OMB Number: 0925-0593
Expiration Date: July 31, 2013

STUDY ID: __ __ __ __ __
DATE: __ __ / __ __ / __ __ *(dd/mm/yy)*
INTERVIEWER: __ __

SCREENING QUESTIONNAIRE

"These questions are about [your child]. They will cover initial questions to determine if he/she is eligible to participate in the study. 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.)*

	GENERAL SCREENING:	
1)	How many weeks along were you when [your child] was born?	__ __ weeks
	1A) If unsure: Was it less than 34 weeks? Less than 7 ½ months?	□ 0 - No □ 1 - Yes
	ASTHMA SCREENING:	
2)	Has [your child] ever been diagnosed with any of the following: cystic fibrosis, chronic lung disease, chronic bronchitis, or recurrent pneumonias?	□ 0 - No □ 1 - Yes
3)	Has [your child] ever been diagnosed with any other diseases?	□ 0 - No □ 1 - Yes
	3A) If yes: which?	_____ _____ _____
4)	Has [your child] had a cough, runny nose, or other cold or flu symptoms in the last 2 weeks?	□ 0 - No □ 1 - Yes
5)	Has [your child] been diagnosed with pneumonia or bronchiolitis in the last 2 months?	□ 0 - No □ 1 - Yes
7)	Has [your child] had an attack or recurrent attacks of wheezing?	□ 0 - No □ 1 - Yes
	7A) If yes: how many in the last year?	□ 0 - Less than 3 □ 1 - Three or more□
8)	Does [your child] have wheezing in the chest when he/she is ***not*** sick with a cold or the flu?	□ 0 - No □ 1 - Yes