

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

INTERVIEW QUESTIONNAIRE

- | | |
|--|------------------|
| 1. Child Identifying information | Hos002 to Hos005 |
| 2. Maternal history and symptoms | Hos006 to Hos025 |
| 3. Child's behavioural development | Hos026 to Hos033 |
| 4. Asthma and Allergies | Hos034 to Hos081 |
| 5. Cigarettes and alcohol consumption | Hos082 to Hos087 |
| 6. Marital status and family relationships | Hos088 to Hos096 |
| 7. Blood pressure (1) (sitting) | Hos097 to Hos098 |
| 8. Anthropometric measures | Hos099 to Hos122 |
| 9. Blood pressure (2) (sitting) | Hos123 to Hos124 |
| 10. Sucking behaviour | Hos125 to Hos136 |
| 11. WASI | prt004 to prt101 |
| 12. Skin-prick tests (mm) | prt102 to prt130 |

CHART REVIEW QUESTIONNAIRE

- | | |
|---|------------------|
| 1. Heights, weights, and head circumferences since 12 months of age | chi004 to chi027 |
| 2. Medications | chi028 to chi035 |
| 3. Eubiotics | chi036 to chi040 |
| 4. Weaning | chi041 to chi042 |
| 5. Hospitalizations | chi043 to chi054 |
| 6. Teeth condition | chi055 to chi079 |

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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

|₃ One or more nights per week

4.5. 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? |₁ Yes |₂ No **Hos038**

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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**
₁ Never in the last 12 months ₂ Less than one night per week
₃ One or more nights per week
- 4.21. Has your child ever had eczema? ₁ Yes ₂ No **Hos065**

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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? ₁₂ **Hos067**

₂ Dog How many? ₁₂ **Hos068**

₃ Bird How many? ₁₂ **Hos069**

₄ Rodent (*rabbit, mouse, hamster, gerbil*) How many? ₁₂ **Hos070**

₅ Other How many? ₁₂ **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

6.1.3 Unregistered marriage with different husband

|₁ Yes |₂ No **Hos090**

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

6.1.5 Separated, no new husband

|₁ Yes |₂ No **Hos092**

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

6.2 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
<i>Very dissatisfied</i>			<i>Satisfied</i>	<i>Perfectly satisfied</i>		

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
<i>Very dissatisfied</i>			<i>Satisfied</i>	<i>Perfectly satisfied</i>		

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
Very dissatisfied			Satisfied		Perfectly satisfied	

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	
Child:	1 st measurement	2 nd measurement
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




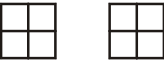

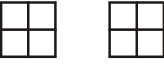

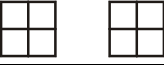













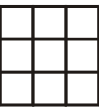

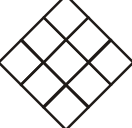

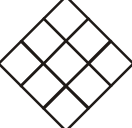
Start:	Reverse Rule:	Discontinue Rule:	Scoring Rule:
Item 5	Administer Items 1-4 in forward sequence if score 0 or 1 on Item 5 or 6	After 5 consecutive scores of 0	Items 1-4 – 0 or 1 Items 5-30 – 0,1 or 2
Item	Response	Score	
		(0 or 1)	
1. Fish		Prt004	
2. Shovel		Prt005	
3. Map		Prt006	
4. Shell		Prt007	
		(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. Enthusiastic		Prt033	
Total Raw score			Prt034
(maximum Raw Score ages 6-8 – 56)			

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

2. Block Design

Start point: Design 1	Discontinue Rule: After 3 consecutive scores of 0	Scoring Rule: 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
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Examinee

Design	Time Limit	Incorrect Design	Completion Time in Seconds	Correct Design	Score (Circle the appropriate score for each design)				
					0	1	2		
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

Total Raw Score

(Maximum Raw score All Ages – 71)

Prt048

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)
6. Circle-Square		Prt053
7. Grapes-Strawberries		Prt054
8. Cow-Bear		Prt055
9. Plane-Buss		Prt056
10. Shirt-Jacket		Prt057
11. Pen-Pencil		Prt058
12. Bowl-Plate		Prt059
13. Love-Hate		Prt060
14. TV-Newspaper		Prt061
15. Smooth-Rough		Prt062
16. Shoulder-Ankle		Prt063
17. Sit-Run		Prt064
18. Child-Adult		Prt065
19. Steam-Cloud		Prt066
20. Bird-Flower		Prt067

Total Raw Score

(Maximum Raw Score Ages 6-8 – 36)

Prt068

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

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**

- | | |
|---|---|
| <input type="checkbox"/> ₁ Serious problems with vision | <input type="checkbox"/> ₂ Serious problems with hearing |
| <input type="checkbox"/> ₃ Severe mental retardation | <input type="checkbox"/> ₄ Parent's refusal |
| <input type="checkbox"/> ₅ Child's refusal (after 3 unsuccessful attempts) | |

INTERVIEW QUESTIONNAIRE PROBIT II STUDY

12. Skin-prick tests (mm)

LD: Largest diameter OD: Orthogonal diameter W: Wheal F: Flare	
House dust mite: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F prt102 prt103 prt104 prt105	Cat: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F prt106 prt107 prt108 prt109
Birch pollen: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F prt110 prt111 prt112 prt113	Mixed northern grasses: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F prt114 prt115 prt116 prt117
Alternaria: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F prt118 prt119 prt120 prt121	Histamine: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> W F W F (+ control) prt122 prt123 prt124 prt125
Saline: LD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 **chi004**
 1.1.2 **chi006**
 1.1.3 **chi008**
 1.1.4 **chi010**
 1.1.5 **chi012**
 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

chi017
 chi019
 chi021
 chi023
 chi025
 chi027

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
(*cromolyn, leukotriene antagonists*) **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:

DD MM YYYY DD MM YYYY

5.1.1. **chi043** 5.1.2. **chi044**
5.1.3. **chi045** 5.1.4. **chi046**

CHART REVIEW QUESTIONNAIRE PROBIT II STUDY

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

<i>DD</i> <i>MM</i> <i>YYYY</i> 5.2.1. __ __ __ __ __ __ __ chi047	<i>DD</i> <i>MM</i> <i>YYYY</i> 5.2.2. __ __ __ __ __ __ __ chi048
5.2.3. __ __ __ __ __ __ __ chi049	5.2.4. __ __ __ __ __ __ __ chi050

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

<i>DD</i> <i>MM</i> <i>YYYY</i> 5.3.1. __ __ __ __ __ __ __ chi051	<i>DD</i> <i>MM</i> <i>YYYY</i> 5.3.2. __ __ __ __ __ __ __ chi052
5.3.3. __ __ __ __ __ __ __ chi053	5.3.4. __ __ __ __ __ __ __ 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

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