ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which message is your favorite?** (check only one response)

|  |  |
| --- | --- |
|  | **Be Smart. Breathe Smart.** |
|  | **Own Your Asthma.** |
|  | **Breathe Better, Together.** |
|  | **Know Your Zone.** |

1. **Which message grabbed your attention the most?** (check only one response)

|  |  |
| --- | --- |
|  | **Be Smart. Breathe Smart.** |
|  | **Own Your Asthma.** |
|  | **Breathe Better, Together.** |
|  | **Know Your Zone.** |

1. **Which message would most make your child want to take steps to manage his/her asthma?** (check only one response)

|  |  |
| --- | --- |
|  | **Be Smart. Breathe Smart.** |
|  | **Own Your Asthma.** |
|  | **Breathe Better, Together.** |
|  | **Know Your Zone.** |

**Public reporting burden of this collection of information is estimated to average 15 minutes per worksheet, 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572)**