

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? <b>If “no” please skip to question 2</b>	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
1A) Is he/she still sick?	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
1B) When did his/her illness end?	___ days ago
2) Has [your child] taken an inhaler or nebulized medication today? <b>If “no” please skip to question 3</b>	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
2A) Has he/she taken Albuterol, Ventolin, ProAir, Proventil, or Xopenex?	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
2B) Has he/she taken Atrovent or Ipratroprium?	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
2C) Has he/she taken Advair or Symbicort?	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes
3) Has [your child] had any chocolate or caffeine (coffee or soda) today?	<input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes

Public reporting burden for this collection of information is estimated to average 5 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593). Do not return the completed form to this address.