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

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

 INTERVIEWER: \_\_ \_\_

**SCREENING QUESTIONNAIRE**

*“These questions are about [your child]. They will cover initial questions to determine if he/she is eligible to participate in the study. 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.)*

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| GENERAL SCREENING: |
| 1) How many weeks along were you when [your child] was born?  | \_\_ \_\_ weeks  |
|  *1A) If unsure: Was it less than 34 weeks? Less than 7 ½ months?*  |  0 - No  1 - Yes  |
| ASTHMA SCREENING:  |
| 2) Has [your child] ever been diagnosed with any of the following: cystic fibrosis, chronic lung disease, chronic bronchitis, or recurrent pneumonias?  |  0 - No  1 - Yes  |
| 3) Has [your child] ever been diagnosed with any other diseases?  |  0 - No  1 - Yes  |
|  *3A) If yes: which?*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 4) Has [your child] had a cough, runny nose, or other cold or flu symptoms in the last 2 weeks?  |  0 - No  1 - Yes  |
| 5) Has [your child] been diagnosed with pneumonia or bronchiolitis in the last 2 months?  |  0 - No  1 - Yes  |
| 7) Has [your child] had an attack or recurrent attacks of wheezing?  |  0 - No  1 - Yes  |
|  *7A) If yes: how many in the last year?*  |  0 - Less than 3  1 - Three or more |
| 8) Does [your child] have wheezing in the chest when he/she is ***not*** sick with a cold or the flu?  |  0 - No  1 - Yes  |