Household ID #
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## 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).

Green Housing Study Screening Questionnaire

1. What is your date of birth? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□				
If mother is younger than 16 years, <b>STOP</b> . This household is not eligible.				
2. How many children with asthma age 7 to 12 (years) do you have?				
If answer to Question 2 is <b>Zero (0),</b> then <b>STOP- not eligible</b> . $\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box$				
How many of your child(ren) with asthma age 7 to 12 (years) meet <u>all</u> of the following criteria?				
<ul> <li>a. Doctor or healthcare provider ever said that he/she had asthma.</li> <li>b. Child had asthma symptoms in the past 6 months.</li> <li>c. Child does not have a medical condition that would make it hard for him/her to participate in the study? (PROBE cystic fibrosis, cerebral palsy)</li> <li>d. Child sleeps 7 nights per week at this address, on average.</li> <li>000000000000000000000000000000000000</li></ul>				
2.1 Please enter number				
IIf answer to 2.1 is <b>One (1),</b> then this child is eligible, if <b>more than 1</b> , then the <u>youngest child</u> (willing) is eligible. (Please enter the following information for the eligible child)				
2.1.1 What is the child's date of birth? $\square$				
2.1.2 Is this child a girl or boy? \[ \bigcap				
IF THIS HOUSEHOLD IS ELIGIBLE, PLEASE COLLECT CONTACT INFORMATION, AND COMPLETE THE CONSENT FORM (and ASSENT FORM IF APPLICABLE)				
************************				
Contact Information				
Date/ ( <i>mm/dd/yy</i> ) Interviewer's initials(max 3):				
Study site code [ [ [ [ (if code not available, list housing complex [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [				
·				

NAME OF MOTHER/ PRIMARY CAREGIVER:

Household ID #\_\_\_\_\_

Screening Questionnaire			Household ID #
First []	Last []	Study ID (mother/	primary caregiver)□□□□
NAME OF ENROLLED	CHILD (AGE 7-12	YEARS WITH ASTHMA)	:00000000000000
First []	Last []	Study ID (Child with asthm	na 7-12)□□□□
What is your relationship a. b. c. d. e. f. g. h. i. j. k. l. ADDRESS OF HOM	Mother (BIRTH) Mother (ADOPTIVE Mother (STEP)  Father (BIRTH)  Father (ADOPTIVE Father (STEP)  Grandmother  Uncle  Other relative  Unrelated  Unrelated  Unrelated	OO E/ FOSTER) OO OO OO E/ FOSTER)OO	
(Street address □□)		(.	Apt # or Unit #□□□)
(City [])	(S	tate [])	(Zip code □□)
Longitude 🔲	Latitude [	][	
Phone number [][]: ( Phone number [][]: ( (Circle one*)	) ) H - C - W - 0 *H=hon	O ne; C=cell; W=work; O=other	H - C - W - O
E-mail address 🔲 🔲 🗀 :_			
(PROBE: We really need this i	nformation ONLY if we h	rs of two people who know l ave tried to contact you several tim	

Screening Questionnaire		Household ID #
		Troubenoid 15 "
Phone number: ( ) (Circle one*)	Phone number: ( )_	H - C - W - O
2. Name of alternate contact #2 DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	rst [] Last [] lative Friend Co-worke	r Spouse/Partner Other  H - C - W - O

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