BASELINE PART I-FOR ALL PARENTS

Who is filling out this questionnaire, your baby's biological mother or father?

QQ_00PRT

- ◉ Mother
- ◉ Father
- ◉ Both parents

Rx admin

1. "Was your baby born with any of the following conditions?

[IF ANY OF THE FOLLOWING ARE MARKED NOTIFY NURSE]

Child Elig. Criteria

- ☐ HIV (Human immunodeficiency virus-the human virus that can cause AIDS) → QQ_01HIV
- ☐ Hyper IgE Syndrome (an immunodeficiency syndrome characterized by recurrent bacterial infections, particularly of the skin, and markedly elevated IgE [Immunoglobulin E] levels) → QQ_02IGE
- ☐ Wiskott-Aldrich Syndrome (a disorder occurring in male children causing bacterial infections and eczema) → QQ_03WAS
- ☐ Netherton's Syndrome (congenital syndrome associated with irregular allergy symptoms and mental retardation) → QQ_04NET
- ☐ History of bleeding diathesis (spontaneous bleeding from trivial trauma caused by a defect in clotting or a flaw in the structure of blood vessels) → QQ_05BLO
- ☐ None of the above → QQ_06NON

I. Family Members in Your Home

Familial Characteristics / Expo. RI / ETS / Parent Symptoms / Sib Symptoms / CROWDING / Infection / dyposure

1. Please list the family members who currently live in your baby's home and answer the questions for each person. A family member is a resident of your baby's home if he/she would consider this their home address also. List all adults (be sure to include yourself) and all children (be sure to include your baby) that are family members in your home.

Q1_01FAM | Q1_01MON | Q1_01HAY | Q1_01ALG | Q1_01ASM | Q1_01SMK

Relationship to your baby	Gender Q1_01SEX	Birth date Q1_01DAY Q1_01YEAR	Does this person have seasonal hay fever?	Does this person have year around nasal allergies?	Does this person have asthma?	Current Smoker?
☒relationship (see bottom*)	◉ Male ◉Female	☒Month ☒Day ☒Year	◉ Yes ◉ No ◉ Don't Know	◉ Yes ◉ No ◉ Don't Know	◉ Yes ◉ No ◉Don't Know	◉ Yes ◉ No
☒relationship (see bottom*) Q1_02FAM	◉ Male ◉Female Q1_02SEX	☒Month ☒Day ☒Year	◉ Yes ◉ No Q1_02HAY ◉ Don't Know	◉ Yes ◉ No Q1_02ALG ◉ Don't Know	◉ Yes ◉ No Q1_02ASM ◉Don't Know	◉ Yes ◉ No Q1_02SMK
☒relationship (see bottom*) Q1_03FAM	◉ Male ◉Female Q1_03SEX	☒Month ☒Day ☒Year	◉ Yes ◉ No Q1_03HAY ◉ Don't Know	◉ Yes ◉ No Q1_03ALG ◉ Don't Know	◉ Yes ◉ No Q1_03ASM ◉Don't Know	◉ Yes ◉ No Q1_03SMK
☒relationship Q1_04FAM	◉ Male ◉Female Q1_04SEX	☒Month ☒Day ☒Year	◉ Yes ◉ No Q1_04HAY ◉ Don't Know	◉ Yes ◉ No Q1_04ALG ◉ Don't Know	◉ Yes ◉ No Q1_04ASM ◉Don't Know	◉ Yes ◉ No Q1_04SMK
☒relationship Q1_05FAM	◉ Male ◉Female Q1_05SEX	☒Month ☒Day ☒Year	◉ Yes ◉ No Q1_05HAY ◉ Don't Know	◉ Yes ◉ No Q1_05ALG ◉ Don't Know	◉ Yes ◉ No Q1_05ASM ◉Don't Know	◉ Yes ◉ No Q1_05SMK

Goesthrough Q1_20

☒ Click on this box when you have finished.[*Baby's self, Mother, Father, Brother, Sister, Grandmother, Grandfather, Aunt, Uncle, Cousin, Step-mother, Step-father, Step-brother, Step-sister, Step-grandmother, Step-grandfather] [COMPUTER WILL ALLOW MORE ENTRIES]

ETS

2. How many people visit your home about 8 hours or more per week who smoke inside your home? ☒ 0 – 12 or more

Q1_02PEEPL

Symbol Key: ◉ Allows only one option to be selected ☐ Allows all that apply to be selected ☒ Allows selection of response [ ] Open text box

POP UP WINDOW FOR SMOKING "YES" ETS

In the chart below please mark each kind of tobacco this person uses, how much they use and if they use it inside the baby's house.

What does this person smoke?	How much does this person smoke?	Does this person smoke this kind inside the baby's home?
☐ Cigarettes Q1_01CIG	☒ see bottom Q1_01AMTCIG	◉ No ◉ Yes Q1_01LOCCIG
☐ Pipe Q1_01PIP	Q1_01AMTPIP	◉ No ◉ Yes Q1_01LOCPIP
☐ Cigar Q1_01CGR	Q1_01AMTCGR	◉ No ◉ Yes Q1_01LOCCGR
☐ Marijuana Q1_01POT	Q1_01AMTPOT	◉ No ◉ Yes Q1_01LOCPOT
☐ Other Q1_01OTH		◉ No ◉ Yes Q1_01LOCOTH
☐ None		

Goes through Q1_20 (for each relationship)

For cigarettes: more than 4 packs/day
4 packs/day
3½ packs/day
3 packs/day
2½ packs/day
2 packs/day
1½ packs/day
1pack/day
½ pack/day
2-4 cigarettes/day
1 cigarette/day
less than 1 cigarette/day

For pipe: less than 1 - more than 21 times/week
For cigar: less than 1 – more than 21 cigars/week
For marijuana: less than 1 – more than 21 joints/week

Animal / Expo / Endo Surrogate / Intervention Effect

II. Animals and Pets

1. Please mark any of the following you have as pets and identify one of the 3 categories for where they spend their time.

No Yes		How Many?	Indoors only	Outdoors only	Both indoors and outdoors	How often do you give your pet a bath?
Q2_01PET → ◉ ◉	Bird	Q2_01NUM ☒	◉	◉ Q2_01LOC → ◉		☒ Q2_01WSH
Q2_02PET ◉ ◉	Cat	Q2_02NUM ☒	◉	◉ Q2_02LOC ◉		☒ Q2_02WSH
Q2_03PET ◉ ◉	Dog	Q2_03NUM ☒	◉	◉ Q2_03LOC ◉		☒ Q2_03WSH
Q2_04PET ◉ ◉	Fish	Q2_04NUM ☒	◉	◉ Q2_04LOC ◉		☒ Q2_04WSH
Q2_05PET ◉ ◉	Guinea pig	☒ Q2_05NUM	◉	◉ Q2_05LOC ◉		☒ Q2_05WSH
Q2_06PET ◉ ◉	Hamster	☒ Q2_06NUM	◉	◉ Q2_06LOC ◉		☒ Q2_06WSH
Q2_07PET ◉ ◉	Horse	☒ Q2_07NUM		◉ Q2_07LOC		☒ Q2_07WSH
Q2_08PET ◉ ◉	Mouse	☒ Q2_08NUM	◉	◉ Q2_08LOC ◉		☒ Q2_08WSH
Q2_09PET ◉ ◉	Rabbit	☒ Q2_09NUM	◉	◉ Q2_09LOC ◉		☒ Q2_09WSH
Q2_10PET ◉ ◉	Rat	☒ Q2_10NUM	◉	◉ Q2_10LOC ◉		☒ Q2_10WSH
Q2_11PET ◉ ◉	Other furry Animal	☒ Q2_11NUM	◉	◉ Q2_11LOC ◉		☒ Q2_11WSH
Q2_12PET ◉ ◉	Other farm animal	☒ Q2_12NUM	◉	○ Q2_12LOC ♡		☒ Q2_12WSH

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III. Your baby

Child Eating Habits / Food Allergen

1. **Fill in the chart below for the different types of milk (breast milk, formula, or whole milk/low fat milk) that you have fed your baby. Start with the first type of milk that you fed your baby. Mark how long they were on each type by weeks or months.**

	What type of milk?	When did your baby first have this?	For how long?
First type	☒[Types*]	☒[1-36] Weeks	☒[1-36] Weeks OR ☒[1-6] months
Second type	☒[Types*]	☒[1-36] Weeks	☒[1-36] Weeks OR ☒[1-6] months
Third type	☒[Types*]	☒[1-36] Weeks	☒[1-36] Weeks OR ☒[1-6] months

Q3_11TYP Q3_11BEG Q3_11WKS
Q3_12TYP Q3_12BEG Q3_12WKS
Q3_13TYP Q3_13BEG Q3_13WKS

[*breast milk, Enfamil, Similac, Prosobee, Nursoy, Isomil, Nutramigen, Pregestamil, Alimentum, Carnation, Nan, LactoFree, Kroger store brand, Wal-mart store brand, Meijer store brand,Whole milk, 2% or other low-fat milk, goat's milk, other.]

2. **Since birth, has your baby had a problem with sneezing, or a runny nose, or a stuffy nose when he / she DID NOT have a cold or the flu?** ◉ No ◉ Yes Q3_20NOS

Rhinitis

POP UP IF YES TO SNEEZING, RUNNY/STUFFY NOSE QUESTION

Rhinitis

a. **Did he / she have itchy (baby rubbed eyes) and watery eyes at the same time as this nose problem?** Q3_21EYS
◉ No ◉ Yes

b. **In which months did this nose problem occur? Check all that apply.** Q3_22JAN

Pollen Surrogate
Dust / Mold

☐ January	☐ April Q3_22APR	☐ July Q3_22JUL	☐ October Q3_22OCT
☐ February	☐ May Q3_22MAY	☐ August Q3_22AUG	☐ November Q3_22NOV
☐ March	☐ June Q3_22JUN	☐ September	☐ December Q3_22DEC

Q3_22FEB Q3_22MAR Q3_22SEP

c. **How much did this nose problem interfere with your baby's sleep?**
◉ Not at all
◉ A little Q3_23CRY
◉ A moderate amount
◉ A lot

Child Sleep

~~d. Does this nose problem occur...~~ Q3_24OCC

2. **Since birth, has your baby had a problem with an itchy rash that has been coming and going? (DO NOT count diaper rash.)** ◉ No ◉ Yes Q3_30ITZ

Skin / Eczema

POP UP IF YES TO RASH QUESTION

a. **Where was this rash? Check all that apply.**

Q3_31NEK ☐ Neck	☐ Knees Q3_31NEZ
Q3_31ERS ☐ Ears	☐ Ankles Q3_31ANK
Q3_31EYS ☐ Eyes	☐ Buttocks Q3_31BUT
Q3_31BOS ☐ Elbows	☐ Other Q3_31OTH

b. **At what age did this itchy rash first occur?** ☒ 1 – 12 months Q3_32AGE

c. **Has this rash cleared completely at any time?** ◉ No ◉ Yes Q3_33BYE

Symbol Key: ◉ Allows only one option to be selected ☐ Allows all that apply to be selected ☒ Allows selection of response [ ] Open text box

Skin / Eczema

Child Sleep

d. How often, on average has your baby been kept awake at night by this itchy rash? ☐ Never bothered
Less than 1 night per week Q3_34CRY
1 or more nights per week

Wheeze / Asthma

3. Since birth, has your baby had a problem…

No	Yes		How many has the baby had since birth?	
◉	◉	with wheezing or whistling in the chest with a cold? Q3_41WHZ	☐ 1-12 or more	Q3_41NUM
◉	◉	with wheezing or whistling in the chest without a cold? Q3_42WHZ	☐ 1-12 or more	Q3_42NUM
◉	◉	with his/her sleep being disturbed due to wheezing? Q3_43WHZ	☐ 1-12 or more	Q3_43NUM
◉	◉	with a dry cough at night, apart from a cough associated with a cold or chest infection? Q3_44WHZ	☐ 1-12 or more	Q3_44NUM

POP UP FOR YES TO EACH WHEEZING QUESTION
Did s/he have an urgent visit to a doctor, a clinic, or a hospital emergency room because of the wheezing or whistling? ◉ No ◉ Yes Q3_41DOC … Q3_44DOC

4. Since birth has your baby had…

No	Yes		How many has the baby had since birth?	
◉	◉	a cold? Q3_51BRR	☐ 1-12 or more	Q3_51NUM
◉	◉	an ear infection? Q3_52ERR	☐ 1-12 or more	Q3_52NUM
◉	◉	a sinus infection?	☐ 1-12 or more	Q3_53NUM
◉	◉	a viral infection? Q3_54VIR	☐ 1-12 or more	Q3_54NUM
◉	◉	pneumonia? Q3_55NEW	☐ 1-12 or more	Q3_55NUM

URI Q3_53SUS

URI / LRI / Systemic LRI

IV. Demographic

In order for us to describe our families we would like to ask you a few background questions. Again, all information will be kept confidential.

Familial Characteristics all this section

1. What is the highest grade the baby's mother completed:

◉ Did not finish high school Q4_01EDU
◉ High school or GED
◉ Some college or trade school (up to 3 years)
◉ College (4 years or more)
◉ Graduate school

2. What is the highest grade the baby's father completed:

◉ Did not finish high school Q4_02EDU
◉ High school or GED
◉ Some college or trade school (up to 3 years)
◉ College (4 years or more)
◉ Graduate school

Symbol Key: ◉ Allows only one option to be selected ☐ Allows all that apply to be selected ☒ Allows selection of response [ ] Open text box

3. **How do you currently pay for your baby's doctor's visits?**

- ◉ Cash only
- ◉ Health insurance plan from work
- ◉ CHIP
- ◉ Medicaid or medicare
- ◉ BCMH

Q4_03PAY

4. **What is the total household income a year for your baby's family?**

- ◉ Under $9,999
- ◉ $10,000 - $19,999
- ◉ $20,000 - $29,999
- ◉ $30,000 - $39,999
- ◉ $40,000 - $49,999
- ◉ $50,000 - $69,999
- ◉ $70,000 - $89,999
- ◉ $90,000 - $109,999
- ◉ Over $110,000

Q4_04INC

Symbol Key: ◉ Allows only one option to be selected ☐ Allows all that apply to be selected ☒ Allows selection of response [ ] Open text box