

Green Housing Study



**3 and 9-month Follow-up Questionnaire
(Children 7-12 with asthma)**



Public reporting burden of 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

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

2.6 Cough (*without a cold*)

Never Once/Twice Monthly Weekly Daily

2.7 Shortness of breath

Never Once/Twice Monthly Weekly Daily

2.4 /

2.5

2.6

2.7

3. During the past 3 months, has [Child's name] had an episode of asthma or an asthma attack?

Yes No Don't know

3 ()

If **NO**, then SKIP to **Contact Information Update**

If **YES**, how many times?

3.1 _____ Number of times

3.2 Did any episode occur in the past 2 weeks? Yes No

3.1 _____

3.2 2

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

Yes No

4 ()

If **NO**, Skip to Question # 6 6

If **YES**, did [Child's name] visit the following?

4.1 Emergency department Y N _____ Number of visits

4.2 Urgent care center Y N _____ Number of visits

4.3 Emergency visit to doctor's office Y N _____ Number of visits

()

4.1

4.2

4.3

5. During the past 3 months, has [Child's name] stayed in the hospital (NOT considering the emergency department) because asthma?

Yes No

5 _____ (_____) _____

If **YES**, how many times?

5.1 _____ Maximum number of days at the hospital

5.2 Did [Child's name] need stay in the ICU? Yes No DK

5.1 _____

5.2 _____

6. During the past 3 months, was [Child's name] unable to attend school because of asthma?

Yes No

_____ 3 _____

If **YES**, then ask: How many days did [Child's name] miss school?

6.1 _____ Number of days [Child's name] missed school
[Include only days school was in session.]

6.2 Did this occur in the past 2 weeks? Yes No

If **YES**, how many times?

6.2.1 _____ Number of days [Child's name] missed school
[Include only days school was in session.]

6.1 _____

_____ 2 _____

7. During the past 3 months, were **YOU** unable to attend work or carry out your usual activities because of [Child's name] asthma?

Yes No

_____ 3 _____

If **YES**, then ask

7.1 _____ Total number of days (use your best guess)

7.1.1 _____ Of these, how many work days did you miss?

7.1 _____

7.1.1 _____

7.2 Did this occur in the past 2 weeks? Yes No

□□□□

Alternate Contacts

Telephone numbers:	Same	New	Relationship to respondent
Home () _____ ()	()	()	_____
Work () _____ ()	()	()	_____
Cellular () _____ ()	()	()	_____
Email address _____ ()	()	()	_____

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Remind subject to collect nasal and throat swabs and call study coordinator for sample pick up.

Also important to remind subject about keeping an illness log with eventful health outcomes like visit to doctor, hospitalization etc. Also, ask to collect the completed logs.

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