` 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.)*

|  |  |  |
| --- | --- | --- |
| 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 |