45768

Qxadmin ID-2 ID-9

CCAAPS Child's Medical History Questions

ID ☐☐☐☐☐☐

Year 1 2 3 4 5

Date ☐☐ / ☐☐ / ☐☐

DATE-2

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_YN_COLD	→ V_1_Num_COLD	→ V_1_DR_ER_COLD ☐ ☐	→ ☐ ☐ V_1_HOSP_COLD
☐ Ear infection V_1_YN_EAR	→ V_1_Num_EAR	→ V_1_DR_ER_EAR ☐ ☐	→ ☐ ☐ V_1_HOSP_EAR
☐ Sinus infection V_1_YN_SINUS	→ V_1_Num_SINUS	→ V_1_DR_ER_SINUS ☐ ☐	→ ☐ ☐ V_1_HOSP_SINUS
☐ Strep Throat V_1_YN_STREP	→ V_1_Num_STREP	→ V_1_DR_ER_STREP ☐ ☐	→ ☐ ☐ V_1_HOSP_STREP
☐ Tonsillitis V_1_YN_TONSIL	→ V_1_Num_TONSIL	→ V_1_DR_ER_TONSIL ☐ ☐	→ ☐ ☐ V_1_HOSP_TONSIL
☐ Respiratory Flu V_1_YN_FLU	→ V_1_Num_FLU	→ V_1_DR_ER_FLU ☐ ☐	→ ☐ ☐ V_1_HOSP_FLU
☐ Colored Drainage V_1_YN_DRAINAGE	→ V_1_Num_DRAINAGE	→ V_1_DR_ER_DRAINAGE ☐ ☐	→ ☐ ☐ V_1_HOSP_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_YN_ASTHMA	→ V_1_Num_ASTHMA	→ V_1_DR_ER_ASTHMA ☐ ☐	→ ☐ ☐ V_1_HOSP_ASTHMA
☐ Wheezing V_1_YN_WHEEZING	→ V_1_Num_WHEEZING	→ V_1_DR_ER_WHEEZING ☐ ☐	→ ☐ ☐ V_1_HOSP_WHEEZING
☐ Whooping cough V_1_YN_COUGH	→ V_1_Num_COUGH	→ V_1_DR_ER_COUGH ☐ ☐	→ ☐ ☐ V_1_HOSP_COUGH
☐ Croup V_1_YN_CROUP	→ V_1_Num_CROUP	→ V_1_DR_ER_CROUP ☐ ☐	→ ☐ ☐ V_1_HOSP_CROUP
☐ Cystic Fibrosis V_1_YN_CYSTIC	→ V_1_Num_CYSTIC	→ V_1_DR_ER_CYSTIC ☐ ☐	→ ☐ ☐ V_1_HOSP_CYSTIC
☐ Viral Infection V_1_YN_VIRAL	→ V_1_Num_VIRAL	→ V_1_DR_ER_VIRAL ☐ ☐	→ ☐ ☐ V_1_HOSP_VIRAL
☐ Bronchitis/Bronchiolitis V_1_YN_BRONC	→ V_1_Num_BRONC	→ V_1_DR_ER_BRONC ☐ ☐	→ ☐ ☐ V_1_HOSP_BRONC
☐ Pneumonia V_1_YN_PNEUMONIA	→ V_1_Num_PNEUMONIA	→ V_1_DR_ER_PNEUMONIA ☐ ☐	→ ☐ ☐ V_1_HOSP_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_YN_MEASLES	→ V_1_Num_MEASLES	→ V_1_DR_ER_MEASLES ☐ ☐	→ ☐ ☐ V_1_HOSP_MEASLES
☐ Mumps V_1_YN_MUMPS	→ V_1_Num_MUMPS	→ V_1_DR_ER_MUMPS ☐ ☐	→ ☐ ☐ V_1_HOSP_MUMPS
☐ Rubella V_1_YN_RUBELLA	→ V_1_Num_RUBELLA	→ V_1_DR_ER_RUBELLA ☐ ☐	→ ☐ ☐ V_1_HOSP_RUBELLA
☐ Chicken Pox V_1_YN_POX	→ V_1_Num_POX	→ V_1_DR_ER_POX ☐ ☐	→ ☐ ☐ V_1_HOSP_POX
☐ Hepatitis A V_1_YN_HEPA	→ V_1_Num_HEPA	→ V_1_DR_ER_HEPA ☐ ☐	→ ☐ ☐ V_1_HOSP_HEPA
☐ Hepatitis B V_1_YN_HEPB	→ V_1_Num_HEPB	→ V_1_DR_ER_HEPB ☐ ☐	→ ☐ ☐ V_1_HOSP_HEPB
☐ Hepatitis C V_1_YN_HEPC	→ V_1_Num_HEPC	→ V_1_DR_ER_HEPC ☐ ☐	→ ☐ ☐ V_1_HOSP_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_YN_GAST	→ V_1_NUM_GAST	→ V_1_DR_ER_GAST	☐ ☐ V_1_HOSP_GAST
☐ Diarrhea 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 – 3

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 V_2_YN_COUGH

☐ Yes

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.**

☐ Yes V_3A_YN_WHEEZE

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 V_3B_YN_WHEEZE_COLD

☐ Yes

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	V_3C_YN_DOCT ☐ N ☐ Y	→	IF YES, How many visits?	V_3C_Num_Doct
Urgent care/ER visit	V_3C_YN_ER ☐ N ☐ Y	→	IF YES, How many visits?	V_3C_Num_ER
Hospital Admission	☐ N ☐ Y V_3C_YN_HOSP	→	IF YES, How many visits?	V_3C_Num_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 <u>longest</u> 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?

Wheezing/Asthma & Meds/~~Drugs~~

- ☐ 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_3E_OTHER V_3E_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

Wheeze/Asthma & Child Sleep

V_3G_SLEEP_WHEEZE

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

V_3H_CAT ☐ in the same room with a cat?

V_3H_DOG ☐ in the same room with a dog?

V_3H_VACUUM ☐ in the same room with a disturbance of house dust such as vacuuming or changing bedding?

V_3H_GRASS ☐ when outdoors near freshly cut grass?

V_3H_NONE ☐ None of the above

Wheeze/Asthma & Animal Expo./ Dust Mite / Pollen Surrogate

IF YES, Is your child's wheezing increased in: (mark all that apply) V_3H_NO_MONTH

V_3H_JAN ☐ January
V_3H_FEB ☐ February
V_3H_MARCH ☐ March
V_3H_APRIL ☐ April
V_3H_MAY ☐ May
V_3H_JUNE ☐ June
V_3H_JULY ☐ July
V_3H_AUG ☐ August
V_3H_SEPT ☐ September
V_3H_OCT ☐ October
V_3H_NOV ☐ November
V_3H_DEC ☐ December

☐ Child's wheezing is not increased.

→ Wheeze/Asthma & Pollen Surrogate Dust Mite / Mold

Which is the worst month? (Indicate by circling that month above) V_3H_WORST_MONTH

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.**

☐ Yes V_4A_YN_NOSE

4b. Is your child's nose problem increased: V_4B_NO_MONTH

V_4B_JAN ☐ January
V_4B_FEB ☐ February
V_4B_MARCH ☐ March
V_4B_APRIL ☐ April
V_4B_MAY ☐ May
V_4B_JUNE ☐ June
V_4B_JULY ☐ July
V_4B_AUG ☐ August
V_4B_SEPT ☐ September
V_4B_OCT ☐ October
V_4B_NOV ☐ November
V_4B_DEC ☐ December

☐ Child's nose problem is not increased.

→ Rhinitis & Pollen Surrogate / Dust Mite / Mold

Which is the worst month? (Indicate by circling that month above) V_4B_WORST_MONTH

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:

V_4C_CAT ☐ in the same room with a cat?

V_4C_DOG ☐ in the same room with a dog?

V_4C_VACUUM ☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding?

V_4C_GRASS ☐ when outdoors near freshly cut grass?

V_4C_GRASS_2 ☐ None of the above

Rhinitis Animal Expo / Dust Mite / Pollen Surrogate

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

V_4D_DAILY_ACT

☐ Not at all

☐ A little bit

☐ A moderate amount

☐ A lot

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

Rhinitis & Child Sleep

- ☐ Not at all
- ☐ A little bit
- ☐ A moderate amount V_4E_SLEEP
- ☐ A lot

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

Rhinitis / Animal Expo / Dust Mite / Pollen Surrogate

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

V_6B_JAN ☐ January	V_6B_MAY ☐ May	V_6B_SEPT ☐ September	V_6B_NO_MONTH ☐ Child's scratching or itching is not increased.	
V_6B_FEB ☐ February	V_6B_JUNE ☐ June	V_6B_OCT ☐ October		
V_6B_MARCH ☐ March	V_JB_JULY ☐ July	V_6B_NOV ☐ November		
V_6B_APRIL ☐ April	V_6B_AUG ☐ August	V_6B_DEC ☐ December		

→ Rhinitis / Pollen Surrogate / Dust / Mold

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

V_6B_WORST_MONTH

7a. While sleeping does...

your child snore?	the child's mother snore?	the child's father snore?
Child Sleep	Parent Sleep	
☐ (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)
V_7A_SNORE	V_7A_MOM_SNORE	V_7A_DAD_SNORE
7b. IF YES, (score 1 to 4) for child only.	**IF YES, (score 1 to 4) for mother only.**	**IF YES, (score 1 to 4) for mother only.**
Is this snoring only with colds?	**Do they stop breathing?**	**Do they stop breathing?**
☐ No V_7A_SNORE_COLD	☐ No V_7A_MOM_SNORE_BREATH	☐ No V_7A_DAD_SNORE_BREATH
☐ Yes	☐ Yes	☐ Yes

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SKIN PROBLEMS = Eczema / Skin

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
V_8A_YN_SCRATCH	V_8A_YN_RED	V_8A_YN_Bumps	V_8A_YN_INFECT	V_8A_YN_SCALY
No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

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 ☐

Food

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?

V_9_COW	☐	Cow's milk/cow's milk formula
V_9_SOY	☐	Soy milk/soy milk formula
V_9_EGGS	☐	Eggs
V_9_RICE	☐	Rice cereal
V_9_OAT	☐	Oatmeal cereal
V_9_NONE	☐	None of the above

Child Eating Habits / Food Allergy

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	
				V_10A_EGGS	
No	Yes	No	Yes	No	Yes
V_10A_COW ☐	☐	V_10A_SOY ☐	☐	☐	☐

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	
V_10C_COW		V_10C_SOY		V_10C_EGGS	
No	Yes	No	Yes	No	Yes
☐	☐	☐	☐	☐	☐
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	

Food Allergy / Gastr. → ? Gastrointestinal Disorders / Rhinitis / Wheezing & Asthma / Skin / Eczema / Intervention Effect