STUDY ID: \_\_ \_\_ \_\_ \_\_ \_\_

 DATE: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ *(dd/mm/yy)*

 INTERVIEWER: \_\_ \_\_

**HEALTH SCREEN (FOR EACH VISIT)**

*“These questions are about [your child]. Please answer each question as carefully as possible. ALL INFORMATION THAT YOU GIVE WILL BE KEPT STRICTLY CONFIDENTIAL.”*

*(****Note to interviewer:*** *do not record “uncertain” as an answer unless the subject absolutely cannot answer. “Uncertain” should not be offered as a choice of answer. If the subject insists on responding uncertain/unsure, write a note of this response next to the question, or fill with “999…” all numeric fields.)*

|  |  |
| --- | --- |
| 1) Since your last visit with us, has [your child] been sick with a cold, cough, flu symptoms, or other breathing problems? ***If “no” please skip to question 2***  |  0 - No  1 - Yes  |
|  1A) Is he/she still sick?  |  0 - No  1 - Yes  |
|  1B) When did his/her illness end?  | \_\_ \_\_ days ago    |
| 2) Has [your child] taken an inhaler or nebulized medication today? ***If “no” please skip to question 3***  |  0 - No  1 - Yes  |
|  2A) Has he/she taken Albuterol, Ventolin, ProAir, Proventil, or Xopenex?  |  0 - No  1 - Yes  |
|  2B) Has he/she taken Atrovent or Ipratroprium?  |  0 - No  1 - Yes  |
|  2C) Has he/she taken Advair or Symbicort?  |  0 - No  1 - Yes    |
| 3) Has [your child] had any chocolate or caffeine (coffee or soda) today?  |  0 - No  1 - Yes |