

Household ID # _____

Green Housing Study



Screening Questionnaire



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-XXX).

OMB (CDC/ATSDR) 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX).

First

Last

Study ID (mother/ primary caregiver)

NAME OF ENROLLED CHILD (AGE 7-12 YEARS WITH ASTHMA):

First

Last

Study ID (Child with asthma 7-12)

What is your relationship to {child's name}?

- a. Mother (BIRTH)
- b. Mother (ADOPTIVE/ FOSTER)
- c. Mother (STEP)
- d. Father (BIRTH)
- e. Father (ADOPTIVE/ FOSTER)
- f. Father (STEP)
- g. Grandmother
- h. Aunt
- i. Uncle
- j. Grandfather
- k. Other relative
- l. Unrelated

ADDRESS OF HOME:

(Street address)

(Apt # or Unit #)

(City)

(State)

(Zip code)

Longitude _____ Latitude _____

Phone number : () _____

Phone number : () _____

(Circle one*)

H - C - W - O

H - C - W - O

*H=home; C=cell; W=work; O=other

E-mail address : _____

Please provide the names and phone numbers of two people who know how to reach you.

(PROBE: We really need this information ONLY if we have tried to contact you several times to set up your appointments).

1. Name of alternate contact #1 : _____

First

Last

Relationship (Circle one): Parent Sibling Other relative Friend Co-worker Spouse/Partner Other

