

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

INTERVIEW QUESTIONNAIRE

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CHART REVIEW QUESTIONNAIRE

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1. Child identifying information

- 1.1. Hospital no. _____ **Hos002** 1.2. Subject no.:|_|_|_|_| **Hos003**
1.3. Date form completed: |_|_|dd |_|_|mm 200|_|y **Hos004**
1.4. Child's first and last name _____ **Hos005**

2. Maternal history and symptoms

- 2.1. Did you breastfeed this child beyond 12 months of age? ☐|_1 Yes ☐|_2 No **Hos006**
2.2. If yes: until what age |_| years **Hos007** |_|_| completed months **Hos008**
2.3. Main reason for stopping (*check one box only*): **Hos009**
 ☐|_1 mother ill ☐|_2 baby ill
 ☐|_3 baby's age ☐|_4 insufficient quantity of milk
 ☐|_5 uncertain about quality of milk ☐|_6 sore or infected nipples
 ☐|_7 personal preference
2.4. Number of children born since this child: **Hos0010**
 ☐|_1 none ☐|_2 1 ☐|_3 2 ☐|_4 ≥3
2.5. Duration of any breastfeeding of subsequent siblings (*to the nearest completed month*):
 2.5.1. Oldest sibling |_|_| mo. **Hos011**
 2.5.2. 2nd oldest sibling |_|_| mo. **Hos012**
 2.5.3. 3rd oldest sibling |_|_| mo. **Hos013**
2.6. Duration of exclusive breastfeeding of subsequent siblings (*to the nearest completed month*):
 2.6.1. Oldest sibling |_|_| mo. **Hos014**
 2.6.2. 2nd oldest sibling |_|_| mo. **Hos015**
 2.6.3. 3rd oldest sibling |_|_| mo. **Hos016**
2.7. If you have had a miscarriage since this child was born, indicate how many:
 ☐|_1 1 ☐|_2 2 ☐|_3 ≥3 **Hos017**
2.8. If you have had any medical abortions (by vacuum aspiration or other method) since this child was born, indicate how many:
 ☐|_1 1 ☐|_2 2 ☐|_3 ≥3 **Hos018**
2.9. Are you currently breastfeeding a child? ☐|_1 Yes ☐|_2 No **Hos019**
 IF YOU ANSWERED "yes" PLEASE SKIP TO QUESTION 3.1
2.10. If "no", do you have some of these symptoms before menses?
 2.10.1. Migraine or another headache
 ☐|_1 Always ☐|_2 Often ☐|_3 Seldom ☐|_4 Never **Hos020**
 2.10.2. Pain localized to lower abdomen
 ☐|_1 Always ☐|_2 Often ☐|_3 Seldom ☐|_4 Never **Hos021**
 2.10.3. Disturbances of appetite and taste (reduction, increase, or preference for sour, salty, sweet)

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2.10.4. Painful breast engorgement

☐|₁ Always ☐|₂ Often ☐|₃ Seldom ☐|₄ Never **Hos023**

2.10.5. Secretion from nipple

☐|₁ Always ☐|₂ Often ☐|₃ Seldom ☐|₄ Never **Hos024**

2.11. Have you ever been followed by a doctor because of a breast lump or cyst? **Hos025**

☐|₁ Yes ☐|₂ No

3. Child's behavioural development

3.1. Did your child regularly attend any day care centre, preschool, or play group before beginning school? ☐|₁ Yes ☐|₂ No **Hos026**

If "yes", for how long? ☐|₁ years **Hos027** ☐|₂ months **Hos028**

3.2. In your child's first three years of life, was there anything that seriously worried you about:

3.2.1. How s/he got on or interacted with other people? ☐|₁ Yes ☐|₂ No **Hos029**

3.2.2. The way his/her speech developed and/or his/her ability to communicate?

☐|₁ Yes ☐|₂ No **Hos030**

3.2.3. Any odd rituals or unusual habits or bizarre patterns of play that were very hard to interrupt?

☐|₁ Yes ☐|₂ No **Hos031**

3.3. If you answered "Yes" to any of the above 3 questions:

Has this/have these now cleared up completely? ☐|₁ Yes ☐|₂ No **Hos032**

*If parent answers "No" to question 3.3, **pediatrician** should answer question 3.4.*

3.4. Based on the parent's responses to questions 3.1 to 3.3 and your knowledge of the child, do you (the pediatrician) think this child suffers from autism or a related disorder (pervasive developmental disorder or Asperger's syndrome)? **Hos033**

☐|₁ Unlikely ☐|₂ Possibly ☐|₃ Likely

4. Asthma and Allergies

4.1. Has your child ever had wheezing or whistling in the chest at any time in the past?

☐|₁ Yes ☐|₂ No **Hos034**

IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.6

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

☐|₁ Yes ☐|₂ No **Hos035**

IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.6

4.3. How many attacks of wheezing has your child had in the last 12 months?

☐|₁ None ☐|₂ 1 to 3 ☐|₃ 4 to 12 ☐|₄ More than 12 **Hos036**

4.4. In the last 12 months, how often, on average, has your child's sleep been disturbed due to wheezing? **Hos037**

☐|₁ Never woken with wheezing ☐|₂ Less than one night per week

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- 4.6. Has your child ever had asthma? ☐₁ Yes ☐₂ No **Hos039**
- 4.7. In the last 12 months, has your child's chest sounded wheezy during or after exercise? ☐₁ Yes ☐₂ No **Hos040**
- 4.8. In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or a chest infection? ☐₁ Yes ☐₂ No **Hos041**
- 4.9. Has your child ever had a problem with sneezing, or a runny, or a blocked nose when he/she DID NOT have a cold or the flu? ☐₁ Yes ☐₂ No **Hos042**
IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.14
- 4.10. In the past 12 months, has your child had a problem with sneezing, or a runny, or a blocked nose when he/she DID NOT have a cold or a flu? ☐₁ Yes ☐₂ No **Hos043**
IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.14
- 4.11. In the past 12 months, has this nose problem been accompanied by itchy-watery eyes? ☐₁ Yes ☐₂ No **Hos044**
- 4.12. In which of the past 12 months did this nose problem occur? (please check all that apply)
☐₁ January **Hos045** ☐₂ February **Hos046** ☐₃ March **Hos047**
☐₄ April **Hos048** ☐₅ May **Hos049** ☐₆ June **Hos050**
☐₇ July **Hos051** ☐₈ August **Hos052** ☐₉ September **Hos053**
☐₁₀ October **Hos054** ☐₁₁ November **Hos055** ☐₁₂ December **Hos056**
- 4.13. In the past 12 months, how much did this nose problem interfere with your child's daily activities? **Hos057**
☐₁ Not at all ☐₂ A little ☐₃ A moderate amount ☐₄ A lot
- 4.14. Has your child ever had hay fever? ☐₁ Yes ☐₂ No **Hos058**
- 4.15. Has your child ever had an itchy rash which was coming and going for at least 6 months? ☐₁ Yes ☐₂ No **Hos059**
IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.21
- 4.16. Has your child had this itchy rash at any time in the last 12 months? ☐₁ Yes ☐₂ No **Hos060**
IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.21
- 4.17. Has this itchy rash at any time affected any of the following places: the folds of the elbow, behind the knees, in front of ankles, under the buttocks, or around the neck, ears or eyes? ☐₁ Yes ☐₂ No **Hos061**
- 4.18. At what age did this itchy rash first occur?
☐₁ Under 2 years ☐₂ Age 2-4 ☐₃ Age 5 or more **Hos062**
- 4.19. Has this rash cleared completely at any time during the last 12 months? ☐₁ Yes ☐₂ No **Hos063**
- 4.20. In the last 12 months, how often, on average, has your child been kept awake at night by this itchy rash? **Hos064**

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4.22. Do you have pets in your house? ☐₁ Yes ☐₂ No **Hos066**
IF YOU ANSWERED "NO" PLEASE SKIP TO QUESTION 4.24

4.23. If yes, check all that apply and indicate how many of each:

☐ ₁ Cat	How many? ☐ ☐	Hos067
☐ ₂ Dog	How many? ☐ ☐	Hos068
☐ ₃ Bird	How many? ☐ ☐	Hos069
☐ ₄ Rodent (<i>rabbit, mouse, hamster, gerbil</i>)	How many? ☐ ☐	Hos070
☐ ₅ Other	How many? ☐ ☐	Hos071

4.24. Does your child have any contact with farm animals? ☐₁ Yes ☐₂ No **Hos072**

4.25. If yes, check all that apply:

☐ ₁ Cow Hos073	☐ ₂ Horse Hos074	☐ ₃ Sheep Hos075
☐ ₄ Chicken/goose/turkey Hos076	☐ ₅ Pig Hos077	
☐ ₆ Goat Hos078	☐ ₇ Other Hos079	

4.26. What is his/her frequency of contact: **Hos080**

☐ ₁ Daily	☐ ₂ Less than daily but more than weekly	☐ ₃ Weekly
☐ ₄ Less than weekly but at least monthly	☐ ₅ Less than monthly	

4.27. Are the farm animals: **Hos081**

☐ ₁ In a building separated from the house
☐ ₂ In a building adjoining the house

5. Cigarettes and alcohol consumption

Average number of cigarettes currently smoked per day:

5.1 Mother: ☐₁ None ☐₂ 1-4 ☐₃ 5-9 ☐₄ 10-19 ☐₅ ≥ 20 **Hos082**

5.2 Father: ☐₁ None ☐₂ 1-4 ☐₃ 5-9 ☐₄ 10-19 ☐₅ ≥ 20 **Hos083**

5.3. Average frequency of alcohol (vodka, wine, or beer) currently consumed by mother: **Hos084**

☐ ₁ <1 time/mo	☐ ₂ 1-3 times/mo	☐ ₃ 1 time/wk
☐ ₄ 2 times/wk	☐ ₅ ≥ 3 times/wk	

5.4. On average, how much is consumed at these times? **Hos085**

☐ ₁ 0-50 ml vodka (0-100 ml wine, 1-200 ml beer)
☐ ₂ >50-150 ml vodka (>100-250 ml wine, >200-500 ml beer)
☐ ₃ >150-250 ml vodka (>250-500 ml wine, >500-1000 ml beer)
☐ ₄ >250-400 ml vodka (>500-750 ml wine, >1000-1500 ml beer)
☐ ₅ >400 ml vodka (>750 ml wine, >1500 ml beer)

5.5. Average frequency of alcohol (vodka, wine, or beer) currently consumed by father: **Hos086**

☐ ₁ <1 time/mo	☐ ₂ 1-3 times/mo	☐ ₃ 1 time/wk
☐ ₄ 2 times/wk	☐ ₅ ≥ 3 times/wk	

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5.6. On average, how much is consumed at these times? **Hos087**

☐1 0-50 ml vodka (0-100 ml wine, 1-200 ml beer)

☐2 >50-150 ml vodka (>100-250 ml wine, >200-500 ml beer)

☐3 >150-250 ml vodka (>250-500 ml wine, >500-1000 ml beer)

☐4 >250-400 ml vodka (>500-750 ml wine, >1000-1500 ml beer)

☐5 >400 ml vodka (>750 ml wine, >1500 ml beer)

6. Marital status and family relationships

6.1 Are you:

6.1.1 Married (registered or unregistered) and living with same husband as when this child was born

☐1 Yes ☐2 No **Hos088**

If "yes", go to question 6.2

6.1.2 Registered marriage with different husband

☐1 Yes ☐2 No **Hos089**

If "yes", go to question 6.3

6.1.4 Divorced, no new husband

☐1 Yes ☐2 No **Hos091**

If "yes", go to question 6.3

6.1.4 Widowed, no new husband

☐1 Yes ☐2 No **Hos093**

If "yes", go to question 6.3

6.1.3 Unregistered marriage with different husband

☐1 Yes ☐2 No **Hos090**

If "yes", go to question 6.3

6.1.5. Separated, no new husband

☐1 Yes ☐2 No **Hos092**

If "yes", go to question 6.3

6.2 On the scale below, indicate the point which best describes your degree of satisfaction in your relationship with your husband. The middle point, 'satisfied,' represents the degree of satisfaction which most people get from their relationships. The scale gradually increases on the right side for those few that experience extreme joy in their intimate relationships and decreases on the left side for those who are extremely dissatisfied. **Hos094**

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Very			Satisfied			Perfectly
dissatisfied						satisfied

6.3 On the scale below, indicate the point which best describe your degree of satisfaction with your relationship with this child. The middle point, 'satisfied,' represents the degree of satisfaction which the average mother feels about her relationship or interactions with her child. The scale gradually increases on the right side for those who experience above-average or even extremely good interactions with their child, and decreases on the left side for those who are less happy or extremely dissatisfied with their relationship with their child. **Hos095**

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Very			Satisfied			Perfectly
dissatisfied						satisfied

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

6.4 On the scale below, indicate the point which best describes your satisfaction with your experience of being a mother in general. The middle point, 'satisfied,' represents the degree of satisfaction which the average mother experiences. The scale gradually increases on the right side for those who experience above-average experiences, and decreases on the left side for those who are less happy or extremely dissatisfied with their experiences of motherhood. **Hos096**

1	2	3	4	5	6	7
<i>Very dissatisfied</i>			<i>Satisfied</i>		<i>Perfectly satisfied</i>	

7. Blood pressure (1) (sitting)

7.1 Systolic mm Hg (sitting) **Hos097**

7.2 Diastolic mm Hg **Hos098**

8. Anthropometric measures

1 st measurement	2 nd measurement
8.1. Weight (kg):	
8.1.1 Child: Hos099	8.1.2 Child Hos100
8.1.3 Mother: Hos101	
8.1.4 Father (biologic): Hos102	

8.2. Height (cm):	
8.2.1 Child: Hos0103	8.2.2 Child: Hos0104
8.2.3 Mother: Hos0105	
8.2.4 Father (biologic): Hos0106	

	1 st measurement	2 nd measurement
Child:		
8.3. Sitting height (cm):	Hos0107	Hos0112
8.4. Head circumference (cm):	Hos0108	Hos0113
8.5. Waist circumference (cm):	Hos0109	Hos0114
8.6. Hip circumference (cm):	Hos0110	Hos0115
8.7. Mid-thigh circumference (cm):	Hos0111	Hos0116
8.8. Mid-upper arm circumference (cm):	Hos0117	Hos0120
8.9. Triceps skinfold (mm):	Hos0118	Hos0121
8.10. Subscapular skinfold (mm):	Hos0119	Hos0122

9. Blood pressure (2) (sitting)

9.1 Systolic mm Hg (sitting) **Hos0123**

9.2 Diastolic mm Hg **Hos0124**

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10. Sucking behaviour

10.1 Did your child ever suck his/her thumb (or another finger)? ☐₁ Yes ☐₂ No **Hos0125**

If "no", go to question 10.4

10.2 If "yes", does your child still suck his/her thumb now? ☐₁ Yes ☐₂ No **Hos0126**

If "yes", go to question 10.4

10.3. If no, at what age did s/he stop? years **Hos0127** months **Hos0128**

10.4 Did s/he habitually suck on particular objects? ☐₁ Yes ☐₂ No **Hos0129**

If "no", go to section 11

10.5. If "yes", check all that apply:

₁ ☐ Pacifier **Hos0130** ₂ ☐ A particular toy **Hos0131**

₃ ☐ Blanket **Hos0132** ₄ ☐ Other **Hos0133**

10.6 Does your child still suck on particular objects now? ☐₁ Yes ☐₂ No **Hos0134**

If "yes", go to section 11

10.7 If "no", at what age did s/he stop habitually sucking all objects other than his/her thumb or finger? years **Hos0135** months **Hos0136**

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

11. WASI

1. Vocabulary

Start:	Reverse Rule:	Discontinue Rule:	Scoring Rule:
Item 5	Administer Items 1-4 in forward sequence if score 0 or 1 on Item 5 or 6	After 5 consecutive scores of 0	Items 1-4 – 0 or 1 Items 5-30 – 0,1 or 2
Item	Response	Score	
		(0 or 1)	
1. Fish		Prt004	
2. Shovel		Prt005	
3. Map		Prt006	
4. Shell		Prt007	
		(0,1,2)	
5. Shirt		Prt008	
6. Shoe		Prt009	
7. Flashlight		Prt010	
8. Car		Prt011	
9. Bird		Prt012	
10. Calendar		Prt013	
11. Number		Prt014	
12. Bell		Prt015	
13. Lunch		Prt016	
14. Police		Prt017	
15. Vacation		Prt018	
16. Pet		Prt019	
17. Balloon		Prt020	
18. Transform		Prt021	
19. Alligator		Prt022	
20. Cart		Prt023	
21. Blame		Prt024	
22. Dance		Prt025	
23. Purpose		Prt026	
24. Entertain		Prt027	
25. Famous		Prt028	
26. Reveal		Prt029	
27. Decade		Prt030	
28. Tradition		Prt031	
29. Rejoice		Prt032	
30. Earthquake		Prt033	



INTERVIEW QUESTIONNAIRE PROBIT II STUDY

2. Block Design

Start point:	Discontinue Rule:	Scoring Rule:
Design 1	After 3 consecutive scores of 0	Items 1-4: 2 for a correct design on Trial 1 1 for a correct design on Trial 2 0 for incorrect designs on Trials 1&2 Items 5-13: – 0-7 баллов

Examinee

Design	Time Limit	Incorrect Design	Completion Time in Seconds	Correct Design	Score (Circle the appropriate score for each design)
1.	30"		Prt035	Y N	0 1 2
2.	60"		Prt036	Y N	0 1 2
3.	60"		Prt037	Y N	0 1 2
4.	60"		Prt038	Y N	0 1 2
5.	60"		Prt039	Y N	0 21"-60" 4 16"-20" 5 11"-15" 6 1"-10" 7
6.	60"		Prt040	Y N	0 21"-60" 4 16"-20" 5 11"-15" 6 1"-10" 7
7.	60"		Prt041	Y N	0 21"-60" 4 16"-20" 5 11"-15" 6 1"-10" 7
8.	60"		Prt042	Y N	0 21"-60" 4 16"-20" 5 11"-15" 6 1"-10" 7
9.	60"		Prt043	Y N	0 21"-60" 4 16"-20" 5 11"-15" 6 1"-10" 7
10.	120"		Prt044	Y N	0 66"-120" 4 46"-65" 5 31"-45" 6 1"-30" 7
11.	120"		Prt045	Y N	0 76"-120" 4 56"-75" 5 41"-55" 6 1"-40" 7
12.	120"		Prt046	Y N	0 76"-120" 4 56"-75" 5 41"-55" 6 1"-40" 7
13.	120"		Prt047	Y N	0 76"-120" 4 56"-75" 5 41"-55" 6 1"-40" 7

Examiner

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

3. Similarities

Start Point:	Discontinue Rule:	Scoring Rule:
Item 1	After 4 consecutive scores of 0	Items 1-4 – 0 or 1 Items 5-20 – 0,1 or 2

Item	Response				Score
1. Four-Wheeled	Ship	<u>BUS</u>	Bike	Train	(0 or 1) Prt049
2. Dining Items	<u>SPOON</u>	Pan	Bowl	Can Opener	Prt050
3. Clothing	Jump Rope	Ball	<u>SHOES</u>	Crayons	Prt051
4. Fruits	<u>BANANA</u>	Bean	Pumpkin	Potato	Prt052
5. Red-Blue					(0,1,2) Prt053
6. Circle-Square					Prt054
7. Grapes-Strawberries					Prt055
8. Cow-Bear					Prt056
9. Plane-Buss					Prt057
10. Shirt-Jacket					Prt058
11. Pen-Pencil					Prt059
12. Bowl-Plate					Prt060
13. Love-Hate					Prt061
14. TV-Newspaper					Prt062
15. Smooth-Rough					Prt063
16. Shoulder-Ankle					Prt064
17. Sit-Run					Prt065
18. Child-Adult					Prt066
19. Steam-Cloud					Prt067
20. Bird-Flower					Prt068

Total Raw Score

(Maximum Raw Score Ages 6-8 – 36)

Prt069

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4. Matrix Reasoning

Start Point:	Discontinue Rule:	Scoring Rule:
Administer Sample Items A and B first	After 4 consecutive scores of 0	Items 1-35: 0 or 1

Item	Response Options (Circle one)	Score (0 or 1)
A	1 2 3 4 5 DK	Prt070
B	1 2 3 4 5 DK	Prt071
1.	1 2 3 4 5 DK	Prt072
2.	1 2 3 4 5 DK	Prt073
3.	1 2 3 4 5 DK	Prt074
4.	1 2 3 4 5 DK	Prt075
5.	1 2 3 4 5 DK	Prt076
6.	1 2 3 4 5 DK	Prt077
7.	1 2 3 4 5 DK	Prt078
8.	1 2 3 4 5 DK	Prt079
9.	1 2 3 4 5 DK	Prt080
10.	1 2 3 4 5 DK	Prt081
11.	1 2 3 4 5 DK	Prt082
12.	1 2 3 4 5 DK	Prt083
13.	1 2 3 4 5 DK	Prt084

Item	Response Options (Circle one)	Score (0 or 1)
14.	1 2 3 4 5 DK	Prt085
15.	1 2 3 4 5 DK	Prt086
16.	1 2 3 4 5 DK	Prt087
17.	1 2 3 4 5 DK	Prt088
18.	1 2 3 4 5 DK	Prt089
19.	1 2 3 4 5 DK	Prt090
20.	1 2 3 4 5 DK	Prt091
21.	1 2 3 4 5 DK	Prt092
22.	1 2 3 4 5 DK	Prt093
23.	1 2 3 4 5 DK	Prt094
24.	1 2 3 4 5 DK	Prt095
25.	1 2 3 4 5 DK	Prt096
26.	1 2 3 4 5 DK	Prt097
27.	1 2 3 4 5 DK	Prt098
28.	1 2 3 4 5 DK	Prt099

Total Raw Score

(Maximum Raw score Ages 6-8 – 28)

[Prt100](#)

Reasons WASI was not done: [Prt101](#)

- | | |
|---|---|
| ☐ ₁ Serious problems with vision | ☐ ₂ Serious problems with hearing |
| ☐ ₃ Severe mental retardation | ☐ ₄ Parent's refusal |
| ☐ ₅ Child's refusal (after 3 unsuccessful attempts) | |

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12. Skin-prick tests (mm)

LD: Largest diameter OD: Orthogonal diameter W: Wheal F: Flare			
House dust mite: LD W F W F prt102 prt103 prt104 prt105		Cat: LD W F W F prt106 prt107 prt108 prt109	
Birch pollen: LD W F W F prt110 prt111 prt112 prt113		Mixed northern grasses: LD W F W F prt114 prt115 prt116 prt117	
Alternaria: LD W F W F prt118 prt119 prt120 prt121		Histamine: LD W F W F (+ control) prt122 prt123 prt124 prt125	
Saline: LD W F W F (- control) prt126 prt127 prt128 prt129			

CHART REVIEW QUESTIONNAIRE

PROBIT II STUDY

1. Heights, weights, and head circumferences since 12 months of age

1.1. Heights (cm)

1	1	1	1	1	1.1.1	chi004
1	1	1	1	1	1.1.2	chi006
1	1	1	1	1	1.1.3	chi008
1	1	1	1	1	1.1.4	chi010
1	1	1	1	1	1.1.5	chi012
1	1	1	1	1	1.1.6	chi014

Dates of measurement: DD-MM-YYYY

chi005

chi007

chi009

chi011

chi013

chi015

1.2. Weights (kg)

	1.2.1	chi016
	1.2.2	chi018
	1.2.3.	chi020
	1.2.4.	chi022
	1.2.5.	chi024
	1.2.6.	chi026

Dates: *DD-MM-YYYY*

Diagram illustrating the layout of the 6x6 grid of wells, showing the arrangement of the 18 wells (chi017 through chi027) in a 3x3 grid pattern.

2. Medications

2.1. Check all of the following medications since the age of 12 months

☐ _1 Inhaled bronchodilator	chi028	☐ _2 Oral bronchodilator	chi029
☐ _3 Inhaled steroid	chi030	☐ _4 Oral steroid	chi031
☐ _5 Oral antihistamine	chi032	☐ _6 Other anti-inflammatory drug (<i>cromolyn, leukotriene antagonists</i>)	chi033
☐ _7 Steroid skin ointment or cream	chi034	☐ _8 Steroid eye drops or eye ointments	chi035

3. Eubiotics

3.1 Was the child ever prescribed lactobacteria, bifidobacteria or other eubiotics since birth?

| $|_1$ Yes | $|_2$ No **chi036**

3.2. If yes, how many full courses has s/he taken?

chi037

3.3. Reason for prescription of eubiotics (check all that apply)

1 ☐ intestinal colic **chi038** 2 ☐ any diarrhoea **chi039**
3 ☐ prolonged antibiotic treatment **chi040**

4. Weaning

4.1 Age at weaning if still breastfeeding at 12 months (*in completed months*)

| years **chi041** | | | mo. **chi042**

5. Hospitalizations

5.1 Hospitalizations for gastrointestinal infection since the age of 12 months:

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5.2. Hospitalizations for pneumonia since the age of 12 months:

DD MM YYYY		DD MM YYYY	
5.2.1. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi047	5.2.2. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi048
5.2.3. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi049	5.2.4. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi050

5.3. Hospitalizations for asthma since the age of 12 months:

DD MM YYYY		DD MM YYYY	
5.3.1. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi051	5.3.2. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi052
5.3.3. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi053	5.3.4. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table>	chi054

6. Tooth examination

- 6.1. Total number of teeth

 chi055
- 6.2. Number of teeth with caries (to any degree, or extracted because of caries)

 chi056
- 6.3. Number of teeth with filling

 chi057
- 6.4 Condition of incisors:
- A - healthy
 - B - caries to any degree, or extracted because of caries
 - C - fell out or extracted to make room for other teeth
 - D – one or more fillings
 - E - emerging adult (permanent) tooth, cannot judge health of tooth

condition	chi058	chi061	chi064	chi067	condition
number	52 chi059	51 chi062	61 chi065	62 chi068	number
	12 chi060	11 chi063	21 chi066	22 chi069	
number	42 chi072	41 chi075	31 chi078	32 chi081	number
	82 chi071	81 chi074	71 chi077	72 chi080	
condition	chi070	chi073	chi076	chi079	condition