` STUDY ID: \_\_ \_\_ \_\_ \_\_ \_\_

 DATE: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ *(dd/mm/yy)*

INTERVIEWER: \_\_ \_\_

**Demographic and Health Questionnaire**

*“These questions are about [your child]. They will only be used for scientific purposes. Please answer each question as carefully as possible. ALL INFORMATION THAT YOU GIVE WILL BE KEPT STRICTLY CONFIDENTIAL.”*

*(****Note to interviewer:*** *do not record “uncertain” as an answer unless the subject absolutely cannot answer. “Uncertain” should not be offered as a choice of answer. If the subject insists on responding uncertain/unsure, make a note of this response next to the questions, or fill with “999…” all numeric fields.)*

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| --- |
| DEMOGRAPHICS:  |
|  | What is your relationship to [the child]? |  1 - Biological mother  2 - Biological father  3 - Stepmother  4 - Stepfather  5 - Grandparent  6 - Sibling  7 - Legal guardian  8 - Other  |
|   | *1A* ***If “other”:*** *Please specify?*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 2. | What is [your child]’s date of birth? | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 3. | [Child]’s gender: |  1 - male 2 - female  |
| 4.  | Was [the child] born in the U.S.? |  1 - yes 0 - no  |
| 5. | What is [your child]’s ethnicity? |  1 - Hispanic  2 - not Hispanic-1 – Refused-2 – Don’t know |
| 6. | Race of [the child]: |  1 - White  2 - Black or African American 3 – American Indian or Alaska Native 4 – Asian, or Native Hawaiian or other Pacific Islander 5 – Some other race-1 – Refused-2 – Don’t know  |
| 7.  | Highest level of education completed by parent or legal guardian in the household: |  1 – Less than a HS diploma or GED  2 - HS diploma (or GED) 3 - some college but no degree 4 – associate degree  5 – bachelor’s degree  6 – post graduate degree-1 – Refused-2 – Don’t know |
| PREGNANCY AND PERINATAL PERIOD:  |
| 8.  | Was [the child] born prematurely? (less than 37 weeks)   |  1 - Yes 0 - No  |
| 9. | How many weeks pregnant were you when the child was born?  | \_\_ \_\_ weeks  |
| 10.  | Was [the child] in the intensive care unit (NICU)? ***If no: Skip to question #11***  |  1 - Yes 0 - No  |
|   | *10A.* ***In the NICU****, did [the child] need a ventilator or a tube in his/her*  *lungs to help him/her breathe?*  |  1 - Yes 0 - No  |
|   | *10B. Did [the child] need oxygen at home after leaving the NICU?*  |  1 - Yes 0 - No  |
|   | *10C. Did [the child] need a monitor at home after leaving the NICU?*  |  1 - Yes 0 - No  |
| ASTHMA QUESTIONS:  |
| 11. | Has [the child]'s mom and/or dad ever been diagnosed with asthma by a doctor?  |  1 - Yes 0 - No  |
| 12. | Has [the child] ever been diagnosed with eczema by a doctor?  |  1 - Yes 0 - No  |
| 13. | Has [the child] ever been diagnosed with allergic rhinitis or hay fever by a doctor?  |  1 - Yes 0 - No  |
| 14. | Does [the child] have wheezing in the chest apart from when he/she is sick with a cold or the flu?  |  1 - Yes 0 - No  |
| 15.  | Has [the child] ever been tested by a doctor and found to have food allergies?  |  1 - Yes 0 - No  |
| 16. | Does [your child] have a wheeze or cough after exercise?  |  1 - Yes 0 - No  |
| 17. | Does [your child] have wheeze, chest tightness, or cough after exposure to airborne allergens or pollutants?  |  1 - Yes 0 - No  |
| 18. | Do [your child]’s “go to the chest” or take more than 10 days to resolve?  |  1 - Yes 0 - No  |
| 19. | Are symptoms improved by anti-asthma treatment?  |  1 - Yes 0 - No  |
| OTHER PERSONAL/MEDICAL HISTORY:  |
| 20. | Has [the child] ever been diagnosed with any of the following?  |  |
|  | 20A) Bronchiolitis / RSV | 1 - Yes0 - No |
|  | 20B) Pneumonia | 1 - Yes0 - No |
|  | 20C) Recurrent pneumonia | 1 - Yes0 – No |
|  | 20D) Eczema | 1 - Yes0 – No |
|  | 20E) Allergic rhinitis / hay fever | 1 - Yes0 - No |
|  | 20F) Cystic fibrosis | 1 - Yes0 - No |
|  | 20G) Chronic lung disease | 1 - Yes0 – No |
| FAMILY / SOCIAL HISTORY:  |
| 21. | Has [the child]'s mother ever been diagnosed with: |  |
|  | 25A) Asthma | 1 - Yes0 – No |
|  | 25B) Allergic rhinitis or hay fever | 1 - Yes0 – No |
|  | 25C) Eczema | 1 - Yes0 – No |
|  | 25D) Emphysema or COPD | 1 - Yes0 – No |
| 22. | Has [the child]'s father ever been diagnosed with:  |  |
|  | 26A) Asthma | 1 - Yes0 – No |
|  | 26B) Allergic rhinitis or hay fever | 1 - Yes0 – No |
|  | 26C) Eczema | 1 - Yes0 – No |
|  | 26D) Emphysema or COPD | 1 - Yes0 – No |
| 23. | Have any of [the child]'s siblings ever been diagnosed with: | 1 - Yes0 – No |
|  | 23A) Asthma  | 1 - Yes0 – No |
|  | 23B) Allergic rhinitis or hay fever | 1 - Yes0 – No |
|  | 23C) Eczema  | 1 - Yes0 – No |