Appendix D8 -6-and 12-month follow-up (Child 7-12 with asthma)

Form Approved OMB No. 0920-XXXX

Child's ID# _____

Household ID# _____

Green Housing Study



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

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-XXXX)

	Housing Study th follow-up (Child 7-12 with asthma)		ID#				
			House ID#				
Interv	viewer Initials Date:						
1.	Observation point (Circle One):						
,	6-month follow-up (post-remediation) 12-month follow-up (post-remediation)						
,							
2.	Does [Child's name] attend childcare? If yes, please specify	Yes	No				
	1. Childcare facility						
	2. Private residence						

3. Both

Health Care Access

3. Is [Child's name] currently covered by any kind of health insurance or some other health care plan?

Yes No Don't know

If **YES**, then ask:

- 3.1 Which of the following types of health care insurance is it? (*Please circle one*)
 - 1. employer or union either through yourself or another family member
 - 2. Medicaid or any government-assistance plan for those with low incomes or a disability
 - 3. TRICARE, VA, or other military health care
 - 4. Indian Health Service
 - 5. Medicare, for people with certain disabilities
 - 6. Any other type of health insurance or health coverage plan
 - 7. Don't know
- 4. Do you have one person you think of as your personal doctor or health care provider? Probe if answer is **NO**: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"
 - 1. Yes, only one
 - 2. More than one
 - 3. No
 - 4. Don't know

Asthma History

5. During the past 3 months, has [Child's name] had an episode of asthma or an asthma attack?

Yes No Don't know

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

Green Hous					ID#	
6-monun 101	llow-up (Child 7-12 with asthma)			Hou	ıse ID#	
lf YES , h	en SKIP to Question 14, " <i>regular schedule</i> on ow many asthma episodes or attacks?	of medi	cine"			
5.	1 Number of times					
-	g the past 3 months, did [Child's name] have ise of asthma?		ergenc		jent care vis	it
lf NO , Sk	kip to Question #8	Yes		No		
lf YES , d	lid [Child's name] visit the following?					
6.2 U	mergency department rgent care center mergency visit to doctor's office	Y Y Y	N N N		Number of Number of Number of	visits
If child w	ent to Emergency department (6.1 is one or	more v	visits), i	then as	k:	
6.4	Did [Child's name] travel by ambulance If YES , how many times? 6.4.1 Number of times	??			Yes	No
-	g the past 3 months, has [Child's name] stay ing the emergency department) because of			oital ove	rnight (NOT	
lf YES , h	now many different times was [Child's name]	Yes admitte	ed to th	No ne hospi	ital?	
7.1	Number of visits			·		
(If # of vi	isits equals 1, then min = max)					
7.2	Minimum number of days in hospital					
7.3	Maximum number of days in hospital					
7.4	Total number of days in hospital					

No

8. During the past 3 months, was [Child's name] unable to attend school because of asthma? Yes No

If **YES**, then ask: How many days did [Child's name] miss school?

8.1.1_____ Number of days [Child's name] missed <u>school</u> [Include only days school was in session.]

- 8.2 Did this occur in the past 2 weeks? Yes No
 - If **YES**, how many times?

8.2.1_____ Number of days [Child's name] missed <u>school</u> [Include only days school was in session.]

- 9. During the past 3 months, were **YOU** unable to attend work or carry out your usual activities because of [Child's name] asthma?
- If **YES**, then ask
- 9.1 _____ Total number of days (use your best guess)
 - 9.1.1 _____ Of these, how many work days did you miss?
- 9.2 Did this occur in the past 2 weeks? Yes No

If **YES**, then ask

- 9.2.1 _____ Number of days you missed work (if applicable)
- 9.2.2 Number of days you missed other activities
- 10. In the past 3 months, did [Child's name] wake up at night because of asthma?
- Yes No If **YES**, then ask
- 10.1 _____ Number of nights (use your best guess)
- 10.2Did this occur in the past 2 weeks?YesNo

If **YES**, then ask

10.2.1 _____ Number of nights

		lousing S		a a x			Child	's ID#		
	6-month	i follow-u	ıp (Child 7-12 wi	th asthma)			Househ	old ID# _		
e	bisode 5, then a	or attac ask the Please	ck? e following: e tell me whic	h medicines	ame] take me e "Emergency'			Y	Ν	DK
	11 0	the me	ed sheet on ti	he last two pag	ges of this que		Y	N	DK	
	11.2			e past 2 week						
12. Dı Y	N If YES	DK 5, then a	ask <u>all</u> of the ng did [Child's 1. ≤ 1	-	e] take prescrip nem?	otion asthma	medica	ations b	y inha	ler?
	12.2	(Interv	e tell me whic viewer: Place	e a mark in the	e "Inhaler" colu of this questic		ach ide	entified	medic	ine on the
	12.3	Please (Interv	e tell me how	many caniste number next	rs were used	up in the past			heet o	n the last two
	12.4			,	on asthma me	edications by	inhaler Y	in the N	past 2 DK	weeks?
		e last 3 her ast		s [Child's nam	e] taken any p	rescription m	edicine Y	e in <u>pill</u> N	or <u>syrı</u> DK	<u>ıp</u> form
	If YES	, then a	ask the follow	/ing:						
		(Interv med s	viewer: Place heet on the la	ast two pages	e "Pill/Syrup" c of this questic		each Y			dicine on the
				ir in the past 2				Ν	DK	
		e last 3 asthma		[Child's name	e] take any me	dicine on a re	egular s Y	schedu N	le ever DK	ryday for
	If YES	, then a	ask the follow	/ing:						
		medic	viewer: Place ine on the me		e "Regular Sch e last two pag				h ident DK	ified

15. During the past 3 months, did [Child's name] have any of these conditions?

Green Housing Study	Child's ID#									
6-month follow-up (Child 7-12 with asthma) Household ID#										
(If YES to any of the following, enter number of episodes in space provided)										
	V		DI	Numb	er					
15.1 Flu or cold (Defined by at least 3 of the following: feverish, stuffy/runny nose, of	Y cough, sor		DK ody aches or tired	ness, for mo	 re than 24 h	nours)				
(If YES , then ask)	0 /	,	,			,				
15.1.1 During these illness episodes, di	-		-	get worse	e?					
	Y	Ν	DK							
15.1.2 Did [Child's name] receive Tam	iflu® or	oselta	mivir [o sel T	AM i veerl	or an in	haled				
medicine called Relenza® or zanamivir										
	-	-								
	Y	Ν	DK							
15.1.3 Was [Child's name] prescribed a	ntihioti	rs?	Y	Ν	DK					
13.1.5 Was [Child's hame] prescribed a		63:	1	IN	DR					
	V		DI							
15.2 Pneumonia 15.3 Bronchitis	Y Y	N N	DK DK							
	I	IN	DR							
Enter frequency by circling one choice										
15.4 Sneezing, runny/stuffed nose (<i>without</i>	<u>a cold</u>		Ones/Twise	Manatalı		Deilu				
15.5 Wheezing		Never Never	Once/Twice Once/Twice	Monthly Monthly	Weekly Weekly	Daily Daily				
15.6 Cough (<i>without a cold</i>)		Never	Once/Twice	Monthly	Weekly	Daily				
15.7 Shortness of breath		Never	Once/Twice	Monthly	Weekly	Daily				

16. Did [Child's name] receive a flu shot (*probe: or seasonal flu vaccine?*) during the past year?

Y N DK

Child's ID#

Household ID# _____

Emergency/rescue	Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule	# Canisters used in last 3 months	Visual Confirmation		Emergency/rescue	Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule	# Canisters used in last 3 months	Visual Confirmation	
						Accolate							Nedocromil
						Acetaminophen							Pediapred
						Advair							Prednisolone
						Advil							Prednisone
						Aerobid							Proventil
						Aerolate							Pirbuterol
						Aerospan HFA							Primatene Mist
						Albuterol							Pro-Air HFA
						Allegra							Proventil
						Alupent							Pulmicort Turbuhaler
						Asmanex							QVAR
						Atrovent							Respid
						Azmacort							Robitussin
						Beclomethasone							Salbutamol
						dipropionate							
						Beclovent							Salmeterol
						Bitolterol							Serevent
						Brethaire							Singulair
						Brethine							Slo-phyllin
						Budesonide							Symbicort
						Choledyl							Terbutaline
						Claritin							Theo-24
						Combivent							Theochron
						Cromolyn							Theoclear
						Deltasone							Theo-Dur

Child's ID# _____

6-m	onth	TOII	ow-l	лр (С	Thild	l 7-12 with asthma)						-	Household ID#
Emergency/rescue	Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule	# Canisters used in last 3 months	Visual Confirmation		Emergency/rescue	Inhaler/ nebulizer	Pill/Syrup	Regular (Daily-use) schedule	# Canisters used in last 3 months	Visual Confirmation	
						Elixophyllin							Theophylline
						Flovent							Theospan
						Flovent Rotadisk							Tilade
						Flunisolide							Tornalate
						Fluticasone							T-Phyl
						Foradil							Triamcinolone acetonide
						Formoterol							Tylenol
						Ibuprophen							Uniphyl
						Intal							Vanceril
						Ipratropium Bromide							Ventolin
						Levalbuterol tartate							Volomax
						Loratidine							Xolair
						Maxair							Xopenex HFA
						Medrol							Zafirlukast
						Metaprel							Zileuton
						Metaproteronol							Zyflo Filmtab
						Methylpredinisolone							Zyrtec
						Montelukast							Other:
						Mometasonefuroate							Other:
						Mucinex							Other: