1=Yes, 0=no | 0  1  2  . | 107  456  937  2 |  |
| 15i | i) Insulin? | insulinmed | 1=Yes, 0=no | 0  1  2  . | 181  8  1311  2 |  |
| 16 | Have you ever smoked regularly? | smokedever | 1=Yes, 0=no | 0  1  2  . | 9  846  647 |  |
| 17 | If yes, how old were you when you first started smoking regularly? | agefirst |  | 0  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  30  . | 656  1  5  2  3  7  28  23  85  143  197  104  105  47  32  26  6  7  4  10  2  4  1  2  2 |  |
| 18 | For how many years have you been a regular smoker? | yearssmoke |  | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  27  29  31  . | 671  12  26  21  26  37  30  22  15  21  92  45  60  58  89  137  73  27  11  10  6  1  3  2  2  1  1  1  2 |  |
| 19 | On average how many cigarettes did you smoke per day? | avesmoked |  | 0  1  2  3  4  5  6  7  8  9  10  12  13  14  15  16  17  18  20  22  23  24  25  27  30  35  37  40  42  45  50  60  . | 667  7  7  11  17  42  19  8  16  2  119  28  17  1  105  1  15  3  188  1  10  1  107  2  78  10  1  10  1  1  4  1  2 |  |
| 20 | Do you currently smoke? | smokecurr | 1=Yes, 0=no | 0  1  2  . | 604  532  365  1 |  |
| 21 | How many cigarettes do you usually smoke a day? | avesmoke |  | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  17  18  19  20  22  23  24  25  27  30  35  37  40  42  50  60  70  . | 971  6  5  10  8  19  10  8  8  2  53  1  15  14  1  67  13  4  1  85  3  5  1  88  2  61  12  2  16  2  2  1  1  5 |  |
| 22 | How old were you when you last gave up smoking cigarettes? | agequit |  | 0  1  2  12  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  . | 1128  1  1  2  1  3  1  8  13  17  26  14  19  25  37  24  21  50  50  32  25  1  3 |  |
| 23 | How many adults (apart from yourself) live in your household? | adultsshar |  | 0  1  2  3  4  5  6  7  . | 218  1085  143  40  11  3  1  1  0 |  |
| 24 | Of these other adults how many are regular smokers? | adultssmok |  | 0  1  2  3  4  8  . | 1050  405  37  8  1  1  0 |  |
| 25 | Have you ever drunk an alcoholic drink (sips and tastes don't count)? | everdrink | 1=Yes, 0=no | 0  1  2  . | 20  1438  44  0 |  |
| 26 | How long ago did you last have an alcoholic drink? (Please specify in days, weeks, months or years) | lastdrink | Unique values = 108 | Median = 2  IQR = 1 – 7  Missing = 0 | |  |
| 27 | In the last seven days have you had any drinks at all that alcohol, including home made wine or beer (sips and tastes don't count)? | drinkweek | 1=Yes, 0=no | 0  1  2  . | 338  996  167  1 |  |
| 28 | This question is about the number of alcoholic drinks you had during the last seven days, including yesterday.  Starting yesterday and working backwards, fill in the number of drinks in every box for each day of the last week. Write “0” in any category or day when you had no drinks.  Low alcohol (light beer): 7oz | light7 |  | 0  1  2  3  4  5  10  12  15  16  18  38  72  80  . | 1448  10  17  6  2  2  3  2  1  1  1  1  1  1  6 |  |
|  | Low alcohol (light beer): 10 oz | light10 |  | 0  1  2  3  4  5  6  7  8  9  10  11  15  38  . | 1454  10  6  6  6  2  1  2  2  1  2  1  1  2  6 |  |
|  | Low alcohol (light beer): can/stubble | lightcan | Unique values = 35 | Missing = 5 | |  |
|  | Normal beer: 7oz | normal7 | Unique values = 32 | Missing = 5 | |  |
|  | Normal beer: 10 oz | normal10 | Unique values = 24 | Missing = 5 | |  |
|  | Normal beer: can/stubble | normalcan | Unique values = 48 | Missing = 5 | |  |
|  | Wine: glass | wine | Unique values = 28 | Missing = 4 | |  |
|  | Mixed drinks (spirits): glass | spirits | Unique values = 22 | Missing = 5 | |  |
| 29 | Is the amount you drank last week more, about the same or less than you would usually drink most weeks? | drinkusual | 1=more than usual, 2=about the same, 3=less than usual | 0  1  2  3  . | 442  396  595  66  3 |  |
| 30 | 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 | 0  1  2  3  4  . | 11  1045  326  83  37  0 |  |
| 31 | Have you had more than two sore throats in the past 12 months? | sorethroat | 1=Yes, 0=no | 0  1  2  . | 7  574  921  0 |  |
| 32 | have you 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 | 0  1  2  3  . | 9  1243  218  32  0 |  |
| 33 | Have you ever been told by a doctor that you are allergic to any foods or medicines? | allergic | 1=Yes, 0=no | 0  1  2  . | 8  335  1159  0 |  |
| 34 | Do you get hives? | hives | 1=no-never, 2=yes-once or twice, 3=yes-more than twice | 0  1  2  3  . | 17  1382  87  16  0 |  |
| 35 | do you get eczema? | eczema | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 0  1  2  3  4  . | 20  1276  122  37  47  0 |  |
| 36 | Do you get psoriasis? | psoriasis | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 0  1  2  3  4  . | 35  1406  22  9  30  0 |  |
| 37 | Do you get dermatitis? | dermatitis | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 0  1  2  3  4  . | 17  1160  202  66  57  0 |  |
| 38 | Have you at any time in your life suffered from attacks of asthma or wheezy breathing? | asthma | 1=yes, 0=no | 0  1  2  . | 22  541  939  0 |  |
| 39 | Age what age did these attacks begin? | ageattack | 1=under 7 years, 2=between 7 and 14 years, 3=between 15 and 21 years, 4=over 21 years | 0  1  2  3  4  . | 961  278  88  51  121  3 |  |
| 40 | 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 | 0  1  2  3  4  5  6  7  8  . | 964  125  50  48  51  37  37  34  153  3 |  |
| 41 | On th 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 | 0  1  2  3  4  5  6  7  8  . | 1210  23  32  15  43  51  49  52  24  3 |  |
| 42 | 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 | 0  1  2  3  4  5  . | 1233  165  50  32  5  14  3 |  |
| 43 | In the last 12 months, approximately how many attacks have you 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 | 0  1  2  3  4  5  6  7  . | 1237  49  111  45  16  18  12  11  3 |  |
| 44 | Do you feel that over your lifetime your asthma or wheezy breathing has: | lifeasthma | 1=improved  2=remained the same  3=worsened | 0  1  2  3  . | 969  362  100  68  3 |  |
| 45 | Have you at any time in your 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 | 0  1  2  . | 28  1093  381  0 |  |
| 46 | Have you at any time in the last 12 months woken up with a feeling of tightness in your chest first thing in the morning? | tightchest | 1=Yes, 0=no | 0  1  2  . | 10  335  1157  0 |  |
| 47 | Have you at any time in the last 12 months had any attacks of shortness of breath that came on during the day when you weren't doing anything strenuous? | shortbreth | 1=Yes, 0=no | 0  1  2  . | 10  250  1242  0 |  |
| 48 | Have you at any time in the last 12 months had an attack of shortness of breath that came on after you stopped exercising? | exercise | 1=Yes, 0=no | 0  1  2  . | 16  352  1134  0 |  |
| 49 | Have you at any time in the last 12 months been woken at night by an attack of shortness of breath? | woken | 1=Yes, 0=no | 0  1  2  . | 14  142  1346  0 |  |
| 50 | Have you at any time in the last 12 months been woken at night by coughing? | wokencough | 1=Yes, 0=no | 0  1  2  . | 8  567  927  0 |  |
| 51 | Do you usually cough first thing in the morning? | coughmorn | 1=Yes, 0=no | 0  1  2  . | 19  228  1255  0 |  |
| 52 | Do you usually bring up phlegm from your chest first thing in the morning? | phelgm | 1=Yes, 0=no | 0  1  2  . | 19  234  1249  0 |  |
| 53 | Do you get attacks of hay fever (that is sneezing running or blocked nose sometimes with itchy eyes or nose)? | hayfever | 1=Yes, 0=no | 0  1  2  . | 10  703  789  0 |  |
| 53a | 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 | 0  1  2  . | 631  547  322  2 |  |
| Q1 | Q1 How old were you when you had your first menstrual period? | firstmens |  | 0  8  9  10  11  12  13  14  15  16  17  18  . | 833  1  4  24  82  169  198  114  52  18  1  2  4 |  |
| Q2 | Q2 Have you ever used the contraceptive pill? | everpill | 1=Yes, 0=no | 0  1  2  . | 822  648  28  4 |  |
| Q2a | Q2a At what age did you first use the pill? | agepill |  | 0  2  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30 | 848  1  5  3  12  50  126  122  140  54  44  36  20  16  5  9  2  2  1  1  1 |  |
| Q3 | Q3 In total for how long have you taken the pill? | pillmonths | Unique values = 127 | Missing = 4 | |  |
| Q3a | Q3a Are you using the pill now? | nowpill | 1=Yes, 0=no | 0  1  2  . | 848  267  383  4 |  |
|  | Names of contraceptive pills you remember using: 1 | pillnames1 | Unique values = 198 | Missing = 976 | | Free text answer |
|  |  | pillnames2 | Unique values = 121 | Missing = 1231 | | Free text answer |
|  |  | pillnames3 | Unique values = 49 | Missing = 1411 | | Free text answer |
|  |  | pillnames4 | Unique values = 16 | Missing = 1485 | | Free text answer |
|  |  | pillnames5 | Unique values = 0 | Missing = 1502 | | Free text answer |
| Q4 | Have you ever been pregnant? | everpreg | 1=Yes, 0=no | 0  1  2  . | 824  521  153  4 |  |
| Q4a | Are you pregnant now? | pregnow | 1=Yes, 0=no | 0  1  2  . | 965  51  482  4 |  |
|  | For each pregnancy fill in the following information:  Your age | pregage1 |  | 0  1  6  10  11  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  . | 983  1  1  1  1  5  5  15  22  29  34  36  40  36  40  40  39  37  44  33  38  13  4  5 |  |
|  |  | pregage2 |  | 0  4  6  8  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  39  . | 1089  1  1  1  1  3  2  17  19  23  33  31  34  38  56  30  31  43  26  17  1  5 |  |
|  |  | pregage3 |  | 0  3  5  18  20  21  22  23  24  25  26  27  28  29  30  31  . | 1294  1  1  1  8  7  14  11  18  23  15  18  24  29  24  9  5 |  |
|  |  | pregage4 |  | 0  1  17  19  21  22  23  24  25  26  27  28  29  30  31  . | 1415  1  1  1  3  3  3  4  12  9  7  9  5  16  7  6 |  |
|  |  | pregage5 |  | 0  20  23  25  26  27  28  29  30  31  32  . | 1460  1  1  1  5  9  5  6  3  4  1  6 |  |
|  |  | pregage6 |  | 0  21  27  29  30  31  . | 1484  1  2  4  3  2  6 |  |
|  | Length of pregnancy | preglong1 |  | 0  4  5  6  7  8  9  10  11  12  13  14  15  16  19  21  24  26  27  28  30  32  33  34  35  36  37  38  39  40  41  42  43  44  45  58  . | 987  3  2  8  5  11  6  6  4  11  7  2  3  2  1  1  2  1  1  2  2  2  6  3  21  12  38  39  140  70  66  25  3  2  2  1  5 |  |
|  |  | preglong2 |  | 0  1  4  5  6  7  8  9  10  11  12  13  14  15  17  22  23  26  28  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  . | 1096  1  3  2  2  4  8  5  7  2  7  4  3  1  2  1  1  2  3  1  1  1  5  4  6  14  32  29  137  47  43  20  2  1  5 |  |
|  |  | preglong3 |  | 0  4  6  7  8  9  10  11  12  13  14  15  17  22  25  26  27  30  35  36  37  38  39  40  41  42  43  44  45  . | 1297  2  1  2  4  6  5  3  5  1  3  1  1  1  2  2  1  3  6  6  9  18  61  31  20  3  1  1  1  5 |  |
|  |  | preglong4 |  | 0  5  7  8  9  10  12  13  17  20  26  32  34  35  36  37  38  39  40  41  42  . | 1418  2  3  3  1  4  5  3  1  1  1  1  1  2  2  4  4  27  5  4  4  6 |  |
|  |  | preglong5 |  | 0  5  8  9  12  16  33  37  38  39  40  41  42  . | 1462  1  2  2  4  2  1  2  3  11  1  2  3  6 |  |
|  |  | preglong6 |  | 0  4  16  19  35  37  39  40  42  . | 1485  1  1  1  1  1  3  2  1  6 |  |
|  | If more than 5 months was it a live birth? | livebir1 | 1=Yes, 0=no | 0  1  2  . | 1084  396  17  5 |  |
|  |  | livebir2 |  | 0  1  2  . | 1167  316  14  5 |  |
|  |  | livebir3 |  | 0  1  2  . | 1340  150  7  5 |  |
|  |  | livebir4 |  | 0  1  2  . | 1446  46  4  6 |  |
|  |  | livebir5 |  | 0  1  2  . | 1472  21  3  6 |  |
|  |  | livebir6 |  | 0  1  2  . | 1485  8  3  6 |  |
|  | Did you breast feed? | breastfed1 | 1=Yes, 0=no | 0  1  2  . | 1054  342  101  5 |  |
|  |  | breastfed2 |  | 0  1  2  . | 1145  282  69  6 |  |
|  |  | breastfed3 |  | 0  1  2  . | 1335  127  35  5 |  |
|  |  | breastfed4 |  | 0  1  2  . | 1441  37  18  6 |  |
|  |  | breastfed5 |  | 0  1  2  . | 1470  19  7  6 |  |
|  |  | breastfed6 |  | 0  1  2  . | 1486  6  4  6 |  |
|  | In total how many pregnancies have you had? | totalpreg |  | 0  1  2  3  4  5  6  9  . | 1009  92  191  118  45  28  13  1  5 |  |

# TAS 91-93 Spouses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question number | Question | Variable name | Coding | Frequency | Comments |
|  | Subject Unique Id | ID |  |  |  |
|  | Health number | HLTHNUM |  |  |  |
|  | Today’s Date | TODAY |  |  |  |
| 1 | Surname | SURNAME |  |  |  |
|  | maiden name | MAIDEN |  |  |  |
|  | given names | GIVEN |  |  |  |
| 2 | Sex | SEX | 1=Male, 2=Female |  |  |
| 3 | age (yrs) | AGE |  |  |  |
| 4 | date of birth | BIRTHDATE |  |  |  |
| 5 | home address | HOMEADDRES |  |  |  |
|  | home phone | TELEPHONEH |  |  |  |
|  | other phone | TELEPHONEW |  |  |  |
|  | alternative contact name | ALTNAME |  |  |  |
|  | Address | ALTADDRESS |  |  |  |
|  | home phone | ALTTELPHH |  |  |  |
|  | other phone | ALTTELPHW |  |  |  |
| 6 | marital status | MARITAL | 1=married, 2=defacto, 3=separated, 4=divorced, 5=widowed, 6=never married |  |  |
| 7 | Number of children | CHILDREN |  |  |  |
| 8 | How many years of secondary school have you completed? | SECONADARY |  |  |  |
| 9 | How many years of tertiary education have you completed? | TERTIARY |  |  |  |
| 10 | Are you currently employed? | EMPLOYED | 1=Yes-full-time, 2=Yes-part-time, 3=No |  |  |
| 11 | What is your current occupation? | OCCUPATION |  |  |  |
| 12 | Height | HEIGHT |  |  |  |
|  | Current Weight | WEIGHT |  |  |  |
|  | Weigh between 18 and 21 years | WEIGHT18 |  |  |  |
| 13 | In the past 12 months how many days did you stay at home from work because of illness? | SICKDAYS |  |  |  |
| 14 | The following question is about long term condidtions that have lasted or are likely to last for six months or more: | LONGTERM1-6 | 1=heart or coronary disease  2=hernia or rupture  3=high blood pressure  4=ulcer eg: stomach or duodenum  5=diabetes or high blood sugar  6=paralysis or loss of limb  7=high cholesterol or high triglycerides  8=migrane  9=thyroid trouble or goitre  10=epilepsy  11=behavioural or emotional disorders  12=amputation or loss eg arm or foot  13=dependence on drugs or alcohol  14=serious burns  15=serious wounds  16=kidney disease |  |  |
| 15a | a) Cough medicines, or any other remedies for colds? | COUGHMED | 1=Yes, 0=no |  |  |
| 15b | b) Medications for asthma or wheeze? | ASTHMAMED | 1=Yes, 0=no |  |  |
| 15c | c) Medications for an allergy | ALLERGYMED | 1=Yes, 0=no |  |  |
| 15d | d) Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | SKINMED | 1=Yes, 0=no |  |  |
| 15e | e) Medications for your stomach or any laxatives? | STOMACHMED | 1=Yes, 0=no |  |  |
| 15f | f) Fluid tablets or medications for heart problems or blood pressure? | FLUIDMED | 1=Yes, 0=no |  |  |
| 15g | g) Sleeping pills, tranquillisers or sedatives? | SLEEPMED | 1=Yes, 0=no |  |  |
| 15h | h) Pain relievers? | PAINMED | 1=Yes, 0=no |  |  |
| 15i | i) Insulin? | INSULINMED | 1=Yes, 0=no |  |  |
| 16 | Have you ever smoked regularly? | SMOKEDEVER |  |  |  |
| 17 | If yes, how old were you when you first started smoking regularly? | AGEFIRST |  |  |  |
| 18 | For how many years have you been a regular smoker? | YEARSSMOKE |  |  |  |
| 19 | On average how many cigarettes did you smoke per day? | AVESMOKED |  |  |  |
| 20 | Do you currently smoke? | SMOKECURR | 1=Yes, 0=no |  |  |
| 21 | How many cigarettes do you usually smoke a day? | AVESMOKE |  |  |  |
| 22 | How old were you when you last gave up smoking cigarettes? | AGEQUIT |  |  |  |
| 23 | How many adults (apart from yourself) live in your household? | ADULTSSHAR |  |  |  |
| 24 | Of these other adults how many are regular smokers? | ADULTSSMOK |  |  |  |
| 25 | Have you ever drunk an alcoholic drink (sips and tastes don't count)? | EVERDRINK | 1=Yes, 0=no |  |  |
| 26 | How long ago did you last have an alcoholic drink? (Please specify in days, weeks, months or years) | LASTDRINK |  |  |  |
| 27 | In the last seven days have you had any drinks at all that alcohol, including home made wine or beer (sips and tastes don't count)? | DRINKWEEK | 1=Yes, 0=no |  |  |
|  |  | LIGHT7 |  |  |  |
|  |  | LIGHT10 |  |  |  |
|  |  | LIGHTCAN |  |  |  |
|  |  | NORMAL7 |  |  |  |
|  |  | NORMAL10 |  |  |  |
|  |  | NORMALCAN |  |  |  |
|  |  | WINE |  |  |  |
|  |  | SPIRITS |  |  |  |
| 29 |  | DRINKUSUAL | 1=more than usual  2=about the same  3=less than usual |  |  |
| 30 | 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 |  |  |
| 31 | Have you had more than two sore throats in the past 12 months? | SORETHROAT | 1=Yes, 0=no |  |  |
| 32 | Have you 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 |  |  |
| 33 | Have you ever been told by a doctor that you are allergic to any foods or medicines? | ALLERGIC | 1=Yes, 0=no |  |  |
| 34 | Do you get hives? | HIVES | 1=no, never  2=yes, once or twice  3=yes, more than twice |  |  |
| 35 | Do you get eczema? | ECZEMA | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |  |  |
| 36 | Do you get psoriasis? | PSORIASIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |  |  |
| 37 | Do you get dermatitis? | DERMATITIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |  |  |
| 38 | Have you at any time in your life suffered from attacks of asthma or wheezy breathing? | ASTHMA | 1=yes, 0=no |  |  |
| 39 | Age what age did these attacks begin? | AGEATTACK | 1=under 7 years  2=between 7 and 14 years  3=between 15 and 21 years  4=over 21 years |  |  |
| 40 | 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 |  |  |
| 41 | On th 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 |  |  |
| 42 | 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 |  |  |
| 43 | In the last 12 months, approximately how many attacks have you 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 |  |  |
| 44 | Do you feel that over your lifetime your asthma or wheezy breathing has: | LIFEASTHMA | 1=improved  2=remained the same  3=worsened |  |  |
| 45 | Have you at any time in your 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 |  |  |
| 46 | Have you at any time in the last 12 months woken up with a feeling of tightness in your chest first thing in the morning? | TIGHTCHEST | 1=Yes, 0=no |  |  |
| 47 | Have you at any time in the last 12 months had any attacks of shortness of breath that came on during the day when you weren't doing anything strenuous? | SHORTBRETH | 1=Yes, 0=no |  |  |
| 48 | Have you at any time in the last 12 months had an attack of shortness of breath that came on after you stopped exercising? | EXERCISE | 1=Yes, 0=no |  |  |
| 49 | Have you at any time in the last 12 months been woken at night by an attack of shortness of breath? | WOKEN | 1=Yes, 0=no |  |  |
| 50 | Have you at any time in the last 12 months been woken at night by coughing? | WOKENCOUGH | 1=Yes, 0=no |  |  |
| 51 | Do you usually cough first thing in the morning? | COUGHMORN | 1=Yes, 0=no |  |  |
| 52 | Do you usually bring up phlegm from your chest first thing in the morning? | PHELGM | 1=Yes, 0=no |  |  |
| 53 | Do you get attacks of hay fever (that is sneezing running or blocked nose sometimes with itchy eyes or nose)? | HAYFEVER | 1=Yes, 0=no |  |  |
| 53a | 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 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# TAS 91-93 Children

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question number | Question | Variable name | Coding | Frequency | | Comments |
|  | 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 condidtions 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 |  |  |  |