45615

CCAAPS Child's Second Doctor Visit

ID ☐☐☐☐☐☐ id

Date ☐☐ / ☐☐ / ☐☐ date

I. General/Demographic information

1. What is your relationship to the child?

- ☐ Biological Mother
- ☐ Biological Father i_1_relation
- ☐ Both Parents
- ☐ Legal Guardian

2. For reporting purposes we need information on the race and ethnic background of the biological parents. Which of these best describes the biological mother's ethnic background?

- ☐ Hispanic/Latino
- ☐ Caucasian (Non-hispanic)
- ☐ Black/African American i_1_relation_2_2
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ More than one race
- ☐ Unknown/Not Answered

3. Which of these best describes the biological father's ethnic background?

- ☐ Hispanic/Latino
- ☐ Caucasian (Non-hispanic)
- ☐ Black/African American i_1_relation_2
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ More than one race
- ☐ Unknown/Not Answered

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4. When you were pregnant with your child who is a member of this study, about how often did you drink milk or eat dairy products?

- ☐ never
- ☐ less than once a week
- ☐ 1-2 days per week
- ☐ 3-4 days per week
- ☐ 5-6 days per week
- ☐ once a day
- ☐ more than once a day

i_1_relation_2_3

5. When you were pregnant with your child who is a member of this study, about how often did you eat eggs or egg beaters (low-cholesterol eggs) as part of your meal?

- ☐ never
- ☐ less than once a week
- ☐ 1-2 days per week
- ☐ 3-4 days per week
- ☐ 5-6 days per week
- ☐ once a day
- ☐ more than once a day

i_1_relation_2_3_2

6. How many months has the child been living at their current home address?

☐☐ months

i_2_months

7. Have you moved since your child's last visit for a SPT?

- ☐ No (If no skip to question 11)
- ☐ Yes

moved_24 month

II. The Child's Primary Home

8. How is your home cooled during hot periods in the summer? (Mark all that apply)

No	Yes	
☐	☐	Central air conditioning
☐	☐	Window-unit air conditioning
☐	☐	Open windows (with or without fan)
☐	☐	About half open windows and half air conditioner
☐	☐	Fan(s)

ii_4_central
ii_4_unit
ii_4_window
ii_4_half
ii_4_fans

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9. How is your home heated during the winter? (Mark all that apply)

No	Yes		
☐	☐	Electric furnace	ii_5_electric
☐	☐	Gas furnace	ii_5_gas
☐	☐	Heating oil furnace	ii_5_oil
☐	☐	Coal furnace	ii_5_coal
☐	☐	Space heaters	ii_5_space
☐	☐	Wood burning stove	ii_5_wood_stove
☐	☐	Coal burning stove	ii_5_coal_stove
☐	☐	Electric baseboards	ii_5_elec_baseboard
☐	☐	Other	ii_5_other

10. How is the heat <u>primarily</u> distributed throughout your house?

No	Yes		
☐	☐	Forced air	ii_6_air
☐	☐	Radiators	ii_6_radiator
☐	☐	Base board (Electrical)	ii_6_base_board
☐	☐	Other	ii_6_other

11. In a typical day what is the average number of hours per day that your child spends in the same area as someone else who is smoking in that area? Include time your child is at someone else's house, daycare or in public places around smokers. Area does not have to be the same room.

☐☐ hours per day ii_9_smoke_area

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12. Please review the information you provided last year. Have there been any changes in those who currently live in your child's home?

(PLEASE SHOW THEM LAST YEARS ORIGINAL AND MAKE SURE YOU MARK "NO" OR "YES")

☐ No Changes (skip to question 14)

☐ Yes (re-enter and update all old and new household members in question 13) choice_1

13. Please list all of the people who currently live in your child's home and consider this their home address. List all adults (be sure to include yourself) and all children (be sure to include your child).

Relationship to your child	Birth Date	Current smoker?	Smokes inside the child's home?	Does this person have allergies?
1. Child's Self				
2. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation	ii_8_date_02 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_02 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_02	ii_8_allergies_02 ☐N ☐Y
3. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_2	ii_8_date_03 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_03 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_03	ii_8_allergies_03 ☐N ☐Y
4. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_3	ii_8_date_04 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_04 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_04	ii_8_allergies_04 ☐N ☐Y
5. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_4	ii_8_date_05 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_05 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_05	ii_8_allergies_05 ☐N ☐Y
6. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_5	ii_8_date_06 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_06 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_06	ii_8_allergies_06 ☐N ☐Y
7. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_6	ii_8_date_07 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_07 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_07	ii_8_allergies_07 ☐N ☐Y
8. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_7	ii_8_date_08 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_08 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_08	ii_8_allergies_08 ☐N ☐Y
9. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_8	ii_8_date_09 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_09 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_09	ii_8_allergies_09 ☐N ☐Y
10. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother ii_8_relation_9	ii_8_date_10 ☐☐ / ☐☐ / ☐☐	ii_8_smoker_10 ☐N ☐Y	☐N ☐Y ii_8_smoke_home_10	ii_8_allergies_10 ☐N ☐Y

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14. Please review the information you provided last year regarding a list of places your child spends his or her time. Have their been any changes in where your child spends their time or the hours at each location?
(PLEASE SHOW THEM LAST YEARS ORIGINAL AND MAKE SURE YOU MARK "NO" OR "YES")

☐ No changes (skip to question 16) choice_2

☐ Yes, changes (re-enter and update all old and new location information in question 15)

15. Because we are studying air pollution by area we need a list of the places where your child spends his or her time. Include all babysitters, daycare providers or relatives if your child spends more than 8 hours per week at an address different from his/her home. Start with your home first. When counting the number of hours include both the time the child is awake and asleep. We would also like to know about how many other children are usually around your child at each location. If you are not sure give your best guess.

1 day=24 hours / 2days=48hours / 3days=72 hours / 4days=96 hours / 5 days=120 hours
6days=144 hours / 7days 168 hours

Place and Address With Zip Code (Get as complete as possible) | **How many hours does your child spend there per week?** | **How many other children are usually there at the same time?**

ii_10_place_01

☐ Home ☐ Relative ☐ Daycare ☐ Other

hours per week (ii_10_hours_01) other children (ii_10_other_child_01)

Street (ii_10_street_01)

City (ii_10_city_01)

State (ii_10_state_01) Zip (ii_10_zip_01)

ii_10_place_02

☐ Home ☐ Relative ☐ Daycare ☐ Other

hours per week (ii_10_hours_02) other children (ii_10_other_child_02)

Street (ii_10_street_02)

City (ii_10_city_02)

State (ii_10_state_02) Zip (ii_10_zip_02)

ii_10_place_03

☐ Home ☐ Relative ☐ Daycare ☐ Other

hours per week (ii_10_hours_03) other children (ii_10_other_child_03)

Street (ii_10_street_03)

City (ii_10_city_03)

State (ii_10_state_03) Zip (ii_10_zip_03)

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16. Please review the information you provided last year regarding pets. Have their been <u>any</u> changes in the type or number of pets?

☐ No changes (skip to question 18)

☐ Yes, changes (re-enter and update all pet information in question 17)

choice_3

17. Do you have any of the following pets? IF YES, <u>how many</u> do you have? Does the pet primarily spend their time indoors, outdoors or both? How often do you bathe your pet?

No	Yes	IF YES →	How Many	Indoors Only	Outdoors Only	Both Indoors & Outdoors	On average, how many times a year do you give your pet a bath? If never put '00'
☐	☐	Bird	ii_11_num_bird →	☐ ii_11_lives_bird	☐	☐	ii_11_bath_bird
☐	☐	Cat	ii_11_num_cat →	☐ ii_11_lives_cat	☐	☐	ii_11_bath_cat
☐	☐	Dog	ii_11_num_dog →	☐ ii_11_lives_dog	☐	☐	ii_11_bath_dog
☐	☐	Aquatic Pet	ii_11_num_aqua →	☐ ii_11_lives_aqua	☐	☐	
☐	☐	Guinea Pig	ii_11_num_guinea →	☐ ii_11_lives_guinea	☐	☐	ii_11_bath_guinea
☐	☐	Hamster	ii_11_num_hamster →	☐ ii_11_lives_hamster	☐	☐	ii_11_bath_hamster
☐	☐	Horse	ii_11_num_horse →	☐ ii_11_lives_horse	☐	☐	ii_11_bath_horse
☐	☐	Mouse	ii_11_num_mouse →	☐ ii_11_lives_mouse	☐	☐	ii_11_bath_mouse
☐	☐	*Rabbit*	ii_11_num_rabbit →	☐ ii_11_lives_rabbit	☐	☐	ii_11_bath_rabbit
☐	☐	Rat	ii_11_num_rat →	☐ ii_11_lives_rat	☐	☐	ii_11_bath_rat
☐	☐	Other Furry Animal	ii_11_num_oth_furry →	☐ ii_11_lives_oth_furry	☐	☐	ii_11_bath_oth_furry
☐	☐	Other Farm Animal	ii_11_num_oth_farm →	☐ ii_11_lives_oth_farm	☐	☐	ii_11_bath_oth_farm
☐		No Animals					

ii_11_yn_bird
ii_11_yn_cat
ii_11_yn_dog
ii_11_yn_aqua
ii_11_yn_guinea
ii_11_yn_hamster
ii_11_yn_horse
ii_11_yn_mouse
ii_11_yn_rabbit
ii_11_yn_rat
ii_11_yn_oth_furry
ii_11_yn_oth_farm

* ii_11_no_animals

18. Does your child currently live on a farm with livestock?

- ☐ No
- ☐ Yes

ii_12_child_farm

19. About how many hours a day does your child spend in a car/van/truck/bus?

- ☐ 4 or more hours/day
- ☐ 3 hours/day
- ☐ 2 hours/day
- ☐ 1 hour/day
- ☐ less than 1 hour/day
- ☐ None

ii_13_child_automobile

20. When your child is riding in the car/van/truck/bus, how often does someone smoke?

- ☐ Most of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

ii_14_smoke_automobile

21. In the past 12 months, how many times did you or the property manager use bug spray or powder in your home?

☐☐

ii_15_bug_spray

22. In the past 12 months, in which of the following rooms did you see mold or mildew: (Mark all that apply)

- ☐ Child's bedroom
- ☐ Other bedroom
- ☐ Living room
- ☐ Family room
- ☐ Dining room
- ☐ Kitchen
- ☐ Bathroom
- ☐ Basement
- ☐ Laundry room
- ☐ Other room
- ☐ None

ii_16_rooms_mold

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23. In the past 12 months, were any of the following done to remove mold or mildew: (Mark all that apply)

- ☐ Regular Vacuum
- ☐ HEPA Vacuum
- ☐ Wet Vacuum
- ☐ Damp Wipe
- ☐ With Water
- ☐ Disinfectant (example: Clorox)
- ☐ Throw Items Away
- ☐ Other
- ☐ None

ii_17_remove_mold

24. Does the bed where your child primarily sleeps have a plastic cover?

- ☐ No
- ☐ Yes

ii_18_bed_cover

25. What water temperature do you use when washing sheets, blankets and pillowcases?

- ☐ Cold
- ☐ Warm
- ☐ Hot

ii_19_temp_wash

26. During the months from November through March, about how many weeks do you use a humidifier ?

☐☐ weeks (00 for none, 21 for all)

ii_20_humidifier

27. During the months from May through September, on average how many hours per week did your child spend outdoors.

☐☐ average hours per week

ii_20_humidifier_2

III. Child's Information

28. At what month of age did your child begin walking?

☐☐ age in months (00 for not walking)

ii_20_humidifier_2_2

29. Does your child take vitamins?

- ☐ No (if no skip to question 31)
- ☐ Yes

ii_19_temp_wash_2

30. How often does your child take vitamins?

- ☐ never
- ☐ less than once a week
- ☐ 1-2 days per week
- ☐ 3-4 days per week
- ☐ 5-6 days per week
- ☐ once a day
- ☐ more than once a day

i_1_relation_2_3_3

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31. Since birth, how many months did your child receive breast milk?

☐☐ months (00 for none) iii_21_breast_milk

32. Currently, during an average week how often does your child eat any of the following:

	Never	Less than 1 time per week	1-2 times per week	3-4 times per week	5-7 times per week
Raw Citrus Fruit / Kiwi (orange ,grapefruit, tangerine)	☐	☐ iii_22_citrus	☐	☐	☐
Raw Green Vegetables	☐	☐ iii_22_green_veg	☐	☐	☐
Nuts, Peanut Butter or other foods with nuts	☐	☐ iii_22_green_veg_2	☐	☐	☐
Milk	☐	☐	☐ iii_22_green_veg_2_2	☐	☐

IV. Medication / Doctor's Visits

33. In the past 12 months, how many times has your child been to the doctor/nurse practitioner for a well-baby visit?

☐☐ iv_23_well_baby

34. In the past 12 months, how many times has your child been to the doctor/nurse practitioner because he/she was sick?

☐☐ iv_24_sick

35. In the past 12 months, did your child take any of the following?

No	Yes		
☐	☐	Vitamins	iv_25_vitamins
☐	☐	Antibiotics	iv_25_antibio
☐	☐	Cough syrup	iv_25_cough_syrup
☐	☐	Cold medicine/decongestant	iv_25_cold_med
☐	☐	Ear drops	iv_25_ear_drop
☐	☐	Nose drops	iv_25_nose_drop
☐	☐	Nose sprays	iv_25_skin_oth_rash_2
☐	☐	Skin cream for diaper rash	iv_25_skin_diaper
☐	☐	Skin cream for other rash	iv_25_skin_oth_rash
☐	☐	Pain reliever/Fever reducer	iv_25_pain_fever
☐	☐	Treatment/Medicine for diarrhea	iv_25_pain_fever_2
☐	☐	Other ☐ iv_25_other_text	iv_25_other

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36. In the past 12 months, has your child received any immunizations?

- ☐ No
- ☐ Yes — If yes, how many health care provider visits for immunizations as your child had over the past 12 months?
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4

iv_26_immune

iv_26b_immune_num

37. Has a health care provider told you that you should not receive immunizations?

- ☐ No
- ☐ Yes — If yes, why?

iv_27_no_immune

iv_27_no_immune_why

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CCAAPS Child's Medical History Questions

UPPER AND LOWER RESPIRATORY, SYSTEMIC AND GASTROINTESTINAL CONDITIONS

1. In the past 12 months has your child had any of the following:

Upper Respiratory Conditions

	IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No Yes	Did it require a hospital admission? No Yes
☐ Cold	v_1_num_cold	v_1_dr_er_cold	v_1_hosp_cold
☐ Ear infection	v_1_num_ear	v_1_dr_er_ear	v_1_hosp_ear
☐ Sinus Infection	v_1_num_sinus	v_1_dr_er_sinus	v_1_hosp_sinus
☐ Strep Throat	v_1_num_strep	v_1_dr_er_strep	v_1_hosp_strep
☐ Tonsillitis	v_1_num_tonsil	v_1_dr_er_tonsil	v_1_hosp_tonsil
☐ Respiratory Flu	v_1_num_flu	v_1_dr_er_flu	v_1_hosp_flu
☐ Colored Drainage	v_1_num_drainage	v_1_dr_er_drainage	v_1_hosp_drainage

v_1_yn_cold
v_1_yn_ear
v_1_yn_sinus
v_1_yn_strep
v_1_yn_tonsil
v_1_yn_flu
v_1_yn_drainage

☐ None of the above — v_1_yn_none_upper

Lower Respiratory Conditions

	IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No Yes	Did it require a hospital admission? No Yes
☐ Asthma	v_1_num_asthma	v_1_dr_er_asthma	v_1_hosp_asthma
☐ Wheezing	v_1_num_wheezing	v_1_dr_er_wheezing	v_1_hosp_wheezing
☐ Whooping cough	v_1_num_cough	v_1_dr_er_cough	v_1_hosp_cough
☐ Croup	v_1_num_croup	v_1_dr_er_croup	v_1_hosp_croup
☐ Cystic Fibrosis	v_1_num_cystic	v_1_dr_er_cystic	v_1_hosp_cystic
☐ Viral Infection	v_1_num_viral	v_1_dr_er_viral	v_1_hosp_viral
☐ Bronchitis/Bronchiolitis	v_1_num_brone	v_1_dr_er_brone	v_1_hosp_brone
☐ Pneumonia	v_1_num_pneumonia	v_1_dr_er_pneumonia	v_1_hosp_pneumonia

v_1_yn_asthma
v_1_yn_wheezing
v_1_yn_cough
v_1_yn_croup
v_1_yn_cystic
v_1_yn_viral
v_1_yn_brone
v_1_yn_pneumonia

Confirmed by chest x-ray? ☐ No ☐ Yes — v_1_yn_pneumonia_confirmed

☐ None of the above — v_1_yn_none_lower

Systemic Conditions

Yes	IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No Yes	Did it require a hospital admission? No Yes
☐ Measles	v_1_num_measles	v_1_dr_er_measles	v_1_hosp_measles
☐ Mumps	v_1_num_mumps	v_1_dr_er_mumps	v_1_hosp_mumps
☐ Rubella	v_1_num_rubella	v_1_dr_er_rubella	v_1_hosp_rubella
☐ Chicken Pox	v_1_num_pox	v_1_dr_er_pox	v_1_hosp_pox
☐ Hepatitis A	v_1_num_hepa	v_1_dr_er_hepa	v_1_hosp_hepa
☐ Hepatitis B	v_1_num_hepb	v_1_dr_er_hepb	v_1_hosp_hepb
☐ Hepatitis C	v_1_num_hepc	v_1_dr_er_hepc	v_1_hosp_hepc

v_1_yn_measles
v_1_yn_mumps
v_1_yn_rubella
v_1_yn_pox
v_1_yn_hepa
v_1_yn_hepb
v_1_yn_hepc

☐ None of the above — v_1_yn_none_systemic

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Gastrointestinal Disorders

	IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No Yes	Did it require a hospital admission? No Yes
☐ Infectious Gastroenteritis	v_1_num_gast	v_1_dr_er_gast	v_1_hosp_gast
☐ Diarrhea (v_1_yn_gast / v_1_yn_diar)	v_1_num_diar	v_1_dr_er_diar	v_1_hosp_diar
☐ Salmonella (v_1_yn_salm)	v_1_num_salm	v_1_dr_er_salm	v_1_hosp_salm
☐ Shigella (v_1_yn_shig)	v_1_num_shig	v_1_dr_er_shig	v_1_hosp_shig
☐ Campylobacter (v_1_yn_camp)	v_1_num_camp	v_1_dr_er_camp	v_1_hosp_camp
☐ Escherichia coli (v_1_yn_esch)	v_1_num_esch	v_1_dr_er_esch	v_1_hosp_esch
☐ Giardia lamblia (v_1_yn_giar)	v_1_num_giar	v_1_dr_er_giar	v_1_hosp_giar
☐ Cryptosporidium (v_1_yn_cryp)	v_1_num_cryp	v_1_dr_er_cryp	v_1_hosp_cryp
☐ Rotavirus (v_1_yn_rota)	v_1_num_rota	v_1_dr_er_rota	v_1_hosp_rota
☐ Hemolytic-Uremic Syndrome (v_1_yn_hemo)	v_1_num_hemo	v_1_dr_er_hemo	v_1_hosp_hemo
☐ None of the above (v_1_yn_none_gastro)			

WHEEZING AND ASTHMA

2. 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?

☐ No
☐ Yes (v_2_yn_cough)

IF YES, About how many days have you noticed your child coughing:

in the past 1 week? ☐ (v_2_num_week_cough)
in the past 1 month? ☐☐ (v_2_num_month_cough)
in the past 12 months? ☐☐☐ (v_2_num_year_cough)

3a. In the past 12 months, have you ever noticed your child wheezing?

☐ No → **IF NO, SKIP TO QUESTION 4a.** (v_3a_yn_wheeze)
☐ Yes

IF YES, About how many days have you noticed your child wheezing:

in the past 1 week? ☐ (v_3a_week_wheeze)
in the past 1 month? ☐☐ (v_3a_month_wheeze)
in the past 12 months? ☐☐☐ (v_3a_year_wheeze)

3b. Has wheezing occurred after a cold or infection?

☐ No
☐ Yes (v_3b_yn_wheeze_cold)

IF YES, About how many episodes of wheezing occurred after a cold or infection:

in the past 1 week? ☐ (v_3b_week_wheeze_cold)
in the past 1 month? ☐☐ (v_3b_month_wheeze_cold)
in the past 12 months? ☐☐☐ (v_3b_year_wheeze_cold)

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3c. In the past 12 months, has your child had an attack of wheezing that resulted in any of the following:

Doctor's Visit	☐ N ☐ Y →	IF YES, How many visits?	☐☐ v_3c_num_doct
Urgent care/ER visit	☐ N ☐ Y →	IF YES, How many visits?	☐☐ v_3c_num_er
Hospital Admission	☐ N ☐ Y →	IF YES, How many visits?	☐☐ v_3c_num_hosp

v_3c_yn_doct
v_3c_yn_er
v_3c_yn_hosp

3d. In the past 12 months, on average how long did your child's wheezing attack last? (read list)

- ☐ less than 1 hour — v_3d_avg_wheeze_less_1
- ☐ 1-3 hours — v_3d_avg_wheeze_1_3
- ☐ 4-24 hours — v_3d_avg_wheeze_4_24
- ☐ 2-3 days — v_3d_avg_wheeze_2_3
- ☐ 4 days or more — v_3d_avg_wheeze_4_more

3e. In the past 12 months, how long did your child's longest wheezing attack last?

- ☐ less than 1 hour — v_3e_long_wheeze_less_1
- ☐ 1-3 hours — v_3e_long_wheeze_1_3
- ☐ 4-24 hours — v_3e_long_wheeze_4_24
- ☐ 2-3 days — v_3e_long_wheeze_2_3
- ☐ 4 days or more — v_3e_long_wheeze_4_more

3f. In the past 12 months, has your child been given any of the following medications or treatments for wheezing?

- ☐ Nebulizer Treatment — v_3f_nebu
- ☐ Inhaled Bronchiodialtor (ex. Albuterol, Ventolin, Proventil, Lexalbuterol, Xenopenex, Alupent, Metaproterenol) — v_3f_bronc
- ☐ Primatene Mist Inhaler — v_3f_primatine
- ☐ Prednisone — v_3f_prednisone
- ☐ Other ☐☐☐☐☐☐☐☐☐☐ — v_3f_other — v_3f_other_name
- ☐ None — v_3f_none

3g. In the past 12 months, About, how many times a week, on average, has your child's sleep been disturbed due to wheezing?

☐☐ times/week — v_3g_sleep_wheeze

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3h. In the past 12 months, has wheezing occurred when your child was:

- ☐ in the same room with a cat? v_3h_cat
- ☐ in the same room with a dog? v_3h_dog
- ☐ in the same room with a disturbance of house dust such as vacuuming or changing bedding? v_3h_vacuum
- ☐ when outdoors near freshly cut grass? v_3h_grass
- ☐ None of the above v_3h_none

IF YES, Is your child's wheezing increased in: (mark all that apply) v_3g_worst_month

☐ January v_3h_jan	☐ May v_3h_may	☐ September v_3h_sept	☐ Child's wheezing is not increased. v_3h_no_month
☐ February v_3h_feb	☐ June v_3h_june	☐ October v_3h_oct	
☐ March v_3h_march	☐ July v_3h_july	☐ November v_3h_nov	
☐ April v_3h_april	☐ August v_3h_aug	☐ December v_3h_dec	

Which is the worst month? (Indicate by circling that month above)

RHINITIS

4a. In the past 12 months, 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 flu?

- ☐ No **IF NO, SKIP TO QUESTION 6.** v_4a_yn_nose
- ☐ Yes

4b. Is your child's nose problem increased: v_4b_worst_month

☐ January v_4b_jan	☐ May v_4b_may	☐ September v_4b_sept	☐ Child's nose problem is not increased. v_4b_no_month
☐ February v_4b_feb	☐ June v_4b_june	☐ October v_4b_oct	
☐ March v_4b_march	☐ July v_4b_july	☐ November v_4b_nov	
☐ April v_4b_april	☐ August v_4b_aug	☐ December v_4b_dec	

Which is the worst month? (Indicate by circling that month above)

4c. Has this nose problem been accompanied by itchy-watery eyes?

- ☐ No v_4c_nose_eyes
- ☐ Yes

IF YES, does this nose and eye problem occur when your child is:

- ☐ in the same room with a cat? v_4c_cat
- ☐ in the same room with a dog? v_4c_dog
- ☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding? v_4c_vacuum
- ☐ when outdoors near freshly cut grass? v_4c_grass
- ☐ None of the above v_4c_grass_2

4d. How often did this nose problem interfere with your child's daily activities:

- ☐ Not at all
- ☐ A little bit v_4d_daily_act
- ☐ A moderate amount
- ☐ A lot

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4e. How often did this nose problem interfere with your child's sleep:

- ☐ Not at all
- ☐ A little bit
- ☐ A moderate amount
- ☐ A lot

v_4e_sleep

5. In the past 12 months, has your child had "hay fever"?

- ☐ No
- ☐ Yes

v_5_hay_fever

6a. In the past 12 months, have you noticed your child scratching or itching his/her eyes when he/she is:

- ☐ in the same room with a cat? v_6a_eyes_cat
- ☐ in the same room with a dog? v_6a_eyes_dog
- ☐ in the same room with a disturbance of house dust such as vacuuming or changing bedding? v_6a_eyes_vacuum
- ☐ when outdoors near freshly cut grass? v_6a_eyes_grass
- ☐ None of the above v_6a_eyes_none

6b. IF YES, is your child's scratching or itching his/her eyes increased: v_6b_worst_month

☐ January (v_6b_jan)	☐ May (v_6b_may)	☐ September (v_6b_sept)	☐ Child's scratching or itching is not increased. (v_6b_no_month)
☐ February (v_6b_feb)	☐ June (v_6b_june)	☐ October (v_6b_oct)	
☐ March (v_6b_march)	☐ July (v_6b_july)	☐ November (v_6b_nov)	
☐ April (v_6b_april)	☐ August (v_6b_aug)	☐ December (v_6b_dec)	

Which is the worst month? (Indicate by circling that month above)

7a. While sleeping does...

your child snore? (v_7a_snore)	the child's mother snore? (v_7a_mom_snore)	the child's father snore? (v_7a_dad_snore)
☐ (0)Never	☐ (0)Never	☐ (0)Never
☐ (1)Rarely (less than 1 time a week)	☐ (1)Rarely (less than 1 time a week)	☐ (1)Rarely (less than 1 time a week)
☐ (2)Sometimes (1 to 2 times a week)	☐ (2)Sometimes (1 to 2 times a week)	☐ (2)Sometimes (1 to 2 times a week)
☐ (3)Frequently (3 to 4 time a week)	☐ (3)Frequently (3 to 4 time a week)	☐ (3)Frequently (3 to 4 time a week)
☐ (4)Almost always (5 to 7 times a week)	☐ (4)Almost always (5 to 7 times a week)	☐ (4)Almost always (5 to 7 times a week)
7b. IF YES, for child only. **Is this snoring only with colds?** ☐ No ☐ Yes (v_7a_snore_cold)	**IF YES, for mother only.** **Do they stop breathing?** ☐ No ☐ Yes (v_7a_mom_snore_breath)	**IF YES, for mother only.** **Do they stop breathing?** ☐ No ☐ Yes (v_7a_dad_snore_breath)

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SKIN PROBLEMS

8a. In the past 12 months, has your child had any of the following problems with his/her skin?

Frequent Skin Scratching		Redness / Red Spots		Raised Bumps		Skin Infection / Impetigo		Rough Dry Scaly Skin	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

v_8a_yn_red v_8a_yn_infect v_8a_yn_scratch v_8a_yn_bumps v_8a_yn_scaly

If yes, continue down column.

If No, Skip to Question 9.

8b. Where on your child's body does this skin problem occur? (Read List)

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin
around the neck	v_8b_scratch_neck	v_8b_red_neck	v_8b_bumps_neck	v_8b_infect_neck	v_8b_scaly_neck
ears	v_8b_scratch_ears	v_8b_red_ears	v_8b_bumps_ears	v_8b_infect_ears	v_8b_scaly_ears
eyes	v_8b_scratch_eyes	v_8b_red_eyes	v_8b_bumps_eyes	v_8b_infect_eyes	v_8b_scaly_eyes
folds of the elbows	v_8b_scratch_elbows	v_8b_red_elbows	v_8b_bumps_elbows	v_8b_infect_elbows	v_8b_scaly_elbows
arms	v_8b_scratch_arms	v_8b_red_arms	v_8b_bumps_arms	v_8b_infect_arms	v_8b_scaly_arms
behind the knees	v_8b_scratch_knee	v_8b_red_knees	v_8b_bumps_knees	v_8b_infect_knees	v_8b_scaly_knees
front of the ankles	v_8b_scratch_ankles	v_8b_red_ankles	v_8b_bumps_ankles	v_8b_infect_ankles	v_8b_scaly_ankles
legs	v_8b_scratch_legs	v_8b_red_legs	v_8b_bumps_legs	v_8b_infect_legs	v_8b_scaly_legs
chest / stomach	v_8b_scratch_chest	v_8b_red_chest	v_8b_bumps_chest	v_8b_infect_chest	v_8b_scaly_chest
back	v_8b_scratch_back	v_8b_red_back	v_8b_bumps_back	v_8b_infect_back	v_8b_scaly_back
under the buttocks	v_8b_scratch_butt	v_8b_red_butt	v_8b_bumps_butt	v_8b_infect_butt	v_8b_scaly_butt
None of the above	v_8b_scratch_none	v_8b_red_none	v_8b_bumps_none	v_8b_infect_none	v_8b_scaly_none

8c. Is this skin problem associated with eating any of the following foods (Read):

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin
cows milk	v_8c_scratch_cow	v_8c_red_cow	v_8c_bumps_cow	v_8c_infect_cow	v_8c_scaly_cow
soy milk	v_8c_scratch_soy	v_8c_red_soy	v_8c_bumps_soy	v_8c_infect_soy	v_8c_scaly_soy
eggs	v_8c_scratch_egg	v_8c_red_eggs	v_8c_bumps_eggs	v_8c_infect_eggs	v_8c_scaly_eggs
formula	v_8c_scratch_formula	v_8c_red_formula	v_8c_bumps_formula	v_8c_infect_formula	v_8c_scaly_formula
other	v_8c_scratch_oth	v_8c_red_oth	v_8c_bumps_oth	v_8c_infect_oth	v_8c_scaly_oth
None of the above	v_8c_scratch_none	v_8c_red_none	v_8c_bumps_none	v_8c_infect_none	v_8c_scaly_none

8d. Has this skin problem been coming and going for at least:

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin
6 months	v_8d_scratch_6_month	v_8d_red_6_month	v_8d_bumps_6_month	v_8d_infect_6_month	v_8d_scaly_6_month
1 month	v_8d_scratch_1_month	v_8d_red_1_month	v_8d_bumps_1_month	v_8d_infect_1_month	v_8d_scaly_1_month

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FOODS

9. In the past 12 months, which of the following foods has your child had?

- ☐ Cow's milk/cow's milk formula — v_9_cow
- ☐ Soy milk/soy milk formula — v_9_soy
- ☐ Eggs — v_9_eggs
- ☐ Rice cereal — v_9_rice
- ☐ Oatmeal cereal — v_9_oat
- ☐ None of the above — v_9_none

If the child has not had cow's milk, soy milk, or eggs, END SURVEY.

10a. In the past 12 months, has your child had an allergy or intolerance to any of the following:

Cow's Milk / Cow's Milk Formula		Soy Milk / Soy Milk Formula		Eggs	
No	Yes	No	Yes	No	Yes
☐ v_10a_cow	☐	☐ v_10a_soy	☐	☐ v_10a_eggs	☐

If yes, answer parts b,c & d in that column.
If No, END SURVEY

10b. Did any of the symptoms of this allergy / intolerance include:

	Cow's Milk / Cow's Milk Formula	Soy Milk / Soy Milk Formula	Eggs
abdominal cramps	☐ v_10b_cow_cramps	☐ v_10b_soy_cramps	☐ v_10b_eggs_cramps
colic	☐ v_10b_cow_colic	☐ v_10b_soy_colic	☐ v_10b_eggs_colic
vomiting	☐ v_10b_cow_vomit	☐ v_10b_soy_vomit	☐ v_10b_eggs_vomit
diarrhea	☐ v_10b_cow_diar	☐ v_10b_soy_diar	☐ v_10b_eggs_diar
bloody stools	☐ v_10b_cow_stools	☐ v_10b_soy_stools	☐ v_10b_eggs_stools
nasal stuffiness	☐ v_10b_cow_nasal	☐ v_10b_soy_nasal	☐ v_10b_eggs_nasal
wheezing	☐ v_10b_cow_wheeze	☐ v_10b_soy_wheeze	☐ v_10b_eggs_wheeze
skin rash	☐ v_10b_cow_rash	☐ v_10b_soy_rash	☐ v_10b_eggs_rash
None of the above	☐ v_10b_cow_none	☐ v_10b_soy_none	☐ v_10b_eggs_none

10c. Was the food eliminated from the child's diet?

Cow's Milk / Cow's Milk Formula		Soy Milk / Soy Milk Formula		Eggs	
No	Yes	No	Yes	No	Yes
☐ v_10c_cow	☐	☐ v_10c_soy	☐	☐ v_10c_eggs	☐
If yes, did the symptoms disappear?		If yes, did the symptoms disappear?		If yes, did the symptoms disappear?	
No	Yes	No	Yes	No	Yes
☐ v_10c_cow_symp	☐	☐ v_10c_soy_symp	☐	☐ v_10c_eggs_symp	☐