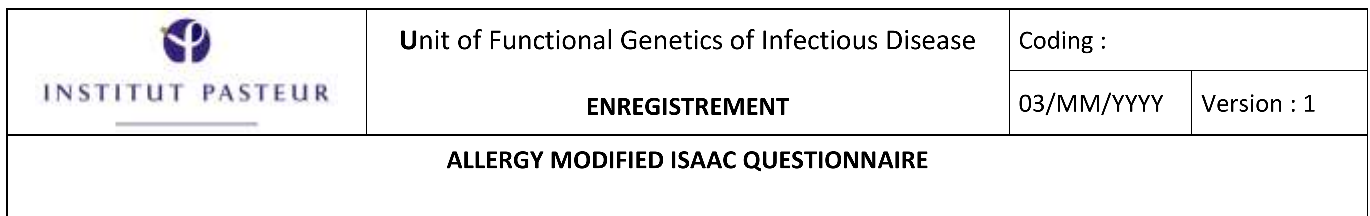

	Unit of Functional Genetics of Infectious Disease	Coding :	
INSTITUT PASTEUR	ENREGISTREMENT	03/MM/YYYY	Version : 1
	ALLERGY MODIFIED ISAAC QUESTIONNAIRE		

Place of study	***Research Institute responsible***
Technician X	*Name of Institute*
Technician X	*Principle investigator*
Technician X	*Project manager*
☎ +	☎ +

IDENTIFICATION	**Validation zone**
Date of questionnaire : |__|__| |__|__| |__|__|__|__| dd/*mm/yyyy*	|__|__| |__|__| |__|__|__|__| DTEQUE
Name of investigator :……………………………………………………………………………	
Name of study supervisor :……………………………………………………………	
Child :	
First and last name of child :	
Identification code of child :	|__|__| |__|__| IDENF
Date of birth :	|__|__| |__|__| |__|__|__|__| DOB
Sex :	|__| SEXE
Village/town :	|__| VILLAGE
Identification code of Questionnaire :	|__| |__|__| |__| |__|__||__|__| IDQUES
Identification code of father :	|__|__| |__|__| IDFA
Identification code of mother :	|__|__| |__|__| IDMO
Weight : **|__|__|,|__| (kg)**	|__|__|,|__| (Kg) WEIGHT
Height : **|__|__|__|,|__| (cm)**	|__|__|__|,|__| (cm) HEIGHT
Mid Upper Arm Circumference: **|__|__| (cm)**	|__|__| (cm) MUAC
Person questioned :	
Last name of person questioned :………………………………………………………………………	………………………………… NAMEPQ
First name of person questioned :……………………………………………………………………	………………………………… LASTNAMEPQ
Relationship to child : Mother ☐$_1$ Father ☐$_2$ Brother/Sister ☐$_3$ Grand-parents ☐$_4$ Other ☐$_5$	|__| RELCHILD
If other, define : ……………………………………………………………………	………………………………… OTHERREL
FACTORS PREDISPOSING ATOPY	
First days of life : Consultation of health records of child and maternity records of mother	
1. How much did your child weigh at birth ? <1500 g ☐$_1$ [1500-2000[g ☐$_2$ [2000-2500[g ☐$_3$ [2500-3500[g ☐$_4$ ≥ 3500 g ☐$_5$ Record not found/NSP☐$_9$	|__| BIRTHWEIGH
2. Until what age did your child breastfeed (**exclusively or mixed**) ? *Corresponds to the age of weaning of child* < 6 months ☐$_1$ 6 – 12 mths ☐$_2$ 12 – 24 mths ☐$_3$ > 24 mths ☐$_4$ NSP ☐$_9$	|__| AGEWEAN

3. Until what age did your child breastfeed **exclusively** without ever taking other aliments (fruits, vegetables, rice, meat, fish, etc.) or liquids (powdered milk, cow or goats milk, fruit juice, water, etc.) ?
< 6 months ☐$_1$ 6 – 12 mths ☐$_2$ 12 – 24 mths ☐$_3$ NSP ☐$_9$ |__| AGEBREAST

Illness and vaccination : Consultation of health records of child

1. Has your child enfant had the following illnesses?

Malaria : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MALAR

Tuberculosis treated : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| TUBTRT

Helminths (oxyures, ascaris, taenia, etc.) : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| HEMINTH

Amoeba : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| AMOEBA

Measles : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MEASLES

2. Against what illnesses is you child vaccinated?

Yellow fever : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACFJ

Hepatitis B : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACHEPB

Measles : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACMEASLE

Mumps : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACMUMPS

Rubella : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACRUBEL

Tuberculosis/BCG : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACTUB

Diphtheria/Tetanus/Pertussis/Poliomyelitis : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACDTCP

Typhoid : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACTY

Meningitis : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACMENIN

Haemophilus influenzae type B (HiB) : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| VACHIB

Habitation :

1. Which of these animals / insects can be found in the **rooms** where your child lives (today and/or during his first year of life) ?

Dogs in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| DOGTODAY

Dogs in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| DOG01YR

Cats in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CATTODAY

Cats in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CAT01YR

Sheep in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| SHEEPTODAY

Sheep in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| SHEEP01YR

Goats in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| GOATODAY

Goats in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| GOA01YR

Chicken, ducks in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CHICTODAY

Chicken, ducks in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CHIC01YR

Rodents (rats, mice, etc.) in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RODTODAY

Rodents (rats, mice, etc.) in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| ROD01YR

Cockroaches in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| COCTODAY

Cockroaches in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| COC01YR

Other in rooms today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| OTHTODAY

Other in rooms 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| OTH01YR

If Others, define :………………………………………… ……………………………… NAMEOTH

2. Which of these animals could be in **contact** with your child **at least once per week**

(today and/or during his first year of life) ?

Contact with Dogs today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CDOGTODAY

Contact with Dogs 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CDOG01YR

Contact with Cats today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCATODAY

Contact with Cats 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCAT01YR

Contact with Sheep today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CSHEEPTODAY

Contact with Sheep 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CSHEEP01YR

Contact with Goats today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CGOATODAY

Contact with Goats 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CGOA01YR

Contact with Chicken, Ducks today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCHICTODAY

Contact with Chicken, Ducks 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCHIC01YR

Contact with donkeys, horses today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CHORSTODAY

Contact with donkeys, horses 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CHORS01YR

Contact with Cows, zébus today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCOWTODAY

Contact with Cows, zébus 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CCOW01YR

Contact with Rodents (rats, mice, etc.) today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CRODTODAY

Contact with Rodents (rats, mice, etc.) 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| CROD01YR

Contact with Other today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| COTHTODAY

Contact with Other 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| COTH01YR

If Others, define :…………………………………………… ………………………………..NAMEOTHC

3. Which of these aliments are usually stocked in the rooms where your child lives ?

Millet kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MIL

Sorghum kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| SORG

Maize kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MAIZ

Rice kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RICE

Wheat kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| WHEA

Biscuits, pasta kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| BISCUI

Manioc (root, flour) kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MANIOC

Cashew nut, ground nut kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| NUTP

Curdled milk kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| MILKCURD

Dried leaves (mint, quinquiliba, baobab, etc.) : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| LEAF

Other aliments kept in room : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| OTHALIM

If Others, define :…………………………………………… ……………………………… NAMEOTHAL

What is the type of roofing of the rooms where your child lives (today and during the first year of life) ?

Corrugated metal roof today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RMETTODAY

Corrugated metal roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RMET01YR

Thatched roof today: ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RTHATDAY

Thatched roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RTHAT01YR

Wooden roof today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RWOOTODAY

Wooden roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RWOO01YR

Cement roof today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RCEMTODAY

Cement roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RCEM01YR

Plaster roof today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RPLATODAY

Plaster roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| RPLA01YR

Other type of roof today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| ROTHTODAY

Other type of roof 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| ROTH01YR

If other, define :…………………………………………… — …………………… NAMEOTHR

4. Which of these objects are in the room where your child sleeps (today and during the first year of life) ?

Mattress in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| MATRTODAY

Mattress in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| MATR01YR

Bednet in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| BEDNTODAY

Bednet in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| BEDN01YR

Wardrobe in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| WARDTODAY

Wardrobe in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| WARD01YR

Chest, trunk in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CHESTODAY

Chest, trunk in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CHES01YR

Table in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| TABPTODAY

Table in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| TABP01YR

Chair in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CHPTODAY

Chair in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CHA01YR

Carpet, rug in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CARPTODAY

Carpet, rug in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CARP01YR

Matting in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| MATPTODAY

Matting in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| MATP01YR

Curtains in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CURTTODAY

Curtains in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| CURT01YR

Malagasy fire in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FIRTODAY

Malagasy fire in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FIR01YR

Other objects in room today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| OTHOBTODAY

Other objects in room 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| OTHOB01YR

If other, define :…………………………………………… — ……………………………… NAMEOTHOB

5. On what type of bedding does your child sleep (today and during the first year of life) ?

Foam mattress today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FMATRTODAY

Foam mattress 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FMATR01YR

Plant fibre mattress (straw, etc.) today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLFMATRTODAY

Plant fibre mattress (straw, etc.) 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLFMATR01YR

Wool mattress today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| WOMATRTODAY

Wool mattress 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| WOMATR01YR

Feather mattress today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FEATHMTODAY

Feather mattress 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| FEATHM01YR

Plastic matting today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLMATTODAY

Plastic matting 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLMAT01YR

Plant fibre matting (straw, etc.) today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLFMATTODAY

Plant fibre matting (straw, etc.) 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PLFMAT01YR

Other type of bedding today : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| OTHBEDTODAY

Other type of bedding 0-1yr : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| OTHBED01YR

If other, define :…………………………………………… — ……………………………… NOMAUTLI

6. Does your child sleep on a pillow ? ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP — |__| PILLOW

If **No**, go to question **8**

If **Yes**, what type of pillow is it ?

Foam :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	PILLF
Synthetic fibres:	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	PILLSYN
Plant fibres (straw, etc.) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	PILLPLF
Feather :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	PILLFEATH
Other type of pillow :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	OTHPILL
	If other, define :……………………………………………	……………………………	NAMEOTHPILL

7. Do people smoke in the room where your child lives ?

Today :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	SMOKTODAY
From 0-1yr :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	SMOK01YR
During the pregnancy of the mother :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	SMOKPREG

8. What type of heating and lighting are used in the rooms where your child lives ?

Heating and lighting by charcoal :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	CHELCHAR
Heating and lighting by wood :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	CHELWOO
Lighting by candle :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	LCAND
Lighting by petrol lamp :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	LLAMP
Lighting by flash light :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	LTORCH
Lighting by solar :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	LSOLAR
Other types of heating and lighting:	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	OTHHEL
	If other, define :……………………………………………	……………………………	NAMEOTHHEL

9. Which of the following products are used or stocked in the rooms where you child lives ?

Insecticide (type Yotox, spirales, etc.) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	INSECTIC
Deodorants (aerosols) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	DEODORA
Incense :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	INCENSE
Detergents (type Cotol, etc.) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	DETERGEN
Petrol, diesel :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	PETROL
Other types of products :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	OTHPROD
	If other, define :……………………………………………	……………………………	NAMEOTHPR

Diet :

1. Has your child had **diarrhoea without fever** or abdominal pains (colic)

following introduction of non-maternal milk in his diet (cow or goat's milk, milk powder) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	DIARINT
after a few months of consuming **non-maternal** (cow or goat's milk, milk powder) :	$\square_0$ No $\square_1$ Yes $\square_9$ NSP	|__|	DIARMONTH

2. Currently, how many times, on average, does your child eat the following aliments ?
The consumption of certain aliments is seasonal.

Meat :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSMEAT
Fish :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSFISH
Egg :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSEGG
Milk (liquid, powder, curdled) :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSMILK
Banana :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSBANA
Mango :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSMANG
Melon :	$\square_1$ Never $\square_2$ <1times/week $\square_3$ 1-2 times/week $\square_4$ ≥1times/day	|__|	CONSMELON

Food						
Orange, lime :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSORAN
Potatoes, sweet potatoes :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSPOT
Vegetables :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSVEG
Millet :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSMIL
Sorghum :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSSORG
Maize :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSMAIS
Rice :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSRICE
Wheat (bread, pasta) :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSWHEA
Nuts (Cashew, ground nut) :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSNUT
Prawns, dried oysters :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSPRAWN
Flavouring cubes Maggi :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	CONSCUBE
Other :	☐$_1$ Never	☐$_2$ <1times/week	☐$_3$ 1-2 times/week	☐$_4$ ≥1times/day	|__|	OTHALCON

If other, define :…………………………………………… ……………………………… NAMEOTHAL

HISTORICAL SYMPTOMATOLOGY OF ALLERGIC REACTIONS

Asthma :

1. Has a doctor or nurse **already** said that you child has asthma ?

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

|__| ASTHMA

2. Has your child already breathed noisily or had whistling in his chest whilst breathing

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

If **No**, go directly to question **6**

|__| WHISTLING

3. During his first two years of life, has your child already breathed noisily or had whistling in his chest whilst breathing ?

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

|__| WHISTL2YR

If **No**, go directly to question **6**

If **Yes**, how many times (before 2 years of age) ?

☐$_1$1time ☐$_2$2times ☐$_3$ ≥3times ☐$_9$ NSP

|__| NBWHIS2YR

Between the last two **ramadans**, has your child already breathed noisily or had whistling in his chest whilst breathing ?

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

|__| WHISTL2RA

If **No**, go directly to question **5**

If **Yes**, at which moment of the year ?

Rainy season : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| WHISTLRS

Dry season : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| WHISTLDS

Harvest time : ☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP |__| WHISTLHT

Has the noisy breathing of your child been such that it has prevented him from talking normally?

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

|__| PREVTALK

Has your child already had a rasping cough at night that prevents him from sleeping normally ?

☐$_0$ No ☐$_1$ Yes ☐$_9$ NSP

|__| TOUSECHE

Rhinitis and allergic conjunctivitis;

1. Has your child **already had** problems of a runny nose, **or** a sensation of a blocked nose, **or** an itchy nose, **or** sneezing, or loss of the sense of smell **for more than a week,**

Question	Answer	Code	Variable
irrespective of the frequency of these episodes?	☐0 No ☐1 Yes ☐9 NSP	|__|	RHIN1WEEK
2. Has your child **already had** problems of a runny nose, **or** a sensation of a blocked nose, **or** an itchy nose, **or** sneezing, or loss of the sense of smell **more than 5 times in one year,** irrespective of the frequency of these episodes?	☐0 No ☐1 Yes ☐9 NSP	|__|	RHIN5FAN
Between the **last two ramadans**, has your child **already had** problems of a runny nose, **or** a sensation of a blocked nose, **or** an itchy nose, **or** sneezing, or loss of the sense of smell ?	☐0 No ☐1 Yes ☐9 NSP	|__|	RHIN2RAM
If **No**, go to question **4**			
If **Yes**, at what moment of the year ?			
Rainy season :	☐0 No ☐1 Yes ☐9 NSP	|__|	RHINRS
Dry season :	☐0 No ☐1 Yes ☐9 NSP	|__|	RHINDS
Harvest time :	☐0 No ☐1 Yes ☐9 NSP	|__|	RHINHT
3. Has your child **already had** watery eyes, **or** itchy eyes, **or** an allergic limbo-conjonctivitis?	☐0 No ☐1 Yes ☐9 NSP	|__|	CONJALER
If **No**, go directly to question **1** in the section **Eczema**			
Has your child had, between the **last two ramadans**, watery eyes, **or** itchy eyes, **or** an allergic limbo-conjonctivitis?	☐0 No ☐1 Yes ☐9 NSP	|__|	CONJ2RAM
If **No**, go directly to question **5**			
If **Yes**, at what moment of the year ?			
Rainy season :	☐0 No ☐1 Yes ☐9 NSP	|__|	CONJRS
Dry season :	☐0 No ☐1 Yes ☐9 NSP	|__|	CONJDS
Harvest time :	☐0 No ☐1 Yes ☐9 NSP	|__|	CONJHT
Eczéma ;			
Has your child **already had** skin problems with dry patches or seeping cracked patches and itching ?	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEMA
If **No**, **the questionnaire has finished.**			
Between the **last two ramadans**, has your child had skin problems with dry patches or seeping cracked patches and itching ??	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZE2RAM
If **No**, go directly to question **3**			
If **Yes**, at what moment of the year ?			
Rainy season :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEMARS
Dry season :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEMADS
Harvest time :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEMAHT
1. Have these skin problems affected different parts of the body of your child ?			
Scalp :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZESCALP
Face :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEFAC
Around the eyes and ears :	☐0 No ☐1 Yes ☐9 NSP		
Armpits :	☐0 No ☐1 Yes ☐9 NSP	|__|	ECZEEYEEAR

Elbow :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEARMPIT
Hands :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEELBOW
Under the buttocks:	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEHAND
Groin :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEBUTT
Behind the knee :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEGROIN
Feet :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEKNEE
Other part of body :	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	ECZEFEET
		|__|	ECZEOTH
What age did your child have when these skin problems of dry patches, weeping cracked patches or itching appear for the **first time**?	☐₁ < 2yr ☐₂ 2 - 4 yr ☐₃ ≥ 5yr	|__|	AGECZEMA
Have your child's skin problems ever been sufficiently important to prevent him from sleeping correctly or waking him up during the night ?	☐₀ No ☐₁ Yes ☐₉ NSP	|__|	IRRECZEM

Comments : Note with reference to which questions these comments apply

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