Child and Adolescent Web-based Questionnaire
Girls

Lungehelseundersøkelsens Generasjonsstudie

(Norwegian title used for ethics application
– translated «The lung health investigation's Generation Study"
Name chosen in order to be as similar as possible to
ECRHS/ RHINE name, translated "The lung health investigation")

Consent form - for web version

The consent form is to be filled out by one of the parents of the participant, if the participant is a minor.
Please note:

- Participation in the study is voluntary.
- If you agree that your child participates in the study, please sign this consent form.
- Even if you agree to participating now, you can at any time and without giving a reason, withdraw your consent.

If you have any questions about the study, or wish to withdraw from the study you can contact the project coordinator NN, XX@XX, phone number XX

Are you 16 years or older?

☐ No
☐ Yes

If 'NO', one of your parents have to consent:

I _____ (name of parent) agree that my child of whom I have legal custody may participate in this study.

☐ No
☐ Yes

If 'YES' (you are 16 years or older):

I agree to participate in this study

☐ No
☐ Yes

Airways symptoms and allergic symptoms

1. Have you had wheezing or whistling in your chest at any time **in the last 12 months?** ☐No ☐Yes

If answer is NO go to question 2, if YES:

1.1. Have you been at all breathless when the wheezing noise was present? ☐No ☐Yes

1.2. Have you had this wheezing or whistling when you did not have a cold? ☐No ☐Yes

2. Have you woken up with a feeling of tightness in your chest at any time in the **last 12 months?** ☐No ☐Yes

3. Have you been woken by an attack of shortness of breath at any time in the **last 12 months?** ☐No ☐Yes

4. Have you been woken by an attack of coughing at any time in the **last 12 months?** ☐No ☐Yes

5. Have you had an attack of asthma in the **last 12 months**? ☐No ☐Yes

6. Are you currently taking any medicine for asthma? (including inhalers, aerosols or tablets)? ☐No ☐Yes

7. Do you have any nasal allergies including hay fever?. ☐No ☐Yes

8. What is your date of birth? (day/month/year) ____dd ____mm_____yyyy

9. What is today's date? (day/month/year) ____dd ____mm _____yyyy

10. Are you a ☐boy ☐ girl

11. Do you have or have you ever had asthma? ☐No ☐Yes

If answer is NO go to question 12, if YES:

11.1. Have you ever had asthma diagnosed by a doctor? ☐No ☐Yes

11.2. How old were you when you first experienced asthma symptoms? _____ year

11.3. How old were you when you last experienced asthma symptoms? _____ year

11.4. In **the past 12 months**, how many days (or part days) of school (work) have you missed because of wheezing or asthma?

☐None

☐1 - 5 days

☐6-10 days

☐more than 10 days

12. Have you been woken by an attack of shortness of breath at any time in **the last 3 days**? ☐No ☐Yes

13. Have you been woken by an attack of coughing at any time in **the last 3 days**? ☐No ☐Yes

14. Have you had wheezing or whistling in your chest in **the last 3 days**? ☐No ☐Yes

15. Have you **ever** had wheezing or whistling in your chest? ☐No ☐Yes

If answer is NO go to question 16, if YES:

15.1. How old were you when you first noticed wheezing or whistling in your chest? _____years

16. Have you ever experienced nasal symptoms such as nasal congestion, rhinorrhoea (runny nose) and/or sneezing attacks without having a cold? ☐No ☐Yes

If answer is NO go to question 17, if YES:

16.1. How old were you when you experienced such nasal symptoms for the first time? _____ years

16.2. Have you had such nasal symptoms in the last 12 months? ☐No ☐Yes

16.3. Has this nose problem been accompanied by itchy or watery eyes? ☐No ☐Yes

16.4. In which months of the year did this nose problem occur? (more than one answer is possible)

January / February ..... ☐
March / April ..... ☐
May / June..... ☐
July / August..... ☐
September / October..... ☐
November / December..... ☐

17. Have you ever had eczema or any kind of skin allergy? ☐No ☐Yes

If answer is NO go to question 18, if YES:

17.1. How old were you when you first had eczema or skin allergy? _____ years

18. Have you ever had an itchy rash that was coming and going for at least 6 months? ☐No ☐Yes

If answer is NO go to question 19, if YES:

18.1. Have you had this itchy rash in **the last 12 months**? ☐No ☐Yes

18.2. Has this itchy rash at any time affected any of the following places:
the folds of the elbows, behind the knees, in front of the ankles, under the buttocks
or around the neck, ears or eyes? ☐No ☐Yes

18.3. Has this itchy rash affected your hands at any time in **the last 12 months?** ☐No ☐Yes

Food Allergies

19. Have you ever had an illness or trouble caused by eating **a particular** food or foods?

☐No ☐Yes

If answer is NO go to question 20, if YES:

19.1. Have you nearly always had the same illness or trouble after eating this type of food?

☐No ☐Yes

If answer is NO go to question 20, if YES:

19.2. What type of food was this? [List up to 3]

Food 1 _____

Food 2 _____

Food 3 _____

19.3. Did this illness or trouble include:

19.3.1. a rash or itchy skin? ☐No ☐Yes

19.3.2. diarrhea or vomiting? ☐No ☐Yes

19.3.3. runny or stuffy nose? ☐No ☐Yes

19.3.4. severe headaches? ☐No ☐Yes

19.3.5. breathlessness? ☐ ☐No ☐Yes

Symptoms near animals, dusts or pollen

20. When you are near animals, such as cats, dogs or horses, do you ever

20.1. start to cough? ☐No ☐Yes

20.2. start to wheeze? ☐No ☐Yes

20.3. get a feeling of tightness in your chest? ☐No ☐Yes

20.4. start to feel short of breath? ☐No ☐Yes

20.5. get a runny or stuffy nose or start to sneeze? ☐No ☐Yes

20.6. get itchy or watering eyes? ☐No ☐Yes

IF NO to all questions 20.1 -20.6 then go to question 22.

If YES to any of questions 20.1 -20.6:

21. Do you have such symptom/s when you are near

21.1. cat? ☐No ☐Yes

21.2. dog? ☐No ☐Yes

22. When you are in a dusty part of the house, or near pillows or duvets do you ever

22.1. start to cough? ☐No ☐Yes

22.2. start to wheeze? ☐No ☐Yes

22.3. get a feeling of tightness in your chest? ☐No ☐Yes

22.4. start to feel short of breath? ☐No ☐Yes

22.5. get a runny or stuffy nose or start to sneeze? ☐No ☐Yes

22.6. get itchy or watering eyes? ☐No ☐Yes

23. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ever

23.1. start to cough? ☐No ☐Yes

23.2. start to wheeze? ☐No ☐Yes

23.3. get a feeling of tightness in your chest? ☐No ☐Yes

23.4. start to feel short of breath? ☐No ☐Yes

23.5. get a runny or stuffy nose or start to sneeze? ☐No ☐Yes

23.6. get itchy or watering eyes? ☐No ☐Yes

Smoking , snuff and E-cigarettes

24. Have you ever smoked at least one whole cigarette? ☐No ☐Yes

If answer is NO, go to question 32, if YES:

25. How old were you when you **started** smoking? _____years

26. Do you smoke currently? ☐No ☐Yes
(this applies even if you only smoke the odd cigarette)

If answer is NO, continue with question 29, if YES:

27. How often do you smoke cigarettes currently? (Tick the box best describing how often you smoke)

at least once a day ☐

at least once a week ☐

at least once a month ☐

28. How many cigarettes do you smoke on average? (give only one answer either per day, week or month)

____ per day?
____ per week?
____ per month?

29. Have you smoked previously, but do not smoke now? ☐No ☐Yes

If answer to is NO, continue with question Q32, if YES:

30. At what age did you stop smoking? _____ years

31. When you smoked, how many cigarettes did you smoke on average? (give only one answer either per day, week or month)

____ per day?
____ per week?
____ per month?

32. Do you use any other nicotine containing products?

32.1. Snuff ☐No ☐Yes

If answer is NO, continue with Q32.2. if YES:

32.1.1. At what age did you start using snuff _____ years

32.1.2. How often do you use snuff ?

_____ at least once daily
_____ weekly
_____monthly

32.2. Water-pipe ☐No ☐Yes

If answer is NO, continue with Q32.3. if YES:

32.2.1. At what age did you start using water-pipe _____ years

32.2.2. How often do you use water-pipe

_____ at least once daily
_____ weekly
_____monthly

32.3. E-cigarettes ☐No ☐Yes

If answer is NO, continue with Q33. If YES:

32.3.1. At what age did you start smoking e-cigarettes _____ years

32.3.2. How often do you use e-cigarettes

_____ at least once daily
_____ weekly
_____monthly

32.3.3. Are these e-cigarettes with nicotine ☐No ☐Yes

☐

Childhood and family

33. What term best describes the place you lived most of the time before the age of 5 years?

(tick one box only)

Farm with livestock	Farm without livestock	Village in rural area	Small town	Suburb of city	Inner city
☐	☐	☐	☐	☐	☐

34. What term best describes **the place your father lived most of the time before the age of 5 years**?

(tick one box only)

Farm with livestock	Farm without livestock	Village in rural area	Small town	Suburb of city	Inner city
☐	☐	☐	☐	☐	☐

35. What term best describes **the place your mother lived most of the time before the age of 5 years**?

(tick one box only)

Farm with livestock	Farm without livestock	Village in rural area	Small town	Suburb of city	Inner city
☐	☐	☐	☐	☐	☐

36. What term best describes the place your grandparents' lived as a child? (tick one box for each grandparent)

	Farm	Village in rural area	Small town	Inner city	Don't know
Father's father	☐	☐	☐	☐	☐
Father's mother	☐	☐	☐	☐	☐
Mother's father	☐	☐	☐	☐	☐
Mother'smother	☐	☐	☐	☐	☐

37. How many persons, including yourself, lived in your home when you were 5 years old?
(the home you lived most of the time)? _____ persons

38. Did you have a serious respiratory infection before the age of five years?....

☐No ☐ Yes ☐ Don't know

39. Did you regularly share your bedroom before the age of five years? ☐No ☐ Yes ☐ Don't know

40. At which age did you first go to a Kindergarten, daycare facility or school? _____years

41. How old was your mother when you were born? _____years

42. How old was your father when you were born? _____years

43. Were you delivered by Caesarean section? ☐No ☐ Yes ☐ Don't know

44. Were you born preterm (prior to the 37th week of pregnancy)? ☐No ☐ Yes ☐ Don't know

45. Have you been regularly exposed to tobacco smoke by other people in the last 12 months? (Regularly means at least once on most days or nights) ☐ No ☐ Yes

If answer is NO, then go to question 47. If YES:

46. How many hours per day, on average, are you exposed to other peoples tobacco smoke in the following locations? Hours per day

- at home _____
- at workplace/school _____
- in free-time: in bars, restaurants, discos or similar social settings _____
- elsewhere _____

47. Did your father ever smoke regularly during your childhood? ☐No ☐ Yes

48. Does your father smoke currently? ☐No ☐ Yes

If answer is NO, continue with question 49, if YES:

48.1. Does your father smoke indoors? ☐No ☐ Yes

49. Did your mother ever smoke regularly during your childhood? ☐No ☐ Yes

50. Does your mother smoke currently? ☐No ☐ Yes

If answer is NO, continue with question 51, if YES:

50.1. Does your mother smoke indoors? ☐No ☐ Yes

51. Do you have siblings? ☐No ☐ Yes

If answer is NO, continue with question 54, if YES:

52. How many brothers do you have? (Put 0 if you have none) _____number

If answer is "0", continue with Q53. If answer is 1 ore more:

52.1. How many of your brothers have or have had asthma? _____number

52.2. How many of your brothers have or have had eczema, skin or nasal allergy or hay fever? _____number

53. How many sisters do you have? (Put 0 if you have none) _____number

If answer is "0", continue with Q54. If answer is 1 ore more:

53.1. How many of your sisters have or have had asthma? _____number

53.2. How many of your sisters have or have had eczema, skin or nasal allergy or hay fever? _____number

54. Has your mother ever had asthma? ☐No ☐ Yes ☐ Don't know

55. Has your mother ever had eczema, skin or nasal allergy or hay fever? ☐No ☐ Yes ☐ Don't know

56. Has your father ever had asthma? ☐No ☐ Yes ☐ Don't know

57. Has your father ever had eczema, skin or nasal allergy or hay fever? ☐No ☐ Yes ☐ Don't know

58. Was there a cat in your home….

58.1. during your first year of life? ☐No ☐ Yes ☐ Don't know

58.2. when you were age 1 to 4 years? ☐No ☐ Yes ☐ Don't know

58.3. when you were age 5- 10 years? ☐No ☐ Yes ☐ Don't know

59. Was there a dog in your home….

59.1. during your first year of life? ☐No ☐ Yes ☐ Don't know

59.2. when you were age 1 to 4 years? ☐No ☐ Yes ☐ Don't know

59.3. when you were age 5- 10 years? ☐No ☐ Yes ☐ Don't know

60. What is the highest level of education <u>your mother</u> has/had? (tick one box only)

Primary school (up to the minimum school leaving age) ☐

Secondary school / technical school (past the minimum age) ☐

College or university ☐

61. What is the highest level of education <u>your father</u> has/had? (tick one box only)

Primary school (up to the minimum school leaving age) ☐

Secondary school / technical school (past the minimum age) ☐

College or university ☐

Education and occupation

62. Please mark the educational level which best describes your level (more than one answer is possible)

Primary school ☐
Secondary school / High school /technical school ☐
Occupational training/Apprenticeship ☐

63. Do you currently have /have you ever had a paid work (e.g part-time, summer-job, apprenticeship, full-time employment)? ☐No ☐Yes

If answer is NO continue with Q64, if YES:

63.1. Which is your current or most recent work or occupation?

_____

In-door environment

64. Do you/your family keep a cat? ☐No ☐Yes

If answer is NO, continue with Q65, if YES:

64.1. Is your cat (are your cats) allowed inside the house? ☐No ☐Yes
64.2. Is your cat (are your cats) allowed in your bedroom? ☐No ☐Yes

65. Do you/your family keep a dog? ☐No ☐Yes

If answer is NO, continue with Q66, if YES:

65.1. Is your dog (are your dogs) allowed inside the house? ☐No ☐Yes
65.2. Is your dog (are your dogs) allowed in your bedroom? ☐No ☐Yes

66. In which type of accommodation do you live most of the time? (tick one box only)

Detached house ☐
Semi-detached or terraced house ☐
Apartment ☐
Other ☐

Physical Activity

67. How often do you do **strenuous** physical activity **outside of school** that makes you out of breath or sweat more than usual (like play team sport, hiking, dancing, swimming)?

- Never ☐
- Less than once a month ☐
- At least once a month ☐
- 1-3 times a week ☐
- 4-6 times a week ☐
- Every day ☐

If you do strenuous physical activity at least once a week, continue with question 68. If you do less, continue with question 69

68. About how many hours **a week** do you do **strenuous** physical activity **outside of school** that make you out of breath or sweat more than usual?

- Less than 1 hour ☐
- 1-2 hours ☐
- 3-4 hours ☐
- 5-6 hours ☐
- More than 6 hours ☐

69. About how many hours **a day** do you do **non-strenuous** physical activity **outside of school** (walking, riding the bike slowly)

- Less than 1 hour ☐
- 1-2 hours ☐
- 3-4 hours ☐
- 5-6 hours ☐
- More than 6 hours ☐

70. About how many hours do you usually spend **per day**

70.1. at the computer? …….hours per day

70.2. at the playstation/game console? …….hours per day

70.3. in front of the television …….hours per day

Sleep

71. At what time do you usually get into bed to sleep on **weekdays**? (e.g. 21:30) _____:_____

72. At what time do you usually wake up from sleep on **weekdays**? (e.g. 7:00) _____:_____

73. At what time do you usually get into bed to sleep on **weekends**? _____:_____

74. At what time do you usually wake up from sleep on **weekends**? _____:_____

75. On average, how long does it take you to fall asleep after turning out the lights? ____hours ____minutes

76. On average, how often do you wake up during the night?

- Never or less often than once per night ☐
- 1-2 times per night ☐
- 3-5 times per night ☐
- More than 5 times per night ☐

77. If you wake up at night:

- Do you fall asleep right away again ☐
- Does it take a few minutes to fall asleep again ☐
- Do you have trouble falling asleep again ☐

General health

78. How tall are you? _____cm

79. How much do you weigh? _____ kg

80. Have you ever visited a hospital casualty department or emergency room (for any reason, apart from accidents and injuries)? ☐No ☐Yes

If answer is NO, continue with question 81, if YES:

80.1. Was this due to breathing problems at least once? ☐No ☐Yes

81. Have you ever spent a night in hospital (for any reason, apart from accidents and injuries)? ☐No ☐Yes

If answer is NO, continue with question 82, if YES:

81.1. Was this due to breathing problems at least once? ☐No ☐Yes

82. Does your gum bleed when you brush your teeth? (tick one box only)

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

83. How often do you usually brush your teeth? *(tick one box only)*

2 times/day or more	Once daily	Less than daily
☐	☐	☐

In the following questions we ask about different diseases, if you don't know the medical terms, DON'T WORRY, then you or your parents most probably don't have them.

84. Has a doctor or health professional ever said that you have diabetes? ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 85, if YES:

84.1. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

85. Has a doctor or health professional ever said that you have hypertension or high blood pressure? ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 86, if YES:

85.1. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

86. Has a doctor or health professional ever said that you have a heart disease or a heart malformation? ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 87, if YES:

86.1. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

87. Has a doctor or health professional ever said that you have high cholesterol/ high blood fats? ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 88, if YES:

87.1. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

88. Has a doctor or health professional ever said that you have inflammatory bowel disease (Crohn's disease, Colitis ulcerosa) ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 89, if YES:

88.1. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

89. Has a doctor or health professional ever said that you have another disease? ☐No ☐ Yes ☐ Don't know

If answer is NO, continue with question 90, if YES:

89.1. Which disease? _____

89.2. Are you taking medication for this disease? ☐No ☐ Yes ☐ Don't know

90. Have <u>you</u> had one of the following diseases as a child?

90.1.	Otitis Media	☐No ☐ Yes ☐ Don't know
90.2.	Tonsillitis	☐No ☐ Yes ☐ Don't know
90.3.	Appendicitis	☐No ☐ Yes ☐ Don't know
90.4.	Pneumonia	☐No ☐ Yes ☐ Don't know
90.5.	Meningitis	☐No ☐ Yes ☐ Don't know

91. Did <u>your mother</u> ever suffer from any of the following?

		MOTHER
91.1.	Chronic bronchitis, emphysema and/or COPD	☐No ☐ Yes ☐ Don't know
91.2.	Heart disease/Myocardial infarction	☐No ☐ Yes ☐ Don't know
91.3.	Hypertension	☐No ☐ Yes ☐ Don't know
91.4.	Diabetes	☐No ☐ Yes ☐ Don't know
91.5.	High blood fats/High cholesterol	☐No ☐ Yes ☐ Don't know
91.6.	Cancer	☐No ☐ Yes ☐ Don't know
91.7.	Inflammatory bowel disease (Chron's disease/Colitis ulcerosa)	☐No ☐ Yes ☐ Don't know

92. Did <u>your father</u> ever suffer from any of the following?

		FATHER
92.1.	Chronic bronchitis, emphysema and/or COPD	☐No ☐ Yes ☐ Don't know
92.2.	Heart disease/Myocardial infarction	☐ No ☐ Yes ☐ Don't know
92.3.	Hypertension	☐No ☐ Yes ☐ Don't know
92.4.	Diabetes	☐No ☐ Yes ☐ Don't know
92.5.	High blood fats/High cholesterol	☐No ☐ Yes ☐ Don't know
92.6.	Cancer	☐No ☐ Yes ☐ Don't know
92.7.	Inflammatory bowel disease (Crohn's disease/Colitis ulcerosa)	☐No ☐ Yes ☐ Don't know

Food and drinks

93. How often do you eat or drink the following:

	Never	Rarely	Several times a month	Several times a week	Daily
93.1. Meat or sausage	☐	☐	☐	☐	☐
93.2. Fish	☐	☐	☐	☐	☐
93.3. Cod oil	☐	☐	☐	☐	☐
93.4. Vegetables	☐	☐	☐	☐	☐
93.5. Raw vegetables, salad, vegetable juice	☐	☐	☐	☐	☐
93.6. Potatoes	☐	☐	☐	☐	☐
93.7. Potatoes or vegetables you or your family have cultivated yourselves	☐	☐	☐	☐	☐
93.8. Olive oil	☐	☐	☐	☐	☐
93.9. Citrus fruit or citrus fruit juice	☐	☐	☐	☐	☐
93.10. Any fruit (except citrus fruit)	☐	☐	☐	☐	☐
93.11. Milk	☐	☐	☐	☐	☐
93.12. Soft drinks	☐	☐	☐	☐	☐
93.13. Alcoholic beverages	☐	☐	☐	☐	☐
93.14. Dark (not white) bread	☐	☐	☐	☐	☐
93.15. Food heated in plastic container in microwave	☐	☐	☐	☐	☐

Puberty

94. Have you already had your first period? ☐No ☐Yes ☐ Don't know
(other words: menstruation, monthly bleeding)

If NO, go to question 100. If YES:

95. How old were you when you had your first period? (years, integers) _____ years

96. When was the first day of your last period? __ __/__ __/__ __ __
(use a calendar or diary to figure out the exact date)

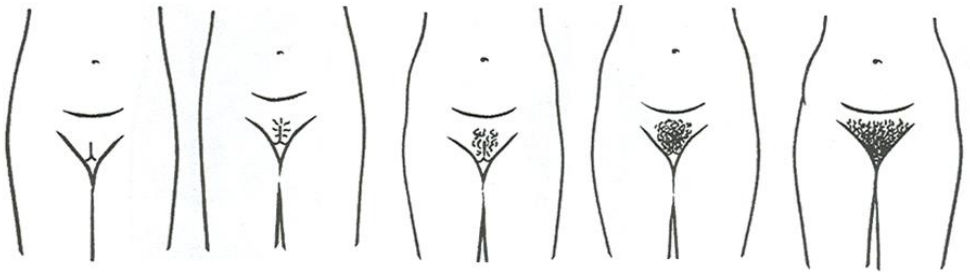
97. Are your periods regular? ☐No ☐Yes ☐ Don't know

98. Usually, how many days pass from the start of your period to the start of the next period?

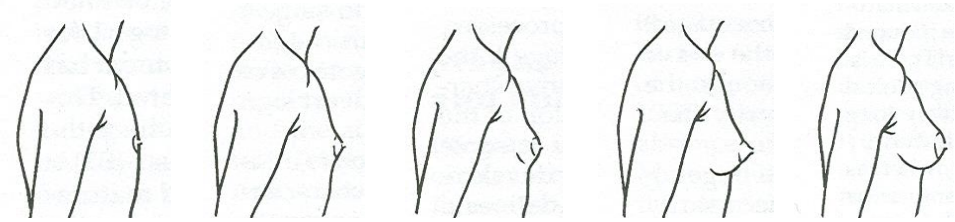
- less than 24 days ☐
- 24-26 days ☐
- 27-29 days ☐
- 30-32 days ☐
- more than 32 days ☐
- too irregular to say ☐
- Don't know ☐

99. Are you currently taking hormonal contraceptives? ☐No ☐Yes ☐ Don't know
(eg the pill, patches, injections, implants, coil impregnated with hormone eg. Mirena)?

100. Puberty stages:
In adolescence the external appearance and the body change, too. We ask you to tick of the picture that resembles you best currently. Be assured these, as all other answers, are intimate information that we trea completely anonymously.



☐ ☐ ☐ ☐ ☐



☐ ☐ ☐ ☐ ☐

Address history

101. To collect data on outdoor exposures in places you have lived, we would like to ask for your address history. Some countries provide address information through registries, others do not

Which country do you live in? _____

If you live in NORWAY, SWEDEN, or DENMARK:

Your country provides address history through registries.

Go to question 104

If you live in AUSTRALIA, ICELAND, SPAIN, or ESTONIA:

102. Have you lived with your parent who participated in RHINE all your life? ☐No ☐Yes ☐ Don't know

If 'NO' or 'Don't know', go to question 103

If 'YES', go to question 104

103. Please give the address, including postcode, of all homes you have lived since your birth**, starting with your current address**

House number	**Street name**	**City**	**Postcode**	**Moved in**	**Lived there until (YEAR)**
					current

104. Did you fill in the questionnaire….

by yourself? ☐

with the support of your parents? ☐

The questionnaire is finished.

Thank you very much for participation in this survey!