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 (0920-0906).

Green Housing S Appendix D1 So	Study creening Questionnaire				
11				Household	ID #
1. What is you	r date of birth?		_	/	(mm/dd/yy)
If mother/ prin	nary caregiver is younger than 10	8 years, STOP . This i	household is no	ot eligible.	
2. How many	children with asthma age 7 to 12	! (years) do you have	?		
	uestion 2 is Zero (0), then STOP uestion 2 is ≥ 1 then ask:	- not eligible.			
How n	many of your child(ren) with asth	ma age 7 to 12 (years	s) meet <u>all</u> of th	ne following crite	ria?
b. c.	Doctor or healthcare provider Child had asthma symptoms in Child does not have a medical (PROBE cystic fibrosis, cereb Child sleeps 7 nights per week	the past 6 months. condition that would ral palsy)	make it hard fo	or him/her to part	cicipate in the study?
2.1	Please enter number				
	2.1 is One (1), then this child is element in the child is element in the eligible		I, then the <u>your</u>	<u>ngest child</u> (willin	g) is eligible. (Please
2.1.1 V	What is the child's date of birth?		_	//	_ (mm/dd/yy)
2.1.2 I	s this child a girl or boy? (please	circle)	Girl	Boy	
IF THIS HO ****** Contact Info	OUSEHOLD IS ELIGIBLE, PI THE CONSENT FO ************************************				AND COMPLETE *******
Date/_	/ (mm/dd/yy)	Interviewe	er's initials(m	ax 3):	
Study site coo	de:		(if code n	ot available, list	housing complex)
NAME OF M	MOTHER/ PRIMARY CAR	EGIVER:			
	First	Last	<u></u>	tudy ID (mother/	 primary caregiver)
NAME OF E	ENROLLED CHILD (AGE	7-12 YEARS WIT	н ASTHMA)) :	
	First	Last		tudy ID (Child wi	 th asthma 7-12)

What is your relationship to {child's name}? a. Mother (BIRTH) b. Mother (ADOPTIVE/ FOSTER)

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

ADDRESS OF HOME:

(Street address)		(Apt # or Unit #)		
(City)	(State)	(Zip code)		
Longitude	Latitude			
Phone number: () (Circle one*)	H - C - W - O *H=home; C=cell; V	Phone number: () H - C - W	- O	
E-mail address:				
Dlagge provide the non	use and phone numbers of true n	aconlo veho lenove hove to woodh vou		
(PROBE: We really need thi 1. Name of alternate	is information ONLY if we have tried to contact #1:First	people who know how to reach you. contact you several times to set up your appointments) Last ve Friend Co-worker Spouse/Partner (
(PROBE: We really need thi 1. Name of alternate Relationship (Circle one	is information ONLY if we have tried to contact #1: First P): Parent Sibling Other relative	contact you several times to set up your appointments) Last	Other	
(PROBE: We really need thing the second seco	contact #1: First P: Parent Sibling Other relative P: P	Last ve Friend Co-worker Spouse/Partner (Phone number: (H - C - W - O	Other	
(PROBE: We really need thin 1. Name of alternate Relationship (Circle one Phone number: () (Circle one*) 2. Name of alternate	contact #1: First P H - C - W - O Contact #2: First First First First First First First First First First	Last ve Friend Co-worker Spouse/Partner (Phone number: (H - C - W - O	Other ——	