2005-06 Questionnaire

ALLERGY – AGQ
Target Group: SPs 1+

AGQ.010 Has a doctor or other health professional ever told (you/SP) that (you have/SP s/he has) hay fever?

YES ............................................................... 1
NO ................................................................. 2 (AGQ.040)
REFUSED ..................................................... 7 (AGQ.040)
DON'T KNOW ............................................... 9 (AGQ.040)

AGQ.020 How old (were you/was SP) when (you were/s/he was) first told (you/he/she) had hay fever?

IF LESS THAN 1 YEAR, ENTER 1

|___|___|___|
ENTER AGE IN YEARS

REFUSED .................................................. 7777
DON'T KNOW ............................................ 9999

AGQ.030 During the past 12 months, (have you/has SP) had an episode of hay fever?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

AGQ.040 Has a doctor or other health professional ever told (you/SP) that (you have/SP s/he has) allergies?

YES ............................................................... 1
NO ................................................................. 2 (AGQ.070)
REFUSED ..................................................... 7 (AGQ.070)
DON'T KNOW ............................................... 9 (AGQ.070)

AGQ.050 How old (were you/was SP) when (you were/s/he was) first told (you/he/she) had allergies?

IF LESS THAN 1 YEAR, ENTER 1

|___|___|___|
ENTER AGE IN YEARS

REFUSED .................................................. 7777
DON'T KNOW ............................................ 9999
AGQ.060  **During the past 12 months, {have you/has SP} had any allergy symptoms or an allergy attack?**

- YES ...............................................................  1
- NO .................................................................  2
- REFUSED .....................................................  7
- DON'T KNOW ...............................................  9

AGQ.070  **In the last 12 months, {have you/has SP} removed a dog, cat or other small furry animal from {your/his/her} home because {you/SP} had allergies or asthma?**

CAPI INSTRUCTION:
DISPLAY {HAS SP} AND {HIS/HER} IF PROXY INTERVIEW FOR SP >= 16.

- YES ...............................................................  1
- NO .................................................................  2 (AGQ.090)
- REFUSED .....................................................  7 (AGQ.090)
- DON'T KNOW ...............................................  9 (AGQ.090)

AGQ.080  **Which kind of pet was removed from {your/SP’s} home?**

CODE ALL THAT APPLY

CAPI INSTRUCTION:
DISPLAY {SP’S} IF PROXY INTERVIEW FOR SP >= 16.

- DOG ..............................................................  1
- CAT ...............................................................  2
- SMALL FURRY ANIMAL ...............................  3
- REFUSED .....................................................  7
- DON'T KNOW ...............................................  9

AGQ.090  **{Have you/Has SP} avoided bringing new pets into {your/his/her} home because {you/SP} had allergies or asthma?**

CAPI INSTRUCTION:
DISPLAY {HAS SP} AND {HIS/HER} IF PROXY INTERVIEW FOR SP >= 16.

- YES ...............................................................  1
- NO .................................................................  2
- REFUSED .....................................................  7
- DON'T KNOW ...............................................  9

AGQ.100  **During the past 12 months, {have you/has SP} had a problem with sneezing, or a runny, or blocked nose when {you/s/he} **did not** have a cold or the flu?**

- YES ...............................................................  1
- NO .................................................................  2 (AGQ.120)
- REFUSED .....................................................  7 (AGQ.120)
- DON'T KNOW ...............................................  9 (AGQ.120)
AGQ.110  In which season did this nose problem occur?

CODE ALL THAT APPLY

SPRING......................................................... 1
SUMMER....................................................... 2
FALL.............................................................. 3
WINTER ........................................................ 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

AGQ.120  During the past 12 months, did a doctor or other health professional tell {you/SP} that {you have/SP s/he has} a sinus infection?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

AGQ.130  {Have you/Has SP} ever had an itchy rash which was coming and going for at least 6 months?

YES ............................................................... 1
NO ................................................................. 2 (AGQ.180)
REFUSED ..................................................... 7 (AGQ.180)
DON'T KNOW ............................................... 9 (AGQ.180)

AGQ.140  {Have you/Has SP} had this itchy rash at any time in the last 12 months?

YES ............................................................... 1
NO ................................................................. 2 (AGQ.160)
REFUSED ..................................................... 7 (AGQ.160)
DON'T KNOW ............................................... 9 (AGQ.160)

AGQ.150  Has this rash cleared up completely at any time during the last 12 months?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

AGQ.160  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, under the buttocks, or around the neck, ears, or eyes?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
AGQ.170  At what age did this itchy rash first occur?
IF LESS THAN 1 YEAR, ENTER 1

|   |   |   |
---|---|---|
ENTER AGE IN YEARS

HARD EDIT: DO NOT ALLOW 0.

REFUSED ..................................................  7777
DON'T KNOW ............................................  9999

AGQ.180  Has a doctor or other health professional ever told (you/SP) that (you have/SP s/he has) eczema?

YES ...............................................................  1
NO .................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9