

Child's ID# _____

Appendix D6 Text messages (Child 7-12 with asthma)

House ID# _____

Green Housing Study



Text messages (Children 7-12 with asthma)

1. During the past month, has [Child's name] had 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

2. During the past month, did [Child's name] have an episode of asthma or an asthma attack?

Yes No DK

3. During the past month, did [Child's name] have an emergency or urgent care visit because of asthma attack?

Yes No DK

Appendix D6 Text messages (Child 7-12 with asthma)

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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).