Green Housing Stud	y
6-month follow-up (Child 7-12 with asthma)

ID# _	
House ID#	



3 and 9-month Follow-up Questionnaire (Children 7-12 with asthma)



Public reporting burden of this collection of information is estimated to average 5 minutes 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 3 and 9-month follow-up (Child 7-12 with asthma)		Child's ID# Household ID#							
Interviewer Initials Date:		-	Housel	nold ID#					
1. Observation point (Circle One):									
 a) 3-month follow-up (post-remediation) b) 9-month follow-up (post-remediation) 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
Respiratory illness									
2. During the past 3 months, did [Child's name (If YES, enter number of episodes in space provided) 2000000000000000000000000000000000000	e] have	any of	these conditi	ons?					
2.1 Flu or cold	Υ	N	DK	Numbe	r[]				
(Defined by at least 3 of the following: feverish, stuffy/runny nose, 2.1				ess, for more	 than 24 ho	ours)			
(If YES , then ask) 2.1.1 During these illness episodes, die	d [Child Y	's name N	e] asthma ge DK	t worse?	?				
2.1.2 Did [Child's name] receive Tamit medicine called Relenza® or zanamivir					r an inh	aled			
	Υ	N	DK						
2.1.3 Was [Child's name] prescribed ar	ıtibiotics	s?	Υ	N	DK				
0000000 2.1.1	□□] Relen.	□□□ za□zar	namivir	00 O 000					
2.1.3 [0000]000000									
2.2 Pneumonia 2.3 Bronchitis 2.2 □□ 2.3 □□□□	Y Y []	N N 	DK DK 000 00_ 00_		_				
Enter frequency by circling one choice 2.4 Sneezing, runny/stuffed nose (without)	a cold))							
2.5 Wheezing		Never Never	Once/Twice Once/Twice	Monthly Monthly	Weekly Weekly	Daily Daily			
DK = Don't know R = Refused NA =	Not applic	able				2			

Green Housing Study			Child	l's ID#										
3 and 9-month follow-up (Child 7-12 with asthma)					Househ	old ID# _								
2.6 Cough (without a cold)2.7 Shortness of breath			Never Never	Once/Tw Once/Tw		Monthly Monthly	Weekly Weekly	Daily Daily						
2.4														
3. During the past 3 months, has [Child's attack?	ode of a	asthm	a or an	asthma	l									
3000030000 [0000]000000000000	Yes □□□		No		Don't l	know								
If NO , then SKIP to Contact Information Update If YES , how many times?														
3.1 Number of times														
3.2 Did any episode occur in the DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Yes		No											
3.2 0000002000000														
4. During the past 3 months, did [Child's name] have an emergency or urgent care visit because of asthma attack?														
4000030000 [0000]000000000000000000000000			Yes		No									
If NO , Skip to Question # 6 [][][][][6]														
If YES , did [Child's name] visit the follow	ing?													
4.1 Emergency department4.2 Urgent care center4.3 Emergency visit to doctor's office		Y Y Y	N N N		Num	ber of v ber of v ber of v	risits							
0000[0000]00000000 4.1 000 4.2 0000 4.3 0000000														
5. During the past 3 months, has [Child's emergency department) because asthm		e] staye	d in the	e hospi	tal (No	OT con:	sidering	the						

Green Housing Study	Child's ID#													
3 and 9-month follow-up (Child 7-12 with asthma)		Househo	old ID#											
500000000000000000000000000000000000000]) 🗆 🗆													
If YES , how many times? 5.1 Maximum number of days at the 5.2 Did [Child's name] need stay in the IO		al Yes		No	DK									
5.2 [0000]00000000														
6. During the past 3 months, was [Child's name] unable to attend school because of asthma? Yes No														
0000030000(0000)000000000000000000		Yes		NO										
If YES , then ask: How many days did [Child's name] miss school?														
6.1 Number of days [Child's name] missed <u>school</u> [Include only days school was in session.]														
6.2 Did this occur in the past 2 weeks?		Yes		No										
If YES , how many times?	·													
6.2.1 Number of days [Child's name] missed school [Include only days school was in session.] 0.000000000000000000000000000000000														
7. During the past 3 months, were YOU unablactivities because of [Child's name] asthmatic			rk or ca	-	your usual									
000003000000000000000000000000000000000	100 0	Yes []		No										
If YES , then ask														
7.1 Total number of days (use your	best gu	iess)												
7.1.1 Of these, how man	y work	days di	d you i	miss?										
0000000 7.1000 0000000 7.1.1 000000000														
7.2 Did this occur in the past 2 weeks?				Yes	No									

DK = Don't know R = Refused NA = Not applicable

4

Green 3 and	Housing S 9-month fo	Child	l's ID#											
			Househ	old ID#										
If YE	S, then	ask 7.2.1 Number	r of days you	missed <u>work</u>	(if applicable)								
7.2.1	7.2.2 Number of days you missed <u>other activities</u> 000000 7.2.1													
8. In the past 3 months, did [Child's name] wake up at night because of asthma? Yes No														
8[][]3 []	00[0000]0000000			Yes	NO								
If YE 8.1	S , then	ask Number of nights	(use your be:	st guess)										
8.2		is occur in the past 2 5, then ask	weeks?		Yes	No								
	8.2.1	Number of	nights											
8.1	00000 0 10/0000 00001 8.2.1													
Contact In			Same	New										
Home	()	()	()										
Work	()	()	()										
Cellular	()	()	()										
Email addre	ess		()	()										
0000 00000 00 00		00000												

Green Housing Study	
3 and 9-month follow-up	(Child 7-12 with asthma)

Child's ID#	
Household ID#	

Alternate Contacts

Telephone n	umber	s:	Same	New	Relationship to respondent
Home	()	()	()	
Work	()	()	()	
Cellular	()	()	()	
Email addre	ss		()	()	
00000 0000 00 00 00 00					

Remind subject to collect nasal and throat swabs and call study coordinator for sample pick up.

Also important to remind subject about keeping an illness log with eventful health outcomes like visit to doctor, hospitalization etc. Also, ask to collect the completed logs.

][][
										1			1							