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CCAAPS Child's Fourth Doctor Visit

ID [redacted] YR4__id

Child's Initials [ ][ ][ ] (F M L) YR4_child_IN

Date [ ][ ] / [ ][ ] / [ ][ ] YR4__Date
Mo. Dy. Yr.

Child's Birthdate [ ][ ] / [ ][ ] / [ ][ ]
Mo. Dy. Yr.
YR4__Child_B_Day

Section A. General information

1. What is your relationship to the child?

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

YR4_A_1_Relation

2. When you /your child's mother were pregnant with your child did you have any of the following animals present in your home?

No	Yes	IF YES →	How Many	Indoors Only	Outdoors Only	Both Indoors & Outdoors
			YR4_A_2_Num_Bird			
☐	☐	Bird YR4_A_2_YN_Bird		☐ YR4_A_2_bird_in_outdoors		
☐	☐	Cat YR4_A_2_num_cat		☐ YR4_A_2_cat_in_outdoors		
☐	☐	Dog YR4_A_2_num_Dog		☐ YR4_A_2_dog_in_outdoors		
☐	☐	Aquatic Pet YR4_A_2_num_Aquatic		☐ YR4_A_2_aquatic_in_outdoors		
☐	☐	Guinea Pig YR4_A_2_num_Guinea		☐ YR4_A_2_guinea_in_outdoors		
☐	☐	Hamster YR4_A_2_num_Hamster		☐ YR4_A_2_hamster_in_outdoors		
☐	☐	Horse YR4_A_2_num_horse		☐ YR4_A_2_horse_in_outdoors		
☐	☐	Mouse YR4_A_2_num_mouse		☐ YR4_A_2_mouse_in_outdoors		
☐	☐	Rabbit YR4_A_2_num_rabbit		☐ YR4_A_2_rabbit_in_outdoors		
☐	☐	Rat YR4_A_2_num_rat		☐ YR4_A_2_rat_in_outdoors		
☐	☐	Other Furry Animal YR4_A_2_num_furry		☐ YR4_A_2_furry_in_outdoors		
☐	☐	Other Farm Animal YR4_A_2_num_farm		☐ YR4_A_2_farm_in_outdoors		
	☐	No Animals YR4_A_2_Y_None				

YR4_A_2_YN_Cat
YR4_A_2_YN_Dog
YR4_A_2_YN_Aquatic
YR4_A_2_YN_Guinea
YR4_A_2_YN_Hamster
YR4_A_2_YN_Horse
YR4_A_2_YN_Mouse
YR4_A_2_YN_Rabbit
YR4_A_2_YN_Rat
YR4_A_2_YN_Furry
YR4_A_2_YN_Farm

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3. How many pregnancies have you /your child's mother had? (including CCAAPS child)

☐☐ YR4_A_3_num_preg_had

4. How many livebirths have you /your child's mother pregnancies resulted in? (including CCAAPS child)

☐☐ YR4_A_4_num_live_births

Section B. The Child's Primary Home

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

☐☐ months YR4_B_5_num_months

6. Have you moved since your child's last visit for a SPT?

☐ No
☐ Yes YR4_B_6_YN_moved

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

No	Yes		IF Yes	
☐	☐	YR4_B_7_YN_CenAir Central air conditioning	→	☐☐ YR4_B_7_num_hrs_CenAir About how many hours per day?
☐	☐	YR4_B_7_YN_WinAir Window-unit air conditioning	→	☐☐ YR4_B_7_num_hrs_WinAir About how many hours per day?
☐	☐	YR4_B_7_YN_window Open windows (with or without fan)	→	☐☐ YR4_B_7_num_hrs_window About how many hours per day?
☐	☐	YR4_B_7_YN_half About half open windows and half air conditioner		
☐	☐	YR4_B_7_YN_fan Fan(s)	→	☐☐ YR4_B_7_num_hrs_fan About how many hours per day?

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8. How is your home heated during the winter?
(Mark all that apply)

No	Yes		
☐	☐	Electric furnace	→ YR4_B_8_YN_E_Furnace
☐	☐	Gas furnace	→ YR4_B_8_YN_G_furnace
☐	☐	Heating oil furnace	→ YR4_B_8_YN_O_furnace
☐	☐	Coal furnace	→ YR4_B_8_YN_C_furnace
☐	☐	Space heaters	→ YR4_B_8_YN_heater
☐	☐	Wood burning stove	→ YR4_B_8_YN_woodstove
☐	☐	Coal burning stove	→ YR4_B_8_YN_C_Stove
☐	☐	Electric baseboards	→ YR4_B_8_YN_E_Baseboards
☐	☐	Other	→ YR4_B_8_YN_OTHER

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

No	Yes		
☐	☐	Forced air	→ YR4_B_9_YN_air
☐	☐	Radiators	→ YR4_B_9_YN_radiator
☐	☐	Base board (Electrical)	→ YR4_B_9_YN_e_baseboard
☐	☐	Other	→ YR4_B_9_YN_other

10. 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. Area does not have to be the same room.

☐☐ hours per day → YR4_B_10_num_hrs_Smoking

11. Does/Did your child's maternal grandmother ever smoke cigarettes?

☐ No → YR4_B_11_YNDK_Grdma_cig

☐ Yes

☐ Don't know

11a. If yes, did she smoke during her pregnancy with you /your child's mother?

☐ No

☐ Yes

☐ Don't know

YR4_B_11a_YNDK_smoke_preg

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12. 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 Year	Current smoker?	Number of Cigarettes /Day	Smokes inside the child's home?	Does this person have allergies?
Child's Self					
12a. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12a_Year	☐ N ☐ Y YR4_B_12a_YN_Smoker	YR4_B_12a_num_cig	☐ N ☐ Y YR4_B_12a_YN_Smoke_inside	☐ N ☐ Y YR4_B_12a_YN_allergies
12b. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12b_Year	☐ N ☐ Y YR4_B_12b_YN_Smoker	YR4_B_12b_num_cig	☐ N ☐ Y YR4_B_12b_YN_Smoke_inside	☐ N ☐ Y YR4_B_12b_YN_allergies
12c. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12c_Year	☐ N ☐ Y YR4_B_12c_YN_Smoker	YR4_B_12c_num_cig	☐ N ☐ Y YR4_B_12c_YN_Smoke_inside	☐ N ☐ Y YR4_B_12c_YN_allergies
12d. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12d_Year	☐ N ☐ Y YR4_B_12d_YN_Smoker	YR4_B_12d_num_cig	☐ N ☐ Y YR4_B_12d_YN_Smoke_inside	☐ N ☐ Y YR4_B_12d_YN_allergies
12e. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12e_Year	☐ N ☐ Y YR4_B_12e_YN_Smoker	YR4_B_12e_num_cig	☐ N ☐ Y YR4_B_12e_YN_Smoke_inside	☐ N ☐ Y YR4_B_12e_YN_allergies
12f. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12f_Year	☐ N ☐ Y YR4_B_12f_YN_Smoker	YR4_B_12f_num_cig	☐ N ☐ Y YR4_B_12f_YN_Smoke_inside	☐ N ☐ Y YR4_B_12f_YN_allergies
12g. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12g_Year	☐ N ☐ Y YR4_B_12g_YN_Smoker	YR4_B_12g_num_cig	☐ N ☐ Y YR4_B_12g_YN_Smoke_inside	☐ N ☐ Y YR4_B_12g_YN_allergies
12h. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12h_Year	☐ N ☐ Y YR4_B_12h_YN_Smoker	YR4_B_12h_num_cig	☐ N ☐ Y YR4_B_12h_YN_Smoke_inside	☐ N ☐ Y YR4_B_12h_YN_allergies
12i. ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	YR4_B_12i_Year	☐ N ☐ Y YR4_B_12i_YN_Smoker	YR4_B_12i_num_cig	☐ N ☐ Y YR4_B_12i_YN_Smoke_inside	☐ N ☐ Y YR4_B_12i_YN_allergies

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13. Because we are studying air pollution by area we need a list of the places where your child spends his or her time. Include all babysitters, daycare providers, preschools, schools or relatives if your child spends more than 8 hours per week at an address different from his/her home. Start with your home first. When counting the number of hours include both the time the child is awake and asleep. We would also like to know about how many other children are usually around your child at each location. If you are not sure give your best guess.

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

Place and Address With Zip Code (Get as complete as possible)

How many hours does your child spend there per week?

How many other children are usually there at the same time?

YR4_B_13a_location

☐ Home ☐ Preschool
☐ Daycare ☐ School
☐ Relative ☐ Other

YR4_B_13a_hrs ☐☐☐ hours per week

YR4_B_13a_children ☐☐☐ other children

Street or name of school YR4_B_13a_street

City YR4_B_13a_city

~~YR4_B_13a_~~

State YR4_B_13a_state Zip YR4_B_13a_zip

YR4_B_13b_location

☐ Home ☐ Preschool
☐ Daycare ☐ School
☐ Relative ☐ Other

YR4_B_13b_hrs ☐☐☐ hours per week

YR4_B_13b_children ☐☐☐ other children

YR4_B_13b_street

Street or name of school

YR4_B_13b_city City

State YR4_B_13b_state Zip YR4_B_13b_zip

YR4_B_13c_location

☐ Home ☐ Preschool
☐ Daycare ☐ School
☐ Relative ☐ Other

YR4_B_13c_hrs ☐☐☐ hours per week

YR4_B_13c_children ☐☐☐ other children

YR4_B_13c_street

Street or name of school

YR4_B_13c_city City

State YR4_B_13c_state Zip YR4_B_13c_zip

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14. 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?

No	Yes	IF YES →	How Many	Indoors Only	Outdoors Only	Both Indoors & Outdoors	On average, how many times a year do you give your pet a bath? If never put '00'
☐	☐	Bird	☐☐	YR4_B_14_bird_in_outdoors	☐	☐	YR4_B_14_bird_times
☐	☐	Cat	☐☐	YR4_B_14_cat_in_outdoors	☐	☐	YR4_B_14_cat_times
☐	☐	Dog	☐☐	YR4_B_14_dog_in_outdoors	☐	☐	YR4_B_14_dog_times
☐	☐	Aquatic Pet	☐☐	YR4_B_14_acquatic_in_outdoors	☐	☐	
☐	☐	Guinea Pig	☐☐	YR4_B_14_guinea_in_outdoors	☐	☐	YR4_B_14_guinea_times
☐	☐	Hamster	☐☐	YR4_B_14_hamster_in_outdoors	☐	☐	YR4_B_14_hamster_times
☐	☐	Horse	☐☐		☐		YR4_B_14_horse_times
☐	☐	Mouse	☐☐	YR4_B_14_mouse_in_outdoors	☐	☐	YR4_B_14_mouse_times
☐	☐	Rabbit	☐☐	YR4_B_14_Rabbit_in_outdoors	☐	☐	YR4_B_14_Rabbit_times
☐	☐	Rat	☐☐	YR4_B_14_Rat_in_outdoors	☐	☐	YR4_B_14_Rat_times
☐	☐	Other Furry Animal	☐☐	YR4_B_14_furry_in_outdoors	☐	☐	YR4_B_14_furry_times
☐	☐	Other Farm Animal	☐☐		☐		YR4_B_14_farm_times
	☐	No Animals					

YR4_B_14_YN_Bird
YR4_B_14_bird_amount
YR4_B_14_YN_cat
YR4_B_14_Cat_amount
YR4_B_14_YN_Dog
YR4_B_14_Dog_amount
YR4_B_14_YN_acquatic
YR4_B_14_acquatic_amount
YR4_B_14_YN_Guinea
YR4_B_14_guinea_amount
YR4_B_14_YN_Hamster
YR4_B_14_hamster_amount
YR4_B_14_YN_Horse
YR4_B_14_horse_amount
YR4_B_14_YN_Mouse
YR4_B_14_mouse_amount
YR4_B_14_YN_Rabbit
YR4_B_14_rabbit_amount
YR4_B_14_YN_Rat
YR4_B_14_Rat_amount
YR4_B_14_YN_furry
YR4_B_14_furry_amount
YR4_B_14_YN_farm
YR4_B_14_farm_amount

15. What pets sleep in your child's bed?

☐ None ☐ Cat ☐ Dog ☐ Other Furry YR4_B_15_pet_bed

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

☐ No ☐ Yes YR4_B_16_YN_farm

17. What school will your child attend for first grade?

YR4_B_17_School_attend

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18. How will your child get to and from school?

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

YR4_B_18_travel_school

19. 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

YR4_B_19_hrs_vehicle

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

- ☐ Most of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

YR4_B_20_vehicle_smoking

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

☐☐ YR4_B_21_times_spray

22. 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

YR4_B_22_mold_mildew

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23. 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

YR4_B_23_vacuum

24. What type of vacuum do you use?

- ☐ HEPA Vacuum
- ☐ Wet Vacuum
- ☐ Regular Vacuum
- ☐ Other
- ☐ None

YR4_B_24_type_vacuum

25. If you used a free-standing air-purifier in your child's room or play area in the past 12 month, what type did you use?

- ☐ HEPA Vacuum
- ☐ Non-HEPA
- ☐ Other
- ☐ Did Not Use

YR4_B_25_type_purifier

25a. If you used a free-standing air-purifier, how often was it used?

- ☐ Not often
- ☐ Most of the time throughout the year

YR4_B_25a_freq_purifier

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26. In the past 12 months, have you removed any carpeting in your home and replaced it with wood, tile or cement?

☐ No (If no skip to question 27)

☐ Yes

YR4_B_26_removed_carpet

26a. In which room(s)?

☐ Child's bedroom
☐ Other bedroom
☐ Living room
☐ Family room
☐ Dining room
☐ Kitchen
☐ Bathroom
☐ Basement
☐ Laundry room
☐ Other room

YR4_B_26a_rem_carpet_room

27. Does the bed where your child primarily sleeps have a plastic cover or allergy-proof encasing?

☐ No ☐ Yes

YR4_B_27_YN_bed_cover

28. Does the pillow your child uses have a plastic cover?

☐ No ☐ Yes

YR4_B_28_YN_pillow_cover

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

☐ Cold
☐ Warm
☐ Hot

YR4_B_29_temp_wash

30. When washing sheets, blankets, and pillowcases, do you use bleach or detergent with bleach?

☐ No ☐ Yes

YR4_B_30_YN_bleach_deter

31. On average, how often do you wash/change your child's sheets per month?

☐☐ Month

YR4_B_31_times_wash

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

☐☐ weeks (00 for none, 21 for all)

YR4_B_32_times_humidifier

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33. In the past 12 months have you used a dehumidifier?

☐ No ☐ Yes YR4_B_33_YN-dehumidifier

33a. What type of dehumidifier did you use?

☐ Attached to Heating/Cooling System YR4_B_33a_type_dehumidifier

☐ Free Standing

33b. About how many weeks in the past 12 months did you use a dehumidifier?

☐☐ weeks YR4_B_33b_times_dehumidifier

34. During the months from May through September, on average how many hours per week did your child spend outdoors?

☐☐ average hours per week YR4_B_34_hrs_outdoors

Section C. Child's Information

35. How often does your child take vitamins?

☐ never
☐ less than once a week
☐ 1-2 days per week
☐ 3-4 days per week
☐ 5-6 days per week
☐ once a day
☐ more than once a day

YR4_C_35_often_vitamins

36. 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
YR4_C_36e_citrus_fruits → Raw Citrus Fruit / Kiwi (orange ,grapefruit, tangerine)	☐	☐	☐	☐	☐
Raw Green Vegetables YR4_C_36e_grn_veg →	☐	☐	☐	☐	☐
Nuts, Peanut Butter or other foods with nuts YR4_C_36e_Nuts →	☐	☐	☐	☐	☐
Milk YR4_C_36_milk →	☐	☐	☐	☐	☐

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37. In the past 12 months, has your child received any immunizations?

☐ No ☐ Yes (If no, skip to question 38.) YR4_C_37_YN_immune

37a. If yes, how many health care provider visits for immunizations as your child had over the past 12 months?

☐ 1 ☐ 2 ☐ 3 ☐ 4 YR4_C_37a_immune_num

38. Has either biological parent ever been diagnosed by a physician for asthma?

Biological Mother ☐ No ☐ Yes ☐ Don't Know YR4_C_38_YNDK_mother_asthma

Biological Father ☐ No ☐ Yes ☐ Don't Know YR4_C_38_YNDK_father_asthma

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

	Never	Possibly	Probably	Definitely
YR4_C_39_asthma → Asthma	never ☐	less one ☐	one two ☐	~~less~~ three four ☐
YR4_C_39_eczema → Eczema	never ☐	less one ☐	one two ☐	~~less~~ three four ☐
YR4_C_39_Sinus_Inf → Chronic Sinus Infection	never ☐	less one ☐	one two ☐	three four ☐
YR4_C_39_Diabetes → Diabetes	never ☐	less one ☐	one two ☐	three four ☐
YR4_C_39_Arthritis → Juvenile Rheumatory Arthritus	never ☐	less one ☐	one two ☐	three four ☐

48. Did your child ever have tubes put in their ears?

☐ One Ear ☐ Both Ears ☐ None YR4_C_48_tubes_ear

48a. IF One or Both, How many sets has your child had?

☐ 1 ☐ 2 ☐ 3 or more YR4_C_48a_num_tubes

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CCAAPS Child's Medical History Questions

Section D: UPPER AND LOWER RESPIRATORY, SYSTEMIC AND GASTROINTESTINAL CONDITIONS

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 a hospital admission? No / Yes
cold ☐	Cold	→ cold_epis ☐☐	→ cold ☐ ☐	→ cold ☐ ☐
ear ☐	Ear infection	→ ear ☐☐	→ ear ☐ ☐	→ ear ☐ ☐
sinus ☐	Sinus infection	→ sinus ☐☐	→ sinus ☐ ☐	→ sinus ☐ ☐
strep ☐	Strep Throat	→ strep ☐☐	→ strep ☐ ☐	→ strep ☐ ☐
tonsil ☐	Tonsillitis	→ tonsil ☐☐	→ tonsil ☐ ☐	→ tonsil ☐ ☐
flu ☐	Respiratory Flu	→ flu ☐☐	→ flu ☐ ☐	→ flu ☐ ☐
drainage ☐	Colored Drainage	→ drainage ☐	→ drainage ☐	→ drainage ☐
upper ☐	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 a hospital admission? No / Yes
asthma ☐	Asthma	→ asthma ☐☐	→ asthma ☐	→ asthma ☐
wheezing ☐	Wheezing w/out a cold	→ wheezing ☐☐	→ wheezing ☐	→ wheezing ☐
cough ☐	Whooping cough	→ cough ☐☐	→ cough ☐	→ cough ☐
CROUP ☐	Croup	→ CROUP ☐☐	→ CROUP ☐	→ CROUP ☐
cystic ☐	Cystic Fibrosis	→ cystic ☐☐	→ cystic ☐	→ cystic ☐
viral ☐	Viral Infection	→ viral ☐☐	→ viral ☐	→ viral ☐
bronch ☐	Bronchitis/Bronchiolitis	→ bronch ☐☐	→ bronch ☐	→ bronch ☐
pneumonia ☐	Pneumonia	→ pneumonia ☐☐	→ pneumonia ☐	→ pneumonia ☐
	↳ Confirmed by chest x-ray? ☐ No ☐ Yes YR4_D_1_YN_pneumonia_confirmed			
☐	None of the above YR4_D_1_Y_None_lower			

Systemic Conditions		IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No / Yes	Did it require a hospital admission? No / Yes
☐	Measles	→ measles ☐☐	→ measles ☐	→ measles ☐
☐	Mumps	→ mumps ☐☐	→ mumps ☐	→ mumps ☐
☐	Rubella	→ rubella ☐☐	→ rubella ☐	→ rubella ☐
☐	Chicken Pox	→ pox ☐☐	→ pox ☐ ☐	→ pox ☐ ☐
☐	None of the above			

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Gastrointestinal Disorders

	IF YES, How many episodes in the past 12 months?	Did it require a doctor/ER visit? No	Yes	Did it require a hospital admission? No	Yes
☐ Infectious Gastroenteritis	→ ☐☐ YR4_D_1_num_infect	→ ☐	☐ YR4_D_1_YN_dr_er_infect	☐	☐ YR4_D_1_YN_hosp_infect
☐ Gastroesophageal Reflux	→ ☐☐ YR4_D_1_num_reflux	→ ☐	☐ YR4_D_1_YN_dr_er_reflux	☐	☐ YR4_D_1_YN_hosp_reflux
☐ Diarrhea	→ ☐☐ YR4_D_1_num_diarrhea	→ ☐	☐ YR4_D_1_YN_dr_er_diarrhea	☐	☐ YR4_D_1_YN_hosp_diarrhea
☐ None of the above					

WHEEZING AND ASTHMA

2. In the past 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

☐ No ☐ Yes YR4_D_2_YN_cough

IF YES, About how many days have you noticed your child coughing:

in the past 1 week? ☐ YR4_D_2_num_week_cough

in the past 1 month? ☐☐ YR4_D_2_num_month_cough

in the past 12 months? ☐☐☐ YR4_D_2_num_year_cough

3. In the past 12 months, have you ever noticed your child wheezing/ whistling?

☐ No ☐ Yes → **IF No, skip to question 4** YR4_D_3_YN_wheeze

IF YES, About how many days have you noticed your child wheezing/ whistling:

in the past 1 week? ☐ YR4_D_3_num_week_wheeze

in the past 1 month? ☐☐ YR4_D_3_num_month_wheeze

in the past 12 months? ☐☐☐ YR4_D_3_num_year_wheeze

3a. Has wheezing occurred after a cold or infection?

☐ No ☐ Yes YR4_D_3a_YN_wheeze_cold

IF YES, About how many episodes of wheezing occurred after a cold or infection:

in the past 1 week? ☐ YR4_D_3a_num_~~whee~~week_wheeze_cold

in the past 1 month? ☐☐ YR4_D_3a_num_month_wheeze_cold

in the past 12 months? ☐☐☐ YR4_D_3a_num_year_wheeze_cold

3b. In the past 12 months, has your child had an attack of wheezing that resulted in any of the following:

Doctor's Visit	☐ N	☐ Y	→ IF YES, How many visits?	☐☐ YR4_D_3b_num_doct
Urgent care/ER visit	☐ N	☐ Y	→ IF YES, How many visits?	☐☐ YR4_D_3b_num_ER
Hospital Admission	☐ N	☐ Y	→ IF YES, How many visits?	☐☐ YR4_D_3b_num_hosp
Administration of Oral Steriods	☐ N	☐ Y	→ IF YES, How many visits?	☐☐ YR4_D_3b_num_Steroids

YR4_D_3b_YN_Doct

YR4_D_3b_YN_ER

YR4_D_3b_YN_hosp

YR4_D_3b_YN_Steroids

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3c. Is the wheezing associated with shortness of breath?

☐ No ☐ Yes YR4_D_3c_YN_Shortness

3d. In the past 12 months, on average how long did your child's wheezing attack last? (read list)

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

YR4_D_3d_avg_wheeze_attack

3e. In the past 12 months, how long did your child's longest wheezing attack last?

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

~~YR4_D_3d_longest_wheeze_attack~~
~~YR4_D_3d_avg~~
YR4_D_3e_longest_whze_attack

3f. In the past 12 months, has your child been given any of the following medications or treatments for wheezing?

		Times/Day	Days/Month
Nebulizer Treatment	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_nebu; YR4_D_3f_num_day_nebu; YR4_D_3f_num_month_nebu)		
Inhaled Bronchiodialtor (ex. Albuterol, Ventolin, Proventil, Levalbuterol, Xopenex, Alupent, Metaproterenol)	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_Bronch; YR4_D_3f_num_day_bronch; YR4_D_3f_num_month_bronch)		
Oral Steroids (Prednisone, Medrol, Pediapred, Prelone, Solumedrol)	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_oral; YR4_D_3f_num_day_oral; YR4_D_3f_num_month_oral)		
Primatene Mist Inhaler	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_primatene; YR4_D_3f_num_day_primatene; YR4_D_3f_num_month_primatene)		
Inhaled Corticosteroids (Pulmicort, Turbohaler, Flovent, Advair, QVAR)	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_inhaled; YR4_D_3f_num_day_inhaled; YR4_D_3f_num_month_inhaled)		
Other ☐ (YR4_D_3f_text_other_name)	☐ N ☐ Y → IF YES, How often? (YR4_D_3f_YN_other; YR4_D_3f_num_day_other; YR4_D_3f_num_month_other)		
None	☐ N ☐ Y (YR4_D_3f_Y_None)		

3g. In the past 12 months, About, how many times a week, on average, has your child's sleep been disturbed due to wheezing?

☐☐ times/week YR4_D_3g_num_month_sleep

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3h. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

☐ No ☐ Yes YR4_D_3h_YN_speech

3i. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

☐ No ☐ Yes YR4_D_3i_YN_exercise

3j. 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	YR4_D_3j_YNDK_cat
in the same room with a dog?	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_dog
in the same room with a disturbance of house dust such as vacuuming or changing bedding?	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_dust
after taking Asprin	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_asprin
in smog	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_smog
with a cold	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_cold
with a sinus infection	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_sinus
with bronchitis	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_bronch
around cigarette smoke	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_cigarette
around smoke from a campfire or woodburning stove	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_campfire
around strong smells	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_smells
around perfumes	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_perfumes
while in cold air	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_cold_air
when exercising	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_exercising
while in the wind	☐ Yes	☐ No	☐ Don't Know	YR4_D_3j_YNDK_wind

IF YES, Is your child's wheezing increased in: (mark all that apply)

YR4_D_3j_JAN ☐ JAN YR4_D_3j_MAY ☐ MAY YR4_D_3j_SEP ☐ SEP ☐ Child's wheezing is not increased. YR4_D_3j_wheeze_not_incr

YR4_D_3j_FEB ☐ FEB YR4_D_3j_JUN ☐ JUN ☐ OCT YR4_D_3j_OCT

YR4_D_3j_MAR ☐ MAR YR4_D_3j_JUL ☐ JUL ☐ NOV YR4_D_3j_NOV

YR4_D_3j_APR ☐ APR YR4_D_3j_AUG ☐ AUG ☐ DEC YR4_D_3j_DEC

Which is the worst month? (Indicate by typing 3 letter month.)

☐☐☐ YR4_D_3j_worst_month

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RHINITIS

4. 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 5.** ~~YR4_D_3~~ YR4_D_4_YN_NOSE

☐ Yes

4a. Is your child's nose problem increased:

YR4_D_4a_JAN → ☐ JAN
YR4_D_4a_FEB → ☐ FEB
YR4_D_4a_MAR → ☐ MAR
YR4_D_4a_APR → ☐ APR
YR4_D_4a_MAY ☐ MAY
YR4_D_4a_JUN ☐ JUN
YR4_D_4a_JUL ☐ JUL
YR4_D_4a_AUG ☐ AUG
YR4_D_4a_SEP ☐ SEP
YR4_D_4a_OCT ☐ OCT
YR4_D_4a_NOV ☐ NOV
YR4_D_4a_DEC ☐ DEC

YR4_D_4a_Wheeze_not_incr ☐ Child's wheezing is not increased.

Which is the worst month? (Indicate by typing 3 letter month.)

☐☐☐ YR4_D_4a_WORST_month

4b. Has this nose problem been accompanied by itchy-watery eyes?

☐ No
☐ Yes YR4_D_4b_YN_EYES

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

☐ in the same room with a cat? YR4_D_4b_cat
☐ in the same room with a dog? YR4_D_4b_dog
☐ in the same room with a disturbance of house dust such as when vacuuming or changing bedding? YR4_D_4b_vacuum
☐ when outdoors near freshly cut grass? YR4_D_4b_grass
☐ None of the above YR4_D_4b_none

4c. How often did this nose problem interfere with your child's daily activities:

☐ Not at all YR4_D_4c_Y_not_at_all
☐ A little bit YR4_D_4c_Y_a_little_bit
☐ A moderate amount YR4_D_4c_Y_a_moderate_amount
☐ A lot YR4_D_4c_Y_a_lot

4d. How often did this nose problem interfere with your child's sleep:

☐ Not at all YR4_D_4d_not_at_all
☐ A little bit YR4_D_4d_a_little_bit
☐ A moderate amount YR4_D_4d_a_moderate_amount
☐ A lot YR4_D_4d_a_lot

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

☐ No
☐ Yes YR4_D_5_YN_hay_fever

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

- ☐ Nasal steroids (Nasonex, Nasoport, Rhinocort, Flonase) YR4_D_6_Y_nasal
- ☐ Oral anti-histamines (Zyrtec, Claritin, Allegra) YR4_D_6_Y_oral_anti
- ☐ Over-the-counter (Benadryl, Tavist) YR4_D_6_Y_otc
- ☐ None YR4_D_6_Y_None
- ☐ Other YR4_D_6_Y_other

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

- ☐ Most days of the year YR4_D_7_Y_days_year
- ☐ Most days of pollen season YR4_D_7_Y_pollen_season
- ☐ Occasionally YR4_D_7_Y_occasionally
- ☐ Rarely YR4_D_7_Y_Rarely

8. 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? YR4_D_8_Y_eyes_cat
- ☐ in the same room with a dog? YR4_D_8_Y_eyes_dog
- ☐ in the same room with a disturbance of house dust such as vacuuming or changing bedding? YR4_D_8_Y_eyes_vacuum
- ☐ when outdoors near freshly cut grass? YR4_D_8_Y_eyes_grass
- ☐ None of the above YR4_D_8_Y_eyes_none

8a. IF YES, is your child's scratching or itching his/her eyes increased:

☐ JAN (YR4_D_8a_JAN)	☐ MAY (YR4_D_8a_MAY)	☐ SEP (YR4_D_8a_SEP)
☐ FEB (YR4_D_8a_FEB)	☐ JUN (YR4_D_8a_JUN)	☐ OCT (YR4_D_8a_OCT)
☐ MAR (YR4_D_8a_MAR)	☐ JUL (YR4_D_8a_JUL)	☐ NOV (YR4_D_8a_NOV)
☐ APR (YR4_D_8a_APR)	☐ AUG (YR4_D_8a_AUG)	☐ DEC (YR4_D_8a_DEC)

☐ Child's scratching or itching is not increased. YR4_D_8a_wheeze_not_incr

Which is the worst month? (Indicate by typing 3 letter month.)

☐☐☐ YR4_D_8a_worst_month

9. While sleeping does...

your child snore? YR4_D_9_Y_child_snore	the child's mother snore?	the child's father snore?
☐ (0)Never	☐ (0)Never YR4_D_9_Y_mom_snore	☐ (0)Never YR4_D_9_Y_dad_snore
☐ (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
9a. IF YES, for child only. **Is this snoring only with colds?** ☐ No ☐ Yes	**IF YES, for mother only.** **Do they stop breathing?** ☐ No ☐ Yes	**IF YES, for mother only.** **Do they stop breathing?** ☐ No ☐ Yes
YR4_D_9a_YN_child_cold	YR4_D_9a_YN_mom_breathe	YR4_D_9a_YN_father_breath

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SKIN PROBLEMS

10. 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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

YR4_D_10_YN_Scratch · YR4_D_10_YN_Red · YR4_D_10_YN_bumps · YR4_D_10_YN_infect · YR4_D_10_YN_Scaly · YR4_D_10_YN_hives

If yes, continue down column.
If No, Skip to Question 11.

10a. Where on your child's body does this skin problem occur? (Read List)

YR4_D_10a_Y_Scratch · YR4_D_10a_Y_Red · YR4_D_10a_Y_bumps · YR4_D_10a_Y_infect · YR4_D_10a_Y_Scaly · YR4_D_10a_Y_hives

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
around the neck	neck ☐	neck ☐	neck ☐	neck ☐	neck ☐	neck ☐
ears	ears ☐	ears ☐	ears ☐	ears ☐	ears ☐	ears ☐
eyes	eyes ☐	eyes ☐	eyes ☐	eyes ☐	eyes ☐	eyes ☐
folds of the elbows	elbows ☐	elbows ☐	elbows ☐	elbows ☐	elbows ☐	elbows ☐
arms	arms ☐	arms ☐	arms ☐	arms ☐	arms ☐	arms ☐
behind the knees	knees ☐	knees ☐	knees ☐	knees ☐	knees ☐	knees ☐
front of the ankles	ankles ☐	ankles ☐	ankles ☐	ankles ☐	ankles ☐	ankles ☐
legs	legs ☐	legs ☐	legs ☐	legs ☐	legs ☐	legs ☐
chest / stomach	chest ☐	chest ☐	chest ☐	chest ☐	chest ☐	chest ☐
back	back ☐	back ☐	back ☐	back ☐	back ☐	back ☐
under the buttocks	butt ☐	butt ☐	butt ☐	butt ☐	butt ☐	butt ☐
other areas	oth_area ☐	oth_area ☐	oth_area ☐	oth_area ☐	oth_area ☐	oth_area ☐
None of the above	none ☐	none ☐	none ☐	none ☐	none ☐	none ☐

10b. Is this skin problem associated with eating any of the following foods (Read):

YR4_D_10b_Y_Scratch · YR4_D_10b_Y_Red · YR4_D_10b_Y_bumps · YR4_D_10b_Y_infect · YR4_D_10b_Y_Scaly · YR4_D_10b_Y_hives

	Frequent Skin Scratching	Redness / Red Spots	Raised Bumps	Skin Infection / Impetigo	Rough Dry Scaly Skin	Hives
cows milk	cow ☐	cow ☐	cow ☐	cow ☐	cow ☐	cow ☐
soy milk	soy ☐	soy ☐	soy ☐	soy ☐	soy ☐	soy ☐
eggs	eggs ☐	eggs ☐	eggs ☐	eggs ☐	eggs ☐	eggs ☐
citrus fruits	citrus ☐	citrus ☐	citrus ☐	citrus ☐	citrus ☐	citrus ☐
peanuts/nuts	nuts ☐	nuts ☐	nuts ☐	nuts ☐	nuts ☐	nuts ☐
other	oth	oth	oth	oth	oth	oth
None of the above	none ☐	none ☐	none ☐	none ☐	none ☐	none ☐

10c. Has this skin problem been coming and going for at least:

YR4_D_10c_Y_Scratch_6_month · YR4_D_10c_Y_Red_6_month · YR4_D_10c_Y_bumps_6_month · YR4_D_10c_Y_infect_6_month · YR4_D_10c_Y_Scaly_6_month · YR4_D_10c_Y_hives_6_month

YR4_D_10c_Y_Scratch_1_month · YR4_D_10c_Y_Red_1_month · YR4_D_10c_Y_bumps_1_month · YR4_D_10c_Y_infect_1_month · YR4_D_10c_Y_Scaly_1_month · YR4_D_10c_Y_hives_1_month

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

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FOODS

11. In the past 12 months, which of the following foods has your child had?

- ☐ Milk YR4_D_11_Y_Milk
- ☐ Eggs YR4_D_11_Y_Eggs
- ☐ Peanuts YR4_D_11_Y_Peanuts
- ☐ None of the above YR4_D_11_Y_None

12. In the past 12 months, has your child had an allergy or intolerance to any of the following:

	Milk	Peanuts	Eggs
	YR4_D_12_YN_~~Peanuts~~ milk	YR4_D_12_YN_peanuts	YR4_D_12_YN_eggs
	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

If Yes, answer parts b & c in that column.
If No, End Survey

12a. Did any of the symptoms of this allergy / intolerance include:

	Cow's Milk / Cow's Milk Formula	Peanuts	Eggs
abdominal cramps	YR4_D_12a_Y_milk_cramps ☐	YR4_D_12a_Y_peanuts_cramps ☐	YR4_D_12a_Y_eggs_cramps ☐
vomiting	YR4_D_12a_Y_milk_vomit ☐	YR4_D_12a_Y_peanuts_vomit ☐	YR4_D_12a_Y_eggs_vomit ☐
wheezing	YR4_D_12a_Y_milk_wheezing ☐	YR4_D_12a_Y_peanuts_wheezing ☐	YR4_D_12a_Y_eggs_wheezing ☐
skin rash	YR4_D_12a_Y_milk_rash ☐	YR4_D_12a_Y_~~milk~~ Peanuts_rash ☐	YR4_D_12a_Y_eggs_rash ☐
hives	YR4_D_12a_Y_milk_hives ☐	YR4_D_12a_Y_peanuts_hives ☐	YR4_D_12a_Y_eggs_hives ☐
None of the above	YR4_D_12a_Y_milk_none ☐	YR4_D_12a_Y_peanuts_none ☐	YR4_D_12a_Y_eggs_none ☐

12b. Was the food eliminated from the child's diet?

	Milk	Peanuts	Eggs
	YR4_D_12b_YN_elim_milk	YR4_D_12b_YN_elim_peanuts	YR4_D_12b_YN_elim_eggs
	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
If yes, did the symptoms disappear?	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
	YR4_D_12b_YN_milk_symp	YR4_D_12b_YN_peanuts_symp	YR4_D_12b_YN_eggs_symp

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