ID

Dx admin

The Northern Kentucky and Cincinnati Childhood Allergy and Air Pollution Study

CCAAPS

Please fill out this form and return it in the enclosed envelop to see if your family is eligible to participate in the Cincinnati Childhood Allergy and Air Pollution Study. All information you provide is confidential.

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

1. What is your current address? Location data

Number & Street Address H01_ADDRESS

City H01_CITY **State** **Zip Code**

H01 STATE H01_ZIP

2. Does your baby live with you at this address? Location data / Familial Character / Child Elig. Criteria

H02_BABY_ADDRESS

- O Yes, all of the time
- O Yes, but less than 4 days per week
- O No

3. How long have you been living at this current address?

H03_YEARS_ADDRESS H03_MONTHS_ADDRESS

☐☐ **Years, and** ☐☐ **Months**

4. How long have you lived in this neighborhood? Doc Data / Familial Char.

H04_YEARS_NEIGHBORHOOD

☐☐ **Years, and** ☐☐ **Months**

H04_MONTHS_NEIGHBORHOOD

5. How long have you lived in the Greater Cincinnati or Northern Kentucky area?

H05_YEARS_CINCINNATI

☐☐ **Years, and** ☐☐ **Months**

H05_MONTHS_CINCINNATI

Location data — Parent ONLY HX.

6. Are you planning to move in the next 12 months? H06_MOVING

- O Yes
- O No

Location data / Subject Compliance / parent elig. criteria

The next section asks about your pregnancy

7. Did you have one baby, twins, triplets or more? Familial Char.

H07_BABY_QUANTITY

- O One
- O Twins
- O Triplets
- O Four or more

8. Did you deliver early? Child Elig. Criteria

H08_EARLY_DELIVERY

- O No
- O Yes

IF YES, How many weeks?

☐☐ H08_EARLY_WEEKS

9. What was your baby's birth weight? Vital Sign

H09_1_WEIGHT_LB ☐☐ **pounds** ☐☐ **ounces** H09_1_WEIGHT_OZ

H09_2_WEIGHT_LB ☐☐ **pounds** ☐☐ **ounces** H09_2_WEIGHT_OZ

H09_3_WEIGHT_LB ☐☐ **pounds** ☐☐ **ounces** H09_3_WEIGHT_OZ

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Parent Symptom / Parent Elig - Criteria

Do you or the baby's other biological parent have problems with any of the following:

	Baby's Mom	Baby's Dad
10. Itchy / watery eyes?	H10_EYES_mom O Yes O No	H10_EYES_DAD O Yes O No
11. Itchy ears (inside of the ears)?	H11_EARS_mom O Yes O No	H11_EARS_DAD O Yes O No
12. Problems with sneezing, or a runny, or stuffy nose without a cold or flu during the spring or fall?	H12_NOSE_SPRING-FALL_mom O Yes O No	H12_NOSE_SPRING-FALL_DAD O Yes O No
13. An itchy or stuffy nose or sneezing during the summer months?	H13_NOSE_SUMMER-mom O Yes O No	H13_NOSE_SUMMER_DAD O Yes O No
14. An itchy or stuffy nose or sneezing when near grass, trees or flowers?	H14_NOSE_GRASS-mom O Yes O No	H14_NOSE_GRASS_DAD O Yes O No
15. An itchy or stuffy nose or sneezing when near animals?	H15_NOSE_ANIMAL_mom O Yes O No	H15_NOSE_ANIMAL_DAD O Yes O No
16. Shortness of breath when near grass, trees or flowers?	H16_BREATH_GRASS-mom O Yes O No	H16_BREATH_GRASS-DAD O Yes O No
17. Shortness of breath when near animals?	H17_BREATH_ANIMAL-mom O Yes O No	H17_BREATH_ANIMAL-DAD O Yes O No
18. Shortness of breath when cleaning rooms, making beds, or when in bed?	H18_BREATH_CLEANING-mom O Yes O No	H18_BREATH_CLEANING-DAD O Yes O No
19. Shortness of breath when hurrying on level ground or walking up slight hills?	H19_BREATH_WALKING_mom O Yes O No	H19_BREATH_WALKING-DAD O Yes O No

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Have you or the baby's other biological parent ever been, as an adult or child, diagnosed or treated for any of the following. If yes, fill in at what age were you first treated or diagnosed for it and if you ever had to go to the hospital or emergency because of it.

Baby's Mom	IF YES, At what age first treated / diagnosed?	IF YES, Did it ever cause her to go to the hospital or ER?
H20_ECZEMA-mom 20. Eczema? O Yes O No	H20_ECZEMA_mom-AGE ☐☐	
21. Reactive airways? H21_REACTIVE_AIRWAYS_mom O Yes O No	H21_REACTIVE-AIRWAYS-mom-AGE ☐☐	H21_REACTIVE-AIRWAYS-mom_ER O Yes O No
22. Asthma? O Yes O No	☐☐	O Yes O No
H22_ASTHMA_mom	H22_ASTHMA-mom_AGE	H22_ASTHMA-mom_ER

Baby's Dad	IF YES, At what age first treated / diagnosed?	IF YES, Did it ever cause him to go to the hospital or ER?
H20_ECZEMA_DAD AGE H20_ECZEMA_DAD Eczema? O Yes O No	☐☐	
H21_REACTIVE_AIRWAYS-DAD Reactive airways? O Yes O No	☐☐ H21_REACTIVE_AIRWAYS-DAD_AGE	H21_REACTIVE_AIRWAYS-DAD_ER O Yes O No
Asthma? O Yes O No	☐☐	H22_ASTHMA_DAD_ER O Yes O No
H22_ASTHMA_DAD	H22_ASTHMA-DAD_AGE	

23. Have you or the baby's other biological parent ever had an allergy skin or blood test

Baby's Mom	Baby's Dad
H23_TEST_MOM	H23_TEST_DAD
○ Yes ○ No	○ Yes ○ No

Parent Symptom / Parent Elig. / Parent SPT (related)

IF YES,

Please check all things that you or your baby's other biological parent tested positive to in the allergy skin or blood test.

H23_TEST_MOM_LIST

Baby's Mom	Baby's Dad	H23_TEST_DAD_LIST
☐	☐	Nothing
☐	☐	Cats
☐	☐	Dogs
☐	☐	Cockroaches
☐	☐	Ragweed
☐	☐	Tree Pollen
☐	☐	Grass Pollen
☐	☐	Mold Spores
☐	☐	Dust (Dust Mites)
☐	☐	Food
☐	☐	Latex
☐	☐	Other
☐	☐	Don't Know

24. Thinking back to the questions you have just answered about itchy/watery eyes, sneezing, and shortness of breath, who suffers more?

Parent Symp. / Elig.

○ Baby's Mom ○ Baby's Dad ○ Both the Same

H24_SUFFERS_MORE

25. Do you or the baby's other biological parent have problems with any of the following...

Parent Sym / Elig.

Baby's Mom Yes	Baby's Mom No	Baby's Dad Yes	Baby's Dad No	
☐	☐	☐	☐	Seasonal Hay Fever
☐	☐	☐	☐	Year-Round Nasal Allergies
☐	☐	☐	☐	Asthma

H25_HAY_MOM H25_HAY_DAD
H25_NASAL_MOM H25_NASAL_DAD
H25_NASAL_MOM_2 H25_ASTHMA_DAD

26. Do any of your baby's brothers and sisters have allergies?

H26_SIB_ALLERGIES

○ Yes ○ No ○ No Siblings

Sibling Symptom

27. Who completed this survey?

○ Baby's Mother
○ Baby's Father
○ Other Relative

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WHO_COMPLETED

Please provide a phone number you can be reached at within the next couple of weeks to find out if you are eligible to participate in the study.

Phone Number PHONE_NUMBER

( ) - Contact Info.

(Circle One) Work Cell Car Fax Relative Neighbor Other CHOICE_1

( ) -

PHONE_NUMBER_ALT

Rx admin

For Office Use Only DATE_RECEIVED

/ / ☐ HV ☐ ML > HOMEVSMAIL

CONSTR_1 CONSTR_2

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