

## **Data Collection Worksheet**

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

## Questionnaire for 13 and 14 year olds

· ·
1. Have you <u>ever</u> had wheezing or whistling in the chest at any time in the past?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 6.
2. Have you had wheezing or whistling in the chest in the last 12 months?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 6.
3. How many attacks of wheezing have you had in the last 12 months?
[ ] None
1 [ ] to 3
4 [ ] to 12
[] More than 12
4. <u>In the last 12 months</u> , how often, on average, has your sleep been disturbed due to wheezing?
[] Never woken with wheezing
[] Less than one night per week
[] One or more nights per week
5. In the last 12 months, has wheezing ever been severe enough to limit your

speech to only one or two words at a time between breaths?
[ ] Yes
[ ] No
6. Have you <u>ever</u> had asthma?
[ ] Yes
[ ] No
7. In the last 12 months, has your chest sounded wheezy during or after exercise?
[ ] Yes
[ ] No
8. <u>In the last 12 months</u> , have you had a dry cough at night, apart from a cough associated with a cold or chest infection?
[ ] Yes
[ ] No
All questions are about problems which occur when you DO NOT have a cold or the flu. $ \\$
9. Have you <u>ever</u> had a problem with sneezing, or a runny or blocked nose, when you DID NOT have a cold or the flu?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 14.
10. In the past 12 months, have you had a problem with sneezing, or a runny or blocked nose, when you DID NOT have a cold or the flu?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 14.
11. <u>In the past 12 months</u> , has this nose problem been accompanied by itchy or watery eyes?
[] Yes

[ ] No
12. In which of the <u>past 12 months</u> did this nose problem occur? (Please tick an which apply.)
[ ] January
[] February
[] March
[] April
[ ] May
[ ] June
[ ] July
[ ] August
[ ] September
[ ] October
[ ] November
[ ] December
13. <u>In the past 12 months</u> , how much did this nose problem interfere with your daily activities?
[] Not at all
[] A little
[ ] A moderate amount
[ ] A lot
14. Have you <u>ever</u> had hay fever?
[ ] Yes
[ ] No
15. Have you <u>ever</u> had an itchy rash which was coming and going for at least size months?
[ ] Yes
[ ] No

IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 20.
16. Have you had this itchy rash at any time in the last 12 months?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 20.
17. Has this itchy rash <u>at any time</u> 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?
[ ] Yes
[ ] No
18. Has this rash cleared completely at any time during the last 12 months?
[ ] Yes
[ ] No
19. <u>In the last 12 months</u> , how often, on average, have you been kept awake at night by this itchy rash?
[] Never in the last 12 months
[] Less than one night per week
[ ] One or more nights per week
20. Have you <u>ever</u> had eczema?
[ ] Yes
[ ] No
Questionnaire for 6 and 7 year olds
21. Has your child $\underline{\text{ever}}$ had wheezing or whistling in the chest at any time in the past?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 26.

22. Has your child had wheezing or whistling in the chest in the last 12 months?

[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 26.
23. How many attacks of wheezing has your child had in the last 12 months?
[ ] None
1 [ ] to 3
4 [ ] to 12
[] More than 12
24. <u>In the last 12 months</u> , how often, on average, has your child's sleep been disturbed due to wheezing?
[] Never woken with wheezing
[] Less than one night per week
[] One or more nights per week
25. <u>In the last 12 months</u> , has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?
[] Yes
[ ] No
26. Has your child <u>ever</u> had asthma?
[] Yes
[ ] No
27. In the last 12 months, has your child's chest sounded wheezy during or after exercise?
[ ] Yes
[ ] No
28. In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?
[ ] Yes
[ ] No

29. Has your child <u>ever</u> had a problem with sneezing, or a runny or blocked nose, when he/she DID NOT have a cold or the flu?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 34.
30. <u>In the past 12 months</u> , has your child had a problem with sneezing, or a runny or blocked nose, when he/she DID NOT have a cold or the flu?
[ ] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 34.
31. <u>In the past 12 months</u> , has this nose problem been accompanied by itchy, watery eyes?
[ ] Yes
[ ] No
32. In which of the <u>past 12 months</u> did this nose problem occur? (Please tick any which apply)
[ ] January
[ ] February
[] March
[] April
[] May
[ ] June
[ ] July
[ ] August
[ ] September
[ ] October
[] November
[ ] December

33. <u>In the past 12 months</u> , how much did this nose problem interfere with your child's daily activities?
[] Not at all
[] A little
[ ] A moderate amount
[ ] A lot
34. Has your child <u>ever</u> had hay fever?
[ ] Yes
[ ] No
35. Has your child $\underline{\text{ever}}$ had an itchy rash that was coming and going for at least 6 months?
[] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 40.
36. Has your child had this itchy rash at any time in the last 12 months?
[] Yes
[ ] No
IF YOU HAVE ANSWERED "NO," PLEASE SKIP TO QUESTION 40.
37. Has this itchy rash <u>at any time</u> 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?
[] Yes
[ ] No
38. At what age did this itchy rash first occur?
[] Under 2 years
[] Age 2-4 years
[] Age 5 or more
39. Has this rash cleared completely at any time during the last 12 months?

[ ] Yes
[ ] No
0. <u>In the last 12 months</u> , how often, on average, has your child been kept awake t night by this itchy rash?
[] Never in the last 12 months
[] Less than one night per week
[ ] One or more nights per week
1. Has your child <u>ever</u> had eczema?
[ ] Yes
[ ] No

Protocol source: <a href="https://www.phenxtoolkit.org/protocols/view/90902">https://www.phenxtoolkit.org/protocols/view/90902</a>