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Date of Visit gr7_date

Mo. / Dy. / Yr.

Date of Visit gr7_Date_Mn gr7_Date_Yr

Month: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Year: ☐ 2008 ☐ 2009 ☐ 2010

ID ID

Child's Initials gr7_ini (First, Middle, Last)

Childs Birthdate gr7_dob

Mo. / Dy. / Yr.

CCAAPS Child's Seven Year Doctor Visit

1. Information about the person(s) responding to this questionnaire:

In order for us to send you information we need to update our contact files.

1a. What is your relationship to the child? (mark ALL that apply) gr7_1a

☐ Biological Mother ☐ Grandparent(s) ☐ Legal Guardian / Adoptive Parent(s)

☐ Biological Father ☐ Other Biological Relative

NOTE: ONLY PARENTS OR LEGAL GUARDIAN CAN CONSENT CHILD

1b. Are you the primary care giver? gr7_1b

☐ No ☐ Yes

gr7_1_fname | gr7_1_mi | gr7_1_lname

First Name | MI | Last Name

gr7_1_street | gr7_1_apt

Number and Street Name | Apt. #

gr7_1_city | gr7_1_state | gr7_1_zip

City | State | Zip Code

gr7_1_email

Email Address

gr7_1_hphone | gr7_1_wphone

Home Phone | Work Phone

gr7_1_cphone | gr7_1_ophone

Cell Phone | Other

1c. Are you planning on moving in the next 12 months?

☐ No ☐ Yes gr7_1c

↘

1d. If YES, will you be moving within: gr7_1d

☐ 1 Month ☐ 6 Months ☐ 1 Year

1e. Where do you plan to move? gr7_1e

☐ In Town

☐ Out of the Greater Cincinnati and Nornthern Kentucky Area

If you have the new address please provide whatever you know.

gr7_1e_addy

Street | City | State | Zip

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2. Information about the child's primary home:

2a. How many nights per week does your child sleep at this address?

☐☐ nights yr7_2a

2b. Approximately how many hours a week does your child spend at this address during the week and on the weekend? Include both the time the child is awake and asleep.

yr7_2b_mf ☐☐☐ hours M-F

yr7_2b_ss ☐☐☐ hours Sat & Sun

2c. How many months has the child been living at their current home address?

☐☐ months yr7_2c

2d. Does your child primarily live in a

☐ single family home

☐ apartment/condominium yr7_2d

2e. Is your home cooled during hot periods in the summer by central air conditioning?

☐ No yr7_2e

☐ Yes

2f. How is your home heated during the winter?

Primary yr7_2f_pri **Mark One**	**Other Ways** yr7_2f_oth **Mark All That Apply**
	☐ None
☐ Electric furnace	☐ Electric furnace
☐ Gas furnace	☐ Gas furnace
☐ Heating oil furnace	☐ Heating oil furnace
☐ Coal furnace	☐ Coal furnace
☐ Space heaters	☐ Space heaters
☐ Wood burning stove	☐ Wood burning stove
☐ Coal burning stove	☐ Coal burning stove
☐ Wood fireplace	☐ Wood fireplace
☐ Gas fireplace	☐ Gas fireplace
☐ Electric baseboards	☐ Electric baseboards
☐ Other	☐ Other

Mark Both Primary and Other

2g. How is the heat primarily distributed throughout your house?

No	**Yes**	
☐	☐	Forced air yr7_2g_air
☐	☐	Radiators yr7_2g_rad
☐	☐	Base board (Electrical) yr7_2g_base
☐	☐	Other yr7_2g_other

3. In a typical day what is the average number of hours per day that your child spends in the area as someone else who is smoking? Include time at someone else's house, daycare or in public places around smokers. Area does not have to be the same room.

☐☐ hours per day 0 yr_7_3

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For the purposes of this question ONLY Jan, Feb, Mar is Winter, Apr, May, Jun is Spring, Jul, Aug, Sep is Summer and Oct, Nov, Dec is Fall.

4. Information about PREVIOUS HOME addresses:

In order to understand your child's life time exposure to air pollution & traffic we need to update our records where your child has lived since the last exam.

Since your child's previous clinical exam, did you move anywhere not including your current home?

☐ No ☐ Yes yr7_4

If yes, collect all addresses since the last visit and the approximate move in and move out dates.

yr7_4_street_1 | yr7_4_apt_1

Number and Street Name | Apt. #

yr7_4_city_1 | yr7_4_state_1 | yr7_4_zip_1

City | State | Zip Code

yr7_4_midate_1 yr7_4_miseason_1 yr7_4_modate_1 yr7_4_moseason_1

Move In Date (or Move In Season (if month unknown): ☐ Spring ☐ Fall ☐ Summer ☐ Winter)

Year / Month ← Don't forget to fill in the year.

Move Out Date (or Move Out Season (if month unknown): ☐ Spring ☐ Fall ☐ Summer ☐ Winter)

Year / Month ← Don't forget to fill in the year.

yr7_4_street_2 | yr7_4_apt_2

Number and Street Name | Apt. #

yr7_4_city_2 | yr7_4_state_2 | yr7_4_zip_2

City | State | Zip Code

yr7_4_midate_2 yr7_4_miseason_2 yr7_4_modate_2 yr7_4_moseason_2

Move In Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

Move Out Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

yr7_4_street_3 | yr7_4_apt_3

Number and Street Name | Apt. #

yr7_4_city_3 | yr7_4_state_3 | yr7_4_zip_3

City | State | Zip Code

yr7_4_midate_3 yr7_4_miseason_3 yr7_4_modate_3 yr7_4_moseason_3

Move In Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

Move Out Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

yr7_4_street_4 | yr7_4_apt_4

Number and Street Name | Apt. #

yr7_4_city_4 | yr7_4_state_4 | yr7_4_zip_4

City | State | Zip Code

yr7_4_midate_4 yr7_4_miseason_4 yr7_4_modate_4 yr7_4_moseason_4

Move In Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

Move Out Date ☐ Spring ☐ Fall ☐ Summer ☐ Winter

Year / Month ← Don't forget to fill in the year.

If more than 4 moves, pick the 4 where child lived longest.

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INTERVIEWER: DO NOT INCLUDE CURRENT HOME ADDRESS but be sure to remind them of what they reported for hours spent at this address in the question on pages one and two.
If they have other home addresses, collect them here.

5. Information about where the CHILD CURRENTLY spends their time:

1 day = 24 hours	5 days = 120 hours
2 days = 48 hours	6 days = 144 hours
3 days = 72 hours	7 days = 168 hours
4 days = 96 hours	

In order to estimate air pollution we need a list of the places where your child spends his or her time over the last 12 months. Include other homes of the child, all schools, babysitters, daycare or relatives where your child spends time at an address different from his/her home. When counting the number of hours include both the time the child is awake and asleep. If you are not sure give your best guess.

Start with the locations the child spends most of his/her time first and end with the locations the child spends the least of his/her time.

How many nights does your child sleep there per week? ↓ **How many hours does your child spend per week?** ↓

1

yr7_5_nights_1 nights per week | yr7_5_mf_1 hours M-F | yr7_5_ss_1 hours Sat & Sun

Contact Phone Number yr7_5_phone_1

yr7_5_type_1
- [ ] Other Home
- [ ] School
- [ ] Daycare
- [ ] Other

yr7_5_street_1 — Number and Street Name or Name of School

yr7_5_apt_1 — Apt. #

yr7_5_city_1 — City

yr7_5_state_1 — State

yr7_5_zip_1 — Zip Code

2

yr7_5_nights_2 nights per week | yr7_5_mf_2 hours M-F | yr7_5_ss_2 hours Sat & Sun

Contact Phone Number yr7_5_phone_2

yr7_5_type_2
- [ ] Other Home
- [ ] School
- [ ] Daycare
- [ ] Other

yr7_5_street_2 — Number and Street Name or Name of School

yr7_5_apt_2 — Apt. #

yr7_5_city_2 — City

yr7_5_state_2 — State

yr7_5_zip_2 — Zip Code

3

yr7_5_nights_3 nights per week | yr7_5_mf_3 hours M-F | yr7_5_ss_3 hours Sat & Sun

Contact Phone Number yr7_5_phone_3

yr7_5_type_3
- [ ] Other Home
- [ ] School
- [ ] Daycare
- [ ] Other

yr7_5_street_3 — Number and Street Name or Name of School

yr7_5_apt_3 — Apt. #

yr7_5_city_3 — City

yr7_5_state_3 — State

yr7_5_zip_3 — Zip Code

4

yr7_5_nights_4 nights per week | yr7_5_mf_4 hours M-F | yr7_5_ss_4 hours Sat & Sun

Contact Phone Number yr7_5_phone_4

yr7_5_type_4
- [ ] Other Home
- [ ] School
- [ ] Daycare
- [ ] Other

yr7_5_street_4 — Number and Street Name or Name of School

yr7_5_apt_4 — Apt. #

yr7_5_city_4 — City

yr7_5_state_4 — State

yr7_5_zip_4 — Zip Code

If more than 4 locations pick places child spends the longest time.

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6. Please <u>list all</u> of the people who currently live in your child's primary home and consider this their home address. List <u>all adults</u> (be sure to include yourself) and <u>all children</u> (except for your CCAAPS child).

Relationship to your child	Birth Year	Number of Cigarettes /Day	Does this person have asthma?
yr7_6_realtion_1 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_1	yr7_6_cig_1	yr7_6_asthma_1 ☐ N ☐ Y
yr7_6_realtion_2 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_2	yr7_6_cig_2	yr7_6_asthma_2 ☐ N ☐ Y
yr7_6_realtion_3 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_3	yr7_6_cig_3	yr7_6_asthma_3 ☐ N ☐ Y
yr7_6_realtion_4 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_4	yr7_6_cig_4	yr7_6_asthma_4 ☐ N ☐ Y
yr7_6_realtion_5 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_5	yr7_6_cig_5	yr7_6_asthma_5 ☐ N ☐ Y
yr7_6_realtion_6 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_6	yr7_6_cig_6	yr7_6_asthma_6 ☐ N ☐ Y
yr7_6_realtion_7 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_7	yr7_6_cig_7	yr7_6_asthma_7 ☐ N ☐ Y
yr7_6_realtion_8 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_8	yr7_6_cig_8	yr7_6_asthma_8 ☐ N ☐ Y
yr7_6_realtion_9 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_9	yr7_6_cig_9	yr7_6_asthma_9 ☐ N ☐ Y
yr7_6_realtion_10 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_10	yr7_6_cig_10	yr7_6_asthma_10 ☐ N ☐ Y
yr7_6_realtion_11 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_11	yr7_6_cig_11	yr7_6_asthma_11 ☐ N ☐ Y
yr7_6_realtion_12 ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	yr7_6_birth_12	yr7_6_cig_12	yr7_6_asthma_12 ☐ N ☐ Y

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7. Do you have any of the following animals? IF YES, how many do you have? Does the animal primarily spend their time indoors, outdoors or both?

No	Yes	IF YES →	How Many	Indoors Only	Outdoors Only	Both Indoors & Outdoors	How many years have you had this pet?
☐	☐ Cat	yr7_7_catnum		☐	☐	☐	
☐	☐ Dog	yr7_7_dognum		☐	☐	☐	
☐	☐ Other Furry Animal	yr7_7_furrynum		☐	☐	☐	
☐	☐ Other Farm Animal	yr7_7_farmnum		☐	☐	☐	
	☐ No Animals						

yr7_7_cat
yr7_7_catloc
yr7_7_catyear
yr7_7_dog
yr7_7_dogloc
yr7_7_dogyear
yr7_7_furry
yr7_7_furryloc
yr7_7_furryyear
yr7_7_farm
yr7_7_farmloc
yr7_7_farmyear
yr7_7_none

8. What pets sleep in your child's room?

- ☐ None
- ☐ Cat
- ☐ Dog
- ☐ Other Furry

yr7_8

9. How does your child usually get to and from school?

- ☐ School Bus
- ☐ Metro Bus
- ☐ Walk
- ☐ Car
- ☐ Other
- ☐ Don't Know

yr7_9

10. About how many hours a day does your child spend in a car/van/truck/bus?

- ☐ 3 or more hours/day
- ☐ 2 hours/day
- ☐ 1 hour/day
- ☐ less than 1 hour/day
- ☐ None

yr7_10

11. When your child is riding in the car/van/truck/bus, how often does someone smoke?

- ☐ Often
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

yr7_11

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12. In the past 12 months, in which of the following rooms did you see mold or mildew: (Mark all that apply)

- ☐ Child's bedroom
- ☐ Other bedroom
- ☐ Living room
- ☐ Family room
- ☐ Dining room
- ☐ Kitchen
- ☐ Bathroom
- ☐ Basement
- ☐ Laundry room
- ☐ Other room
- ☐ None

yr7_12

13. If you used a free-standing air-purifier in your child's room or play area in the past 12 months most of the time throughout the year, what type did you use?

- ☐ Did Not Use
- ☐ HEPA Filter
- ☐ Non-HEPA

yr7_13

14. How many rooms are in your home and how many have wall to wall carpet?

☐☐ Total rooms (Do not count bathrooms) yr7_14_total

☐☐ Number with wall to wall carpets yr7_14_carp

15. During the school year, on average how many hours per week did your child spend outdoors including weekends?

☐☐☐ average hours per week yr7_15

16. During the summer months, on average how many hours per week did your child spend outdoors?

☐☐☐ average hours per week yr7_16

17. How often does your child take vitamins?

- ☐ never
- ☐ sometimes
- ☐ daily

yr7_17

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18. Is your child allergic to any of the following and which symptoms has he or she had?

yr7_18_wheeze yr7_18_swell yr7_18_hives yr7_18_test yr7_18_lighthead

	Wheezing	Swelling	Hives	Allergy Test	Lightheadedness
cows milk	☐	☐	☐	☐	☐
soy milk	☐	☐	☐	☐	☐
eggs	☐	☐	☐	☐	☐
citrus fruits	☐	☐	☐	☐	☐
peanuts	☐	☐	☐	☐	☐
other nuts	☐	☐	☐	☐	☐
other	☐	☐	☐ yr7_18_ohives	☐	☐ yr7_18_olighthead

yr7_18_owheeze yr7_18_oswell yr7_18_otest

19. Do you have itching in your mouth with apples, pears, peaches or other tree fruits?

☐ **No**

☐ **Yes** yr7_19

20. Do you have itching in your mouth with watermelon, catalope, or other melons?

☐ **No** yr7_20

☐ **Yes**

21. Has a doctor or health professional (not from the CCAAPS study) ever told you that your child has:

	Never	Possibly	Probably	Definitely
Eczema (Skin Problems)	☐	☐	☐	☐
Chronic Sinus Infection	☐	☐	☐	☐
Hay Fever / Allergic Rhinitis	☐	☐	☐	☐

yr7_21_ecz

yr7_21_sinus

yr7_21_hay

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Medical History Section

1. In the past 12 months has your child had any of the following:

Upper Respiratory Conditions	IF YES,	How many episodes in the past 12 months?	Did it require a doctor/ER visit? No	Yes	Did it require prescribed medications? No	Yes
yr7M_1_urc						
☐ Cold	→	yr7M_1_cold_num	yr7M_1_cold_dr		yr7M_1_cold_med	
☐ Ear infection	→	yr7M_1_ear_num	yr7M_1_ear_dr		yr7M_1_ear_med	
☐ Sinus infection	→	yr7M_1_sinus_num	yr7M_1_sinus_dr		yr7M_1_sinus_med	
☐ Strep Throat	→	yr7M_1_strep_num	yr7M_1_strep_dr		yr7M_1_strep_med	
☐ Tonsillitis	→	yr7M_1_tonsil_num	yr7M_1_tonsil_dr		yr7M_1_tonsil_med	
☐ Respiratory Flu	→	yr7M_1_flu_num	yr7M_1_flu_dr		yr7M_1_flu_med	
☐ Colored Drainage	→	yr7M_1_drain_num	yr7M_1_drain_dr		yr7M_1_drain_med	
☐ None of the above						

Lower Respiratory Conditions	IF YES,	How many episodes in the past 12 months?	Did it require a doctor/ER visit? No	Yes	Did it require prescribed medications? No	Yes
yr7M_1_lrc						
☐ Viral Infection	→	yr7M_1_viral_num	yr7M_1_viral_dr		yr7M_1_viral_med	
☐ Bronchitis/Bronchiolitis	→	yr7M_1_bronc_num	yr7M_1_bronc_dr		yr7M_1_bronc_med	
☐ Pneumonia	→	yr7M_1_pne_num	yr7M_1_pne_dr		yr7M_1_pne_med	
Confirmed by chest x-ray? ☐ No ☐ Yes yr7M_1_pne_conf						
☐ Cystic Fibrosis						
☐ Myasthenia Gravis						
☐ None of the above						

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Methacholine Challenge Test Questions

If yes to any of the Methacholine Challenge Test Questions then schedule Methacholine Challenge.

2. Has your child had a dry cough at night NOT associated with a cold or chest infection, in the past 12 months?

☐ No ☐ Yes yr7M_2

2b. About how many days have you noticed your child coughing at night:

in the past 1 week? ☐ yr7M_2b_wk

in the past 1 month? ☐☐ yr7M_2b_mn

in the past 12 months? ☐☐☐ yr7M_2b_yr

3. Has your child had a feeling of a tight or clogged chest or throat in the past 12 months?

☐ No ☐ Yes yr7M_3

4. Has the doctor ever diagnosed your child for asthma?

☐ No ☐ Yes yr7M_4

4b. How old was your child when he/she was diagnosed?

☐ years yr7M_4b

5. Has your child had difficulty breathing or sounded wheezy after exercise?

☐ No ☐ Yes yr7M_5

6. Has your child had any wheezing or whistling in the chest in the past 12 months?

☐ No ☐ Yes ➔ **IF No, skip to question 7** yr7M_6

6b. IF YES, About how many days have you noticed your child wheezing/ whistling or shortness of breath:

in the past 1 week? ☐ yr7M_6b_week

in the past 1 month? ☐☐ yr7M_6b_mn

in the past 12 months? ☐☐☐ yr7M_6b_yr

This is critical please complete.

6c. IF YES, does this occur year round?

☐ No ☐ Yes yr7M_6c

6d. Is the child's wheezing or shortness of breath worse during any of these times compared to the rest of the yea

☐ **March to Mid May**

☐ **Mid May to June** yr7M_6d

☐ **Mid August to September**

☐ **October to February**

☐ **No Time is Worse**

6e. Which is the worst month? (Indicate by typing first 3 letters of the month.)

☐☐☐ yr7M_6e

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6f. Has wheezing or shortness of breath occurred after a cold or infection?

☐ No ☐ Yes yr7M_6f

6g. IF YES, About how many episodes of wheezing or shortness of breath occurred after a cold or infection:

in the past 1 week? ☐ yr7M_6g_wk

in the past 1 month? ☐☐ yr7M_6g_mn

in the past 12 months? ☐☐☐

6h. In the past 12 months, has your child had an attack of wheezing or shortness of breath that resulted in any of the following:

Unscheduled Doctor's Visit (yr7M_6h_dr)	☐ N	☐ Y	→ **IF YES, How many visits?** (yr7M_6h_dr_num)	☐☐
Urgent care/ER visit (yr7M_6h_er)	☐ N	☐ Y	→ **IF YES, How many visits?** (yr7M_6h_er_num)	☐☐
Hospital Admission (yr7M_6h_hosp)	☐ N	☐ Y	→ **IF YES, How many visits?** (yr7M_6h_hosp_num)	☐☐

6i. In the past 12 months, on average how long did your child's attack of wheezing or shortness of breath last? (read list)

☐ less than 1 hour
☐ 1-3 hours
☐ 4-24 hours
☐ 2-3 days
☐ 4 days or more

yr7M_6i

6j. In the past 12 months, how long did your child's <u>longest</u> attack of wheezing or shortness of breath attack last?

☐ less than 1 hour
☐ 1-3 hours
☐ 4-24 hours
☐ 2-3 days
☐ 4 days or more

yr7M 6j

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6k. In the past 12 months, has your child used medications or treatments for wheezing, shortness of breath or asthma?

		Times/Day	Days/Month
Singulair	☐ N ☐ Y → IF YES, How often?		
Inhaled Bronchiodialtor (ex. Albuterol, Ventolin, Proventil, Levalbuterol, Xopenex, Alupent, Metaproterenol)	☐ N ☐ Y → IF YES, How often?		
Oral Steroids (Prednisone, Medrol, Pediapred, Prelone, Solumedrol)	☐ N ☐ Y → IF YES, How often?		
Primatene Mist Inhaler	☐ N ☐ Y → IF YES, How often?		
Inhaled Corticosteroids (Pulmicort, Turbohaler, Flovent, Advair, QVAR)	☐ N ☐ Y → IF YES, How often?		
Other ☐	☐ N ☐ Y → IF YES, How often?		
None	☐ N ☐ Y		

6l. In the past 12 months, about, how many times a week, on average, has your child's sleep been disturbed due to wheezing or shortness of breath?

☐☐ times/week

6m. In the past 12 months, has wheezing and/or shortness of breath occurred when your child was:

in the same room with a cat?	☐ Yes	☐ No	☐ Don't Know
in the same room with a dog?	☐ Yes	☐ No	☐ Don't Know
in the same room with a disturbance of house dust such as vacuuming or changing bedding?	☐ Yes	☐ No	☐ Don't Know
after taking Aspirin	☐ Yes	☐ No	☐ Don't Know
in smog	☐ Yes	☐ No	☐ Don't Know
with a cold	☐ Yes	☐ No	☐ Don't Know
with a sinus infection	☐ Yes	☐ No	☐ Don't Know
near household cleaning products (bleach/ ammonia)	☐ Yes	☐ No	☐ Don't Know
around cigarette smoke	☐ Yes	☐ No	☐ Don't Know
around smoke from a campfire or woodburning stove	☐ Yes	☐ No	☐ Don't Know
around strong smells	☐ Yes	☐ No	☐ Don't Know
around perfumes	☐ Yes	☐ No	☐ Don't Know
while in cold air	☐ Yes	☐ No	☐ Don't Know

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RHINITIS

7. In the past 12 months, has your child ever had a problem with sneezing, or a runny, or a blocked nose when he/she DID NOT have a cold or flu?

☐ No **IF NO, SKIP TO QUESTION 8.**

☐ Yes yr7M_7

This is critical please complete.

7b. IF YES, does this occur year round?

☐ No ☐ Yes yr7M_7b

7c. Is the child's nose problem worse during any of these times compared to the rest of the year?

☐ **March to Mid May**

☐ **Mid May to June** yr7M_7c

☐ **Mid August to September**

☐ **October to February**

☐ **No Time is Worse**

7d. Which is the worst month? (Indicate by typing first 3 letters of the month.)

☐☐☐ yr7m_7d

7e. Has this nose problem been accompanied by itchy-watery eyes?

☐ No
☐ Yes yr7m_7e

7f. IF YES, does this nose and eye problem occur when your child is:

☐ in the same room with a cat?
☐ in the same room with a dog? yr7m_7f
☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding?
☐ when outdoors near freshly cut grass?
☐ None of the above

7g. How often did this nose problem interfere with your child's daily activities:

☐ Not at all
☐ A little bit yr7m_7g
☐ A moderate amount
☐ A lot

7h. How often did this nose problem interfere with your child's sleep:

☐ Not at all
☐ A little bit
☐ A moderate amount yr7m_7h
☐ A lot

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8. In the past 12 months, has your child had "hay fever"?

- ☐ No
- ☐ Yes

yr7M_8

9. In the past 12 months, what kind of prescribed or over-the-counter medication has your child taken for nose allergies?

- ☐ Nasal steroids (Nasonex, Nasocort, Rhinocort, Flonase, Nasalide)
- ☐ Oral anti-histamines (Zyrtec, Claritin, Allegra, Benadryl, Tavist)
- ☐ Nasal anti-histamine (Pantanase, Astelin, Singular)
- ☐ None
- ☐ Other

yr7M_9

10. If your child has taken medication for nose allergy, how often?

- ☐ Most days of the year
- ☐ Most days of allergy season
- ☐ Occasionally
- ☐ Rarely

yr7M_10

11. In the past 12 months, have you noticed your child scratching or itching his/her eyes when he/she is:

- ☐ in the same room with a cat?
- ☐ in the same room with a dog?
- ☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding?
- ☐ when outdoors near freshly cut grass?
- ☐ None of the above

yr7M_11

This is critical please complete.

11b. Is the child's scratching or itching worse during any of these times compared to the rest of the year?

- ☐ **March to Mid May**
- ☐ **Mid May to June**
- ☐ **Mid August to September**
- ☐ **October to February**
- ☐ **No Time is Worse**

yr7M_11b

11c. Which is the worst month? (Indicate by typing first 3 letters of the month.)

☐☐☐

yr7M_11c

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12. While sleeping does...

yr7M-12-c	yr7M-12-m	yr7M-12-f
your child snore?	**the child's mother snore?**	**the child's father snore?**
☐ (0)Never	☐ (0)Never	☐ (0)Never
☐ (1)Rarely (less than 1 time a week)	☐ (1)Rarely (less than 1 time a week)	☐ (1)Rarely (less than 1 time a week)
☐ (2)Sometimes (1 to 2 times a week)	☐ (2)Sometimes (1 to 2 times a week)	☐ (2)Sometimes (1 to 2 times a week)
☐ (3)Frequently (3 to 4 time a week)	☐ (3)Frequently (3 to 4 time a week)	☐ (3)Frequently (3 to 4 time a week)
☐ (4)Almost always (5 to 7 times a week)	☐ (4)Almost always (5 to 7 times a week)	☐ (4)Almost always (5 to 7 times a week)
☐ (5)Don't Know	☐ (5)Don't Know	☐ (5)Don't Know
12b. IF YES, for child only.	**IF YES, for mother only.**	**IF YES, for father only.**
Is this snoring only with colds?	**Do they stop breathing?**	**Do they stop breathing?**
☐ No yr7M-12b-c	yr7M-12b-m ☐ No	yr7M-12b-f ☐ No
☐ Yes	☐ Yes	☐ Yes
☐ Don't KNow	☐ Don't Know	☐ Don't Know

13. After going to sleep at night, on average how many times will your child awaken before morning? (circle one)

0 (almost never) 1 2 3 4 5 or more

yr7M-13

14. On average, about how many hours during a school/week night will your child sleep? (circle one)

<4 5 6 7 8 9 10 11 12 13+

yr7M-14

15. On average, about how many hours during a non-school night will your child sleep? (circle one)

<4 5 6 7 8 9 10 11 12 13+

yr7M-15

16. On average, about how many days a week does your child fall asleep or take a nap during the day?

0 1 2 3 4 or more

yr7M-16

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SKIN PROBLEMS

17. In the past 12 months, has your child had any of the following problems with his/her skin?

Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

yr7M_17_scratch · yr7M_17_red · yr7M_17_bump · yr7M_17_infect · yr7M_17_dry · yr7M_17_hives

If YES, continue down column. If NO, Skip to Question 18.

17b. Where on your child's body does this skin problem occur? (Read List)

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
head	☐	☐	☐	☐	☐	☐
trunk	☐	☐	☐	☐	☐	☐
extremities	☐	☐	☐	☐	☐	☐

yr7M_17b_scratch · yr7M_17b_red · yr7M_17b_bump · yr7M_17b_infect · yr7M_17b_dry · yr7M_17b_hives

17c. Is this skin problem associated with eating any of the following foods (Read):

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
cows milk	☐	☐	☐	☐	☐	☐
soy milk	☐	☐	☐	☐	☐	☐
eggs	☐	☐	☐	☐	☐	☐
citrus fruits	☐	☐	☐	☐	☐	☐
peanuts	☐	☐	☐	☐	☐	☐
othernuts	☐	☐	☐	☐	☐	☐
other	yr7M_17c_scratchoth	yr7M_17c_redoth	yr7M_17c_bumpoth	yr7M_17c_infectoth	yr7M_17c_dryoth	yr7M_17c_hivesoth
None of the above	☐	☐	☐	☐	☐	☐

yr7M_17c_scratch · yr7M_17c_red · yr7M_17c_bump · yr7M_17c_infect · yr7M_17c_dry · yr7M_17c_hives

17d. Has this skin problem been coming and going for at least:

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
6 months	☐	☐	☐	☐	☐	☐
1 month	☐	☐	☐	☐	☐	☐

yr7M_17d_scratch · yr7M_17d_red · yr7M_17d_bump · yr7M_17d_infect · yr7M_17d_dry · yr7M_17d_hives

17e. Has this skin problem cleared completed at any time during the last 12 months?

Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

yr7M_17e_scratch · yr7M_17e_red · yr7M_17e_bump · yr7M_17e_infect · yr7M_17e_dry · yr7M_17e_hives

17f. In the last 12 months, how often, on average, has your child been kept awake at night by an itchy rash?

- ☐ Never
- ☐ Less than 1 night per week
- ☐ 1+ nights per week

yr7M_17f

3650

Though we asked you this before we need to update our records and the ability to describe our families we would like to ask you a few background questions. Again, all information will be kept confidential.

18. What is the highest grade the child's mother completed:

- ☐ Did not finish high school
- ☐ High school or GED
- ☐ Some college or trade school (up to 3 years)
- ☐ College
- ☐ Graduate school

yr7M_18

19. What is the highest grade the child's father completed:

- ☐ Did not finish high school
- ☐ High school or GED
- ☐ Some college or trade school (up to 3 years)
- ☐ College
- ☐ Graduate school

yr7M_19

20. What is the total household income a year for your child's family?

- ☐ Under 9999
- ☐ 10,000 to 19,999
- ☐ 20,000 to 29,999
- ☐ 30,000 to 39,999
- ☐ 40,000 to 49,999
- ☐ 50,000 to 69,999
- ☐ 70,000 to 89,999
- ☐ 90,000 to 109,999
- ☐ Over 110,000

yr7M_20