

Household ID # _____

Green Housing Study



Screening Questionnaire



Public reporting burden of this collection of information is estimated to average 10 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-XXX).

OMB (CDC/ATSDR) 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX).

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1. What is your date of birth? / / (mm /dd /yy)

If mother is younger than 16 years, **STOP**. This household is not eligible.

2. How many children with asthma age 7 to 12 (years) do you have? _____

If answer to Question 2 is **Zero (0)**, then **STOP- not eligible**. —

If answer to Question 2 is ≥ 1 then ask:

How many of your child(ren) with asthma age 7 to 12 (years) meet **all** of the following criteria?

- a. Doctor or healthcare provider ever said that he/she had asthma.
- b. Child had asthma symptoms in the past 6 months.
- c. Child does not have a medical condition that would make it hard for him/her to participate in the study?
(PROBE cystic fibrosis, cerebral palsy)
- d. Child sleeps 7 nights per week at this address, on average.

2.1 Please enter number _____

If answer to 2.1 is **One (1)**, then this child is eligible, if **more than 1**, then the youngest child (willing) is eligible. (Please enter the following information for the eligible child)

2.1.1 What is the child's date of birth? / / (mm /dd /yy)

2.1.2 Is this child a girl or boy? (please circle) Girl Boy

IF THIS HOUSEHOLD IS ELIGIBLE, PLEASE COLLECT CONTACT INFORMATION, AND COMPLETE THE CONSENT FORM (and ASSENT FORM IF APPLICABLE)

Contact Information

Date _____/_____/_____ (mm/dd/yy)

Interviewer's initials(max 3): _____

Study site code : _____ (if code not available, list housing complex)

NAME OF MOTHER/ PRIMARY CAREGIVER:

First

Last

Study ID (mother/ primary caregiver)

NAME OF ENROLLED CHILD (AGE 7-12 YEARS WITH ASTHMA):

First

Last

Study ID (Child with asthma 7-12)

What is your relationship to {child's name}?

- a. Mother (BIRTH)
- b. Mother (ADOPTIVE/ FOSTER)
- c. Mother (STEP)
- d. Father (BIRTH)
- e. Father (ADOPTIVE/ FOSTER)
- f. Father (STEP)
- g. Grandmother
- h. Aunt
- i. Uncle
- j. Grandfather
- k. Other relative
- l. Unrelated

ADDRESS OF HOME:

(Street address)

(Apt # or Unit #)

(City)

(State)

(Zip code)

Longitude _____ Latitude _____

Phone number : () _____

Phone number : () _____

(Circle one*)

H - C - W - O

H - C - W - O

*H=home; C=cell; W=work; O=other

E-mail address : _____

Please provide the names and phone numbers of two people who know how to reach you.

(PROBE: We really need this information ONLY if we have tried to contact you several times to set up your appointments).

1. Name of alternate contact #1 : _____

First

Last

Relationship (Circle one): Parent Sibling Other relative Friend Co-worker Spouse/Partner Other

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Phone number: () _____ Phone number: () _____
(Circle one*) H - C - W - O H - C - W - O

□□□□

2. Name of alternate contact #2 □□□□□□□□: _____

First □ Last □

Relationship (Circle one): Parent Sibling Other relative Friend Co-worker Spouse/Partner Other
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Phone number: () _____ Phone number: () _____
(Circle one*) H - C - W - O H - C - W - O

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