PROBIT IV
INTERVIEW QUESTIONNAIRE
ISRCTN37687716

Most questions can be answered simply by ticking the appropriate box ☑.
All answers will be treated as strictly confidential and will only be seen by the research team.

1 Identifying information

1.01 Hospital number |__|__|

1.02 Subject number |__|__|__|__|

1.03 First name_____

1.04 Last name_____

1.05 Date of birth |__|__|*dd* |__|__|*mm* 19|__|__|*yy*

1.06 Telephone consent given and recorded? ☐1 Yes ☐2 No

1.07 Parent/guardian consent form signed? ☐1 Yes ☐2 No

1.08 Child's assent form signed? ☐1 Yes ☐2 No

1.09 Pediatrician number 3 |__|__|__|

1.10 Date of examination |__|__|*dd* |__|__|*mm* 20|__|__|*yy*

1.11 Number of younger siblings (or half-siblings) living at home: |__|__|

1.12 Date of last meal |__|__|*dd* |__|__|*mm* 20|__|__|*yy*

1.13 Time of last meal |__|__|:|__|__| (24 hour clock)

2 Height and waist circumference

		Measurement:			
		(a) 1st	**(b)** 2nd	**(c)** 3rd	**(d)** 4th
2.01	**Standing Height (cm)**	|___|___|___|.|___|	|___|___|___|.|___|	|___|___|___|.|___|	|___|___|___|.|___|
2.02	**Waist circum. (cm)**	|___|___|___|.|___|	|___|___|___|.|___|	|___|___|___|.|___|	|___|___|___|.|___|

3 Weight and Bioelectrical Impedance (Tanita)

3.01 Was the child weighed? ☐ 1 Yes ☐ 2 No

3.02 Which scale was used? ☐ 1 Tanita [preferred] ☐ 2 Standard scale

3.03 Weight (kg) Weight (kg) |___|___|___|.|___|

3.04 Impedance (Ω) Impedance (Ω) |___|___|___|

3.05 Fat (%) Fat% (%) |___|___|___|.|___|

3.06 Fat mass (FM) (kg) Fat mass (kg) |___|___|___|.|___|

3.07 Fat free mass (FFM) (kg) FFM (kg) |___|___|___|.|___|

3.08 Total body water (TBW) (kg) TBW (kg) |___|___|___|.|___|

3.09 Tanita setting used: ☐ 1 Male standard ☐ 2 Female standard

3.10 Attach Print Out Here:

4 Vision

4.01 **Does the child wear spectacles?** ☐ **1 Yes** ☐ **2 No** **If no, go to 4.04**

4.02 If YES, does the child have the spectacles with him/her? ☐ 1 Yes ☐ 2 No If no, go to 4.04

4.03 If YES, are these plus or minus lenses? ☐ 1 Plus lenses ☐ 2 Minus lenses ☐ 3 Don't know

	Visual acuity test results	(a) Line number (1-9) at 3 meters		(b) Number of letters correct (1-4) at 3 meters		(c) Tick if 1 metre test	
		Right1	Left2	Right1	Left2	Right1	Left2
4.04	Vision (without spectacles)	|___|	|___|	|___|	|___|	|___|	|___|
4.05	Visual acuity (with spectacles)	|___|	|___|	|___|	|___|	|___|	|___|
4.06	Pinhole occluder test (If line 6 or worse and not improved with spectacles)	|___|	|___|	|___|	|___|	|___|	|___|

4.07 If line 6 or worse and not improved either with spectacles or with pinhole, OR child does not own spectacles, is the child aware of reduced vision? ☐ 1 Yes, known problem ☐ 2 No, unknown problem (if No, notify parent)

5 Sitting blood pressure (1)

Be sure the child has had at least 5 minutes quiet rest.

5.01 Time of measurement |__|__|:|__|__| (24 hour clock)

5.02 Room temperature: |__|__|.|__|°C

5.03 Systolic: |__|__|__| mm Hg

5.04 Diastolic: |__|__|__| mm Hg

5.05 Arm: ☐ 1 Right [preferred] ☐ 2 Left

5.06 How was blood pressure measured? ☐ 1 Omron ☐ 2 Other sphygmomanometer

5.07 Cuff size: ☐ 1 Small ☐ 2 Medium ☐ 3 Large ☐ 4 Not Omron cuff

6 Sitting blood pressure (2) *Leave one minute rest between readings*

6.01 Systolic: |__|__|__| mm Hg

6.02 Diastolic: |__|__|__| mm Hg

6.03 Arm: ☐ 1 Right [preferred] ☐ 2 Left

6.04 How was blood pressure measured? ☐ 1 Omron ☐ 2 Other sphygmomanometer

7 Skin questions

7.01 Have you ever had an itchy rash that was coming and going for at least six months? ☐ 1 Yes ☐ 2 No If no, go to 7.10 below

7.02 Have you had this itchy rash at any time in the last 12 months? ☐ 1 Yes ☐ 2 No If no, go to 7.08 below

7.03 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, around the neck, or eyes? ☐ 1 Yes ☐ 2 No

7.04 At what age did this itchy rash first occur?

☐ 1 Under 2 years

☐ 2 2 years or older

☐ 3 Age of onset uncertain

7.05 Has this rash cleared completely at any time during the last 12 months? ☐ 1 Yes ☐ 2 No

7.06 In the last 12 months, how often, on average, have you been kept awake at night by this itchy rash?

☐ 1 Never in the last 12 months

☐ 2 Less than one night per week

☐ 3 One or more nights per week

7.07 In the last 12 months, have you suffered from generally dry skin? ☐ 1 Yes ☐ 2 No

7.08 Have you ever had eczema? ☐ 1 Yes ☐ 2 No ☐ 3 Don't Know

7.09 If yes, was this diagnosed by a doctor? ☐ 1 Yes ☐ 2 No ☐ 3 Don't Know

Skin examination:

Does the child have visible signs of flexural dermatitis in any of the five following areas (see laminated protocol with example photographs if in doubt)?

7.10 Around the eyes ☐ 1 Yes ☐ 2 No

7.11 Around the sides or front of the neck ☐ 1 Yes ☐ 2 No

7.12 Fronts of the elbows ☐ 1 Yes ☐ 2 No

7.13 Behind the knees ☐ 1 Yes ☐ 2 No

7.14 Fronts of the ankles ☐ 1 Yes ☐ 2 No

8 Lung function

8.01 Spirometer calibration achieved? ☐ 1 Yes ☐ 2 No

	Attempt	(a) FEV1 litres L	(b) FVC litres L	(c) FEF25-75 litres/second l/s		(d) Readings adequate? Fill with number 1-9 as appropriate, see below
8.02	1st	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.03	2nd	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.04	3rd	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
	At least 3 blows must be attempted					
8.05	4th	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.06	5th	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.07	6th	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.08	7th	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|
8.09	8th	|___|.|___||___|	|___|.|___||___|	|___|.|___||___|		|___|

1=Good blow

2=Child coughed (cough)

3=Child's noseclip came off/leakage of air form the nose

4=Child stopped blowing early (abrupt end or short blow)

5=Child did not appear to use maximal effort (poor effort)

6=Child did not make a good seal around the mouthpiece

7=Child inhaled before they finished the blow

8=Child didn't start blowing immediately they put their mouth to the Spirometer (slow start)

9=Other reason for inadequate blow

8.10 Has the child used an inhaler, puffer or any medication for breathing in past 24 hours? ☐ 1 Yes ☐ 2 No

8.11 If yes, how many hours ago was it used? |___|___|Hours

8.12 Any respiratory infections in the last 3 weeks (influenza, pneumonia, bronchitis, severe cold)? ☐ 1 Yes ☐ 2 No

9 Medications

9.01 Has the child taken any medications in the last week? ☐ 1 Yes, continue to 9.02 ☐ 2 No, go to Section 10

9.02 When was the last time the child took any of these medications in the last week?

		Never	Less than 48 hours ago	1 week to 48 hours ago	Not in the last week
		1	2	3	4
	Tick ONE BOX ONLY in each row.				
9.03	Inhaled bronchodilator	☐	☐	☐	☐
9.04	Inhaled corticosteriods	☐	☐	☐	☐
9.05	Oral bronchodilators	☐	☐	☐	☐
9.06	Oral steroids	☐	☐	☐	☐
9.07	Antihistamines	☐	☐	☐	☐
9.08	Decongestants	☐	☐	☐	☐
9.09	Other cold remedies	☐	☐	☐	☐
9.10	Any other medications	☐	☐	☐	☐

10 School Performance and *Mindstreams* test

10.01	Total number of complete years of education to date (including secondary school or other educational institution)	|__|__| years
10.02	Do you attend any type of school/university now?	☐ 1 Yes ☐ 2 No
10.03	**If No,** specify the last calendar year when you attended school/university	|__|__|__|__| year
10.04	School/other educational institution you currently attend (or the last one you attended)	☐ 1 Common secondary school ☐ 2 Secondary special school ☐ 3 Institute/university

Be sure the child has had at least 5 minutes quiet rest before asking them to do the test.

Please take the child to the laptop to do the 'Mindstream' test.

Carefully select the child's identifying number, initials and date of birth from the list of identifying number's, initials and dates of birth on the 'Mindstreams'.

10.05	Record computer test number	|__|__|/|__|__||__|__|
10.06	Reason the Mindstreams was not done:	☐ 1 Serious problems with vision ☐ 2 Severe mental retardation ☐ 3 Refusal ☐ 4 Other
10.07	If other, please specify	_____

Dear Doctor, Thank you VERY much for your help. Please go back and check you have answered all the questions and then fill in the identifying details on the next page. Please tear out Section 14 (Female Teenager questionnaire) for boys and Section 15 (Male Teenager questionnaire) for girls and give the questionnaire to the child to fill the following sections.

(you may need to assist the child if they have reading difficulties)

To be filled in by the doctor

11.01 Number |__|__|/|__|__|__|__|/|__|__|__|__|__|__|

11.02 Date of visit |__|__|dd |__|__|mm 20|__|__|yy

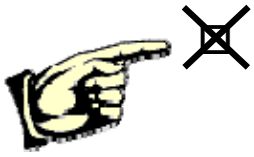
Life of a 15+ Teenager

ABOUT THIS QUESTIONNAIRE

- Thank you for filling in this questionnaire.
- We realise it is a bit long and that some of the questions may be personal, but your answers will help scientific researchers to better understand the health and development of people your age. You don't have to answer any questions you don't want to, you can just skip them.
- ALL your answers are confidential. They are kept under code numbers, not your name, so no-one can find out what you have said.

FILLING IN THE QUESTIONNAIRE

Answer questions with a cross in the box, like this:



If you make a mistake, shade the box in like this then cross the correct box.

If you are writing words make sure they are inside the box, like this:

12 Contact details

We are really interested in following your health.

12.01 Would you be willing for the PROBIT team to contact you in the future for further PROBIT studies?

☐ 1 Yes ☐ 2 No

If yes, please provide contact details below:

12.02	Your address	
12.03	Phone number	
12.04	Mobile number	
12.05	Email address	

12.06 Would you be willing to join a facebook group for PROBIT?

☐ 1 Yes ☐ 2 No

13. Respiratory Questions

The following questions will be mostly about your breathing. Wherever possible, please answer 'yes' or 'no'.

Wheezing or tightness in the chest:

13.01 Have you had wheezing or whistling in your chest at any time in the last ***12 months?***

☐ 1 Yes — If yes, go to 13.01a below

☐ 2 No — If no, go to 13.02 below

13.01a	Have you been at all breathless when the wheezing noise was present?	☐ 1 Yes	☐ 2 No
13.01b	Have you had this wheezing or whistling when you did ***not*** have a cold?	☐ 1 Yes	☐ 2 No
13.02	Have you woken up with a feeling of tightness in your chest at any time in the last ***12 months***?	☐ 1 Yes	☐ 2 No

Shortness of breath:

13.03	Have you had an attack of shortness of breath that came on during the day when you were at rest at any time in the last ***12 months***?	☐ 1 Yes	☐ 2 No
13.04	Have you had an attack of shortness of breath that came on ***following*** strenuous activity at any time in the last ***12 months***?	☐ 1 Yes	☐ 2 No
13.05	Have you been woken by an attack of shortness of breath at any time in the last ***12 months***?	☐ 1 Yes	☐ 2 No

Cough and phlegm from the chest:

13.06	Have you been woken by an attack of coughing at any time in the last ***12 months***?	☐ 1 Yes	☐ 2 No
13.07	Do you ***usually*** cough first thing in the morning in the winter?	☐ 1 Yes	☐ 2 No
13.08	Do you ***usually*** cough during the day, or at night, in the winter?	☐ 1 Yes If yes, go to 13.08a below	☐ 2 No If no, go to 13.09 below
13.08a	Do you cough like this on most days for as much as three months each year?	☐ 1 Yes	☐ 2 No
13.09	Do you ***usually*** bring up any phlegm from your chest first thing in the morning in the winter?	☐ 1 Yes	☐ 2 No
13.10	Do you ***usually*** bring up any phlegm from your chest during the day, or at night, in the winter?	☐ 1 Yes If yes, go to 13.10a below	☐ 2 No If no, go to 13.11 below
13.10a	Do you bring up phlegm like this on most days for as much as three months each year?	☐ 1 Yes	☐ 2 No

Breathing:

13.11 Do you ever have trouble with your breathing?

☐ 1 Yes — If yes, go to 13.11a below

☐ 2 No — If no, go to 13.12 below

13.11a Do you have this trouble... (Tick one box only)

..continuously so that your breathing is never quite right? ☐ 1

..repeatedly, but it gets better and is normal at times? ☐ 2

..only rarely? ☐ 3

13.12 Do you find it difficult to walk any distance for reasons other than breathing difficulty (such as pain or weakness in your legs or any other disability)?

☐ 1 Yes ☐ 2 No

If no, go to 13.12b below

13.12a If yes, please state this condition

_____

and go to 13.13 below

13.12b Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? ☐ 1 Yes ☐ 2 No

If yes, go to 13.12c below | If no, go to 13.13 below

13.12c Do you get short of breath walking with other people of your own age on level ground? ☐ 1 Yes ☐ 2 No

If yes, go to 13.12d below | If no, go to 13.13 below

13.12d Do you have to stop for breath when walking at your own pace on level ground? ☐ 1 Yes ☐ 2 No

Asthma:

13.13 Have you ever had asthma?

☐ 1 Yes — If yes, go to 13.13a below

☐ 2 No — If no, go to 13.18 below

☐ 3 Don't know — If don't know, go to 13.18 below

13.13a Was your asthma confirmed by a doctor? ☐ 1 Yes ☐ 2 No ☐ 3 Don't know

13.14 How old were you when you had your first attack of asthma? |__|__| years

13.15 How old were you when you had your most recent attack of asthma? |__|__| years

13.16 Have you had an attack of asthma in the last **12 months?**

☐ 1 Yes — If yes, go to 13.16a below

☐ 2 No — If no, go to 13.17 below

13.16a How many attacks of asthma have you had in the last **12 months**? |__|__| number

13.17 Are you currently taking any medicines, including inhalers, aerosols or tablets, for asthma? ☐ 1 Yes ☐ 2 No

13.18 Have you been **regularly** exposed to tobacco smoke in the last ***12 months***? ['Regularly' means on most days or nights]

☐ 1 Yes — If yes, go to 13.19 below

☐ 2 No — If no, go to section 14 or section 15

13.19 Not counting yourself, how many people in your household smoke regularly? |__|__| number

13.20 How many hours per day are you exposed to ***other people's*** tobacco smoke? |__|__| hours

13.21 Please mark the box next to the statement that describes you the best. **Tick one box only**:

- I have never tried smoking cigarettes ☐ 1
- I have only ever tried smoking cigarettes once or twice ☐ 2
- I used to smoke sometimes but I never smoke cigarettes now ☐ 3
- I sometimes smoke cigarettes but I smoke less than one a week ☐ 4
- I usually smoke between one and six cigarettes a week ☐ 5
- I usually smoke more than six cigarettes a week, but not every day ☐ 6
- I usually smoke one or more cigarettes every day ☐ 7

Please answer the questions in:

Section 14 if you are Female
Or
Section 15 if you are Male.

14 Female Teenager questionnaire

PHYSICAL DEVELOPMENT

We would like to assess the stage of your physical development using the drawings below. These show various stages commonly used by doctors to assess the growth and development of girls.

We need to know which drawings most closely match your stage of development at the moment.

Not all teenagers follow the same pattern of development.

Just pick the stage that is closest to what you look like right now, based on both the picture and the description.

The drawings below show different amounts of **female pubic hair**. A teenager can go through each of the five stages shown. **Please look at each of the drawings**. It is also important to read the descriptions. Cross the box that is the **closest** to the amount of pubic hair you have.

14.01

1 ☐ There is no pubic hair

2 ☐ There is a little long, lightly coloured hair. This hair may be straight or a little curly.

3 ☐ The hair is darker in this stage. It is coarser and more curled. It has spread out and thinly covers a bigger area.

4 ☐ The hair is now as dark, curly, and coarse as that of an adult woman. However, the area that the hair covers is not as large as that of an adult woman. The hair has not spread out to the legs.

5 ☐ The hair now is like that of an adult woman. It also covers the same area as that of an adult woman. The hair usually forms a triangular pattern as it spreads out to the legs.

14.02 Have you started your periods yet? ☐ 1 Yes ☐ 2 No

If no, go to question 16

If yes,

14.03 How old were you when you had your first period? |__|__| years old

14.04 On what date (month and year) was your first period? |__|__| month |__|__|__|__| year

14.05 In the **past year**, on average, how many **days of bleeding** have you **usually** had during each period?

Number of days |__|__|

Or

14.06 It varies ☐ 1

Don't know ☐ 2

14.07 If **it varies** or if you **don't know,** is it probably:

3 days or less ☐ 1

4-6 days ☐ 2

7 days or more ☐ 3

14.08 **<u>In the past year</u>,** how many days were there **<u>usually</u>** between periods?

In other words, how many days were there from the **<u>first day</u> of one period to the <u>first day</u> of the next period?**

Number of days |__|__|

Or

14.09 It varied ☐ 1

Don't know ☐ 2

15 Male Teenager questionnaire

PHYSICAL DEVELOPMENT

We would like to assess the stage of your physical development using the drawings below. These show various stages commonly used by doctors to assess the growth and development of boys.

We need to know which drawings most closely match your stage of development at the moment.

Not all teenagers follow the same pattern of development.

Just pick the stage that is closest, based on both the picture and the description.

As part of development, at some stage hair will start to grow just above the penis. A teenager can go through each of the five stages shown. **Please look at each of the drawings.** It is also important to read the descriptions. Cross the box that is **closest** to the amount of pubic hair that you have.

15.01

1 ☐ There is no hair at all.

2 ☐ There is a little soft, long, lightly coloured hair at the base of the penis. It may be straight or a little curly.

3 ☐ The hair is darker and more curled. It has spread out and thinly covers a bigger area.

4 ☐ The hair is as dark and curly as that of a man, but it hasn't spread out to the legs.

5 ☐ The hair is like that of a man. It has spread out to the legs.

16 Research Questions

16.01 Since you were born, you have been participating in a research project called "PROBIT."

Which of the responses below best summarizes your understanding of the main objective of this research project?

Tick ONE box only.

- To study the health, growth, and development of Belarusian children ☐1
- To study the childhood origins of adult (chronic) diseases in Belarus ☐2
- To study the effects of different degrees and durations of breastfeeding on the health of Belarusian children ☐3
- I don't know ☐4

16.02 Which of the responses below best summarizes your understanding of the main comparison undertaken by the PROBIT researchers?

Tick ONE box only.

- Comparing Belarusian children receiving more breastfeeding with those receiving less breastfeeding ☐1
- Comparing Belarusian children living in cities with those living in rural areas ☐2
- Comparing Belarusian children living nearer to Chernobyl with those living farther away ☐3
- Comparing Belarusian children born in hospitals receiving a health care intervention intended to increase breastfeeding with those born in hospitals not receiving the intervention ☐4
- I don't know ☐5

16.03 Which of the responses below best summarizes your understanding of the comparison group to which you belong?

Tick ONE box only.

Group living in cities	☐ 1
Group living in rural areas	☐ 2
Group exposed to a new health care intervention to increase breastfeeding	☐ 3
Group not exposed to the new health care intervention (control group)	☐ 4
Group receiving more breastfeeding	☐ 5
Group receiving less breastfeeding	☐ 6
Group living nearer to Chernobyl	☐ 7
Group living farther from Chernobyl	☐ 8
I don't know	☐ 9

The End

Congratulations you have finished the entire questionnaire. Thank you VERY much for your help.

Please hand this questionnaire back to the doctor