ATTACHMENT C.3.6
OMB Number: 0925-0593
Expiration Date: July 31, 2013

STUDY ID: __ __ __ __ __
DATE: __ __ / __ __ / __ __ *(dd/mm/yy)*
INTERVIEWER: __ __

Demographic and Health Questionnaire

"These questions are about [your child]. They will only be used for scientific purposes. 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, make a note of this response next to the questions, or fill with "999…" all numeric fields.)*

DEMOGRAPHICS:		
1.	What is your relationship to [the child]?	1 - Biological mother 2 - Biological father 3 - Stepmother 4 - Stepfather 5 - Grandparent 6 - Sibling 7 - Legal guardian 8 - Other
1A	***If "other":** Please specify?*	_____
2.	What is [your child]'s date of birth?	__ __ / __ __ / __ __ __ __
3.	[Child]'s gender:	1 - male 2 - female
4.	Was [the child] born in the U.S.?	1 - yes 0 - no
5.	What is [your child]'s ethnicity?	1 - Hispanic 2 - not Hispanic -1 – Refused -2 – Don't know
6.	Race of [the child]:	1 - White 2 - Black or African American 3 – American Indian or Alaska Native 4 – Asian, or Native Hawaiian or other Pacific Islander 5 – Some other race -1 – Refused

		-2 – Don't know
7.	Highest level of education completed by parent or legal guardian in the household:	1 – Less than a HS diploma or GED 2 - HS diploma (or GED) 3 - some college but no degree 4 – associate degree 5 – bachelor's degree 6 – post graduate degree -1 – Refused -2 – Don't know
PREGNANCY AND PERINATAL PERIOD:		
8.	Was [the child] born prematurely? (less than 37 weeks)	1 - Yes 0 - No
9.	How many weeks pregnant were you when the child was born?	__ __ weeks
10.	Was [the child] in the intensive care unit (NICU)? ***If no*: Skip to question #11**	1 - Yes 0 - No
	*10A. **In the NICU**, did [the child] need a ventilator or a tube in his/her lungs to help him/her breathe?*	1 - Yes 0 - No
	10B. Did [the child] need oxygen at home after leaving the NICU?	1 - Yes 0 - No
	10C. Did [the child] need a monitor at home after leaving the NICU?	1 - Yes 0 - No
ASTHMA QUESTIONS:		
11.	Has [the child]'s mom and/or dad ever been diagnosed with asthma by a doctor?	1 - Yes 0 - No
12.	Has [the child] ever been diagnosed with eczema by a doctor?	1 - Yes 0 - No
13.	Has [the child] ever been diagnosed with allergic rhinitis or hay fever by a doctor?	1 - Yes 0 - No
14.	Does [the child] have wheezing in the chest apart from when he/she is sick with a cold or the flu?	1 - Yes 0 - No
15.	Has [the child] ever been tested by a doctor and found to have food allergies?	1 - Yes 0 - No
16.	Does [your child] have a wheeze or cough after exercise?	1 - Yes 0 - No
17.	Does [your child] have wheeze, chest tightness, or cough after exposure to airborne allergens or pollutants?	1 - Yes 0 - No
18.	Do [your child]'s "go to the chest" or take more than 10 days to resolve?	1 - Yes 0 - No
19.	Are symptoms improved by anti-asthma treatment?	1 - Yes 0 - No
OTHER PERSONAL/MEDICAL HISTORY:		
20.	Has [the child] ever been diagnosed with any of the following?	
	20A) Bronchiolitis / RSV	1 - Yes 0 - No
	20B) Pneumonia	1 - Yes 0 - No
	20C) Recurrent pneumonia	1 - Yes 0 – No
	20D) Eczema	1 - Yes 0 – No
	20E) Allergic rhinitis / hay fever	1 - Yes 0 - No
	20F) Cystic fibrosis	1 - Yes 0 - No

	20G) Chronic lung disease	1 - Yes□□0 – No
FAMILY / SOCIAL HISTORY:		
21.	Has [the child]'s mother ever been diagnosed with:	
	25A) Asthma	1 - Yes□□0 – No
	25B) Allergic rhinitis or hay fever	1 - Yes□□0 – No
	25C) Eczema	1 - Yes□□0 – No
	25D) Emphysema or COPD	1 - Yes□□0 – No
22.	Has [the child]'s father ever been diagnosed with:	
	26A) Asthma	1 - Yes□□0 – No
	26B) Allergic rhinitis or hay fever	1 - Yes□□0 – No
	26C) Eczema	1 - Yes□□0 – No
	26D) Emphysema or COPD	1 - Yes□□0 – No
23.	Have any of [the child]'s siblings ever been diagnosed with:	1 - Yes□□0 – No
	23A) Asthma	1 - Yes□□0 – No
	23B) Allergic rhinitis or hay fever	1 - Yes□□0 – No
	23C) Eczema	1 - Yes□□0 – No