Appendix H.3

NIOSH-Health Questionnaire

(Building Related Asthma Research in Public Schools) (New)

Questionnaire Administered by School Nurse (NO DATA COLLECTION REQUIRED)

HEALTH QUESTIONNAIRE

1.	Survey Date://2008		
2.	Name:		
3. week i	Have you had wheezing or whistling in your chest one or more times per n the last 4 weeks?	1.Yes	0.No
4.	Have you had chest tightness one or more times per week in the last 4 weeks?	1.Yes	0.No
5.	Have you had shortness of breath one or more times per week in the last 4 weeks?	1.Yes	0.No
6.	Have you had a cough one or more times per week in the last 4 weeks?	1.Yes	0.No
7. last 4 v	Have you had watery or itchy eyes one or more times per week in the weeks?	1.Yes	0.No
8. last 4 v	Have you had a stuffy, itchy or runny nose one or more times per week in the weeks?	1.Yes	0.No
9.	Have you had a sore or dry throat one or more times per week in the last 4 weeks?	1.Yes	0.No
10.	Have you had a headache one or more times per week in the last 4 weeks?	1.Yes	0.No
11. per we	Have you had difficulty remembering things or concentrating one or more times ek in the last 4 weeks?	1.Yes	0.No
12. week i	Have you had unusual tiredness, fatigue, or drowsiness one or more times per n the last 4 weeks?	1.Yes	0.No
13.	Have you had sinusitis or sinus problems in the last 4 weeks?	1.Yes	0.No
14.1	Has a physician ever told you that you have asthma?	1. Yes	0.No
	IF YES:		

	14.2	Do you still have asthma?	1. Yes 0.No
15.	Please	indicate your current job title:	1Teacher 2Teacher's Aide 3Office Staff 4Administration 5Maintenance 6Custodian 7School Nurse 8Cafeteria/Kitchen Worker 9Librarian 10Other (specify)
16.	time in	Please list the room numbers (or, if no room number, room names) where you have spent most of you me in the last 4 weeks while at the school (please list in order starting with where you spent most our time):	

THANK YOU FOR YOUR TIME!