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CCAAPS Child's Third Doctor Visit

ID yr3__id

Date ____/yr3__date/____
Mo. Dy. Yr.

Child's Initials yr3__child_INIT (F M L)

Child's Birthdate yr3__child_b_day
Mo. Dy. Yr.

Section A. General/Demographic information

1. What is your relationship to the child?

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

yr3_A_1_relation

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
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ More than one race
- ☐ Unknown/Not Answered

yr3_A_2_M_race

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

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

yr3_A_3_F_race

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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

yr3_A_4_dairy

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

yr3_A_5_egg

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

☐☐ months yr3_A_6_months

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

- ☐ No
- ☐ Yes

yr3_A_7_moved

Section B. 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	yr3_B_8_YN_CenAir
	☐☐	About how many hours per day?	yr3_B_8_num_hrs_CenAir
☐	☐	Window-unit air conditioning	yr3_B_8_WinAir
	☐☐	About how many hours per day?	yr3_B_8_num_hrs_WinAir
☐	☐	Open windows (with or without fan)	yr3_B_8_YN_Window
	☐☐	About how many hours per day?	yr3_B_8_num_hrs_Window
☐	☐	About half open windows and half air conditioner	yr3_B_8_YN_half
☐	☐	Fan(s)	yr3_B_8_YN_fan
	☐☐	About how many hours per day?	yr3_B_8_num_hrs_fan

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

No	Yes		
☐	☐	Electric furnace	yr3_B_9_YN_E_furnace
☐	☐	Gas furnace	yr3_B_9_YN_G_furnace
☐	☐	Heating oil furnace	yr3_B_9_YN_O_furnace
☐	☐	Coal furnace	yr3_B_9_YN_C_furnace
☐	☐	Space heaters	yr3_B_9_YN_heater
☐	☐	Wood burning stove	yr3_B_9_YN_woodstove
☐	☐	Coal burning stove	yr3_B_9_YN_C_stove
☐	☐	Electric baseboards	yr3_B_9_YN_E_baseboards
☐	☐	Other	yr3_B_9_YN_other

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

No	Yes		
☐	☐	Forced air	yr3_B_10_YN_air
☐	☐	Radiators	yr3_B_10_YN_radiator
☐	☐	Base board (Electrical)	yr3_B_10_YN_e_baseboard
☐	☐	Other	yr3_B_10_YN_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 yr3_B_11_num_hrs_smoking

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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) yr3_B_12_YN_changes

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

13. Please <u>list all</u> of the people who currently live in your child's home and consider this their home address. List <u>all adults</u> (be sure to include yourself) and <u>all children</u> (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?
Child's Self				
13a. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13a_relation	yr3_B_13a_date ☐☐ / ☐☐ / ☐☐	yr3_B_13a_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13a_YN_smoke_inside	yr3_B_13a_YN_allergies ☐ N ☐ Y
13b. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13b_relation	yr3_B_13b_date ☐☐ / ☐☐ / ☐☐	yr3_B_13b_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13b_YN_smoke_inside	yr3_B_13b_YN_allergies ☐ N ☐ Y
13c. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13c_relation	yr3_B_13c_date ☐☐ / ☐☐ / ☐☐	yr3_B_13c_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13c_YN_smoke_inside	yr3_B_13c_YN_allergies ☐ N ☐ Y
13d. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13d_relation	yr3_B_13d_date ☐☐ / ☐☐ / ☐☐	yr3_B_13d_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13d_YN_smoke_inside	yr3_B_13d_YN_allergies ☐ N ☐ Y
13e. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13e_relation	yr3_B_13e_date ☐☐ / ☐☐ / ☐☐	yr3_B_13e_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13e_YN_smoke_inside	yr3_B_13e_YN_allergie ☐ N ☐ Y
13f. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13f_relation	yr3_B_13f_date ☐☐ / ☐☐ / ☐☐	yr3_B_13f_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13f_YN_smoke_inside	yr3_B_13f_YN_allergies ☐ N ☐ Y
13g. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13g_relation	yr3_B_13g_date ☐☐ / ☐☐ / ☐☐	yr3_B_13g_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13g_YN_smoke_inside	yr3_B_13g_YN_allergies ☐ N ☐ Y
13h. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13h_relation	yr3_B_13h_date ☐☐ / ☐☐ / ☐☐	yr3_B_13h_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13h_YN_smoke_inside	yr3_B_13h_YN_allergies ☐ N ☐ Y
13i. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother yr3_B_13i_relation	yr3_B_13i_date ☐☐ / ☐☐ / ☐☐	yr3_B_13i_YN_smoker ☐ N ☐ Y	☐ N ☐ Y yr3_B_13i_YN_smoke_inside	yr3_B_13i_YN_allergies ☐ 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 including daycare and school? (PLEASE SHOW THEM LAST YEARS ORIGINAL AND MAKE SURE YOU MARK "NO" OR "YES")

☐ No changes (skip to question 16) yr3_B_14_YN_change_locations

☐ 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?**

☐ Home ☐ Relative ☐ Daycare ☐ Other
yr3_B_15a_location
yr3_B_15a_hrs **hours per week**
yr3_B_15a_children **other children**
Street yr3_B_15a_street
City yr3_B_15a_city
State yr3_B_15a_state Zip yr3_B_15a_zip

☐ Home ☐ Relative ☐ Daycare ☐ Other
yr3_B_15b_location
yr3_B_15b_hrs **hours per week**
yr3_B_15b_children **other children**
Street yr3_B_15b_street
City yr3_B_15b_city
State yr3_B_15b_state Zip yr3_B_15b_zip

☐ Home ☐ Relative ☐ Daycare ☐ Other
yr3_B_15c_location
yr3_B_15c_hr **hours per week**
yr3_B_15c_children **other children**
Street yr3_B_15c_street
City yr3_B_15c_city
State yr3_B_15c_state Zip yr3_B_15c_zip

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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) yr3_B_16_YN_change_pet

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

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'
yr3_B_17_YN_Bird ☐	☐	Bird	yr3_B_17_bird_times	☐	yr3_B_17_bird_in_outdoors ☐	☐	yr3_B_17_bird_amount
yr3_B_17_YN_Cat ☐	☐	Cat	yr3_B_17_cat_times	☐	yr3_B_17_cat_in_outdoors ☐	☐	yr3_B_17_cat_amount
yr3_B_17_YN_Dog ☐	☐	Dog	yr3_B_17_dog_times	☐	yr3_B_17_dog_in_outdoors ☐	☐	yr3_B_17_dog_amount
yr3_B_17_YN_Aquatic ☐	☐	Aquatic Pet	yr3_B_17_aquatic_times	☐	yr3_B_17_aquatic_in_outdoors ☐	☐	
yr3_B_17_YN_Guinea ☐	☐	Guinea Pig	yr3_B_17_guinea_times	☐	yr3_B_17_guinea_in_outdoors ☐	☐	yr3_B_17_guinea_amount
yr3_B_17_YN_Hamster ☐	☐	Hamster	yr3_B_17_hamster_times	☐	yr3_B_17_hamster_in_outdoors ☐	☐	yr3_B_17_hamster_amount
yr3_B_17_YN_Horse ☐	☐	Horse	yr3_B_17_horse_times		yr3_B_17_horse_in_outdoors ☐		yr3_B_17_horse_amount
yr3_B_17_YN_Mouse ☐	☐	Mouse	yr3_B_17_mouse_times	☐	yr3_B_17_mouse_in_outdoors ☐	☐	yr3_B_17_mouse_amount
yr3_B_17_YN_Rabbit ☐	☐	Rabbit	yr3_B_17_rabbit_times	☐	yr3_B_17_rabbit_in_outdoors ☐	☐	yr3_B_17_rabbit_amount
yr3_B_17_YN_Rat ☐	☐	Rat	yr3_B_17_rat_times	☐	yr3_B_17_rat_in_outdoors ☐	☐	yr3_B_17_rat_amount
yr3_B_17_YN_Furry ☐	☐	Other Furry Animal	yr3_B_17_furry_times	☐	yr3_B_17_furry_in_outdoors ☐	☐	yr3_B_17_furry_amount
yr3_B_17_YN_Farm ☐	☐	Other Farm Animal	yr3_B_17_farm_times		yr3_B_17_farm_in_outdoors ☐		yr3_B_17_farm_amoun
	☐	No Animals yr3_B_17_Y_None					

18. What pets sleep in your child's bed?

☐ **None** ☐ **Cat** ☐ **Dog** ☐ **Other Furry**

yr3_B_18_Y_None

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

☐ No ☐ Yes yr3_B_19_YN_farm

20. What school will your child attend for first grade?

yr3_B_20_school_attend

21. How will your child get to and from school?

- ☐ School Bus
- ☐ Walk
- ☐ Car
- ☐ Metro Bus
- ☐ Other
- ☐ Don't Know

yr3_B_21_travel_school

22. 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

yr3_B_22_hrs_vehicle

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

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

yr3_B_23_vehicle_smoking

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

yr3_B_24_times_spray

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

- ☐ Child's bedroom yr3_B_25_childs_bedroom
- ☐ Other bedroom yr3_B_25_Other_bedroom
- ☐ Living room yr3_B_25_living_room
- ☐ Family room yr3_B_25_family_room
- ☐ Dining room yr3_B_25_dining_room
- ☐ Kitchen yr3_B_25_kitchen
- ☐ Bathroom yr3_B_25_bathroom
- ☐ Basement yr3_B_25_basement
- ☐ Laundry room yr3_B_25_laundry_room
- ☐ Other room yr3_B_25_other_room
- ☐ None yr3_B_25_none

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

- ☐ Regular Vacuum yr3_B_26_regular_vacuum
- ☐ HEPA Vacuum yr3_B_26_hepa_vacuum
- ☐ Wet Vacuum yr3_B_26_wet_vacuum
- ☐ Damp Wipe yr3_B_26_damp_wipe
- ☐ With Water yr3_B_26_with_water
- ☐ Disinfectant (example: Clorox) yr3_B_26_disinfectant
- ☐ Throw Items Away yr3_B_26_throw_items_away
- ☐ Other yr3_B_26_other
- ☐ None yr3_B_26_none

27. Do you use a vacuum cleaner?

- ☐ No (If no skip to question 28)
- ☐ Yes yr3_B_27_vacuum

27a. What type of vacuum?

- ☐ HEPA Vacuum yr3_B_27a_hepa_vacuum
- ☐ Wet Vacuum yr3_B_27a_wet_vacuum
- ☐ Regular Vacuum yr3_B_27a_regular_vacuum
- ☐ Other yr3_B_27a_other

27b. What type of bags?

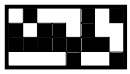
- ☐ Single Layer yr3_B_27b_single_layer
- ☐ Double Layer yr3_B_27b_double_layer
- ☐ Bagless/Canister yr3_B_27b_bagless_canister

28. In the past 12 month, have you used a free-standing air-purifier in your child's room or play area?

- ☐ No (If no skip to question 29)
- ☐ Yes yr3_B_28_air_purifier

28a. What type of air-purifier did you use?

- ☐ HEPA
- ☐ Ionizer yr3_B_28a_type_air_purifier
- ☐ Other



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29. In the past 12 months, have you removed any carpeting in your home and replaced it with wood, tile or cement?

☐ No (If no skip to question 26)

☐ Yes yr3_B_29_YN_removed_carpet

29a. In which room(s)?

yr3_B_29a_childs_bedroom ☐ Child's bedroom

yr3_B_29a_other_bedroom ☐ Other bedroom

yr3_B_29a_living_room ☐ Living room

yr3_B_29a_family_room ☐ Family room

yr3_B_29a_dining_room ☐ Dining room

☐ Kitchen yr3_B_29a_kitchen

☐ Bathroom yr3_B_29a_bathroom

☐ Basement yr3_B_29a_basement

☐ Laundry room yr3_B_29a_laundry_room

☐ Other room yr3_B_29a_other_room

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

☐ No ☐ Yes yr3_B_30_YN_bed_cover

31. Does the pillow your child uses have a plastic cover?

☐ No ☐ Yes yr3_B_31_YN_pillow_cover

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

☐ Cold

☐ Warm yr3_B_32_temp_wash

☐ Hot

33. On average, how often do you wash/change your child's sheets per month?

☐☐ Month yr3_B_33_times_wash

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

☐☐ weeks (00 for none, 21 for all) yr3_B_34_times_humidifier

35. In the past 12 months have you used a dehumidifier?

☐ No (If no skip to question 36) ☐ Yes yr3_B_35_YN_dehumidifier

35a. What type of dehumidifier did you use?

☐ Attached to Heating/Cooling System

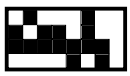
☐ Free Standing yr3_B_35a_type_dehumidifier

35b. About how many weeks in the past 12 months did you use a dehumidifier?

☐☐ weeks yr3_B_35b_times_dehumidifier

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

☐☐ average hours per week yr3_B_36_hrs_outdoors



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Section C. Child's Information

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

☐☐ age in months (00 for not walking) yr3_C_37_age_walk

38. Does your child take vitamins?

☐ No (if no skip to question 39)

☐ Yes yr3_C_38_YN_vitamins

38a. How often does your child take vitamins?

☐ never

☐ less than once a week

☐ 1-2 days per week

☐ 3-4 days per week yr3_C_38a_often_vitamins

☐ 5-6 days per week

☐ once a day

☐ more than once a day

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

☐☐ months (00 for none) yr3_C_39_months_brst_milk

40. 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)	☐	☐	☐ yr3_C_40_citrus_fruits	☐	☐
Raw Green Vegetables	☐	☐	☐ yr3_C_40_grn_veg	☐	☐
Nuts, Peanut Butter or other foods with nuts	☐	☐	☐ yr3_C_40_nuts	☐	☐
Milk	☐	☐	☐ yr3_C_40_milk	☐	☐

Section D. Medication / Doctor's Visits

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

☐☐ yr3_D_41_well_baby

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

☐☐ yr3_D_42_baby_sick

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

No	Yes			No	Yes		
☐	☐	Vitamins	yr3_D_43_YN_vitamin	☐	☐	Nose sprays	yr3_D_43_YN_nose_sprays
☐	☐	Antibiotics	yr3_D_43_YN_antibiotic	☐	☐	Skin cream for diaper rash	yr3_D_43_YN_skin_diaper
☐	☐	Cough syrup	yr3_D_43_YN_cough_syrup	☐	☐	Skin cream for other rash	yr3_D_43_YN_skin_oth_rash
☐	☐	Cold medicin	yr3_D_43_YN_cold_med	☐	☐	Pain reliever/Fever reducer	yr3_D_43_YN_pain_fever
☐	☐	Ear drops	yr3_D_43_YN_ear_drop	☐	☐	Treatment/Medicine for diarrhea	yr3_D_43_YN_treat_diarrhea
☐	☐	Nose drops	yr3_D_43_YN_nose_drop	☐	☐	Other	yr3_D_43_YN_other_text

yr3_D_43_YN_other

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

☐ Yes ☐ No (If no, skip to question 45.) yr3_D_44_YN_immune

44a. If yes, how many health care provider visits for immunizations as your child had over the past 12 months?

☐ **1** ☐ **2** ☐ **3** ☐ **4** yr3_D_44a_immune_num

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

☐ No ☐ Yes yr3_D_45_YN_advisd_agnst_immun

45a. If yes, why?

yr3_D_45a_advsd_agnst_imm_text

46. Has either biological parent ever been diagnosed by a physician for asthma?

Biological Mother ☐ No ☐ Yes yr3_D_46_YN_mother_asthma

Biological Father ☐ No ☐ Yes yr3_D_46_YN_father_asthma

47. Has a doctor or health professional (not from the CCAAPS study) ever told you that your child has:

	Never	Possibly	Probably	Definitely
Asthma	yr3_D_47_Asthma_Never	yr3_D_47_Asthma_less_one	yr3_D_47_Asthma_one_two	yr3_D_47_Asthma_three_four
Eczema	yr3_D_47_Eczema_Never	yr3_D_47_Eczema_less_one	yr3_D_47_Eczema_one_two	yr3_D_47_Eczema_three_four
Chronic Sinus Infection	yr3_D_47_Sinus_Inf_Never	yr3_D_47_Sinus_Inf_less_one	yr3_D_47_Sinus_Inf_one_two	yr3_D_47_Sinus_Inf_three_four
Diabetes	yr3_D_47_Diabetes_Never	yr3_D_47_Diabetes_less_one	yr3_D_47_Diabetes_one_two	yr3_D_47_Diabetes_three_four
Juvenile Rheumatory Arthritus	yr3_D_47_Arthritus_Never	yr3_D_47_Arthritus_less_one	yr3_D_47_Arthritus_one_two	yr3_D_47_Arthritus_three_four

48. Did your child have tubes put in?

yr3_D_48_tubes_ears

☐ **One Ear** ☐ **Both Ears** ☐ **None** (If none, go to Health and Family questionnaire)

48a. IF One or Both, How many sets has your child had?

☐ **1** ☐ **2** ☐ **3 or more**

yr3_D_48a_num_tubes

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Section E. Your Child's Health and the Family : These questions ask about the effect of your enrolled child's health on the family and family activities.

1. During the past 2 weeks, how often did your enrolled child's health limit your family activities?

	All of the Time	Most of the Time	Some of the Time	Little of the Time	None of the Time	
a. We changed family plans or trips because we were not sure when a health problem could occur	☐	☐	☐	☐	☐	yr3_E_1a_change_trip
b. We canceled social plans because our child had a health problem	☐	☐	☐	☐	☐	yr3_E_1b_cancel_social
c. We avoided activities or places that might trigger a health problem (such as visits to the zoo or farm, camping, or going out in the cold)	☐	☐	☐	☐	☐	yr3_E_1c_avoid_activities

2. During the past 2 weeks, how many days (or nights) did the following happen to you or another caretaker because of your enrolled child's health?

	More than 10 Days or Nights	7-10 Days or Nights	4-6 Days or Nights	1-3 Days or Nights	None	
a. Lost sleep	☐	☐	☐	☐	☐	yr3_E_2a_lost_sleep
b. Missed work or school	☐	☐	☐	☐	☐	yr3_E_2b_miss_work
c. Normal routine was changed	☐	☐	☐	☐	☐	yr3_E_2c_routine_change

3. During the past 2 weeks, how much were you bothered by the following?

	Bothered A Great Deal	Bothered A lot	Bothered Some	Bothered A Little	Not Bothered At All	
a. Making frequent trips to the doctor's office or hospital	☐	☐	☐	☐	☐	yr3_E_3a_freq_doctor
b. Finding a babysitter who can handle my child's health (Such as giving medicines or making sure my child takes the medicines)	☐	☐	☐	☐	☐	yr3_E_3b_babysitter
c. Getting my child to take medicines	☐	☐	☐	☐	☐	yr3_E_3c_take_meds
d. Having all the necessary equipment for my child's health at home	☐	☐	☐	☐	☐	yr3_E_3d_nec_equip
e. Keeping the house clean to avoid triggering a health problem	☐	☐	☐	☐	☐	yr3_E_3e_house_clean

4. Are there any other children in your family?

☐ **No (Skip to Question 6)** ☐ **Yes** yr3_E_4_YN_other_children

5. During the past 2 weeks, how much do you agree or disagree with the following statements describing the other children in your family?

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	N/A	
a. My other child or children feel left out when this child has a health problem	☐	☐	☐	☐	☐	☐	yr3_E_5a_left_out
b. My other child or children demand attention when this child has a health problem	☐	☐	☐	☐	☐	☐	yr3_E_5b_demand_atten

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6. During the past 2 weeks, how much do you agree or disagree with the following statements describing your feelings related to your child's health and medical care?

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	N/A
a. My child's health has caused stress in my family	☐	☐	☐	☐	☐	☐ yr3_E_6a_stress
b. I am frustrated that other people don't understand what it is like to have a child with health problems	☐	☐	☐	☐	☐	☐ yr3_E_6b_frustrated
c. Sometimes I get angry and ask "why is it happening to my child?"	☐	☐	☐	☐	☐	☐ yr3_E_6c_angry
d. I have doubts that I am doing the right things in the treatment of my child's health	☐	☐	☐	☐	☐	☐ yr3_E_6d_doubts
e. I am not confident that I can handle a severe attack of my child's health problem	☐	☐	☐	☐	☐	☐ yr3_E_6e_not_confident
f. Sometimes I lose hope that my child will get better	☐	☐	☐	☐	☐	☐ yr3_E_6f_lose_hope

7. During the past 2 weeks, how much do you agree or disagree with the following statements about your feelings related to your enrolled child's health?

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	N/A
a. I am concerned about side-effects my child could get from taking medicine for a long time	☐	☐	☐	☐	☐	☐ yr3_E_7a_side_affects
b. I worry about the cost of my child's medical care	☐	☐	☐	☐	☐	☐ yr3_E_7b_cost_med
c. I worry that my child is not getting good medical care	☐	☐	☐	☐	☐	☐ yr3_E_7c_good_med
d. I worry that my child's health causes my child to be left out from playing with other children	☐	☐	☐	☐	☐	☐ yr3_E_7d_playing
e. The cost of medical care for my child causes stress in our family	☐	☐	☐	☐	☐	☐ yr3_E_7e_cost_meds_stress
f. I am concerned about problems from my child's health that my child currently has or may have in the future	☐	☐	☐	☐	☐	☐ yr3_E_7f_prob_future

8. Compared to this time last year, how has your family been dealing with your child's health?

- ☐ **Much better now than one year ago**
- ☐ **Somewhat better now than one year ago**
- ☐ **About the same as one year ago** yr3_E_8_deal_health
- ☐ **Somewhat worse now than one year ago**
- ☐ **Much worse now than one year ago**

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CCAAPS Child's Medical History Questions

Section F: 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
yr3_F_1_Y_cold	Cold	yr3_F_1_cold_num_epis	yr3_F_1_YN_dr_er_cold			yr3_F_1_YN_hosp_cold
yr3_F_1_Y_ear_infec	Ear infection	yr3_F_1_num_ear	yr3_F_1_YN_dr_er_ear			yr3_F_1_YN_hosp_ear
yr3_F_1_Y_sinus_inf	Sinus infection	yr3_F_1_num_sinus	yr3_F_1_YN_dr_er_sinus			yr3_F_1_YN_hosp_sinus
yr3_F_1_Y_strep	Strep Throat	yr3_F_1_num_strep	yr3_F_1_YN_dr_er_strep			yr3_F_1_YN_hosp_strep
yr3_F_1_Y_tonsil	Tonsillitis	yr3_F_1_num_tonsil	yr3_F_1_YN_dr_er_tonsil			yr3_F_1_YN_hosp_tonsil
yr3_F_1_Y_flu	Respiratory Flu	yr3_F_1_num_flu	yr3_F_1_YN_dr_er_flu			yr3_F_1_YN_hosp_flu
yr3_F_1_Y_drainage	Colored Drainage	yr3_F_1_num_drainage	yr3_F_1_YN_dr_er_drainage			yr3_F_1_YN_hosp_drainage
yr3_F_1_Y_none	None of the above					

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
yr3_F_1_Y_asthma	Asthma	yr3_F_1_num_asthma	yr3_F_1_YN_dr_er_asthma			yr3_F_1_YN_hosp_asth
yr3_F_1_Y_wheezing	Wheezing	yr3_F_1_num_wheezing	yr3_F_1_YN_dr_er_wheezing			yr3_F_1_YN_hosp_whee
yr3_F_1_Y_cough	Whooping cough	yr3_F_1_num_cough	yr3_F_1_YN_dr_er_cough			yr3_F_1_YN_hosp_coug
yr3_F_1_Y_croup	Croup	yr3_F_1_num_croup	yr3_F_1_YN_dr_er_croup			yr3_F_1_YN_hosp_croup
yr3_F_1_Y_cystic	Cystic Fibrosis	yr3_F_1_num_cystic	yr3_F_1_YN_dr_er_cystic			yr3_F_1_YN_hosp_cystic
yr3_F_1_Y_viral	Viral Infection	yr3_F_1_num_viral	yr3_F_1_YN_dr_er_viral			yr3_F_1_YN_hosp_viral
yr3_F_1_Y_bronc	Bronchitis/Bronchiolitis	yr3_F_1_num_bronc	yr3_F_1_YN_dr_er_bronc			yr3_F_1_YN_hosp_bronc
yr3_F_1_Y_pneumoni	Pneumonia	yr3_F_1_num_pneumonia	yr3_F_1_YN_dr_er_pneumonia			yr3_F_1_YN_hosp_pnuemonia
	Confirmed by chest x-ray? ☐ No ☐ Yes	yr3_F_1_YN_pneumonia_confirmed				
yr3_F_1_Y_none_lowe	None of the above					

Systemic 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
yr3_F_1_Y_measles	Measles	yr3_F_1_num_measles	yr3_F_1_YN_dr_er_measles			yr3_F_1_YN_hosp_measles
yr3_F_1_Y_mumps	Mumps	yr3_F_1_num_mumps	yr3_F_1_YN_dr_er_mumps			yr3_F_1_YN_hosp_mumps
yr3_F_1_Y_rubella	Rubella	yr3_F_1_num_rubella	yr3_F_1_YN_dr_er_rubella			yr3_F_1_YN_hosp_rubella
yr3_F_1_Y_pox	Chicken Pox	yr3_F_1_num_pox	yr3_F_1_YN_dr_er_pox			yr3_F_1_YN_hosp_pox
yr3_F_1_Y_hepa	Hepatitis A	yr3_F_1_num_hepa	yr3_F_1_YN_dr_er_hepa			yr3_F_1_YN_hosp_hepa
yr3_F_1_Y_hepb	Hepatitis B	yr3_F_1_num_hepb	yr3_F_1_YN_dr_er_hepb			yr3_F_1_YN_hosp_hepb
yr3_F_1_Y_hepc	Hepatitis C	yr3_F_1_num_hepc	yr3_F_1_YN_dr_er_hepc			yr3_F_1_YN_hosp_hepc
yr3_F_1_Y_none_systemi	None of the above					

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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
yr3_F_1_Y_gast	☐ Infectious Gastroenteritis	yr3_F_1_num_gast	yr3_F_1_YN_dr_er_gast	yr3_F_1_YN_hosp_gast
yr3_F_1_Y_diar	☐ Diarrhea	yr3_F_1_num_diar	yr3_F_1_YN_dr_er_diar	yr3_F_1_YN_hosp_diar
yr3_F_1_Y_salm	☐ Salmonella	yr3_F_1_num_salm	yr3_F_1_YN_dr_er_salm	yr3_F_1_YN_hosp_salm
yr3_F_1_Y_shigella	☐ Shigella	yr3_F_1_num_shig	yr3_F_1_YN_dr_er_shig	yr3_F_1_YN_hosp_shig
yr3_F_1_Y_camp	☐ Campylobacter	yr3_F_1_num_camp	yr3_F_1_YN_dr_er_camp	yr3_F_1_YN_hosp_camp
yr3_F_1_Y_esch	☐ Escherichia coli	yr3_F_1_num_esch	yr3_F_1_YN_dr_er_esch	yr3_F_1_YN_hosp_esch
yr3_F_1_Y_giar	☐ Giardia lamblia	yr3_F_1_num_giar	yr3_F_1_YN_dr_er_giar	yr3_F_1_YN_hosp_giar
yr3_F_1_Y_cryp	☐ Cryptosporidium	yr3_F_1_num_cryp	yr3_F_1_YN_dr_er_cryp	yr3_F_1_YN_hosp_cryp
yr3_F_1_Y_rota	☐ Rotavirus	yr3_F_1_num_rota	yr3_F_1_YN_dr_er_rota	yr3_F_1_YN_hosp_rota
yr3_F_1_Y_hemo	☐ Hemolytic-Uremic Syndrome	yr3_F_1_num_hemo	yr3_F_1_YN_dr_er_hemo	yr3_F_1_YN_hosp_hemo
yr3_F_1_Y_none_gastro	☐ None of the above			

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 yr3_F_2_YN_cough

☐ Yes

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

in the past 1 week? ☐ yr3_F_2_num_week_cough

in the past 1 month? ☐☐ yr3_F_2_num_month_cough

in the past 12 months? ☐☐☐ yr3_F_2_num_year_cough

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

☐ No ➔ **IF NO, SKIP TO QUESTION 4.**

☐ Yes yr3_F_3_YN_wheeze

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

in the past 1 week? ☐ yr3_F_3_num_week_wheeze

in the past 1 month? ☐☐ yr3_F_3_num_month_wheeze

in the past 12 months? ☐☐☐ yr3_F_3_num_year_wheeze

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

☐ No yr3_F_3a_YN_wheeze_cold

☐ Yes

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

in the past 1 week? ☐ yr3_F_3a_num_week_wheeze_cold

in the past 1 month? ☐☐ yr3_F_3a_num_month_wheeze_cold

in the past 12 months? ☐☐☐ yr3_F_3a_num_year_wheeze

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

Doctor's Visit	yr3_F_3b_YN_doct ☐ N ☐ Y	**IF YES, How many visits?**	☐☐ yr3_F_3b_num_doct
Urgent care/ER visit	yr3_F_3b_YN_er ☐ N ☐ Y	**IF YES, How many visits?**	☐☐ yr3_F_3b_num_er
Hospital Admission	yr3_F_3b_YN_hosp ☐ N ☐ Y	**IF YES, How many visits?**	☐☐ yr3_F_3b_num_hosp

3c. Is the wheezing associated with shortness of breath?

☐ **No** ☐ **Yes**
yr3_F_3c_YN_shortness

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

- ☐ less than 1 hour yr3_F_3d_avg_wheeze_less_1
- ☐ 1-3 hours yr3_F_3d_avg_wheeze_1_3
- ☐ 4-24 hours yr3_F_3d_avg_wheeze_4_24
- ☐ 2-3 days yr3_F_3d_avg_wheeze_2_3
- ☐ 4 days or more yr3_F_3d_avg_wheeze_4_more

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

- ☐ less than 1 hour yr3_F_3e_long_wheeze_less_1
- ☐ 1-3 hours yr3_F_3e_long_wheeze_1_3
- ☐ 4-24 hours yr3_F_3e_long_wheeze_4_24
- ☐ 2-3 days yr3_F_3e_long_wheeze_2_3
- ☐ 4 days or more yr3_F_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?

		Times/Day	**Days/ Month**
Nebulizer Treatment	☐ N ☐ Y yr3_F_3f_YN_nebu → **IF YES, How often?**	yr3_F_3f_num_day_nebu ☐☐	☐☐ yr3_F_3f_num_month_nebu
Inhaled Bronchiodialtor (ex. Albuterol, Ventolin, Proventil, Levalbuterol, Xopenex, Alupent, Metaproterenol)	☐ N ☐ Y yr3_F_3f_YN_bronch → **IF YES, How often?**	yr3_F_3f_num_day_bronch ☐☐	☐☐ yr3_F_3f_num_month_bronch
Primatene Mist Inhaler	☐ N ☐ Y yr3_F_3f_YN_primatene → **IF YES, How often?**	yr3_F_3f_num_day_primatene ☐☐	☐☐ yr3_F_3f_num_month_primatene
Other ☐ yr3_F_3f_text_other_name	☐ N ☐ Y yr3_F_3f_YN_other → **IF YES, How often?**	yr3_F_3f_num_day_other ☐☐	☐☐ yr3_F_3f_num_month_other
None	☐ Y yr3_F_3f_Y_none		

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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 yr3_F_3g_num_month_sleep

3h. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

☐ **No** ☐ **Yes** yr3_F_3h_YN_speech

3i. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

☐ **No** ☐ **Yes** yr3_F_3i_YN_exercise

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

in the same room with a cat?	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_cat
in the same room with a dog?	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_dog
in the same room with a disturbance of house dust such as vacuuming or changing bedding?	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_dust
after taking Asprin	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_aspirin
in smog	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_smog
with a cold	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_cold
with a sinus infection	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_sinus
with bronchitis	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_bronch
around cigarette smoke	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_cigarette
around smoke from a campfire or woodburning stove	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_campfire
around strong smells	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_smells
around perfumes	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_perfumes
while in cold air	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_cold_air
when exercising	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_exercising
while in the wind	☐ **Yes**	☐ **No**	☐ **Don't Know**	yr3_F_3j_YNDk_wind

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

☐ yr3_F_3j_Y_Jan **Jan**
☐ yr3_F_3j_Y_Feb **Feb**
☐ yr3_F_3j_Y_March **Mar**
☐ yr3_F_3j_Y_April **Apr**
☐ yr3_F_3j_Y_May **May**
☐ yr3_F_3j_Y_June **Jun**
☐ yr3_F_3j_Y_July **Jul**
☐ yr3_F_3j_Y_Aug **Aug**
☐ yr3_F_3j_Y_Sept **Sep**
☐ yr3_F_3j_Y_Oct **Oct**
☐ yr3_F_3j_Y_Nov **Nov**
☐ yr3_F_3j_Y_Dec **Dec**
☐ yr3_F_3j_Y_no_month Child's wheezing is not increased.

Which is the worst month? (Indicate by typing 3 letter month.)

☐☐☐ yr3_F_3j_worst_month

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4. 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.**

☐ Yes yr3_F_4_YN_nose

4a. Is your child's nose problem increased:

yr3_F_4a_Y_Jan ☐ **Jan**	yr3_F_4a_Y_May ☐ **May**	yr3_F_4a_Y_Sept ☐ **Sep**
yr3_F_4a_Y_Feb ☐ **Feb**	yr3_F_4a_Y_June ☐ **Jun**	yr3_F_4a_Y_Oct ☐ **Oct**
yr3_F_4a_Y_March ☐ **Mar**	yr3_F_4a_Y_July ☐ **Jul**	yr3_F_4a_Y_Nov ☐ **Nov**
yr3_F_4a_Y_April ☐ **Apr**	yr3_F_4a_Y_Aug ☐ **Aug**	yr3_F_4a_Y_Dec ☐ **Dec**

yr3_F_4a_Y_no_month ☐ Child's nose problem is not increased.

Which is the worst month? (Indicate by typing 3 letter month.)

☐☐☐ yr3_F_4a_worst_month

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

☐ No

yr3_F_4b_YN_eyes

☐ Yes

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

yr3_F_4b_Y_cat ☐ in the same room with a cat?

yr3_F_4b_Y_dog ☐ in the same room with a dog?

yr3_F_4b_Y_vacuum ☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding?

yr3_F_4b_Y_grass ☐ when outdoors near freshly cut grass?

yr3_F_4b_Y_none ☐ None of the above

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

yr3_F_4c_Y_not_at_all ☐ Not at all

yr3_F_4c_Y_a_little_bit ☐ A little bit

yr3_F_4c_Y_a_moderate_amount ☐ A moderate amount

yr3_F_4c_Y_a_lot ☐ A lot

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

yr3_F_4d_not_at_all ☐ Not at all

yr3_F_4d_a_little_bit ☐ A little bit

yr3_F_4d_a_moderate_amount ☐ A moderate amount

yr3_F_4d_a_lot ☐ A lot

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

yr3_F_5_YN_hay_fever
- [ ] No
- [ ] Yes

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

- yr3_F_6_Y_eyes_cat [ ] in the same room with a cat?
- yr3_F_6_Y_eyes_dog [ ] in the same room with a dog?
- yr3_F_6_Y_eyes_vacuum [ ] in the same room with a disturbance of house dust such as vacuuming or changing bedding?
- yr3_F_6_Y_eyes_grass [ ] when outdoors near freshly cut grass?
- yr3_F_6_Y_eyes_none [ ] None of the above

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

yr3_F_6a_Y_jan	**Jan**	yr3_F_6a_Y_may	**May**	yr3_F_6a_Y_sept	**Sep**
yr3_F_6a_Y_feb	**Feb**	yr3_F_6a_Y_june	**Jun**	yr3_F_6a_Y_oct	**Oct**
yr3_F_6a_Y_march	**Mar**	yr3_F_6a_Y_july	**Jul**	yr3_F_6a_Y_nov	**Nov**
yr3_F_6a_Y_april	**Apr**	yr3_F_6a_Y_aug	**Aug**	yr3_F_6a_Y_dec	**Dec**

- [ ] Child's scratching or itching is not increased. yr3_F_6a_Y_no_month

Which is the worst month? (Indicate by typing 3 letter month.)

[ ][ ][ ] yr3_F_6a_worst_month

7. While sleeping does...

your child snore?	**the child's mother snore?**	**the child's father snore?**
yr3_F_7_Y_child_never [ ] (0)Never	yr3_F_7_Y_mom_never [ ] (0)Never	yr3_F_7_Y_dad_never [ ] (0)Never
yr3_F_7_Y_child_rarely [ ] (1)Rarely (less than 1 time a week)	yr3_F_7_Y_mom_rarely [ ] (1)Rarely (less than 1 time a week)	yr3_F_7_Y_dad_rarely [ ] (1)Rarely (less than 1 time a week)
yr3_F_7_Y_child_sometimes [ ] (2)Sometimes (1 to 2 times a week)	yr3_F_7_Y_mom_sometimes [ ] (2)Sometimes (1 to 2 times a week)	yr3_F_7_Y_dad_sometimes [ ] (2)Sometimes (1 to 2 times a week)
yr3_F_7_Y_child_frequently [ ] (3)Frequently (3 to 4 time a week)	yr3_F_7_Y_mom_frequently [ ] (3)Frequently (3 to 4 time a week)	yr3_F_7_Y_dad_frequently [ ] (3)Frequently (3 to 4 time a week)
yr3_F_7_Y_child_almost_alway [ ] (4)Almost always (5 to 7 times a week)	yr3_F_7_Y_mom_almost_always [ ] (4)Almost always (5 to 7 times a week)	yr3_F_7_Y_dad_almost_always [ ] (4)Almost always (5 to 7 times a week)
7a. IF YES, for child only. **Is this snoring <u>only</u> with colds?** [ ] No yr3_F_7a_YN_child_cold [ ] Yes	**IF YES, for mother only.** **Do they stop breathing?** [ ] No yr3_F_7a_YN_mom_breath [ ] Yes	**IF YES, for mother only.** **Do they stop breathing?** [ ] No yr3_F_7a_YN_father_breath [ ] Yes

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SKIN PROBLEMS

8. 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	Hives
No ☐ Yes ☐ yr3_F_8_YN_scratch	No ☐ Yes ☐ yr3_F_8_YN_red	No ☐ Yes ☐ yr3_F_8_YN_bumps	No ☐ Yes ☐ yr3_F_8_YN_infect	No ☐ Yes ☐ yr3_F_8_YN_scaly	No ☐ Yes ☐ yr3_F_8_YN_hives

If yes, continue down column.
If No, Skip to Question 9.

8a. 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	Hives
around the neck	yr3_F_8a_Y_scratch_neck	yr3_F_8a_Y_red_neck	yr3_F_8a_Y_bumps_neck	yr3_F_8a_Y_infect_neck	yr3_F_8a_Y_scaly_neck	yr3_F_8a_Y_hives_neck
ears	yr3_F_8a_Y_scratch_ear	yr3_F_8a_Y_red_ears	yr3_F_8a_Y_bumps_ears	yr3_F_8a_Y_infect_ears	yr3_F_8a_Y_scaly_ears	yr3_F_8a_Y_hives_ears
eyes	yr3_F_8a_Y_scratch_eyes	yr3_F_8a_Y_red_eyes	yr3_F_8a_Y_bumps_eyes	yr3_F_8a_Y_infect_eyes	yr3_F_8a_Y_scaly_eyes	yr3_F_8a_Y_hives_eyes
folds of the elbows	yr3_F_8a_Y_scratch_elbows	yr3_F_8a_Y_red_elbows	yr3_F_8a_Y_bumps_elbows	yr3_F_8a_Y_infect_elbows	yr3_F_8a_Y_scaly_elbows	yr3_F_8a_Y_hives_elbows
arms	yr3_F_8a_Y_scratch_arms	yr3_F_8a_Y_red_arms	yr3_F_8a_Y_bumps_arms	yr3_F_8a_Y_infect_arms	yr3_F_8a_Y_scaly_arms	yr3_F_8a_Y_hives_arms
behind the knees	yr3_F_8a_Y_scratch_knees	yr3_F_8a_Y_red_knees	yr3_F_8a_Y_bumps_knees	yr3_F_8a_Y_infect_knees	yr3_F_8a_Y_scaly_knees	yr3_F_8a_Y_hives_knees
front of the ankles	yr3_F_8a_Y_scratch_ankles	yr3_F_8a_Y_red_ankles	yr3_F_8a_Y_bumps_ankles	yr3_F_8a_Y_infect_ankles	yr3_F_8a_Y_scaly_ankles	yr3_F_8a_Y_hives_ankles
legs	yr3_F_8a_Y_scratch_legs	yr3_F_8a_Y_red_legs	yr3_F_8a_Y_bumps_legs	yr3_F_8a_Y_infect_legs	yr3_F_8a_Y_scaly_legs	yr3_F_8a_Y_hives_legs
chest / stomach	yr3_F_8a_Y_scratch_chest	yr3_F_8a_Y_red_chest	yr3_F_8a_Y_bumps_chest	yr3_F_8a_Y_infect_chest	yr3_F_8a_Y_scaly_chest	yr3_F_8a_Y_hives_chest
back	yr3_F_8a_Y_scratch_back	yr3_F_8a_Y_red_back	yr3_F_8a_Y_bumps_back	yr3_F_8a_Y_infect_back	yr3_F_8a_Y_scaly_back	yr3_F_8a_Y_hives_back
under the buttocks	yr3_F_8a_Y_scratch_butt	yr3_F_8a_Y_red_butt	yr3_F_8a_Y_bumps_butt	yr3_F_8a_Y_infect_butt	yr3_F_8a_Y_scaly_butt	yr3_F_8a_Y_hives_butt
other areas	yr3_F_8a_Y_scratch_oth_area	yr3_F_8a_Y_red_oth_area	yr3_F_8a_Y_bumps_oth_area	yr3_F_8a_Y_infect_oth_area	yr3_F_8a_Y_scaly_oth_area	yr3_F_8a_Y_hives_oth_area
None of the above	yr3_F_8a_Y_scratch_none	yr3_F_8a_Y_red_none	yr3_F_8a_Y_bumps_none	yr3_F_8a_Y_infect_none	yr3_F_8a_Y_scaly_none	

8b. 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	Hives
cows milk	yr3_F_8b_Y_scratch_cow	yr3_F_8b_Y_red_cow	yr3_F_8b_Y_bumps_cow	yr3_F_8b_Y_infect_cow	yr3_F_8b_Y_scaly_cow	yr3_F_8b_Y_hives_cow
soy milk	yr3_F_8b_Y_scratch_soy	yr3_F_8b_Y_red_soy	yr3_F_8b_Y_bumps_soy	yr3_F_8b_Y_infect_soy	yr3_F_8b_Y_scaly_soy	yr3_F_8b_Y_hives_soy
eggs	yr3_F_8b_Y_scratch_eggs	yr3_F_8b_Y_red_eggs	yr3_F_8b_Y_bumps_eggs	yr3_F_8b_Y_infect_eggs	yr3_F_8b_Y_scaly_eggs	yr3_F_8b_Y_hives_eggs
citrus fruits	yr3_F_8b_Y_scratch_citrus	yr3_F_8b_Y_red_citrus	yr3_F_8b_Y_bumps_citrus	yr3_F_8b_Y_infect_citrus	yr3_F_8b_Y_scaly_citrus	yr3_F_8b_Y_hives_citrus
peanuts/nuts	yr3_F_8b_Y_scratch_nuts	yr3_F_8b_Y_red_nuts	yr3_F_8b_Y_bumps_nuts	yr3_F_8b_Y_infect_nuts	yr3_F_8b_Y_scaly_nuts	yr3_F_8b_Y_hives_nuts
other	yr3_F_8b_Y_scratch_oth	yr3_F_8b_Y_red_oth	yr3_F_8b_Y_bumps_oth	yr3_F_8b_Y_infect_oth	yr3_F_8b_Y_scaly_oth	yr3_F_8b_Y_hives_oth
None of the above	yr3_F_8b_Y_scratch_none	yr3_F_8b_Y_red_none	yr3_F_8b_Y_bumps_none	yr3_F_8b_Y_infect_none	yr3_F_8b_Y_scaly_none	yr3_F_8b_Y_hives_none

8c. 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	Hives
6 months	yr3_F_8c_Y_scratch_6_month	yr3_F_8c_Y_red_6_month	yr3_F_8c_Y_bumps_6_month	yr3_F_8c_Y_infect_6_month	yr3_F_8c_Y_scaly_6_month	yr3_F_8c_Y_hives_6_month
1 month	yr3_F_8c_Y_scratch_1_month	yr3_F_8c_Y_red_1_month	yr3_F_8c_Y_bumps_1_month	yr3_F_8c_Y_infect_1_month	yr3_F_8c_Y_scaly_1_month	yr3_F_8c_Y_hives_1_month

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FOODS

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

yr3_F_9_Cow ☐ Cow's milk

yr3_F_9_Soy ☐ Soy milk

yr3_F_9_Eggs ☐ Eggs

yr3_F_9_None ☐ None of the above

If the child has not had any foods listed, SKIP TO QUESTION 11.

10. 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
	yr3_F_10_YN_cow	yr3_F_10_YN_soy	yr3_F_10_YN_eggs

If Yes, answer parts b & c in that column.
If No, SKIP TO QUESTION 11

10a. 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	yr3_F_10a_Y_Cow_cramps	yr3_F_10a_Y_soy_cramps	yr3_F_10a_Y_eggs_cramps
vomiting	yr3_F_10a_Y_Cow_vomit	yr3_F_10a_Y_soy_vomit	yr3_F_10a_Y_eggs_vomit
diarrhea	yr3_F_10a_Y_Cow_diar	yr3_F_10a_Y_soy_diar	yr3_F_10a_Y_eggs_diar
bloody stools	yr3_F_10a_Y_Cow_stools	yr3_F_10a_Y_soy_stools	yr3_F_10a_Y_eggs_stools
nasal stuffiness	yr3_F_10a_Y_Cow_nasal	yr3_F_10a_Y_soy_nasal	yr3_F_10a_Y_eggs_nasal
wheezing	yr3_F_10a_Y_Cow_wheeze	yr3_F_10a_Y_soy_wheeze	yr3_F_10a_Y_eggs_wheeze
skin rash	yr3_F_10a_Y_Cow_rash	yr3_F_10a_Y_soy_rash	yr3_F_10a_Y_eggs_rash
hives	yr3_F_10a_Y_Cow_hives	yr3_F_10a_Y_soy_hives	yr3_F_10a_Y_eggs_hives
None of the above	yr3_F_10a_Y_Cow_none	yr3_F_10a_Y_soy_none	yr3_F_10a_Y_eggs_none

10b. 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
	yr3_F_10b_YN_Cow	yr3_F_10b_YN_soy	yr3_F_10b_YN_eggs
If yes, did the symptoms disappear?	No Yes	No Yes	No Yes
	yr3_F_10b_YN_Cow_symp	yr3_F_10b_YN_soy_symp	yr3_F_10b_YN_eggs_symp

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11. At what age did your child first have the following foods?

	Did not have?		How old?	
Citrus	yr3_F_11_Y_Citrus	**OR**	yr3_F_11_Y_Citrus	**Months**
Peanuts/ Nuts	yr3_F_11_Y_Nuts	**OR**	yr3_F_11_Y_Nuts	**Months**

If the child has not had any foods listed, END SURVEY.

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

	Citrus		Peanuts/ Nuts	
	No	**Yes**	**No**	**Yes**
	yr3_F_12_YN_citrus		yr3_F_12_YN_nuts	

If Yes, answer parts b & c in that column.
If NO, END SURVEY

12a. Did any of the symptoms of this allergy / intolerance include:

	Citrus	Peanuts/ Nuts
abdominal cramps	yr3_F_12a_Y_citrus_cramps	yr3_F_12a_Y_nuts_cramps
vomiting	yr3_F_12a_Y_citrus_vomit	yr3_F_12a_Y_nuts_vomit
diarrhea	yr3_F_12a_Y_citrus_diar	yr3_F_12a_Y_nuts_diar
bloody stools	yr3_F_12a_Y_citrus_stools	yr3_F_12a_Y_nuts_stools
nasal stuffiness	yr3_F_12a_Y_citrus_nasa	yr3_F_12a_Y_nuts_nasa
wheezing	yr3_F_12a_Y_citrus_wheeze	yr3_F_12a_Y_nuts_wheeze
skin rash	yr3_F_12a_Y_citrus_rash	yr3_F_12a_Y_nuts_rash
hives	yr3_F_12a_Y_citrus_hives	yr3_F_12a_Y_nuts_hives
None of the above	yr3_F_12a_Y_citrus_none	yr3_F_12a_Y_nuts_none

12b. Was the food eliminated from the child's diet?

	Citrus		Peanuts/ Nuts	
	No	**Yes**	**No**	**Yes**
	yr3_F_12b_YN_citrus_elim		yr3_F_12b_YN_nuts_elim	
If yes, did the symptoms disappear?	**No**	**Yes**	**No**	**Yes**
	yr3_F_12b_YN_citrus_symp		yr3_F_12b_YN_nuts_symp	

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