Study ID: __-__-__-_
Date: __/___/___

Calculation of Child's Age

	Year	Month	Day
Date of Testing			
Date of Birth			
Age at Testing			

Interviewer Name: ________________________ (Interviewer Code: ___ ___)

Today's Date: ___/___/___

1. **What is your name? Last ________________________, First____________________________**
2. **What is your relationship to the [CHILD'S NAME]? (RELTOCLD)**
   - ○ Biological Father (0)
   - ○ Biological Mother (1)
   - ○ Grandparent(s) (2)
   - ○ Other Biological Relative: (3) ___________________________
   - ○ Adoptive Parent or legal guardian (4)
   - ○ Other: _______________________ (5)
3. **What is the [CHILD'S NAME]'s current address?**

   ______________________________________ _____ ______________________ ____ ___
   Street Address **Apt. #** **City** **State**

   Zip Code: ___ ___ ___ ___ ___

   (_____) ___ ___ ___-___ ___ ___ ___
   Home Phone

   (_____) ___ ___ ___-___ ___ ___ ___
   Guardian's Work Phone

   (_____) ___ ___ ___-___ ___ ___ ___
   Guardian's Cell Phone (optional)

   ____
   Guardian/Family's Email

4. **Which is best mode of communication? (Can select more than one.)**
   - ○ Home Phone
   - ○ Work Phone
   - ○ Cell Phone
   - ○ Email

Child's Home

5. **When was [CHILD'S NAME]'s house built? ___ ___ ___ ___** (year)

6. **Is this home rented or owned?**
   - ○ Rented (0)
   - ○ Owned (1)
   - ○ Don't know (2)

7. **What activities or programs have you participated in to make your home more energy efficient? (Check all that apply)**
   - ○ I currently participate in the Ohio home weatherization program (0)
   - ○ My home is built or renovated according to the EPA Energy Start criteria (1)
   - ○ Energy efficient light bulbs (2)
   - ○ Energy Star appliances / computer (3)
   - ○ None of the above (4)
   - ○ I don't know (5)

8. **Has the house that [CHILD'S NAME] currently lives in gone under any remodeling or repair work during the time that [CHILD'S NAME] has lived there?** [If no, skip to question 10]
   - ○ Yes (0)
   - ○ No (1)
   - ○ Don't know (2)

   a. If yes, how old was [CHILD'S NAME] during the renovations? ______ years old
   - ○ Don't know

   b. Was the [CHILD'S NAME] present during these renovations?
   - ○ Yes (0)
   - ○ No (1)
   - ○ Don't know (2)

   c. If yes, was [CHILD'S NAME] in the home or in proximity to the home during renovations?
   - ○ In the home (0)
   - ○ In proximity (1)
   - ○ Don't know (2)

   d. Were any of the following procedures done:
   - ○ Sanding (0)
   - ○ Open flame paint removal (1)
   - ○ Chemical paint removal (2)
   - ○ Paint scraping (3)

- O Water blasting of exterior paint (4)
- O Demolition (5)
- O Don't know (6)

9. Do any members of the family store food, cook or eat out of imported ceramic pots, bowls, or dishes?

- O Yes (0)
- O No (1)
- O Don't know (2)

10. When turning on the faucet *in the morning* to fix foods or drinks for [CHILD'S NAME], is the water typically used immediately or used after running for a while?

- O Used immediately (0)
- O Used after running for a while (1)
- O Don't know (2)

11. What is the primary source of drinking water for [CHILD'S NAME]?

- O Unfiltered tap water (0)
- O Filtered tap water (1)
- O Cistern (2)
- O Well water (3)
- O Bottled water (4)
- O Don't know (5)_

12. What is the primary source of water is used to cook [CHILD'S NAME]'s food?

- O Unfiltered tap water (0)
- O Filtered tap water (1)
- O Cistern (2)
- O Well water (3)
- O Bottled water (4)
- O Don't know (5)

13. What water system does your home use?

- O Marietta City Water
- O Warren Water and Sewer Association
- O Little Hocking Water Association
- O Putnam Community Water Corporation
- O Other ___________________________
- O None

Study ID: __-__-__-_
Date: __/___/___

14. How is [CHILD'S NAME]'s home heated during the winter? Mark both primary and other.

a.

	Primary (Mark one)
	electric furnace (0)
	gas furnace (1)
	Propane (2)
	heating oil furnace (3)
	coal furnace (4)
	space heaters (5)
	wood burning stove (6)
	coal burning stove (7)
	wood fireplace (8)
	gas fireplace (9)
	electric baseboards (10)
	Other (11)

b.

	Other (Mark all that apply)
	None (0)
	electric furnace (1)
	Propane (2)
	gas furnace (3)
	heating oil furnace (4)
	coal furnace (5)
	space heaters(6)
	wood burning stove (7)
	coal burning stove (8)
	wood fireplace (9)
	gas fireplace (10)
	electric baseboards(11)
	Other (12)

15. Does the primary heat source have an air filter?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, how often is it changed or washed?

- ○ Once a month (0)
- ○ Once every 3 months (1)
- ○ Every 6 months (2)
- ○ Annually (3)
- ○ Infrequently, how often? _________ (4)
- ○ Never changed (5)
- ○ Don't know (6)

16. During the summer, how is [CHILD'S NAME]'s home primarily cooled?

- ○ None (0)
- ○ Individual AC Units (1)
- ○ Central AC (2)
- ○ Fans (3)
- ○ Other: _____________ (4)
- ○ Don't know

a. If the home has an air conditioning unit, how often is the filter changed?

- ○ Once a month (0)
- ○ Once every 3 months (1)
- ○ Every 6 months (2)
- ○ Annually (3)
- ○ Infrequently, how often? ________ (4)
- ○ Never changed (4)
- ○ Don't know (5)

17. Does the home have an air purifier? [If no, skip to question 24]

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, what type is it?

- ○ Did not use (0)
- ○ HEPA Filter (1)
- ○ Non-HEPA Filter (2)
- ○ Don't know (3)

b. Which rooms have an air purifier? Mark all that apply.

- ○ Child's bedroom (0)
- ○ Other bedroom (1)
- ○ Living room (2)
- ○ Family Room (3)
- ○ Dining Room (4)
- ○ Kitchen (5)
- ○ Bathroom (6)
- ○ Basement (7)
- ○ Laundry Room (8)
- ○ Other Room: ___________________ (9)
- ○ Don't know (10)

Study ID: __-__-__-_
Date: __/___/___

Child's Residencies

18. Other than [CHILD'S NAME]'s current address, where else has [CHILD'S NAME] resided in the past? Please begin with the home [CHILD'S NAME] lived in at birth. [If child has lived at his/her current address for his/her whole life, skip to question 25]

a.

Child lived here from: ________ - ________ (e.g. 1996-1997) **Child lived here for ____ yrs and ____ mos.**	____________________________ ________ _________ **Street** **Apt. #** ___________________________ _____ __ __ __ __ __ **City** **State** **Zip Code**

b.

Child lived here from: ________ - ________ (e.g. 1996-1997) **Child lived here for ____ yrs and ____ mos.**	____________________________ ________ _________ **Street** **Apt. #** ___________________________ _____ __ __ __ __ __ **City** **State** **Zip Code**

c.

Child lived here from: ________ - ________ (e.g. 1996-1997) **Child lived here for ____ yrs and ____ mos.**	____________________________ ________ _________ **Street** **Apt. #** ___________________________ _____ __ __ __ __ __ **City** **State** **Zip Code**

Child's School

19. What school does [CHILD'S NAME] currently attend? ________________________________

Child's Time

20. On a typical day during the <u>school year</u>, how many hours does [CHILD'S NAME] spend in the outdoors:

a. on a weekday: _______ hours/day **Circle if,** Don't know

b. on a weekend-day: ______ hours/day **Circle if,** Don't know

21. On a typical day during the <u>summer</u>, how many hours does [CHILD'S NAME] spend in the outdoors:

a. on a weekday: _______ hours/day **Circle if,** Don't know

b. on a weekend-day: ______ hours/day **Circle if,** Don't know

Study ID: __-__-__-_
Date: __/___/___

22. If [CHILD'S NAME] spends a significant amount of time (10 hours or more hours on a weekly basis) at locations other than home and school, please list them below.

○ **[CHILD'S NAME] does not spend a significant amount of time at locations other than home and school.** [If this option is marked, skip to question 29]

a.

Days/Week: ______
Hours M-F: ______
Hours Sat-Sun: ______

____
Name of Place

______________________________ __________ __________
Street **Apt. #**

______________________________ ______ __ __ __ __ __
City **State** **Zip Code**

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Phone Number

b.

Days/Week: ______
Hours M-F: ______
Hours Sat-Sun: ______

____
Name of Place

______________________________ __________ __________
Street **Apt. #**

______________________________ ______ __ __ __ __ __
City **State** **Zip Code**

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Phone Number

c.

Days/Week: ______
Hours M-F: ______
Hours Sat-Sun: ______

____
Name of Place

______________________________ __________ __________
Street **Apt. #**

______________________________ ______ __ __ __ __ __
City **State** **Zip Code**

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Phone Number

Study ID: __-__-__-_
Date: __/___/___

Medical

23. Does [CHILD'S NAME] have any of the following pets?

No	Yes	Animal		How Many?	Indoors Only	Outdoors Only	Indoors and Outdoors	How many years have you had this pet?	Sleeps in child's room?	
(0)	(1)	Cat 23.A							**Yes**	**No**
(0)	(1)	Dog 23.B								
(0)	(1)	Other Furry Animal 23.C	**If so, type**							
(0)	(1)	Farm Animal 23.D	**If so, type**							
(0)	Child has no animals 23.E									

24. **Does [CHILD'S NAME] have any allergies?** [If no, skip to question 31]

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, what allergies does [CHILD'S NAME] have? Mark all that apply.

No	Yes	Allergen	Was this allergy confirmed by a physician?	
			Yes	**No**
		Dog		
		Cat		
		Mold		
		Ragweed		
		Cockroaches		
		Grass Pollen		
		Tree Pollen		
		Other______________________________		

b. Does [CHILD'S NAME] take medication to treat these allergies?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

c. If yes, which medications does [CHILD'S NAME] take? ______________________

25. Does [CHILD'S NAME] have a problem with sneezing, or a runny nose, or a stuffy nose when he/she DID NOT have a cold or flu?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

26. Does [CHILD'S NAME] have a problem with itchy/watery eyes?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

27. Has [CHILD'S NAME] had a dry cough at night NOT associated with a cold or chest infection in the past 12 months?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, about how many days have you noticed [CHILD'S NAME] coughing at night:

in the past one week? _______ (0)

in the past one month? ______ (1)

in the past 12 months? ______ (2)

28. Has [CHILD'S NAME] had a feeling of a tight or clogged chest or throat in the past 12 months?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

29. Has [CHILD'S NAME] had difficulty breathing or sounded wheezy after exercise?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

30. Has [CHILD'S NAME] ever had wheezing or whistling in the chest in the past 12 months?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

31. In the last 12 months, has wheezing ever been severe enough to limit [CHILD'S NAME]'s speech to only one or two words at a time between breaths?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

32. During the last two years has [CHILD'S NAME] had repeated episodes of any of the following health conditions? Mark all that apply.

- ○ Asthma (0)
- ○ Cough (1)
- ○ Trouble breathing (2)
- ○ Chest tightness (3)
- ○ Bronchitis (4)
- ○ None of the above (5)
- ○ Don't know (6)

33. During the last two years, has [CHILD'S NAME] been treated in an emergency room or hospital for episodes of cough, chest tightness trouble breathing, or wheezing? Select the best answer.

- ○ Never (0)
- ○ One time (1)
- ○ Two times (2)
- ○ Three times (3)
- ○ Four times or more (4)
- ○ Don't know (5)

34. How often does [CHILD'S NAME] miss school because of cough, chest tightness, trouble breathing or wheezing? Select the best answer.

- ○ Never (0)
- ○ Less than 5-10 days/year (1)
- ○ More than 10 days per year (2)
- ○ Don't know (3)

34. Has a doctor diagnosed [CHILD'S NAME] with asthma? [If no, skip to question 42]

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. How old was [CHILD'S NAME] when diagnosed? ______ years old

- ○ Don't know (0)

Study ID: __-__-__-_
Date: __/___/___

		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?**	☐☐	☐☐

b. Does [CHILD'S NAME] take any of the following medications?

35. Has a doctor or health professional ever diagnosed [CHILD'S NAME] with epilepsy or a seizure disorder?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, how old was [CHILD'S NAME] when diagnosed? ______ years old

- ○ Don't know (0)

36. Has a doctor or health professional ever diagnosed [CHILD'S NAME] with ADD or ADHD?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (0)

a. If yes, how old was [CHILD'S NAME] when diagnosed? ______ years old

- ○ Don't know (0)

37. Has a doctor or health professional ever diagnosed [CHILD'S NAME] with Autism Spectrum Disorder?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2_

a. If yes, how old was [CHILD'S NAME] when diagnosed? ______ years old

- ○ Don't know (0)

Study ID: __-__-__-_
Date: __/___/___

38. Has a doctor or health professional ever diagnosed [CHILD'S NAME] with hearing loss?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, how old was [CHILD'S NAME] when diagnosed? ______ years old

- ○ Don't know (0)

39. Has a TEACHER ever recommended [CHILD'S NAME] for Special Education?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, how old was [CHILD'S NAME] when recommended? ______ years old

- ○ Don't know (0)

40. Has a TEACHER ever suggested that [CHILD'S NAME] has a speech or language disorder?

- ○ Yes (0)
- ○ No (1)
- ○ Don't know (2)

a. If yes, how old was [CHILD'S NAME] when this was suggested? ______ years old

- ○ Don't know (0)

41. Now we will ask you questions about other members of [CHILD'S NAME]'s family who live at the same residence as [CHILD'S NAME]. Please list all people who live in [CHILD'S NAME]'s primary home.

	Relationship to your child	Birth Year	Number of Cigarettes /Day	Does this person have asthma?
41a.	Child	☐☐☐☐	☐☐	☐ N ☐ Y
41b.	12a ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	☐☐☐☐	☐☐	☐ N ☐ Y
41c.	12b ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	☐☐☐☐	☐☐	☐ N ☐ Y
41d.	12c ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	☐☐☐☐	☐☐	☐ N ☐ Y
41e.	12d ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	☐☐☐☐	☐☐	☐ N ☐ Y
41f.	12e ☐ Child's Mother ☐ Child's Sister ☐ Child's Father ☐ Other ☐ Child's Brother	☐☐☐☐	☐☐	☐ N ☐ Y

Study ID: __-__-__-_
Date: __/___/___

Sleep

42. While sleeping does…

your child snore? 42.A.	the child's mother snore? 42.B.	the child's father snore? 42.C.
☐ (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
9a. IF YES, for child only.	**IF YES, for mother only.**	**IF YES, for mother only.**
Is this snoring only with colds?	**Do they stop breathing?**	**Do they stop breathing?**
☐ No	☐ No	☐ No
☐ Yes	☐ Yes	☐ Yes

4

43. After going to sleep at night, on average, how many times will [CHILD'S NAME] awaken before morning?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 or more (5)
- ○ Don't know (6)

44. On average, how many days a week does [CHILD'S NAME] fall asleep or take a nap during the day?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 or more (4)
- ○ Don't know (5)

45. On a typical WEEKDAY of the SCHOOL-YEAR, [CHILD'S NAME] spends: _____ hours sleeping

- ○ Don't know (0)

46. On a typical WEEKEND-DAY of the SCHOOL-YEAR, [CHILD'S NAME] spends: _____ hours sleeping

- ○ Don't know (0)

47. On a typical WEEKDAY of the NON-SCHOOL-YEAR, [CHILD'S NAME] spends: _____ hours sleeping

- ○ Don't know (0)

48. On a typical WEEKEND-DAY of the NON-SCHOOL-YEAR, [CHILD'S NAME] spends: _____ hours sleeping

- ○ Don't know

Demographics

49

Study ID: __-__-__-_
Date: __/___/___

Circle the appropriate number for your Mother's, your Father's, your Spouse / Partner's, and your level of school completed and occupation. If you grew up in a single parent home, circle only the score from your one parent. If you are neither married nor partnered circle only your score. If you are a full time student circle only the scores for your parents.

Level of School Completed	Mother	Father	Spouse	You
Less than 7th grade	3	3	3	3
Junior high / Middle school (9th grade)	6	6	6	6
Partial high school (10th or 11th grade)	9	9	9	9
High school graduate	12	12	12	12
Partial college (at least one year)	15	15	15	15
College education	18	18	18	18
Graduate degree	21	21	21	21

50 Circle the appropriate number for your *Mother's*, your Father's , your Spouse / Partner's, and your occupation. If you grew up in a single parent home, use only the score from your parent. If you are not married or partnered circle only your score. If you are still a full-time student only circle the scores for your parents. If you are retired use your most recent occupation.

Occupation	Mother	Father	Spouse	You
Day laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker, busboy.	5	5	5	5
Garbage collector, short-order cook, cab driver, shoe sales, assembly line workers, masons, baggage porter.	10	10	10	10
Painter, skilled construction trade, sales clerk, truck driver, cook, sales counter or general office clerk.	15	15	15	15
Automobile mechanic, typist, locksmith, farmer, carpenter, receptionist, construction laborer, hairdresser.	20	20	20	20
Machinist, musician, bookkeeper, secretary, insurance sales, cabinet maker, personnel specialist, welder.	25	25	25	25
Supervisor, librarian, aircraft mechanic, artist and artisan, electrician, administrator, military enlisted personnel, buyer.	30	30	30	30
Nurse, skilled technician, medical technician, counselor, manager, police and fire personnel, financial manager, physical, occupational, speech therapist.	35	35	35	35
Mechanical, nuclear, and electrical engineer, educational administrator, veterinarian, military officer, elementary, high school and special education teacher,	40	40	40	40
Physician, attorney, professor, chemical and aerospace engineer, judge, CEO, senior manager, public official, psychologist, pharmacist, accountant.	45	45	45	45

51. How best would you describe your ethnicity?

- ○ Hispanic or Latino (0)
- ○ Not Hispanic or Latino (1)

52. How best would you describe your race?

- ○ White/Caucasian (0)
- ○ Black/African American (1)
- ○ American Indian (2)
- ○ Pacific Islander (3)
- ○ Asian (4)
- ○ Other _______________________
- ○ Don't know (6)

53. How best would you describe [YOUR CHILD'S] ethnicity?

- ○ Hispanic or Latino (0)
- ○ Not Hispanic or Latino (1)

54. How best would you describe [YOUR CHILD'S] race?

- ○ White/Caucasian (0)
- ○ Black/African American (1)
- ○ American Indian (2)
- ○ Pacific Islander (3)
- ○ Asian (4)
- ○ Other _______________________
- ○ Don't know (6)