**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 = 1502Missing = 0 |  |
|   |  | rank |  | 12 | 14984 |  |
|   |  | state |  | .NSWVIC | 13791122 |  |
|   |  | arm |  | 1AN | 1747754 |  |
|   |  | hlthnum | Unique values = 1502 | Missing = 0 |  |
|   |  | today |  | Range = 18/11/1961 – 10/6/1994Median = 26/6/1992IQR = 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 | 12 | 817685 |  |
|  3 | age (yrs) | age |  | 022252729303132 | 81115869371426 |  |
|  |  | age1 |  | Range = -1, 33Mean = 30.73SD = 2.77Missing = 82 |  |
|  4 | date of birth | birthdate |  | Range = 31/03/1960 – 26/10/1992Median = 05/07/1961IQR = 31/03/1961 – 27/09/1961Missing = 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 | 0123456 | 293412476639294 |  |
|  7 | Number of children | children |  | 0123456. | 55428842217946661 |  |
|  8 | How many years of secondary school have you completed? | seconadary |  | 012345678910111213. | 4712371298258924865114973511 |  |
|  9 | How many years of tertiary education have you completed? | tertiary |  | 012345678910111213. | 8281651081361714224512311114 |  |
|  10 | Are you currently employed? | employed | 1=Yes-full-time, 2=Yes-part-time, 3=No | 0123 | 16892223371 |  |
|  11 | What is your current occupation? | occupation | Unique values = 953 | Missing = 56 |  |
|  12 | Height | height |  | Median = 170IQR = 163 – 178 Missing = 0 |  |
|   | Current Weight | weight |  | Mean = 71.12SD = 16.64Missing = 0 |  |
|   | Weigh between 18 and 21 years | weight18 |  | Median = 64IQR = 54 – 72Missing = 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 = 0IQR = 0 – 3Missing = 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 disease2=hernia or rupture3=high blood pressure4=ulcer eg: stomach or duodenum5=diabetes or high blood sugar6=paralysis or loss of limb7=high cholesterol or high triglycerides8=migrane9=thyroid trouble or goitre10=epilepsy11=behavioural or emotional disorders12=amputation or loss eg arm or foot13=dependence on drugs or alcohol14=serious burns15=serious wounds16=kidney disease | 012345678910111213141516. | 1093924514786291301692811482054 |  |
|  |  | longterm2 | [See above] | 012345678910111213141516. | 14020245118364452124804 |  |
|  |  | longterm3 | [See above] | 012345678910111213141516. | 148300110041022110006 |  |
|  |  | longterm4 | [See above] | 012345678910111213141516. | 149200010011000010006 |  |
|  |  | longterm5 | [See above] | 012345678910111213141516. | 149500001000000000006 |  |
|  |  | longterm6 | [See above] | 012345678910111213141516. | 149500000100000000006 |  |
| 15a | a) Cough medicines, or any other remedies for colds? | coughmed | 1=Yes, 0=no  | 012. | 12020911712 |  |
| 15b | b) Medications for asthma or wheeze? | asthmamed | 1=Yes, 0=no  | 012. | 14814112112 |  |
| 15c | c) Medications for an allergy | allergymed | 1=Yes, 0=no  | 012. | 16010512352 |  |
| 15d | d) Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | skinmed | 1=Yes, 0=no  | 012. | 1293799931 |  |
| 15e | e) Medications for your stomach or any laxatives? | stomachmed | 1=Yes, 0=no  | 012. | 1659712382 |  |
| 15f | f) Fluid tablets or medications for heart problems or blood pressure? | fluidmed | 1=Yes, 0=no  | 012. | 1752213032 |  |
| 15g | g) Sleeping pills, tranquillisers or sedatives? | sleepmed | 1=Yes, 0=no  | 012. | 1724412842 |  |
| 15h | h) Pain relievers? | painmed | 1=Yes, 0=no  | 012. | 1074569372 |  |
| 15i | i) Insulin? | insulinmed | 1=Yes, 0=no  | 012. | 181813112 |  |
| 16 | Have you ever smoked regularly? | smokedever | 1=Yes, 0=no  | 012. | 9846647 |  |
| 17 | If yes, how old were you when you first started smoking regularly? | agefirst |  | 07891011121314151617181920212223242526272830. | 656152372823851431971041054732266741024122 |  |
| 18 | For how many years have you been a regular smoker? | yearssmoke |  | 0123456789101112131415161718192021222324272931. | 671122621263730221521924560588913773271110613221112 |  |
| 19 | On average how many cigarettes did you smoke per day? | avesmoked |  | 012345678910121314151617182022232425273035374042455060. | 6677711174219816211928171105115318811011072781011011412 |  |
| 20 | Do you currently smoke?  | smokecurr | 1=Yes, 0=no  | 012. | 6045323651 |  |
| 21 | How many cigarettes do you usually smoke a day? | avesmoke |  | 01234567891011121314151718192022232425273035374042506070. | 9716510819108825311514167134185351882611221622115 |  |
| 22 | How old were you when you last gave up smoking cigarettes? | agequit |  | 01212151617181920212223242526272829303132. | 112811213181317261419253724215050322513 |  |
| 23 | How many adults (apart from yourself) live in your household? | adultsshar |  | 01234567. | 218108514340113110 |  |
| 24 | Of these other adults how many are regular smokers? | adultssmok |  | 012348. | 1050405378110 |  |
| 25 | Have you ever drunk an alcoholic drink (sips and tastes don't count)? | everdrink | 1=Yes, 0=no  | 012. | 201438440 |  |
| 26 | How long ago did you last have an alcoholic drink? (Please specify in days, weeks, months or years) | lastdrink | Unique values = 108 | Median = 2IQR = 1 – 7Missing = 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  | 012. | 3389961671 |  |
| 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 |  | 0123451012151618387280. | 14481017622321111116 |  |
|  | Low alcohol (light beer): 10 oz  | light10 |  | 012345678910111538. | 1454106662122121126 |  |
|  | 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 | 0123. | 442396595663 |  |
| 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 | 01234. | 11104532683370 |  |
| 31 | Have you had more than two sore throats in the past 12 months? | sorethroat | 1=Yes, 0=no  | 012. | 75749210 |  |
| 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 | 0123. | 91243218320 |  |
| 33 | Have you ever been told by a doctor that you are allergic to any foods or medicines? | allergic | 1=Yes, 0=no  | 012. | 833511590 |  |
| 34 | Do you get hives? | hives | 1=no-never, 2=yes-once or twice, 3=yes-more than twice | 0123. | 17138287160 |  |
| 35 | do you get eczema? | eczema | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 01234. | 20127612237470 |  |
| 36 | Do you get psoriasis? | psoriasis | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 01234. | 351406229300 |  |
| 37 | Do you get dermatitis? | dermatitis | 1=never, 2=yes-once or twice,3=yes-more than twice,4=Nearly all the time | 01234. | 17116020266570 |  |
| 38 | Have you at any time in your life suffered from attacks of asthma or wheezy breathing? | asthma | 1=yes, 0=no  | 012. | 225419390 |  |
| 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 | 01234. | 96127888511213 |  |
| 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 | 012345678. | 9641255048513737341533 |  |
| 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 week3=about once a fortnight4=about once a month5=about once every three months6=about once every six months7=about once in 12 months (or less often)8=no attacks at all in the last 12 months | 012345678. | 121023321543514952243 |  |
| 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 hours2=a day or so3=a week or so4=a month or so5=Continuous | 012345. | 123316550325143 |  |
| 43 | In the last 12 months, approximately how many attacks have you had altogether? | number | 1=one attack only2=two to five attacks3=six to ten attacks4=eleven to twenty attacks5=twenty to fifty attacks6=fifty to one hundred attacks7=over one hundred attacks | 01234567. | 12374911145161812113 |  |
| 44 | Do you feel that over your lifetime your asthma or wheezy breathing has: | lifeasthma | 1=improved2=remained the same3=worsened | 0123. | 969362100683 |  |
| 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  | 012. | 2810933810 |  |
| 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  | 012. | 1033511570 |  |
| 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  | 012. | 1025012420 |  |
| 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  | 012. | 1635211340 |  |
| 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  | 012. | 1414213460 |  |
| 50 | Have you at any time in the last 12 months been woken at night by coughing? | wokencough | 1=Yes, 0=no  | 012. | 85679270 |  |
| 51 | Do you usually cough first thing in the morning? | coughmorn | 1=Yes, 0=no  | 012. | 1922812550 |  |
| 52 | Do you usually bring up phlegm from your chest first thing in the morning? | phelgm | 1=Yes, 0=no  | 012. | 1923412490 |  |
| 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  | 012. | 107037890 |  |
| 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  | 012. | 6315473222 |  |
| Q1 | Q1 How old were you when you had your first menstrual period? | firstmens |  | 089101112131415161718. | 8331424821691981145218124 |  |
| Q2 | Q2 Have you ever used the contraceptive pill? | everpill | 1=Yes, 0=no  | 012. | 822648284 |  |
| Q2a | Q2a At what age did you first use the pill? | agepill |  | 0212131415161718192021222324252627282930 | 848153125012612214054443620165922111 |  |
| 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  | 012. | 8482673834 |  |
|  | 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  | 012. | 8245211534 |  |
| Q4a | Are you pregnant now? | pregnow | 1=Yes, 0=no  | 012. | 965514824 |  |
|  | For each pregnancy fill in the following information: Your age  | pregage1 |  | 0161011141516171819202122232425262728293031. | 98311115515222934364036404039374433381345 |  |
|  |  | pregage2 |  | 04681617181920212223242526272829303139. | 10891111321719233331343856303143261715 |  |
|  |  | pregage3 |  | 03518202122232425262728293031. | 12941118714111823151824292495 |  |
|  |  | pregage4 |  | 0117192122232425262728293031. | 141511133341297951676 |  |
|  |  | pregage5 |  | 020232526272829303132. | 146011159563416 |  |
|  |  | pregage6 |  | 02127293031. | 1484124326 |  |
|  | Length of pregnancy | preglong1 |  | 04567891011121314151619212426272830323334353637383940414243444558. | 98732851166411723211211222632112383914070662532215 |  |
|  |  | preglong2 |  | 014567891011121314151722232628303132333435363738394041424344. | 1096132248572743121123111546143229137474320215 |  |
|  |  | preglong3 |  | 0467891011121314151722252627303536373839404142434445. | 1297212465351311122136691861312031115 |  |
|  |  | preglong4 |  | 0578910121317202632343536373839404142. | 14182331453111112244275446 |  |
|  |  | preglong5 |  | 0589121633373839404142. | 146212242123111236 |  |
|  |  | preglong6 |  | 0416193537394042. | 1485111113216 |  |
|  | If more than 5 months was it a live birth? | livebir1 | 1=Yes, 0=no  | 012. | 1084396175 |  |
|  |  | livebir2 |  | 012. | 1167316145 |  |
|  |  | livebir3 |  | 012. | 134015075 |  |
|  |  | livebir4 |  | 012. | 14464646 |  |
|  |  | livebir5 |  | 012. | 14722136 |  |
|  |  | livebir6 |  | 012. | 1485836 |  |
|  | Did you breast feed? | breastfed1 | 1=Yes, 0=no  | 012. | 10543421015 |  |
|  |  | breastfed2 |  | 012. | 1145282696 |  |
|  |  | breastfed3 |  | 012. | 1335127355 |  |
|  |  | breastfed4 |  | 012. | 144137186 |  |
|  |  | breastfed5 |  | 012. | 14701976 |  |
|  |  | breastfed6 |  | 012. | 1486646 |  |
|  | In total how many pregnancies have you had? | totalpreg |  | 01234569. | 10099219111845281315 |  |

# 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 disease2=hernia or rupture3=high blood pressure4=ulcer eg: stomach or duodenum5=diabetes or high blood sugar6=paralysis or loss of limb7=high cholesterol or high triglycerides8=migrane9=thyroid trouble or goitre10=epilepsy11=behavioural or emotional disorders12=amputation or loss eg arm or foot13=dependence on drugs or alcohol14=serious burns15=serious wounds16=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 usual2=about the same3=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 all2=one to seven days3=eight to thirty days4=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, never2=yes, once or twice3=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, never2=yes, once or twice3=yes, more than twice |  |  |
| 35 | Do you get eczema? | ECZEMA | 1=never2=yes, once or twice3=yes, more than twice4=Nearly all the time |  |  |
| 36 | Do you get psoriasis? | PSORIASIS | 1=never2=yes, once or twice3=yes, more than twice4=Nearly all the time |  |  |
| 37 | Do you get dermatitis? | DERMATITIS | 1=never2=yes, once or twice3=yes, more than twice4=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 years2=between 7 and 14 years3=between 15 and 21 years4=over 21 years |  |  |
| 40 | How long is it since the last attack? | LASTATTACK | 1=less than one month2=over one but less than three months ago3=over three but less than six months ago4=over six but less than twelve months ago5=over one year but less than two years ago6=over two years ago7=over five years ago8=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 week3=about once a fortnight4=about once a month5=about once every three months6=about once every six months7=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 hours2=a day or so3=a week or so4=a month or so5=Continuous |  |  |
| 43 | In the last 12 months, approximately how many attacks have you had altogether? | NUMBER | 1=one attack only2=two to five attacks3=six to ten attacks4=eleven to twenty attacks5=twenty to fifty attacks6=fifty to one hundred attacks7=over one hundred attacks |  |  |
| 44 | Do you feel that over your lifetime your asthma or wheezy breathing has: | LIFEASTHMA | 1=improved2=remained the same3=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=mother2=father3=step parent4= |  |  |  |
|   | 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 all2=one to seven days3=eight to thirty days4=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, never2=yes, once or twice3=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, never2=yes, once or twice3=yes, more than twice |  |  |  |
|  14 | Does the child get eczema? | ECZEMA | 1=never2=yes, once or twice3=yes, more than twice4=Nearly all the time |  |  |  |
|  15 | Does the child get psoriasis? | PSORIASIS | 1=never2=yes, once or twice3=yes, more than twice4=Nearly all the time |  |  |  |
|  16 | Does the child get dermatitis? | DERMATITIS | 1=never2=yes, once or twice3=yes, more than twice4=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 year2=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 years7=over 10 years |  |  |  |
|  19 | How long is it since the last attack? | LASTATTACK | 1=less than one month2=over one but less than three months ago3=over three but less than six months ago4=over six but less than twelve months ago5=over one year but less than two years ago6=over two years ago7=over five years ago8=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 week3=about once a fortnight4=about once a month5=about once every three months6=about once every six months7=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 hours2=a day or so3=a week or so4=a month or so5=Continuous |  |  |  |
|  22 | In the last 12 months, approximately how many attacks has the child had altogether? | NUMBER | 1=one attack only2=two to five attacks3=six to ten attacks4=eleven to twenty attacks5=twenty to fifty attacks6=fifty to one hundred attacks7=over one hundred attacks |  |  |  |
| 23 | Do you feel that over your lifetime your asthma or wheezy breathing has: | LIFEASTHMA | 1=improved2=remained the same3=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  |  |  |  |