

### Child 4

Name of child: _____ Your relationship to child: _____				
Date of birth: _____ Sex (M/F): _____ Race (Optional): _____				
Name and phone number of the legal guardian/parent of this child: _____				
Have you ever been told by a doctor or nurse that this child has asthma?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had reactive airway disease (RAD)?	Yes	No	Don't Know	
Has this child ever had episodes of wheezing (whistling in the chest) in the past 12 months?	Yes	No	Don't Know	
In the past 12 months, have you heard this child wheeze or cough during or after active play?	Yes	No	Don't Know	
Other than a cold, in the past 12 months, has this child had a dry cough at night?	Yes	No	Don't Know	
In the past 12 months, has this child been to a doctor, urgent-care, emergency room, or a hospital for wheezing?	Yes	No	Don't Know	
In the past 12 months, has this child had a problem with sneezing, or a runny, or blocked, or stuffy nose when he/she <b>did not</b> have a cold or the flu?	Yes	No	Don't Know	
In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had hay fever?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had eczema?	Yes	No	Don't Know	
Has this child ever had an itchy rash which was coming and going for at least 6 months?	Yes	No	Don't Know	

### Child 5

Name of child: _____ Your relationship to child: _____				
Date of birth: _____ Sex (M/F): _____ Race (Optional): _____				
Name and phone number of the legal guardian/parent of this child: _____				
Have you ever been told by a doctor or nurse that this child has asthma?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had reactive airway disease (RAD)?	Yes	No	Don't Know	
Has this child ever had episodes of wheezing (whistling in the chest) in the past 12 months?	Yes	No	Don't Know	
In the past 12 months, have you heard this child wheeze or cough during or after active play?	Yes	No	Don't Know	
Other than a cold, in the past 12 months, has this child had a dry cough at night?	Yes	No	Don't Know	
In the past 12 months, has this child been to a doctor, urgent-care, emergency room, or a hospital for wheezing?	Yes	No	Don't Know	
In the past 12 months, has this child had a problem with sneezing, or a runny, or blocked, or stuffy nose when he/she <b>did not</b> have a cold or the flu?	Yes	No	Don't Know	
In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had hay fever?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had eczema?	Yes	No	Don't Know	
Has this child ever had an itchy rash which was coming and going for at least 6 months?	Yes	No	Don't Know	

### Child 6

Name of child: _____ Your relationship to child: _____				
Date of birth: _____ Sex (M/F): _____ Race (Optional): _____				
Name and phone number of the legal guardian/parent of this child: _____				
Have you ever been told by a doctor or nurse that this child has asthma?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had reactive airway disease (RAD)?	Yes	No	Don't Know	
Has this child ever had episodes of wheezing (whistling in the chest) in the past 12 months?	Yes	No	Don't Know	
In the past 12 months, have you heard this child wheeze or cough during or after active play?	Yes	No	Don't Know	
Other than a cold, in the past 12 months, has this child had a dry cough at night?	Yes	No	Don't Know	
In the past 12 months, has this child been to a doctor, urgent-care, emergency room, or a hospital for wheezing?	Yes	No	Don't Know	
In the past 12 months, has this child had a problem with sneezing, or a runny, or blocked, or stuffy nose when he/she <b>did not</b> have a cold or the flu?	Yes	No	Don't Know	
In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had hay fever?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had eczema?	Yes	No	Don't Know	
Has this child ever had an itchy rash which was coming and going for at least 6 months?	Yes	No	Don't Know	

### Child 7

Name of child: _____ Your relationship to child: _____				
Date of birth: _____ Sex (M/F): _____ Race (Optional): _____				
Name and phone number of the legal guardian/parent of this child: _____				
Have you ever been told by a doctor or nurse that this child has asthma?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had reactive airway disease (RAD)?	Yes	No	Don't Know	
Has this child ever had episodes of wheezing (whistling in the chest) in the past 12 months?	Yes	No	Don't Know	
In the past 12 months, have you heard this child wheeze or cough during or after active play?	Yes	No	Don't Know	
Other than a cold, in the past 12 months, has this child had a dry cough at night?	Yes	No	Don't Know	
In the past 12 months, has this child been to a doctor, urgent-care, emergency room, or a hospital for wheezing?	Yes	No	Don't Know	
In the past 12 months, has this child had a problem with sneezing, or a runny, or blocked, or stuffy nose when he/she <b>did not</b> have a cold or the flu?	Yes	No	Don't Know	
In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had hay fever?	Yes	No	Don't Know	
Have you ever been told by a doctor or nurse that this child had eczema?	Yes	No	Don't Know	
Has this child ever had an itchy rash which was coming and going for at least 6 months?	Yes	No	Don't Know	