

S4 Text. Sample size

The primary outcome of the study was to detect a 4% improvement year-on-year in the average forced expiratory volume in 1 sec (FEV₁), hence the sample size was determined according to this variable rather than respiratory/allergic symptom prevalence. It was initially determined that 200 children would be needed per year, but this was revised upwards following the first year of data collection. From Year 1 data, the mean FEV₁ was 1.71 litres (SD=0.276 litres) and valid measurements of FEV₁ were obtained from 150/202 i.e. 74% of children. In order to detect a 4% increase in mean FEV₁, from 1.71 to 1.79 litres in two successive years, with 80% power at the 5% significance level, would require 245 children under simple random sampling. Assuming 74% (from Year 1) of children give valid FEV₁ measurements, the cluster size would be 22 children (out of a class of 30). The design effect, based on an intra-cluster correlation coefficient (ICC) of 0.02, is $1 + (22-1)*0.02 = 1.63$, inflating the sample size to 399 children per year. Therefore, the number of classes to be sampled in Year 2 and subsequently is $399/22 = 18.1$ (rounded up from 18.1).