Child's ID # _____

House ID # _____

CHILD ASSENT FORM
□□□□□
(Ages 7-12)
□7□12□□

We want to find out what things in people's homes affect how they breathe.
□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Children from around the country who have asthma may join.
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You are being asked to join the study because your mother/guardian told us that a doctor said you have asthma and during the past year, you had some trouble breathing.

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Child's ID # _____

House ID # _____

This will only happen on the first visit. You may feel a little pain from the needle stick. You may also feel a little dizzy and you may get a small bruise.
□□□

Child's ID # _____

House ID # _____

mind.

□□□