

Child's ID# _____

Text messages (Child 7-12 with asthma)

House ID# _____

3. During the past month, did [Child's name] have an emergency or urgent care visit because of asthma attack?

Yes No DK

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Public reporting burden of this collection of information is estimated to average 1 minute 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-XXXX).

Household ID

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

Appendix DXX - Text messages (Child 7-12 with asthma)

Child's ID# _____

Household ID# _____