BASELINE PART II - FOR PARENTS WITH POSITIVE SPT

Again, who is filling out this questionnaire, your baby's biological mother or father? Q0_00PRNT Qx admin

- ⦿ Mother
- ⦿ Father
- ⦿ Both parents

I. Questions About Your Baby

1. Since birth, has your baby taken any of the following? If you don't know mark "No". → Meds / Immun

Variable	No	Yes	Item
Q1_01EARS	⦿	⦿	Ear Drops
Q1_01NOSE	⦿	⦿	Nose Drops
Q1_01COPH	⦿	⦿	Cough Syrup
Q1_01RASH	⦿	⦿	Skin Cream (for rashes other than diaper)
Q1_01COLD	⦿	⦿	Cold Remedy/Decongestant
Q1_01ANTI	⦿	⦿	Antibiotics
Q1_01OTHR	⦿	⦿	Other Q1_01SPEC

2. Since birth, mark each of the following shots your baby was given. If you don't know mark "No".

Variable	No	Yes	Item
Q1_02HEPB	⦿	⦿	Hepatitis B
Q1_02DPTV	⦿	⦿	DTP (Diptheria, Tetanus, and Pertussis vaccine)
Q1_02HIBB	⦿	⦿	Hib (Haemophilus Influenza Type B-Menengitis vaccine)
Q1_02POLO	⦿	⦿	IPV (Inactivated poliovirus vaccine)
Q1_02PCVV	⦿	⦿	PCV (Pneumococcal Conjugate, Prevnar)
Q1_02MENG	⦿	⦿	MMR (Measles, mumps, and rubella vaccine)
Q1_02CLUK	⦿	⦿	Var (Varicella or Chicken Pox vaccine)

3. "Was your baby born with any of the following conditions? Vital Signs (or PCP?)

Variable	No	Yes	Item
Q1_03HART	⦿	⦿	Birth defect of the heart
Q1_03LUNG	⦿	⦿	Birth defect of the lungs
Q1_03STOM	⦿	⦿	Birth defect of the stomach/intestine
Q1_03BLAD	⦿	⦿	Bladder or genital birth defects (defects in the bladder, genital or reproductive organs)
Q1_03SPIN	⦿	⦿	Spina bifida (embryologic failure of fusion of one or more vertebral arches)
Q1_03CLOT	⦿	⦿	History of bleeding diathesis (spontaneous bleeding from trivial trauma caused by a defect in clotting or a flaw in the structure of blood vessels)
Q1_03HEMO	⦿	⦿	Hemophilia
Q1_03CELL	⦿	⦿	Sickle cell
Q1_03OTHR	⦿	⦿	Other Q1_03SPEC

4. How many times since birth has your baby seen a doctor or nurse for a check-up that was a well-baby visit? Dr. Visits

Q1_04WELL ⦿ 1 ⦿ 2 ⦿ 3 ⦿ 4 ⦿ 5 ⦿ 6 or more

Symbol Key: ⦿ Allows only one option to be selected ☐ Allows all that apply to be selected ⊠ Allows selection of response ▭ Open text box

5. How many times since birth has your baby seen a doctor or nurse because he/she was sick?

Q1_05SICK ◉ 1 ◉ 2 ◉ 3 ◉ 4 ◉ 5 ◉ 6 or more Dr. Visits

6. How many rooms (not counting bathrooms and hallways) are in your baby's home?

Q1_06RUUM ⍓ 1 – 20 or more House Characteristics

7. In a typical day what is the average number of hours per day that your baby spends in the same area as someone else who is smoking? Include time your baby is at someone else's house, daycare or in public places around smokers. (Note: Area does not have to be the same room) ⍓0-24 hours/day Q1_07SMOK

ETS

8. How many hours a day does your baby spend in the car?

⍓4 or more hours/day
3 hours/day
2 hours/day
1 hour/day
<1 hour/day

DEP Q1_08RIDE

9. When your baby is riding in the car, how often does someone smoke in the car?

◉ Most of the time
◉ Occasionally
◉ Hardly ever
◉ Never

ETS Q1_09FREQ

10. Since your baby was born, how many total colds or chest infections have your baby's brothers and sisters had?

Q1_10COLD

◉ No brothers or sisters OR ⍓ 0 – 13 or more

Expo. to RI

11. Fill in the chart below for any of the listed foods that your baby has started eating. Please mark how old your baby was the first time he or she ate that kind of food. If your baby does not eat any of the listed foods check the box under the chart to go to the next section.

Child Eating Habits / Food Allergen

Has the baby eaten…	When did the baby first have this food?
☐ Rice cereal? Q1_11RICE	⍓ 1-6 months Q1_11TIM1
☐ Oatmeal cereal? Q1_11OATS	⍓ 1-6 months Q1_11TIM2
Q1_11VEGS → ☐ Pureed vegetables (in a jar or made at home)?	⍓ 1-6 months Q1_11TIM3
Q1_11FRUT → ☐ Pureed fruit (in a jar or made at home)?	⍓ 1-6 months Q1_11TIM4
☐ Eggs? Q1_11EGGS	⍓ 1-6 months Q1_11TIM5

⊠ Click on this box when you have finished.

Symbol Key: ◉ Allows only one option to be selected ☐ Allows all that apply to be selected ⍓ Allows selection of response
[ ] Open text box

12. Please list the places where your baby spends his or her time. You should include all babysitters, daycare providers or relatives if your baby spends more than 8 hours per week at an address different from his/her home. Start with your home first. Provide information for each category for each place. When counting the number of hours the baby spends at each place include both the time the baby is awake and asleep. We would also like to know about how many other children are usually around your baby at each location. If you are not sure give your best guess.

Location data / Expo. to RF

Place	Hours/week → Q1_12NUM1	# Children → Q1_12TIM1
Place +address with zip code (For example: Home Q1_12LOC1 Q1_12ADD1 123 Main Street Q1_12CTY1 Q1_12STT1 Cincinnati, OH 45251) Q1_12ZIP1	Number of hours baby spends there per week	Number of other children there at the same time
Place +address with zip code (For example: Babysitter Q1_12LOC2 Q1_12ADD2 123 Main Street Q1_12CTY2 Q1_12STT2 Cincinnati, OH 45251) Q1_12ZIP2 Q1_12NUM2 →	Number of hours baby spends there per week	Number of other children there at the same time Q1_12TIM2
Place +address with zip code Q1_12LOC3 Q1_12ADD3 (For example: Daycare center 123 Main Street Q1_12CTY3 Q1_12STT3 Cincinnati, OH 45251) Q1_12ZIP3 Q1_12NUM3 →	Number of hours baby spends there per week	Number of other children there at the same time Q1_12TIM3
Place +address with zip code Q1_12LOC4 Q1_12ADD4 (For example: Q1_12CTY4 Q1_12STT4 123 Main Street Q1_12ZIP5 Cincinnati, OH 45251) Q1_12NUM4 →	Number of hours baby spends there per week	Number of other children there at the same time Q1_12TIM4

II. Family Questions

1. Have you had an itchy or stuffy nose or sneezing…

	NO	YES	
Q2_10JULY	⦿	⦿	during the summer months?
Q2_10NEAR	⦿	⦿	when near grass, trees or flowers?
Q2_10PETS	⦿	⦿	when near animals?

Parent Symptoms

2. Have you had shortness of breath…

	NO	YES	
Q2_20NEAR	⦿	⦿	when near grass, trees or flowers?
Q2_20PETS	⦿	⦿	when near animals?
Q2_20BEDS	⦿	⦿	when cleaning rooms, making beds, or when in bed?
Q2_20RUSH	⦿	⦿	when hurrying on level ground or walking up slight hills?

3. Have you <u>ever</u> been, as an adult or child, diagnosed or treated for …

	NO	YES	
Q2_30EZMA	⦿	⦿	eczema?
Q2_30LUNG	⦿	⦿	reactive airways?
Q2_30ASMA	⦿	⦿	asthma?

Symbol Key: ⦿ Allows only one option to be selected ☐ Allows all that apply to be selected ⍓ Allows selection of response
▭ Open text box

Parent Symptoms

POP-UP QUESTIONS IF THEY MARK YES TO ANY OF 1, 2, OR 3.
Did you have this symptom when you were… (Check all the times that apply.)

- ☐ Under the age of 5
- ☐ 5 – 11 years old?
- ☐ 12 – 16 years old?
- ☐ 17 – 21 years old?
- ☐ Over 21 years old?

The following questions are to give us a better idea of possible conditions and exposures of your baby while you were pregnant. If there are any questions you not wish to answer just mark "Refuse".

4. **Did you (your baby's mother) have prenatal care?**
   - ⊙ NO
   - ⊙ YES
   - ⊙ REFUSE

Prenatal

POP UP IF YES
About how many times did you (your baby's mother) see a health care provider (for example a doctor, nurse or midwife) prior to delivery?

- ⍓10 or more
- 5 – 9 times
- 1 – 4 times
- None

Prenatal

5. **How much weight did you (your baby's mother) gain during pregnancy?** ⍓ lbs (include refuse)

6. **How many cigarettes did you (your baby's mother) smoke per day for the:**

3 months before pregnancy	⍓ **Refer to Smoking Pop-Up Section on Part I**
First three months of pregnancy	⍓ **Refer to Smoking Pop-Up Section on Part I**
Second three months of pregnancy	⍓ **Refer to Smoking Pop-Up Section on Part I**
Last three months of pregnancy	⍓ **Refer to Smoking Pop-Up Section on Part I**

⊙ REFUSE

7. **How many alcoholic beverages did you (your baby's mother) drink per week for the:**

3 months before pregnancy	⍓ 0-35 drinks
First three months of pregnancy	⍓ 0-35 drinks
Second three months of pregnancy	⍓ 0-35 drinks
Last three months of pregnancy	⍓ 0-35 drinks

⊙ REFUSE

Symbol Key: ⊙ Allows only one option to be selected ☐ Allows all that apply to be selected ⍓ Allows selection of response
▭ Open text box

Prenatal

8. Did you take any of the following during pregnancy?
[IF YES TO ANY OF THE FOLLOWING POP-UP QUESTION WILL APPEAR]

	No	Yes	Refuse	
Q2_81BIOT	⦿	⦿	⦿	Antibiotics
Q2_82MARJ	⦿	⦿	⦿	Marijuana (Hashish)
Q2_83NARS	⦿	⦿	⦿	Narcotics (opium, morphine, heroine)
Q2_84DOWN	⦿	⦿	⦿	Depressants-downers: (barbitrates, tranquilizers)
Q2_85UPER	⦿	⦿	⦿	Stimulants-uppers:(cocaine, crack, crank, amphetamines, methamphetamines)
Q2_86HALL	⦿	⦿	⦿	Hallucinogens (PCP, LSD, Ecstacy)
Q2_87STER	⦿	⦿	⦿	Steroids
Q2_88OTHR	⦿	⦿	⦿	other Q2_88SPEC
Q2_89OTHR	⦿	⦿	⦿	other Q2_89SPEC

POP-UP QUESTIONS

FOR ANTIBOTICS: **How many times did a doctor prescribe you antibiotics while you were pregnant?** ⍓1 – 10 or more Q2_81TIME

FOR ALL OTHER DRUGS: **About how often did you take this while you were pregnant?**

First three months of pregnancy ⍓ Option list below Q2_82TRI1
Second three months of pregnancy ⍓ Option list below Q2_82TRI2
Last three months of pregnancy ⍓ Option list below Q2_82TRI3
⦿ REFUSE Q2_82REFS

Option List
⍓ More than 1 time/ week
1 time/week
2 – 3 times/month
1 time/month
Less than 1 time/month

* This is repeated for Q2_83 to Q2_89.

Symbol Key: ⦿ Allows only one option to be selected ☐ Allows all that apply to be selected ⍓ Allows selection of response
▭ Open text box

For the following questions mark "No" if you don't know.

9. During the two years prior to your baby's birth, did your baby's mother work in any of the following industries?

10. Does your baby's mother now work in any of the following industries?

11. Do any of your baby's other caregivers (such as biological father, step-father / step-mother, grandparent, or your significant other) who live with your baby work in any of the following industries?

Industry / Job	Baby's Mother: Before baby's birth		Baby's Mother: Currently		Baby's other caregivers	
Animal Breeding/ Handling	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Veterinarian	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Baking	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Coffee Processor	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Grain handler	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Grain milling	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Vegetable oil production	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Detergent enzyme production	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Laboratory worker	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Leather maker	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Woodworking	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Pharmaceutical production	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Plastic processing	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes
Printing	⦿ No	⦿ Yes	⦿ No	⦿ Yes	⦿ No	⦿ Yes

12. Does anyone living in your baby's home have any of the following hobbies?

Woodworking?	⦿ No	⦿ Yes
Horseback riding?	⦿ No	⦿ Yes
Animal raising or breeding?	⦿ No	⦿ Yes