MeDALL
Mechanism of the Development of Allergy

Parental Questionnaire
(for parents of 14-18 year old children)

If parts or all of this questionnaire will be used, please refer to the origins of this questionnaire in all corresponding publications (see Supplement Fig. S4).

Mechanisms of the Development of ALLergy

I) ASTHMA/WHEEZING

Core Questions

1 Has your child had wheezing or whistling in the chest **in the past 12 months**?

○ Yes ○ No

2 How many attacks of wheezing has your child had **in the past 12 months**?

○ None ○ 1 to 3 ○ 4 to 12 ○ More than 12

3 Has your child **ever** been diagnosed by a doctor as having asthma?

○ Yes ○ No

4 Has your child had a doctors diagnosis of asthma **in the past ___ years** *[each cohort should ask for time period not covered by this question since last follow-up]*?

○ Yes ○ No

5 In the **past 12 months**, 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

6 In the **past 12 months**, 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

7 In the **past 12 months**, has your child's chest sounded wheezy during or after **exercise**?

○ Yes ○ No

8 In the **past 12 months**, has your child had a **dry cough at night**, apart from a cough associated with a cold or chest infection?

○ Yes ○ No

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9 Did your child take any medicines for asthma or breathing difficulties (wheezing, chest tightness, shortness of breath) **in the last 12 months**?

(1) Prescription medication

○ Yes ○ No **If yes**, which? _____

- If your child took oral cortical steroids, did he/she take them for at least **3 days** in a row?

○ Yes ○ No

(2) Non-prescription medication

○ Yes ○ No **If yes**, which? _____

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10 How often did you have to see a doctor or attend a hospital with your child **urgently** because of breathing difficulties (wheezing, chest tightness, shortness of breath) **in the last 12 months**?

Number: _____

Supplemental Questions

S1 If your child received asthma medication, how often did he/she take a relieving medication (e.g. …) during a **regular week**?

○ Less than 2 times a week
○ 2 times or more a week

S2 Has your child **ever** been treated for **wheezing/breathing difficulties** (chest tightness, shortness of breath) with so called alternative methods (such as homoeopathy, acupuncture, others)?

○ Yes ○ No

- **If yes**, treatment with _____ started at age __ years and ended at _ _ years.
- Treatment with _____ started at age __ years and ended at _ _ years.
- Treatment with _____ started at age __years and ended at _ _ years

S3 **In the past 12 months**, which of these factors do you think triggered your child's wheezing or whistling in the chest? (You might choose several answers.)

- ○ Weather change (coldness, fog)
- ○ Pollen
- ○ Gas exhaust, vapours, fumes
- ○ Dust
- ○ Pets
- ○ Cold, flu or other respiratory infection
- ○ Strong odours
- ○ Tobacco smoke
- ○ Emotion, stress
- ○ Tears, laugher, excitation
- ○ Wool clothes
- ○ Food or drink
- ○ Soap, spray, cleaning product
- ○ Exercise (during or after)

○ Other (please specify): _____

S4 **In the last 12 months**, has your child usually seemed congested in the chest or coughed up phlegm (mucus) when he/she did not have a cold?

○ Yes ○ No

S5 Does your child seem congested in the chest or cough up phlegm (mucus) on most days **(4 or more days a week)** for as much as **3 months of the year**?

○ Yes ○ No

II) RHINITIS

Core Questions

11 **In the past 12 months**, has your child had problems with sneezing, or a runny, or blocked nose when he/she DID NOT have a cold or the flu?

○ Yes ○ No

12 If yes, please specify which of the symptoms your child had **in the past 12 months** when he/she DID NOT have a cold or the flu (You may choose several answers) Please tick all items that apply:

sneezing	○ Yes	○ No
runny nose	○ Yes	○ No
blocked nose	○ Yes	○ No

13 If yes, **in the past 12 months**, has this nose problem been accompanied by itchy-watery eyes?

○ Yes ○ No

14 In which of the **past 12 months** did this nose problem occur? (You may choose several answers) Please tick all months that apply:

○ January	○ April	○ July	○ October
○ February	○ May	○ August	○ November
○ March	○ June	○ September	○ December

15 **In the past 12 months**, did your child have trouble with the nose or eyes (without having a cold) in association with one of the following?
(You may choose several answers) Please tick all items that apply:

○ animals
○ grass, trees, flowers
○ housedust, mite
○ tobacco smoke or heavy scent
○ air pollutants

○ other, please specify _____

16 Did your child take any medications against nasal allergy/hay fever/allergic rhinitis **in the past 12 months**?

1) Prescription medication

○ Yes ○ No If yes, which? _____

2) Non-prescription medication

○ Yes ○ No If yes, which? _____

17 Did your child **ever** receive special injections against allergy ? ("allergy vaccine", immunotherapy, hyposensitization, desensitization, sublingual drops or tablets)

○ Yes ○ No

- If yes, first treatment started at age _ _ years and ended at _ _ years

○ Against which allergen(s) _____ ○ Not known

- Second treatment started at age _ _ years and ended at _ _ years

○ Against which allergen(s) _____ ○ Not known

- Third treatment started at age _ _ years and ended at _ _ years

○ Against which allergen(s) _____ ○ Not known

Supplemental Questions

S6 Was your child **ever** treated for nasal allergy/hay fever/allergic rhinitis with so called alternative methods (such as homoeopathy, acupuncture, others)?

○ Yes ○ No

- If yes, treatment with _____ started at age _ _ years and ended at _ _ years
- Treatment with _____ started at age _ _ years and ended at _ _ years
- Treatment with _____ started at age _ _ years and ended at _ _ years

III) ECZEMA

Core Questions

18 Has your child had dry skin **in the past 12 months**?

○ Yes ○ No

19 Has your child had an itchy rash at any time **in the past 12 months**?

○ Yes ○ No

20 Has this itchy rash at any time affected any of the following places (You may choose several answers)? Please tick all items that apply:

○ the folds of the elbows
○ behind the knees
○ in front of the ankles
○ under the buttocks
○ or around the neck, ears or face?

21 Has this rash cleared completely at any time during **the past 12 months**?

○ Yes ○ No

22 Has your child ever been diagnosed by a doctor as having eczema/ atopic dermatitis/ neurodermatitis?

○ Yes ○ No

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23 In which of **the past 12 months** did your child's eczema/itchy rash occur? (You may choose several answers) Please tick all months that apply:

○ January	○ April	○ July	○ October
○ February	○ May	○ August	○ November
○ March	○ June	○ September	○ December

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24 **In the past 12 months**, how often, on average, has your child been kept awake at night by this itchy rash?

○ Never in the past 12 months
○ Less than one night per week
○ One or more nights per week

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25 Has your child **ever** had eczema on her/his hands (itchy lesions, blisters, rash)?

○ Yes ○ No

If yes, at which age was the onset? _ _ years (age in years)

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26 Has your child **ever** had eczema after contact with
(you may choose several answers, please tick all items that apply):

○ items of metal (e.g. button, buckle, zipper, belt, watch or watchstrap, glasses or sun glasses, hair slide, cell phone, headset): please specify _____
○ fashion jewellery
○ hair dye
○ other colourants
○ tatoos
○ cosmetics, perfume or fragrances
○ deodorant
○ shampoo or conditioner
○ soap
○ clothes
○ latex, rubber (e.g. rubber gloves, balloons, preservatives)
○ other materials, please specify: _____

○ **no**, not with any material

Supplemental Questions

S5 Was your child **ever** treated for nasal allergy/hay fever/allergic rhinitis with so called alternative methods (such as homoeopathy, acupuncture, others)?

○ Yes ○ No

- If yes, treatment with _____ started at age ___ years and ended at _ _ years
- Treatment with _____ started at age ___ years and ended at _ _ years
- Treatment with _____ started at age ___ years and ended at _ _ years

IV) SOCIODEMOGRAPHIC CHARACTERISTICS

Core Questions

27 Your child is

○ male ○ female

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28 Are you single parent?

○ Yes ○ No

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29 Has the mother **ever** had **eczema** (excluding contact dermatitis and psoriasis)?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnosed
○ doctor- and self-diagnosed

If yes, how old were you at the onset of your eczema? _____years

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30 Has the mother **ever** had **asthma**?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnosed
○ doctor- and self-diagnosed

If yes, how old were you at the onset of your asthma? _____years

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31 Has the mother **ever** had hayfever or **allergic rhinitis**?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnosed
○ doctor- and self-diagnosed

If yes, how old were you at the onset of your allergic rhinits/ hayfever? _____years

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32 Has the father **ever** had **eczema** (excluding contact dermatitis and psoriasis)?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnosed
○ doctor- and self-diagnosed

If yes, how old was he at the onset of his eczema? _____years

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33 Has the father **ever** had **asthma**?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnose
○ doctor- and self-diagnosed

If yes, how old was he at the onset of his asthma? _____years

34 Has the father **ever had hayfever or allergic rhinitis**?

○ Yes ○ No If yes, ○ doctor diagnosed
○ self-diagnosed
○ doctor- and self-diagnosed

If yes, how old were you at the onset of your allergic rhinits/ hayfever? _____years

V) NUTRITION

Core Questions

35 Has your child ever had an allergic reaction to food?

○ Yes ○ No

If yes, has your child ever had an allergic reaction caused by…
(You may choose several answers.)

36 **Cow's milk**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to cow's milk first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

37 **Hen's egg**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to hen's egg first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

38 **Wheat**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to wheat first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

39 **Soy**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to soy first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

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40 **Codfish**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to codfish first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

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41 **Peanut**

○ Yes ○ No Please describe the allergic reaction _____

How old was your child when the allergic reaction to peanut first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

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42 **Tree nut**

Yes No Please describe the allergic reaction _____

How old were you when the allergic reaction to peanut first occurred? _____years

Do you still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

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43 If other food items have caused reaction, please specify food item:

_____

Please describe the allergic reaction _____

How old was your child when the allergic reaction to the food item first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

44 If other food items have caused reaction, please specify food item:

_____

Please describe the allergic reaction _____

How old was your child when the allergic reaction to the food item first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

If other food items have caused reaction, please specify food item:

_____

45 Please describe the allergic reaction _____

How old was your child when the allergic reaction to the food item first occurred? _____years

Does your child still have this allergic reaction when eating the food item?

○ Yes ○ No ○ I don't know

VI) INDOOR ENVIRONMENT

Core Questions

46 Do you use gas for cooking?

○ Yes ○ No

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47 Would you consider your house or flat as damp?

○ Yes ○ No

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48 Is there mould or are there mould stains within your dwelling (except on food)?

○ Yes ○ No

If yes, in which rooms of your house or flat?

○ Room or bedroom of the child
○ Rest of the flat
○ Basement

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49 Does the child's mother smoke inside the home?

○ Yes ○ No If yes, number of cigarettes per day: _ _

50 Does the child's father smoke inside the home?

○ Yes ○ No If yes, number of cigarettes per day: _ _

51 Do others (except the child) smoke inside the home?

○ Yes ○ No If yes, number of cigarettes per day: _ _

52 Does the child smoke?

○ Yes ○ No If yes, number of cigarettes per day: _ _