



Asthma Triggers — Survey questions

Q1. Please provide information on each child age 17 or younger in your household for which you are the parent, step-parent or guardian:

1a. Child	1b. Age (begin with oldest child)	1c. Gender	1d. In general, how would you rate this child's health?	4e. Does this child have a regular health care provider?	4f. Does this child have...
1.	<input type="text"/> [RANGE 0 TO 5 MOS, 6 TO 11 MOS, 1-17]	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Other breathing problem <input type="checkbox"/> None of the above
2	<input type="text"/> [RANGE 0 TO 5 MOS, 6 TO 11 MOS, 1-17]	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Other breathing problem <input type="checkbox"/> None of the above

Q2. Has your [INSERT AGE X]-year-old child been diagnosed with any of the following conditions by a doctor?

Check all that apply.

- Asthma
- Wheezy bronchitis
- Reactive airway disease
- Other breathing problem
- None of the above

Q3. How important are the following factors in CAUSING your **[INSERT AGE X]**-year-old child's asthma or breathing problems to FLARE UP (worsen for a period of one or more days)?

Select one response in each row.

	Very Important	Somewhat important	Not Important
Contact with furry/ hairy animals			
Outdoor allergies (pollen, grass, weeds, etc.)			
Indoor allergies (dust mites, mold, cockroaches, etc.)			
Food allergies			
Getting sick with a cold or the flu			
Tobacco smoke			
Outdoor air quality/air pollution			

Q4. Does your **[INSERT AGE X]**-year-old child spend time with people who are smokers?

Yes

No

Q5. Please indicate the smokers your **[INSERT AGE X]**-year-old child spends time with:

Check all that apply

Mother

Father

Other adult

Siblings

My child's friends

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