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

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

INTERVIEWER: \_\_ \_\_

**HEALTH SCREEN (FOR EACH VISIT)**

*“These questions are about [your child]. 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, write a note of this response next to the question, or fill with “999…” all numeric fields.)*

|  |  |
| --- | --- |
| 1) Since your last visit with us, has [your child] been sick with a cold, cough, flu symptoms, or other breathing problems?  ***If “no” please skip to question 2*** |  0 - No   1 - Yes |
| 1A) Is he/she still sick? |  0 - No   1 - Yes |
| 1B) When did his/her illness end? | \_\_ \_\_ days ago |
| 2) Has [your child] taken an inhaler or nebulized medication today?  ***If “no” please skip to question 3*** |  0 - No   1 - Yes |
| 2A) Has he/she taken Albuterol, Ventolin, ProAir, Proventil, or Xopenex? |  0 - No   1 - Yes |
| 2B) Has he/she taken Atrovent or Ipratroprium? |  0 - No   1 - Yes |
| 2C) Has he/she taken Advair or Symbicort? |  0 - No   1 - Yes |
| 3) Has [your child] had any chocolate or caffeine (coffee or soda) today? |  0 - No   1 - Yes |