



23576

Qx admin → ID
 " → Year 1 2 3 4 5
 " → Date / /
 DATE

CCAAPS Child's Doctor Visit

PLEASE BRING TO YOUR CHILD'S ALLERGY APPOINTMENT.

Directions: Use black or blue ink. Please read each question carefully and mark or fill in your response the best you can. For words and letters, please print in capital letters and avoid contact with the edge of the box. For numbers please fill in all boxes, adding zeros **before** your answer when necessary. For selections please mark the box with an "X". If you make a mistake put an "X" on the appropriate response and circle that selection.

The following will serve as examples:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

05

I. General/Demographic information

1. What is your relationship to the child?

- Biological Mother
- Biological Father
- Both Parents
- Legal Guardian

Qx admin
 I-1-RELATION

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

months *Location data*
 I-2-MONTHS

II. The Child's Primary Home

3. How is your home cooled during hot periods in the summer?
(Mark all that apply)

No Yes

- Central air conditioning *II-4-CENTRAL*
- Window-unit air conditioning *II-4-UNIT*
- Open windows (with or without fan) *II-4-WINDOW*
- About half open windows and half air conditioner *II-4-HALF*
- Fan(s) *II-4-FANS*

House charact. /
Pollen Surrogate Expo. /
 DEP



23576

ID-02

Qx admin ID

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For optimum accuracy, please print in capital letters, avoid contact with the edge of the box and use black or blue ink. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please also fill in blanks with leading zeros and mark all check boxes with an "X".

0	5
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Example:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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4. How is your home heated during the winter?
(Mark all that apply)

No Yes

- Electric furnace II-5-ELECTRIC
- Gas furnace II-5-GAS
- Heating oil furnace II-5-OIL
- Coal furnace II-5-COAL
- Space heaters II-5-SPACE
- Wood burning stove II-5-WOOD-STOVE
- Coal burning stove II-5-COAL-STOVE
- Electric baseboards II-5-ELEC-BASEBOARD
- Other II-5-OTHER

House charact. /

Indoor Combustibles

5. How is the heat primarily distributed throughout your house?

No Yes

- Forced air II-6-AIR
- Radiators II-6-RADIATOR
- Base board (Electrical) II-6-BASE-BOARD
- Other II-6-OTHER

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

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hours per day

ETS

II-9-SMOKE-AREA



Familial Characteristics/
Expo. to Resp. Infections/
ETS / Parent Symptoms / Sibling Symptoms

Qx admin ID

ID-03

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7. Please list all of the people who currently live in your child's home and consider this their home address. List all adults (be sure to include yourself) and all children (be sure to include your child).

Relationship to your child	Birth Date	Current smoker?	Smokes inside the child's home?	Does this person have allergies?
<p>1. II-8-RELATION-01</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-01</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-01</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-01</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-01</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>2. II-8-RELATION-02</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-02</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-02</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-02</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-02</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>3. II-8-RELATION-03</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-03</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-03</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-03</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-03</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>4. II-8-RELATION-04</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-04</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-04</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-04</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-04</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>5. II-8-RELATION-05</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-05</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-05</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-05</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-05</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>6. II-8-RELATION-06</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-06</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-06</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-06</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-06</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>7. II-8-RELATION-07</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-07</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-07</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-07</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-07</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>8. II-8-RELATION-08</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-08</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-08</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-08</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-08</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>9. II-8-RELATION-09</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-09</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-09</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-09</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-09</p> <input type="checkbox"/> N <input type="checkbox"/> Y
<p>10. II-8-RELATION-10</p> <input type="checkbox"/> Child's Self <input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Other	<p>II-8-DATE-10</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>II-8-SMOKER-10</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-SMOKE-HOME-10</p> <input type="checkbox"/> N <input type="checkbox"/> Y	<p>II-8-ALLERGIES-10</p> <input type="checkbox"/> N <input type="checkbox"/> Y

Animal Exposure / Endotoxin Surrogates / Intervention Effect

ID

Example:

9. Do you have any of the following pets? IF YES, how many do you have? Does the pet primarily spend their time indoors, outdoors or both? How often do you bathe your pet?

		In coding, if No is checked it really is Yes per Jeff 8/20/03				On average, how many times a year do you give your pet a bath? If never put '00'	
No	Yes	IF YES →	How Many	Indoors Only	Outdoors Only	Both Indoors & Outdoors	
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-BIRD Bird	II-11-Num-BIRD <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-BIRD <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-CAT Cat	II-11-Num-CAT <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-CAT <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-DOG Dog	II-11-Num-DOG <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-DOG <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-AQUA- Aquatic Pet	II-11-Num-AQUA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-AQUA <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-GUINEA Guinea Pig	II-11-Num-GUINEA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-GUINEA <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-HAMSTER Hamster	II-11-Num-HAMSTER <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-HAMSTER <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-HORSE Horse	II-11-Num-HORSE <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-HORSE <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-MOUSE Mouse	II-11-Num-MOUSE <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-MOUSE <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-RABBIT Rabbit	II-11-Num-RABBIT <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-RABBIT <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-RAT Rat	II-11-Num-RAT <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-RAT <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-OTH-FURRY Other Furry Animal	II-11-Num-OTH-FURRY <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-OTH-FURRY <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	II-11-YN-OTH-FARM Other Farm Animal	II-11-Num-OTH-FARM <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II-11-BATH-OTH-FARM <input type="text"/>



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ID-06

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10. Does your child currently live on a farm with livestock?

No

Animal Expo /

Yes

II-12-CHILD-FARM Endo. Surrogate

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

4 or more hours/day

3 hours/day

2 hours/day

1 hour/day

less than 1 hour/day

None

DEP

II-13-CHILD-AUTOMOBILE

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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please also fill in blanks with leading zeros and mark all check boxes with an "X".

0	5
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Example:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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12. When your child is riding in the car/van/truck/bus, how often does someone smoke?

Most of the time

Occasionally

Hardly ever

Never

ETS

II-14-SMOKE-AUTOMOBILE

13. In the past 12 months, how many times did you or the property manager use bug spray or powder in your home?

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Pesticide
II-15-BUG-SPRAY

14. 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

Mold

II-16-ROOMS-MOLD

ID

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15. In the past 12 months, were any of the following done to remove mold or mildew: (Mark all that apply)

- Regular Vacuum
- HEPA Vacuum
- Wet Vacuum
- Damp Wipe
- With Water
- Disinfectant (example: Clorox)
- Throw Items Away
- Other
- None

Mold /
Intervention
Effect
II-17-REMOVE-MOLD

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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please also fill in blanks with leading zeros and mark all check boxes with an "X".

0 5 Example:

16. Does the bed where your child primarily sleeps have a plastic cover?

- No
- Yes

II-18-BED-COVER
Dust Mite /
Intervention Effect

17. What water temperature do you use when washing sheets, blankets and pillowcases?

- Cold
- Warm
- Hot

II-19-TEMP-WASH

18. During the months from November through March, about how many weeks do you use a humidifier ?

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weeks (00 for none, 21 for all)

II-20-HUMIDIFIER

Mold / Dust Mite /
Intervention Effect
Expo. to Respiratory Inf. (confounder)

III. Foods

19. Since birth, how many months did your child receive breast milk?

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months (00 for none)

III-21-BREAST-MILK

Child Eating Habits / ~~Expo. to Resp Inf.~~

20. Currently, during an average week how often does your child eat any of the following:

	Never	Less than 1 time per week	1-2 times per week	3-4 times per week	5-7 times per week
Raw Citrus Fruit / Kiwi (orange, grapefruit, tangerine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw Green Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III-22-CITRUS

III-22-GREEN-VEG



23576

10-08

ID [] [] [] [] [] []

IV. Medication / Doctor's Visits

21. In the past 12 months, how many times has your child been to the doctor/nurse practitioner for a well-baby visit?

[] []

IV-23-WELL-BABY
Doctor Visits

22. In the past 12 months, how many times has your child been to the doctor/nurse practitioner because he/she was sick?

[] []

IV-24-SICK
Doctor Visits

23. In the past 12 months, did your child take any of the following?

No Yes

- Vitamins IV-25-VITAMINS
- Antibiotics IV-25-ANTIBIO
- Cough syrup IV-25-COUGH-SYRUP
- Cold medicine/decongestant IV-25-COLD-MED
- Ear drops IV-25-EAR-DROP
- Nose drops IV-25-NOSE-DROP
- Skin cream for diaper rash IV-25-SKIN-DIAPER
- Skin cream for other rash IV-25-SKIN-OTH-RASH
- Pain reliever/Fever reducer IV-25-PAIN-FEVER
- Other

↑
IV-25-OTHER

24. In the past 12 months, has your child received any of the following immunizations?

No Yes

- Hep B (Hepatitis B) IV-26-HEPB
- DTaP (Diphtheria, Tetanus, Pertussis) IV-26-DTAP
- Hib (Haemophilus influenzae type 3b) IV-26-HIB
- IPV (Inactivated polio) IV-26-IPV
- MMR (Measles, Mumps, Rubella) IV-26-MMR
- Varicella (Chicken Pox) IV-26-POX
- PCV (Pneumococcal) IV-26-PCV
- Hepatitis A IV-26-HEPA
- Influenza IV-26-FLU
- Other

↑
IV-26-OTH

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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please also fill in blanks with leading zeros and mark all check boxes with an "X".

[0] [5]

Example: