AUSTRALIAN CHILD HEALTH AND AIR POLLUTION STUDY (ACHAPS)

FINAL REPORT

APPENDICES Part A

December 17 2010

Contents

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APPENDIX A1

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Australian Child Health and Air Pollution Study
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Dear Principal,

As you may be aware, asthma is one of the most common diseases among children in Australia. It can impact on quality of life and interfere with every-day activities. We are conducting a nationwide study to investigate the relationship between air pollution (as an environmental risk factor for respiratory disease) and respiratory health in children.

The study is being conducted by Professor Gail Williams (University of Queensland), Professor Rod Simpson (University of the Sunshine Coast), Professor Guy Marks, (The Woolcock Institute of Medical Research, Sydney), and Associate Professor Bin Jalaludin (University of New South Wales). The study has been funded by the Australian Research Council and the Environment Protection and Heritage Council.

We are planning to survey children aged 7 to 11 years from a number of schools around Australia. On average, 150 children from each school will be approached to participate. Children whose parents consent to their participation will have allergy skin prick tests and breathing tests and their parents will be asked to complete a questionnaire about respiratory symptoms. Some children, who have symptoms of asthma, will be asked to keep a record of symptoms and peak flows (a breathing test) at home for 30 days.

Participation will be voluntary and children will be able to withdraw from the study at any stage. The procedures are standard and simple tests which have been performed by the Woolcock Institute of Medical Research on previous occasions in school settings. There are no long term effects arising from any of the tests.

We are seeking your approval to conduct this important study in your school. This survey has the approval of the Department of Education and Training from your State or Territory.

For your school, participation would mean:

1. Allowing one of our research team to visit your school to deliver the survey forms. All children in Years 3 to 6 will be given an envelope containing an information sheet, consent form and questionnaire for parents (copies enclosed). This will occur at least three weeks prior to the survey team returning to your school to perform clinical tests. Teachers will be asked to collect the questionnaires that are returned to class and to deliver them to the front office.

2. Our team will return at the earliest three weeks later to perform three clinical tests on children who have returned a completed questionnaire and consent form signed by a parent or guardian. The allergy test and breathing tests will take approximately 30 to 40 minutes for each student. Our team is able to test up to 70 children per day. We expect this will take one day. Each child will receive a copy of their test results in a sealed envelope with instructions to give this to their parents.

3. Providing a small venue for 30 minutes after school for the research team to meet parents of approximately five children who are participating in the follow up diary study.

The results for your school will be kept confidential. With your permission, we will acknowledge your school's participation in the report of the study. We will provide you with a summary report of the overall results at the end of the study.

If you allow children at your school to participate we would like to discuss the timing and the arrangements for the survey. Adriana Cortés, Project Manager will contact you next week to discuss these details. In the meantime, if there is any information you require please do not hesitate to contact us on 1300 88 96 18 (cost of a local call).

Yours sincerely,
Guy B. Marks
Head of Epidemiology

This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

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Australian Child and Air Pollution Study
EXPLANATORY LETTER

Dear Parent/Guardian,

Your child's school has been selected to participate in a study run by the University of Queensland and the Woolcock Institute of Medical Research.

In this package you will find:

Information statement
this provides information about the study

Consent forms
this is how you provide consent for your child to participate

Questionnaire
some questions we would like you to answer

If, after reading the information statement, you would like your child to participate in this very important research, please fill out one copy of the consent form and the questionnaire. Please place them into the envelope provided, seal it and return to your child's teacher within the next week. The information statement and coloured copy of the consent form is for you to keep.

If you have any questions, comments or concerns about the study, please do not hesitate to call Adriana Cortés on 1300 88 96 18.

Thank you for your time,
The ACHAPS Team

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APPENDIX A3

Australian Child Health and Air Pollution Study
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Australian Child Health and Air Pollution Study

INFORMATION STATEMENT

For Parents (or Guardians)

Your child is invited to take part in a research study about air quality and respiratory health in schoolchildren aged 7-12 years. This study has the approval of the University of Queensland Ethics Committee, the Department of Education, the Department of Environment and your child's school principal. A total of 3,200 children from 60 schools from across Australia are being invited to participate.

What is the study about?

The aim of this study is to give us a better understanding of the effect of air pollution on breathing problems, asthma and allergies in children. The information used in this study will be used to inform the review of Air Quality Standards for Australia. By taking part you and your child will be helping us to address an important public health issue. The results of the tests will be provided to you on the day your child is tested. These results provide information but may not have immediate benefit for you or your child. Information is also available at http://www.woolcock.org.au/achaps.htm

Who is carrying out the study?

The study is being conducted by Professor Gail Williams (University of Queensland), Professor Rod Simpson (University of the Sunshine Coast), Professor Guy Marks, (Woolcock Institute of Medical Research, Sydney), and Associate Professor Bin Jalaludin (University of New South Wales). The study has been funded by the Australian Research Council and the Environment Protection and Heritage Council.

What is involved?

If you allow your child to participate in the study, he/she will be tested at school. Prior to our visit we will ask you to complete a questionnaire that asks about your child's health and home environment. We ask for your contact details to discuss results, complete missing information or discuss further involvement in the study. Your child will return this questionnaire to school in a sealed envelope prior to the day of testing. The following tests, which will take approximately 30 to 40 minutes of class time to complete, will be performed:

Simple breathing tests – We will measure your child's breathing capacity before and after taking two puffs of Ventolin™. This is a puffer commonly used by people with asthma to open the airways. Some children may experience mild palpitations (that is, be aware of their heartbeat) and/or tremor after taking Ventolin. This effect wears off fairly quickly. If this does happen we will closely observe your child and will ensure that these symptoms have disappeared before he or she returns to class. In a second test we will ask your child to breathe out into a bag and we will then measure a substance in that breath.

If your child normally takes Seretide, Symbicort, Serevent, Oxis, Ventolin or Bricanyl, we will ask him or her to omit the morning dose on the day of the breathing test. We will test your child early on the day of testing and he/she can take his/her usual medication after the test. Most children will not experience any symptoms due to this delay in taking medication. If your child does experience wheezing or chest tight he/she can take Ventolin or Bricanyl as needed. We will need to wait four hours after taking this medication to do the breathing test.

Allergy tests – 10 small droplets are placed on the forearm and the skin is lightly scratched through the droplet. If your child is allergic an itchy bump, similar to a mosquito bite, will appear – this normally disappears completely within one to two hours or less. We will apply cream (Diprosone ®) to help stop the itching if necessary. If the bump or itchiness persists, we will apply ice pack. Very rarely (about one in 500 children tested) we have observed that children become anxious, light-headed and occasionally faint after skin prick tests. In the unlikely event that this occurs we have procedures in place to manage this.

Examples of the testing procedures are available at our website www.woolcock.org.au/achaps.htm Some children will be asked to take part in a further study following the testing day. This will involve doing simple breathing tests and answering a few questions about their breathing and daily activities each day for one month. Children will be provided with an electronic diary device for measuring breathing capacity and recording the responses to the questions. We will provide instructions and a demonstration of the use of this home monitoring device.

Participation and confidentiality

Your child's participation in this study is entirely voluntary. Your child does not have to take part in this study and, even if you and your child do agree, you can change your mind at any time without penalty. We will give you a summary of the asthma and allergy test results and we would be happy to discuss these results with you and/or your child's doctor, at your request. A report on the overall study findings will be sent to schools in late 2008 and will be available for parents on our website.

All information will be kept private. It will be stored in a secure locked room at the University of Queensland and on password protected computer files. A report of the survey may be published in medical journals, but individuals will not be identified in any report.

For further information

If you have any questions, before or after the tests, feel free to contact Project Manager at any time on 1300 889 618 (cost of a local call). This copy of the information statement and the coloured copy of the consent form is for you to keep.

This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

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Australian Child Health and Air Pollution Study

CONSENT FORM

For Parents (or Guardians)

1. I,.....
(Parent's/Guardian's Full Name)

of.....
(Address)

have discussed this research proposal with my child and agree to permit

....., who is aged ..... years, to participate
(Child's Full Name)

as a subject in the of the research study described in the Information Statement attached to this form.

3. I do not wish my child to have the following test (please tick if you DO NOT agree):

Clinical test	I DO NOT AGREE
Breathing tests	☐
Skin prick test	☐

4. I acknowledge that I have read the Information Statement, which explains the aims of the study, the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

5. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm (such as concerns about test results) my child might suffer as a result of participation and I have received satisfactory answers.

6. I understand that I can withdraw my child from the study at any time without penalty.

7. I agree that research data gathered from the results of the study may be published provided that neither my child nor I can be identified.

8. I understand that if I have any questions relating to my child's participation in this research, I may contact Project Manager on 1300 88 96 18 who will be happy to answer them.

9. I acknowledge receipt of a copy of this Consent Form and the Information Statement.

10. I acknowledge that I can visit the website of the study at www.woolcock.org.au/achaps.htm to see pictures illustrating the tests being performed.

If you do not have access to the internet and wish to receive a copy of the material please indicate below:

I do not have access to the Internet and wish to receive a copy of the material on the website:
(Please circle) Yes No

.....	.....
Signature of Parent/Guardian	Signature of Investigator / Project Officer
.....	.....
Please PRINT name	Please PRINT name

This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

WOOLCOCK INSTITUTE of MEDICAL RESEARCH

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APPENDIX A5

AUSTRALIAN CHILD HEALTH AND AIR POLLUTION STUDY

Children's Questionnaire

All information is CONFIDENTIAL

This questionnaire is about your child's health. Please answer all questions by ticking the appropriate box or by writing in the space provided.

IF YOU ARE UNSURE OF THE ANSWER PLEASE TICK No ☑ 0

Child's name _____ _____
Family name Other names

Date of birth _____ / _____ / _____ **Male** ☐ 1 **Female** ☐ 0
Day Month Year

Address _____

Suburb _____ **State** ___ ___ ___ **Postcode** ___ ___ ___ ___

Phone (home) _____ **Mobile (parents)** _____

Parent's Email Address _____

School _____ **Class** _____

Mother / Guardian

_____ _____
Family name Other names

Father / Guardian

_____ _____
Family name Other names

We would like to use this information to contact you if necessary. In case you move, could you please give us the name, address and telephone number of someone we can contact to get in touch with you.

Name _____ **Friend / Relative**

Address _____ **Phone** _____

Office use only **Version 2 (03/07)**

Data checked by ☐☐☐ Date ☐☐/☐☐/☐☐ Data entered by ☐☐☐

Q1. What is today's date?

☐☐ / ☐☐ / ☐☐
Day Month Year

Breathing

Q2. Has your child <u>ever</u> had wheezing or whistling in the chest at any time in the past?

Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q11.
IF 'YES' CONTINUE.

Q3. How old was your child when the wheezing first began?

WRITE DOWN THE NUMBER: ☐ years

Q4. Has your child had wheezing or whistling in the chest <u>in the past 12 months?</u>

Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q11.
IF 'Yes' CONTINUE.

Q5. How many attacks of wheezing has your child had <u>in the past 12 months?</u>

None ☐ 1
1 to 3 ☐ 2
4 to 12 ☐ 3
More than 12 ☐ 4

Q6. <u>In the past 12 months</u>, how often, on average, has your child's sleep been disturbed due to wheezing?

Never woken with wheezing ☐ 1
Less than one night per week ☐ 2
One or more nights per week ☐ 3

Q7. <u>In the past 12 months</u>, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

Yes ☐ 1 No ☐ 0

Q8. <u>In the past 12 months</u>, has your child's chest sounded wheezy during or after exercise?

Yes ☐ 1 No ☐ 0

Q9. <u>In the past 12 months</u>, has your child's chest sounded wheezy during crying/giggling or when excited or when breathing cold air at night?

Yes ☐ 1 No ☐ 0

Q10. In the past 12 months, excluding times when your child has had a cold or chest infection, how frequently did he/she wheeze?

Every day ☐ 1
Some days each week, but not every day ☐ 2
Less than once a week ☐ 3
Never ☐ 4

Asthma / Bronchitis

Q11. Have you ever been told by a doctor or nurse that your child has asthma?

Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q14.
IF 'Yes' CONTINUE.

Q12. How old was your child when you were first told that he/she had asthma?

WRITE DOWN THE NUMBER: ☐☐ years

Q13. Does he/she still have asthma?

Yes ☐ 1 No ☐ 0

Q14. Have you ever been told by a doctor or nurse that your child has bronchitis?

Yes ☐ 1 No ☐ 0

IF NO WHEEZING, ASTHMA OR BRONCHITIS, GO TO Q18.
OTHERWISE CONTINUE.

Q15. In the past 12 months, has asthma, wheezing or bronchitis limited your child's activities?

Not at all ☐ 1
Some days ☐ 2
More than once a month ☐ 3
More than once a week ☐ 4

Q16. In the past 12 months, has your child had an asthma attack, episode of wheezing or episode of bronchitis for which he/she:

a. Visited your family doctor (GP) or medical centre? Yes ☐ 1 No ☐ 0
b. Attended a hospital's Emergency Department (casualty)? Yes ☐ 1 No ☐ 0
c. Was admitted to hospital? Yes ☐ 1 No ☐ 0

Q17. In the past 12 months, has your child missed school because he/she had asthma or wheezed?

Not at all ☐ 1
Some days ☐ 2
More than once a month ☐ 3
More than once a week ☐ 4

Q18. Has your child ever been admitted to hospital with breathing problems? Yes ☐ 1 No ☐ 0

Q19. Has your child ever taken any medicine for asthma or wheezing? (Medicine includes inhalers, liquids, tablets or nebulisers) Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q22.
IF 'Yes' CONTINUE.

Q20. In the past 12 months, has your child taken any of the following medicines for asthma or wheezing?

a. Ventolin, Salbutamol, Airomir, Bricanyl, Epaq or Asmol? Yes ☐ 1 No ☐ 0
b. Foradile, Oxis, Serevent Yes ☐ 1 No ☐ 0
c. Pulmicort, Flixotide, Qvar, Alvesco Yes ☐ 1 No ☐ 0
d. Seretide, Symbicort Yes ☐ 1 No ☐ 0
e. Singulair, montelukast Yes ☐ 1 No ☐ 0
f. Oral prednisone or dexamethasone Yes ☐ 1 No ☐ 0

Q21. In the past 12 months, excluding times when your child has a cold or chest infection, how frequently did he/she use reliever medications (that is Ventolin, Salbutamol, Airomir, Bricanyl, Epaq, or Asmol)?

Every day ☐ 1
Some days each week, but not every day ☐ 2
Less than once a week ☐ 3
Never ☐ 4

Cough

Q22. In the past 12 months, has your child had any cough? Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q27.
IF 'Yes' CONTINUE.

Q23. In the past 12 months, how often has your child had a cough?

Less than once per month ☐ 1
Once per month ☐ 2
More than once per month ☐ 3

Q24. In the past 12 months, how long was the longest episode of cough?

Less than one week ☐ 1
One week ☐ 2
Two weeks ☐ 3
Three or four weeks ☐ 4
More than four weeks ☐ 5

Q25. 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 ☐ 1 No ☐ 0

Q26. **IF 'YES'**, did this dry cough at night go on for more than two weeks? Yes ☐ 1 No ☐ 0

Other Illnesses

Q27. Has your child ever had a problem with sneezing, or a runny, or blocked nose when he/she did not have a cold or the flu? Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q30.
IF 'Yes' CONTINUE.

Q28. Was this in the past 12 months? Yes ☐ 1 No ☐ 0

Q29. Did your child take any medicines or nasal sprays for sneezing or a runny or blocked nose in the past 12 months? Yes ☐ 1 No ☐ 0

Q30. Has your child ever had a problem with itchy, watery or sore eyes when he/she did not have a cold or the flu? Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q33.
IF 'Yes' CONTINUE.

Q31. Was this in the past 12 months? Yes ☐ 1 No ☐ 0

Q32. Did your child take any medicines or eye drops for itchy, watery or sore eyes in the past 12 months? Yes ☐ 1 No ☐ 0

Q33. Has your child ever had an itchy rash which was coming and going for at least 6 months and affecting the skin creases? (i.e. folds of the elbows, behind the knees, front of the ankles, under the buttocks, around the neck, ears or eyes) Yes ☐1 No ☐0

IF 'No' GO TO Q36.
IF 'Yes' CONTINUE.

Q34. Was this in the past 12 months? Yes ☐1 No ☐0

Q35. Did your child take any medicines or use creams for an itchy rash in the past 12 months? Yes ☐1 No ☐0

Q36. Has your child ever been diagnosed as having the following illnesses by a doctor or at a hospital?

a. Eczema / Atopic dermatitis	Yes ☐1	No ☐0
b. Allergic rhinitis / Hayfever	Yes ☐1	No ☐0
c. Pneumonia	Yes ☐1	No ☐0
d. Bronchiolitis	Yes ☐1	No ☐0
e. Bronchitis	Yes ☐1	No ☐0
f. Whooping cough	Yes ☐1	No ☐0
g. Croup	Yes ☐1	No ☐0
h. Middle ear infection / Otitis	Yes ☐1	No ☐0
i. Tonsillitis	Yes ☐1	No ☐0

Birth History

Q37. About how many kilograms / pounds did your child weigh when he/she was born?

WRITE DOWN THE NUMBER:

__ . __ Kg

__ , __ Pounds

Q38. Was your child born prematurely (more than 4 weeks before expected)? Yes ☐1 No ☐0

Q39. How many children were living in your house when this child was born?

WRITE DOWN THE NUMBER: ☐ children

Family History

Q40. Including yourself and this child, how many people currently live in your house? ☐ people

Q41. Please fill in the information requested in the table on the following page. (Please include only this child's natural parents and full or half brothers and sisters)

			Has this person EVER had:			
	Sex (M/F)	Date of birth dd/mm/yy	Asthma	Wheezing	Eczema	Hayfever / Nasal allergy
Father	**M**		Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
Mother	**F**		Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
Brothers and sisters (first name)						
Brother/Sister 1.		/ /	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
Brother/Sister 2.		/ /	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
Brother/Sister 3.		/ /	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
Brother/Sister 4.		/ /	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0

Home Environment

Q42. Is your home less than 5 years old? Yes ☐1 No ☐0

Q43. Which of the following best describes your home situation?

My home is smoke free (smoking is allowed outside only) ☐1
People occasionally smoke in the house ☐2
People frequently smoke in the house ☐3

Q44. If people smoke in the house, on average, about how many cigarettes are smoked inside this child's home each day? (20 cigarettes are in one pack, 10 cigarettes are in a half pack)

None ☐1
1 – 10/ day ☐2
11 – 20/ day ☐3
21 – 40/day ☐4
41 or more/ day ☐5

Q45. Does/did the child's mother smoke regularly (that is, at least once a day)?

a. At present? Yes ☐1 No ☐0
b. During your child's first year of life? Yes ☐1 No ☐0
c. During pregnancy with your child? Yes ☐1 No ☐0

Q46. Does/has anyone used gas for cooking (either gas cook top or gas oven) at home in the child's house?

a. At present? Yes ☐1 No ☐0
b. During your child's first year of life? Yes ☐1 No ☐0

Q47. How is/was your child's home heated? ***(please tick as many as apply)***

	At present	During child's first year
a. No heating	☐ 1	☐ 1
b. Central (oil or gas)	☐ 1	☐ 1
c. Electric (plug-in)	☐ 1	☐ 1
d. Open fire	☐ 1	☐ 1
e. Reverse cycle (air conditioning)	☐ 1	☐ 1
f. Wood-burning stove	☐ 1	☐ 1
g. Gas heater	☐ 1	☐ 1
h. Other, **WRITE DOWN:**_____	☐ 1	☐ 1

Q48. If your child's home is/was heated <u>with a gas heater</u>, is/was the heater directly ventilated to the outside (flued)?

a. At present?	Yes ☐ 1	No ☐ 0
b. During your child's first year of life?	Yes ☐ 1	No ☐ 0

Q49. Does your child's home have air conditioning?

Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q52.
IF 'Yes' CONTINUE.

Q50. What type of air conditioning is used in your child's home?

Central (ducted) air conditioning ☐ 1
Room air conditioning ☐ 2
Evaporative air conditioning ☐ 3

Q51. This past summer (December, January and February) about how often did you use air conditioning when your child was at home? (Make your best guess, December, January and February are about 90 days all together)

Never ☐ 1
Less than 10 days ☐ 2
10 – 20 days ☐ 3
21 – 40 days ☐ 4
41 or more days ☐ 5

Q52. Do you have a garage?

Yes ☐ 1 No ☐ 0

Q53. **IF 'YES'**, which of the following best describes the access to your garage?

The garage can be accessed internally from the house ☐ 1
The garage is attached but there is no internal access from the house ☐ 2
The garage is separate ☐ 3

Q54. Did you have internal garaging during child's first year?

Yes ☐ 1 No ☐ 0

Q55. Have you ever had a cat or a dog since your child was born?

Yes ☐ 1 No ☐ 0

IF 'No' GO TO Q58.
IF 'Yes' CONTINUE.

Q56. Do/did you have a Cat?

a. At present? Yes ☐ 1 No ☐ 0

b. During your child's first year of life? Yes ☐ 1 No ☐ 0

Q57. Do/did you have a Dog?

a. At present? Yes ☐ 1 No ☐ 0

b. During your child's first year of life? Yes ☐ 1 No ☐ 0

Q58. Did your child attend day care in the first year of life?

Yes ☐ 1 No ☐ 0

Q59. Did your child attend day care more than 20 hours a week in the first year of life?

Yes ☐ 1 No ☐ 0

Transport

Q60. Please complete the following table about the transport your child uses in a normal week. ***Please complete every row.***

Type of transport	On how many days a week does your child use this type of transport to go to/from school or other daily activities?	How long does your child spend on this transport each day?
a. Walk	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
b. Cycle	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
c. Motorbike	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
d. Car	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
e. Train	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
f. Bus	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes
g. Other, **SPECIFY:**	**0** ☐ 0 **1** ☐ 1 **2** ☐ 2 **3** ☐ 3 **4** ☐ 4 **5** ☐ 5	☐☐ Hours ☐☐ Minutes

Physical Activity

Q61. Please complete the following table about the activities your child does in a normal week during the **SUMMER** SCHOOL TERMS (Terms 1 and 4). Write in the table below the sports or games your child usually does **OUTDOORS.** Please specify how many times each week your child usually does them and the usual amount of time your child spends doing them.

OUTDOORS Sport or game in SUMMER	Number of times per week your child usually does this sport or game	The usual amount of time your child spends doing this activity each time he/she does it
a.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
b.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
c.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
d.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
e.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes

Q62. Please complete the following table about the activities your child does in a normal week during the **WINTER** SCHOOL TERMS (Terms 2 and 3). Write in the table below the sports or games your child usually does **OUTDOORS.** Please specify how many times each week your child usually does them and the usual amount of time your child spends doing them.

OUTDOORS Sport or game in WINTER	Number of times per week your child usually does this sport or game	The usual amount of time your child spends doing this activity each time he/she does it
a.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
b.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
c.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
d.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes
e.	☐☐ Times per week	☐☐ Hours ☐☐ Minutes

Past places your child has lived

Q63. Has your child lived at this address all his/her life? Yes ☐ 1 No ☐ 0

Q64. **IF 'NO'**, please provide the information for each address where your child has lived for at least three months. Start with the current residence and then work back in time.

	ADDRESS				MOVED IN	MOVED OUT	COUNTRY (If overseas)
1	Street		State		_____ Year		
	Suburb		Post code				
2	Street		State		_____ Year	_____ Year	
	Suburb		Post code				
3	Street		State		_____ Year	_____ Year	
	Suburb		Post code				
4	Street		State		_____ Year	_____ Year	
	Suburb		Post code				
5	Street		State		_____ Year	_____ Year	
	Suburb		Post code				
6	Street		State		_____ Year	_____ Year	
	Suburb		Post				

Demographics

Q65. Was your child born in Australia?

Yes ☐ 1 No ☐ 0

Q66. **IF 'NO'**, which country was your child born?

WRITE DOWN THE COUNTRY: ☐

Q67. Do you usually speak a language other than English at home? Yes ☐ 1 No ☐ 0

Q68. **IF 'YES',** what language do you usually speak at home?

WRITE DOWN THE LANGUAGE: ☐

Q69. What is the level of the highest qualification your child's mother/father/guardian completed?

	Mother/ guardian	Father/ guardian
Completed School Certificate/Intermediate/Year 10/4th Form	☐ 1	☐ 1
Completed HSC/Leaving/Year 12/6th Form	☐ 2	☐ 2
TAFE Certificate or Diploma	☐ 3	☐ 3
University, CAE or some other tertiary institute degree or higher	☐ 4	☐ 4
Other, **WRITE DOWN:** _____	☐ 5	☐ 5
Completed primary school	☐ 6	☐ 6
Completed years 7-9	☐ 7	☐ 7

Q70. In the last week, which of the following best describes your child's mother/father/guardian's employment status?

	Mother/ guardian	Father/ guardian
Worked for payment or profit	☐ 1	☐ 1
Worked for payment/profit but absent on paid leave, holidays, on strike/stood down	☐ 2	☐ 2
Unpaid work in a family business	☐ 3	☐ 3
Other unpaid work	☐ 4	☐ 4
Did not have a job	☐ 5	☐ 5
Other, **WRITE DOWN:** _____	☐ 6	☐ 6

PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THAT YOU HAVE SIGNED THE CONSENT FORM.

If you have any questions, please contact Kate Hardaker or Paola Espinel on 1300 889 618

END OF QUESTIONNAIRE

THANKS FOR PARTICIPATING IN THIS STUDY!

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

The personal information we hold should be accurate, complete and up-to-date. If at any time you believe that we hold incorrect personal information about you, please notify us and we will correct your personal information.

Who do I contact if I have questions or comments about this Privacy Statement?

In the first instance discuss the matter with the researcher with whom you have contact. In most cases they should be able to answer your questions or direct your question to the appropriate staff member within the Woolcock Institute of Medical Research. In addition, you can contact our General Manager who has responsibility for privacy issues.

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APPENDIX A6

PRIVACY STATEMENT

Your questions answered

WOOLCOCK
INSTITUTE of MEDICAL RESEARCH

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What is this statement about?

Commonwealth and State Privacy Laws require us to have procedures to ensure the privacy of personal information. In medical research we are especially aware that some of the information we collect may be sensitive. At the Woolcock Institute of Medical Research we have effective procedures and trained staff who work hard to ensure we maintain the highest level of confidentiality.

To satisfy these Privacy Laws we must tell you;

a) What personal information we collect and why we collect this information

b) How we ensure the privacy of your personal information

c) Who we share your personal information with

and

d) How you can access your personal information

What personal information do we collect and why do we collect this information?

Medical research depends on the goodwill of people like you sharing information about your health. We may ask questions about your health, personal situation, diet, visits to the doctor or hospital or any medicines you take. Depending on the purpose of the research we will collect different information to help us answer a specific research question.

For example, a study of risk factors for asthma might include questions about a child's asthma and about the child's home environment and diet. A study on emphysema might include questions about current lifestyle and lifetime exposure to cigarette smoke.

The information collected assists us to look for links to better understand what causes disease, what improves management of a disease and what can lead to remission of disease. At any time you can decide not to answer a question or share a particular piece of personal information. You will not be forced to provide information. However, we do hope that you will provide as much information as possible to assist our research.

How do we ensure the privacy of your personal information?

Confidentiality of your personal information is one of our primary concerns. Whenever possible we use forms and questionnaires that identify you by a unique ID number. Some forms or questionnaires may require identifying personal information such as name and address.
All forms and questionnaires are stored in a locked area and information that is stored electronically is kept on a secure password protected computer system.

We do not hold your personal information indefinitely. The information will only be held for the period recommended by research practice guidelines. Current guidelines recommend research institutions maintain records for 15 years after publication of the most recent research report.

Do we share your personal information?

We do not share your personal information with anyone other than people or organisations directly involved in the research. When you agree to participate in a study you will be made aware of who is responsible for the study, who is working on the study and who is providing funding for the study. Access is strictly limited to those people directly involved in the research.

As part of your participation in our research we may collect information that is useful for your doctor to keep on file. We are able to provide a copy of your results to your doctor but we will only do this at your request.

How can I gain access to my personal information?

You can request access to your personal information by contacting the researcher who collected the information or by contacting our General Manager. If you write to us please provide details of exactly what information you require. If you contact us by telephone we may ask you some personal questions to identify you and ensure the confidentiality of your information.

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PRIVATE AND CONFIDENTIAL

Australian Child Health and Air Pollution Study

www.woolcock.org.au/achaps.htm

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APPENDIX A7

Australian Child Health and Air Pollution Study
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Australian Child Health and Air Pollution Study

DIARY STUDY

Consent Form for Participants (2)

1. I,……..…….….. ……

(Parent's/Guardian's Full Name)

of……..…….….. ……

(Address)

have discussed this research proposal with my child and agree to permit

……., who is aged …… years,

(Child's Full Name)

to participate as a subject in the of the diary component of research study described in the Information Statement attached to this form.

3. I acknowledge that I have read the Information Statement, which explains the aims of the study, the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

4. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm (such as concern about tests results) my child might suffer as a result of participation and I have received satisfactory answers.

5. I understand that I can withdraw my child from the study at any time.

6. I agree that research data gathered from the results of the study may be published provided that neither my child nor I can be identified.

7. I understand that if I have any questions relating to my child's participation in this research, I may contact Project Manager on 1300 88 96 18 who will be happy to answer them.

8. I acknowledge receipt of a copy of this Consent Form and the Information Statement.

.....	.....
Signature of Parent/Guardian	Signature of Investigator / Project Officer
.....	.....
Please PRINT name	Please PRINT name

This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

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APPENDIX A8

Australian Child Health and Air Pollution Study
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Australian Child Health and Air Pollution Study

DIARY STUDY

Information Statement for Participants (2)

Your child is invited to participate in the second phase of the Australian Child Health and Air Pollution Study, which is being conducted in schoolchildren aged 7-12 years. This study has the approval of the Department of Education, the Department of the Environment and your child's school principal. A total of 330 children from 60 schools from across Australia are being invited to participate.

What is the study about?

The aim of this study is to give us a better understanding of the effect of air pollution on breathing problems, asthma and allergies in children. By taking part you and your child will be helping us to address an important public health issue. The results of the tests provide information but may not have immediate benefit for you or your child. The success of the study depends on the participation of as many children as possible. Information is also available at http://www.woolcock.org.au/achaps/diary.htm

Who is carrying out the study?

The study is being conducted by Professor Gail Williams (University of Queensland), Professor Rod Simpson (University of the Sunshine Coast), Associate Professor Guy Marks, (Woolcock Institute of Medical Research, Sydney), and Associate Professor Bin Jalaludin (University of New South Wales). The study has been funded by the Australian Research Council and the Environment Protection and Heritage Council.

What is involved?

If you allow your child to participate, he/she will be part of a group of children who will be keeping a daily record of their symptoms, peak flow measurements and outdoor activities twice a day for one month. We will give your child a special diary to record this information and an electronic diary device for measuring breathing capacity. We will provide instructions and a demonstration of the use of this home monitoring device. Examples of how to perform the test and complete the diary are also available on our website (http://www.woolcock.org.au/achaps/diary.htm). "Peak flow" is a breathing test which measures how open your airways are. It is typically used by patients with asthma to monitor their condition. It is measured using a simple handheld device. Your child will be asked to take a deep breath in and then blow air out forcefully through the device. This should be done before taking any inhalers (if he/she takes any). We will ask your child to make three peak flow measurements in the morning soon after waking and again before bedtime and then write down the three readings in the diary. On each of these two occasions, we would like you and your child to complete a symptom diary noting whether your child has had any breathing problems or used any reliever inhalers (eg Ventolin or Bricanyl) during the day and night. Additionally, at night time we would like you to complete a simple time activity diary to record outdoor activities during the day. The completion of the diaries should take no longer than 4 minutes each time.

Participation and confidentiality

For the study results to be accurate and representative of the wider population, the study relies on as many people participating as possible. However, your child's participation in this study is entirely voluntary and even if you or your child does agree, you can change your mind at any time.

All information will be kept private. It will be stored in a secure locked room at the University of Queensland and on password protected computer files. A report of the survey may be published in medical journals, but individuals will not be identified in any report.

For further information

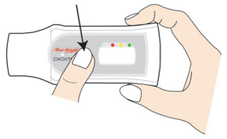
If you have any questions feel free to contact Adriana Cortés on 1300 88 96 18. This copy of the information statement and the coloured copy of the consent form is for you to keep.

This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

ADDITIONAL TIPS

Please place the diary, the peak flow meter and a pen in a place with easy access after waking up and before going to bed (eg. night table) in your child's bedroom.

Take the Peak Flow Measurements according to the following instructions:



1. Turn the device on by pressing the ⏻ button. 88:88 will flash on the screen, followed by flashing lines.
2. Stand or sit with your back straight
3. Three lines will flash across the screen three times and then the word GO will be displayed on the screen when two beeps are sounded.
4. Hold the Peak Flow Meter lightly with the screen pointing up. Hold it as straight as possible, ensuring that your fingers are not covering the tiny hole on the front (between Mini-wright and DIGITAL).
5. Take a deep breath – As Deep As Possible
6. Place the mouthpiece into your mouth and close your lips around it tightly. Blow out As Hard and Fast as possible until a small beep can be heard.
7. Your Peak Flow reading will be displayed on the screen when the side says PEF. It is a three digit number without a decimal point. Write the number into the space on the diary (Q3 for morning and Q7 for evening).
8. For your second blow, press the ⏻ button once and repeat steps 3 to 7.
9. For your third (and final) blow, press the ⏻ button once and repeat steps 3 to 7.
10. When finished, leave the machine and it will turn itself off.

Please note: If you need to take your inhaler when it is time to carry out a peak flow reading, do the blow first, then take your inhaler. If you forget to take the readings, please do not guess what you may have got. Just leave a gap.

After completing this week's diary, please make sure all questions are answered properly with a pen and all dates are filled out. If any information is missing and you and/or your child does not remember the answer, leave the question blank.

On Monday, please fold and place the diary into the supplied reply paid envelope and post it to the:
Environmental Protection Agency Office

Start recording the next week's symptoms into a new Peak Flow and Symptom Diary. You will be receiving a call from us weekly to remind you about the completion of the diary as well as to answer any queries.

If you have any further questions about how to fill the Peak Flow and Symptom Diary please call

THANK YOU FOR COMPLETING THIS WEEK'S DIARY!

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Australian Child Health and Air Pollution Study

Peak Flow and Symptom Diary

WEEK No. __

From __/__/__ to __/__/__

Tips to complete my diary

- Before completing your child's diary for the first time or as a reminder, please read the following instructions.
- Over the page is a diary to be filled out on a daily basis from Monday to Sunday. Please write the date and use a pen.
- There are two main sections in the diary: MORNING & EVENING and they should be filled out first thing in the morning and last thing at night respectively.
- Please follow the instructions and answer the questions in each section. Be aware that the zones coloured in darker yellow and darker blue only have to be answered if you answered 'YES' in the previous question.
- Here is an example of how the diary should be filled out:

		QUESTIONS		MONDAY	TUESDAY	WEDNESDAY
				12/06/07	13/06/07	14/06/07
MORNING	1	Did your child have cough and/or phlegm, wheeze and/or chest tightness or shortness of breath during his/her sleep last night?		YES ☑ NO ☐	YES ☐ NO ☑	YES ☑ NO ☐
		If **YES**, write down in every square if your child had **these symptoms last night** and to what degree using the scale on the left (0-3). If **NO**, go				
		0 = no symptoms during the night **1** = symptoms, but did not disturb his/her sleep **2** = symptoms that disturbed part of his/her sleep **3** = symptoms that disturbed his/her whole sleep or most of it	**Cough and/or Phlegm**	2		0
			Wheeze and/or Chest tightness	1		2
			Shortness of breath	1		0
	2	Did he/she take any reliever inhalers or nebulisers (e.g. Ventolin, Airomir, Bricanyl) during the night?		YES ☑ NO ☐	YES ☐ NO ☑	YES ☑ NO ☐
	3	PEAK FLOW Measure three times (before your child takes any medication) and write down the three readings		300 350 340	450 400 450	300 350
EVENING	1	Did your child have any of the following today? Cough , wheeze and/or chest tightness, shortness of breath, nose, eye, throat symptoms or fever		YES ☐ NO ☑	YES ☑ NO ☐	YES ☑ NO ☐
		If **YES**, write down in every square if your child had **these symptoms during the day** and to what degree using the scale on the left (0-3). If **N**				
		0 = no symptoms during the day **1** = symptoms, but did not disturb his/her daily activities **2** = symptoms that disturbed part of his/her daily activities **3** = symptoms that disturbed the whole day or most of his/her daily activities	**Cough and/or Phlegm**		0	2
			Wheeze and/or Chest tightness		2	3
			Shortness of breath		2	3
			Runny/ blocked nose		1	1
			Eye irritation		3	1
			Fever/sore throat		1	0
	2	Did your child take any reliever inhalers or nebulisers (e.g. Ventolin, Airomir, Bricanyl) today?		YES ☐ NO ☑	YES ☐ NO ☑	YES ☑ NO ☐
		If YES, tick Yes or No to each of the following options **1** = As part of his/her normal medication routine **2** = Because he/she had a cold or the flu **3** = Because he/she had more cough, wheeze, chest tightness or shortness of breath than usual		**1** YES ☐ NO ☐ **2** YES ☐ NO ☐ **3** YES ☐ NO ☐	**1** YES ☐ NO ☐ **2** YES ☐ NO ☐ **3** YES ☐ NO ☐	**1** YES ☑ NO ☐ **2** YES ☑ NO ☐ **3** YES ☑ NO ☐
	3	Did your child take any preventer inhalers or nebulisers (e.g. Pulmicort, Flixotide, Seretide, Symbicort, Qvar, or Alvesco) today?		YES ☑ NO ☐	YES ☐ NO ☑	YES ☑ NO ☐
		If YES, tick Yes or No in each of the following options **1** = As part of his/her normal medication routine **2** = Because he/she had a cold or the flu **3** = Because he/she had more cough, wheeze, chest tightness or shortness of breath than usual		**1** YES ☑ NO ☐ **2** YES ☑ NO ☐ **3** YES ☐ NO ☑	**1** YES ☐ NO ☐ **2** YES ☐ NO ☐ **3** YES ☐ NO ☐	**1** YES ☑ NO ☐ **2** YES ☑ NO ☐ **3** YES ☐ NO ☑
	4	Did your child take any prednisone or dexamethasone tablets in the last 24 hrs?		YES ☑ NO ☐	YES ☐ NO ☑	YES ☑ NO ☐
	5	Was he/she exposed to indoor tobacco smoke (at home, school or elsewhere) today?		YES ☐ NO ☑	YES ☐ NO ☑	YES ☐ NO ☑
	6	Was he/she at home for at least one hour between 7:00AM - 9:30AM OR 4:30PM –7:00PM?		YES ☑ NO ☐	YES ☑ NO ☐	YES ☑ NO ☐
	7	PEAK FLOW Measure three times (before your child takes any medication) and write down the three readings		320 350 380	420 400 410	320 350

MORNING 1 Answer this question about last night's symptoms. If the answer is 'No', continue with question **2** of the morning. If the answer is 'Yes' rate your child's symptoms (0-3) according to the scale at the left and finish with the next question.

3 Please take 3 peak flow readings from your child just after he/she wakes up, before he/she takes any inhaled medication and in an upright position. Write down all three values in the boxes. Afterwards he/she can take his/her regular medications if required.

EVENING 1 Answer this question about today's symptoms. If the answer is 'No', continue with question **2** of the evening section. If the answer is 'Yes' rate your child's symptoms (0-3) according to the scale at the left and continue.

2 Answer the question about use of reliever medication, if any. If the answer is 'No', skip the blue section and continue with questions **3 - 7.** If the answer is 'Yes', tick 'Yes' or 'No' in each of the 3 options according to the scale at the left and continue answering questions **3 - 7**.

3 Answer the question about use of preventer medication, if any. If the answer is 'No', skip the blue section and continue with questions **4 - 7**. If the answer is 'Yes', tick 'Yes' or 'No' in each of the 3 options according to the scale at the left and continue answering questions **4 - 7**.

Please take your child's peak flow readings just before he/she goes to bed, following the same procedure as in the morning.

		QUESTIONS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
MORNING	1	Did your child have cough and/or phlegm, wheeze and/or chest tightness or shortness of breath during his/her sleep last night?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
		If **YES**, write down in every square if your child had **these symptoms last night** and to what degree using the scale on the left (0-3). If **NO**, go to question 2 of the yellow morning section								
		0 = no symptoms during the night **1** = symptoms, but did not disturb his/her sleep **2** = symptoms that disturbed part of his/her sleep **3** = symptoms that disturbed his/her whole sleep or most of it	**Cough and/or Phlegm**							
			Wheeze and/or Chest tightness							
			Shortness of breath							
	2	Did he/she take any reliever inhalers or nebulisers (e.g. Ventolin, Airomir, Bricanyl) during the night?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	3	**PEAK FLOW** Measure three times (before your child takes any medication) and write down the three readings								
EVENING	1	Did your child have any of the following today? Cough, wheeze and/or chest tightness, shortness of breath, nose, eye, throat symptoms or fever		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
		If **YES**, write down in every square if your child had **these symptoms during the day** and to what degree using the scale on the left (0-3). If **NO**, go to question 2 of the blue evening section.								
		0 = no symptoms during the day **1** = symptoms, but did not disturb his/her daily activities **2** = symptoms that disturbed part of his/her daily activities **3** = symptoms that disturbed the whole day or most of his/her daily activities	**Cough and/or Phlegm**							
			Wheeze and/or Chest tightness							
			Shortness of breath							
			Runny/ blocked nose							
			Eye irritation							
			Fever/sore throat							
	2	Did your child take any reliever inhalers or nebulisers (e.g. Ventolin, Airomir, Bricanyl) today?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
		If YES, tick Yes or No to each of the following options **1** = As part of his/her normal medication routine **2** = Because he/she had a cold or the flu **3** = Because he/she had more cough, wheeze, chest tightness or shortness of breath than usual		1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO
	3	Did your child take any preventer inhalers or nebulisers (e.g. Pulmicort, Flixotide, Seretide, Symbicort, Qvar, or Alvesco) today?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
		If YES, tick Yes or No in each of the following options **1** = As part of his/her normal medication routine **2** = Because he/she had a cold or the flu **3** = Because he/she had more cough, wheeze, chest tightness or shortness of breath than usual		1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO	1 YES NO 2 YES NO 3 YES NO
	4	Did your child take any prednisone or dexamethasone tablets in the last 24 hrs?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	5	Was he/she exposed to indoor tobacco smoke (at home, school or elsewhere) today?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	6	Was he/she at home for at least one hour between 7:00AM - 9:30AM OR 4:30PM –7:00PM?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	7	**PEAK FLOW** Measure three times (before your child takes any medication) and write down the three readings								

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APPENDIX A10

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

WOOLCOCK INSTITUTE of MEDICAL RESEARCH

Australian Child Health and Air Pollution Study

Time Activity Diary

WEEK No. __

From __/__/__ to __/__/__

Tips to complete my diary

Please fill in this activity diary every night for the same period of time you are completing the breathing diary. Please circle the time of the day your child spent OUTSIDE at school, at or near home, or elsewhere. For each of those locations record the amount of time your child did any VIGOROUS ACTIVITY, that is an activity that caused your child to breathe heavily. Some examples include playing tennis, soccer, cycling, running and swimming

DAY	LOCATION	MORNING							AFTERNOON						EVENING						AMOUNT OF TIME VIGOROUS PHYSICAL ACTIVITY
EXAMPLE	Outside at School	5	6	7	8	9	(10)	11	(12)	1	2	(3)	4	5	6	7	8	9	10	11	1 hr 40 min
	Outside at or near home	5	6	7	(8)	9	10	11	12	1	2	3	(4)	5	6	7	8	9	10	11	0 hr 30 min
03 / 04 /2007	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	(5)	(6)	7	8	9	10	11	0 hr 45 min
MONDAY	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
__/__/200_	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
TUESDAY	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
__/__/200_	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
WEDNESDAY	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
__/__/200_	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

WOOLCOCK
INSTITUTE of MEDICAL RESEARCH

DAY	LOCATION	MORNING							AFTERNOON						EVENING						AMOUNT OF TIME VIGOROUS PHYSICAL ACTIVITY
THURSDAY ___/___/200_	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
FRIDAY ___/___/200_	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
SATURDAY ___/___/200_	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
SUNDAY ___/___/200_	Outside at School	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside at or near home	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min
	Outside elsewhere	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	_____hr _____min

THANK YOU FOR COMPLETING THIS WEEK'S DIARY!

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Data checked by ___ ___ ___ Date ____ / ____ / ____ Data entered by ___ ___ ___

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APPENDIX A11

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

WOOLCOCK
INSTITUTE of MEDICAL RESEARCH

Australian Child Health and Air Pollution Study

Diary Study Calendar

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	
Initial Home Visit	Please post Week 1 Diary to us on Monday	Please post Week 2 Diary to us on Monday	Please post Week 3 Diary to us on Monday	Please post Week 4 Diary to us on Monday	Last home visit. Hand in Diary for week 5 and Peak Flow Meter	THANKYOU
	Follow up call from us	Follow up call from us	Follow up call from us	Follow up call from us		

Appointment Date

___/ ___/ ___

Appointment Date

___/ ___/ ___

Investigator Details _____ **Phone** 1300 889 618

Staff Member _____ **Phone** _____

Australian Child Health and Air Pollution Study

Diary Tracking Form

ID: __ __ __ __ __ __ __ **Child's name:** _____ **Gender:** F M **Date Home Visit:** ____ / ____ / 08

SN: __ __ __ __ __ **Parent's name:** _____ **Telephone:** _____ **Date Study Finishes:** ____ / ____ / 08

Week 1 Diaries	Week 2 Diaries	Week 3 Diaries	Week 4 Diaries	Week 5 Diaries
Date due: ___ / ___ / 08	**Date due**: ___ / ___ / 08	**Date due**: ___ / ___ / 08	**Date due**: ___ / ___ / 08	**Date due**: ___ / ___ / 08
Received?	**Received?**	**Received?**	**Received?**	**Received Diaries?**
PFD: Yes No	**PFD:** Yes No	**PFD:** Yes No	**PFD:** Yes No	**PFD:** Yes No
TAD: Yes No	**TAD:** Yes No	**TAD:** Yes No	**TAD:** Yes No	**TAD:** Yes No
Date: ___ / ___ / 07	**Date:** ___ / ___ / 07	**Date:** ___ / ___ / 07	**Date:** ___ / ___ / 07	**MWD:** Yes No
Comments:	**Comments:**	**Comments:**	**Comments:**	**Date:** ___ / ___ / 07
				Comments:
FOLLOW UP CALL	**FOLLOW UP CALL**	**FOLLOW UP CALL**	**FOLLOW UP CALL**	**FOLLOW UP CALL**
Date call due:	**Date call due**:	**Date call due**:	**Date call due**:	**Date call due**:
___ / ___ / 08	___ / ___ / 08	___ / ___ / 08	___ / ___ / 08	___ / ___ / 08
Call done: Yes No	**Call done:** Yes No	**Call done:** Yes No	**Call done:** Yes No	**Call done:** Yes No
Date: ___ / ___ / 08	**Date:** ___ / ___ / 08	**Date:** ___ / ___ / 08	**Date:** ___ / ___ / 08	**Date:** ___ / ___ / 08
Researcher: _____	**Researcher:** _____	**Researcher:** _____	**Researcher:** _____	**Researcher:** _____
Comments:	**Comments:**	**Comments:**	**Comments:**	**Comments:**
Any change/addition to diaries?	**Any change/addition to diaries?**	**Any change/addition to diaries?**	**Any change/addition to diaries?**	**Any change/addition to diaries?**
Yes No	Yes No	Yes No	Yes No	Yes No