OMB No. **0920-XXXX**

Γext mes	essages (Child 7-12 with asthma)	Child's ID#				
	Green Housing □□□□□□	g Study				
	Text messages (Children 7	'-12 with asthma)				
						
1.	During the past month, has [Child's name] had	d at least 3 of the following: feverish,				
stuffy/runny nose, cough, sore throat, body aches or tiredness, for more than 24						
	hours)?					
	Yes No DK					
	00000000(0000)00000 24 00000000000					
2.	During the past month, did [Child's name] have attack?	e an episode of asthma or an asthma				
	Yes No DK					

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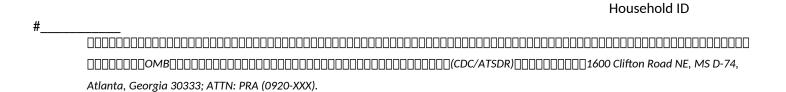
Total manage (Child 7 40 with author)			Quith arthma)	Child's ID#	
rext me	essages (Child 7-12 with asthma)			House ID#	
3.	B. During the past month, did [Child's name] have an emergency or urgent care to because of asthma attack?			y or urgent care visit	
	Yes	No	DK		

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Green Housing Study Form Approved

Appendix D12 Screening Questionnaire

OMB No. **0920-XXX**



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Appendix DXX - Text messages (Child 7-12 with asthma)

Child's ID# _____

Household ID# _____