

# ADULT BASELINE INTERVIEW

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# ADULT BASELINE INTERVIEW

## SECTION A. GENERAL INFORMATION

- A1. STUDY ID Place Study ID  
label here
- A2. SCREENING ID S \_\_\_\_\_
- A3. COMPLETION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y
- A4. FORM VERSION \_\_\_\_\_
- A5. INTERVIEWER'S INITIALS \_\_\_\_\_
- A6. LANGUAGE OF FORM English ..... 1  
Spanish ..... 2
- A7. CHILD'S DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y
- A8. START TIME \_\_\_\_\_ : \_\_\_\_\_ M [INCLUDE AM OR PM]
- A9. CARETAKER'S NAME  
A9a. \_\_\_\_\_ [FIRST] A9b. \_\_\_\_\_ [LAST]
- A10. CARETAKER'S RELATIONSHIP TO CHILD
- Mother (bio or adoptive) . 1
  - Father (bio or adoptive) .. 2
  - Step-mother ..... 3
  - Step-father ..... 4
  - Foster parent ..... 5 [Not allowed]
  - Grandmother ..... 6
  - Grandfather ..... 7
  - Sibling ..... 8
  - Other family ..... 9 Specify:a. \_\_\_\_\_
  - Other non-family ..... 10 Specify:a. \_\_\_\_\_
  - Don't know ..... -2

## NEIGHBORHOOD BACKGROUND QUESTIONS

Below is a brief written form for the caretaker to complete at the onset of the interview to check literacy. If it is 100% accurate, give the option of self-report; if not, proceed to use interview format on all of the forms.

When you hand the caretaker this initial form, say ...

“I just need to have you fill out this short form before we get started on the formal interview.”

If the form is not accurate or the respondent seems to have difficulty, then help him/her through it and do not give them the option of self administering other forms.

If the form is 100% accurate, as part of the introduction to the caretaker, explain the following:

“Some of the questions I will ask you as an interview but there are going to be other questions I will ask you to read and fill out on your own. Is that okay?”

If the caretaker agrees, say ...

“Some questions can be difficult to understand because the people who wrote them sometimes use different words than we are used to. Please feel free to ask me about anything you are unsure of.”

Be sure to review each form that is self-administered and verbally ask each question that is left blank. If more than 1/3 of the questions are left blank and require asking verbally, then consider that form to not have been self-administered. If you feel the participant did not comprehend the questionnaire, you may verbally review the entire form with the participant.

## NEIGHBORHOOD BACKGROUND QUESTIONS

Before we get started, I would like you to answer a few questions about the area that you live in.

1. Please tell us how many people live in the home with you. \_\_\_\_\_
  
2. Do you live in a single family home, apartment, or other type of multiple family home?  
\_\_\_\_\_
  
3. Please tell us about how far your child lives from school and how he/she gets to school.  
\_\_\_\_\_

For the next few questions, please answer by placing a check on the line that best describes your situation in the last month.

4. Here are some more questions about your neighborhood.
- |   | Definitely<br>Yes | Mainly<br>Yes | Mainly<br>No | Definitely<br>No |
|---|-------------------|---------------|--------------|------------------|
| a. Are the houses in the neighborhood well maintained?    | _____             | _____         | _____        | _____            |
| b. Are the streets clean and free of litter?              | _____             | _____         | _____        | _____            |
| c. Is it safe to walk alone in the neighborhood at night? | _____             | _____         | _____        | _____            |

## HEALTH OF THE CHILD

The first questions are about [CHILD]'s health in general. Let's start with the time [CHILD] was born.

B1. How much did [CHILD] weigh at birth?

**[If caretaker responds with only pounds, prompt with "How many ounces?"]**

**If caretaker knows only lbs, enter the number of pounds in B1a and enter -2 for ounces in B1b.**

**If caretaker does not know either pounds or ounces, enter -2 in both spaces and answer B1c.**

**If caretaker reports 1/2 ounces, round to nearest ounce, e.g. 8 lbs 5.5 oz = 8 lbs 6 oz.]**

B1a. \_\_\_\_ lbs

B1b. \_\_\_\_ ounces

B1c. **[ONLY ANSWER IF B1a=-2.]**

Did [CHILD] weigh greater than or less than 5 lbs at birth?

Greater than 5 lbs . 1

Less than 5 lbs . . . . 2

Don't know . . . . . -2

B2. When [CHILD] was first born, was he/she in an intensive care unit, premature nursery, or any type of special care facility?

Yes . . . . . 1

No . . . . . 0

Don't know . . . . . -2

B3. When [CHILD] was first born, was he/she on a respirator (breathing machine)?

Yes . . . . . 1

No . . . . . 0

Don't know . . . . . -2

## MEASURES OF MORBIDITY

Now I want to talk with you about how asthma affects you and [CHILD] each day. The next few questions are about [CHILD]'s health in the last two weeks, that is, the past 14 days, from [14 days ago] to today.

**[SHOW CALENDER.]**

B1. In the last 14 days, how many days did [CHILD] have wheezing or tightness in the chest or cough?

\_\_\_ Days

B2. In the last 14 days, how many days did [CHILD] have to slow down or stop his/her play or activities because of asthma, wheezing or tightness in the chest, or cough?

\_\_\_ Days

B3. In the last 14 nights, how many nights did [CHILD] wake up because of asthma, wheezing or tightness in the chest, or cough?

\_\_\_ Nights

B4. In the last 14 days, on how many days was [CHILD] limited in activity for more than half a day?

\_\_\_ Days

B5. In the past 14 nights, how many nights did you wake up or lose sleep because of [CHILD]'s asthma?

\_\_\_ Nights

B6. How many days during the past 14 days did you have to change your daytime or evening plans because of [CHILD]'s asthma?

\_\_\_ Days

B7. During the past 14 days, how many days did [CHILD] miss school for any reason?  
**[Include only days school was in session.]**

\_\_\_ Days

**[IF 0, SKIP TO B8]**

B7a. How many of those days did [CHILD] miss school due to asthma?

\_\_\_ Days

The following question is about the past 2 months, that is from [2 months ago] to today. **[Show calendar.]**

B8. During the past 2 months, how much do you feel [CHILD] has been bothered by his/her asthma?  
**[READ LIST]**

- Not at all ..... 0
- A little bit ..... 1
- Moderately ..... 2
- Quite a bit ..... 3
- Extremely ..... 4

B9. During the past 2 months, did [CHILD] have to stay overnight in the hospital for any reason?  
**[DO NOT INCLUDE OVERNIGHT WAITS IN THE ER.]**

- Yes ..... 1
- No ..... 0      **[SKIP TO B10]**

B9a. How many times?  
**[NUMBER OF DIFFERENT ADMISSIONS, NOT TOTAL NUMBER OF NIGHTS.]**

\_\_\_ Stays

[Start with the most recent hospitalization and complete the grid below. Use calendar. ]

B9b. When was the last time [CHILD] was in the hospital overnight?  
 [Use admission date, not discharge date. Ask date of each visit and insert on grid below. For an unknown date in a previous month, enter "15" if day is not known but month and year are known: e.g. 01/15/98. For an unknown date within the current month, if the interview is conducted between the 1st and 15th of the month, enter '1' as the day: e.g. 02/01/98. However, if the interview is being conducted on or after the 15th of the month, enter '15' as the day.]

B9c. [TO BE ANSWERED BY INTERVIEWER] Was the month estimated?  
 [1=Yes, 0=No]

B9d. [TO BE ANSWERED BY INTERVIEWER] Was the day estimated?  
 [1=Yes, 0=No]

B9e. How many days was [CHILD] in the hospital then?

B9f. What was the main reason that [CHILD] was hospitalized that time?  
 [USE THE FOLLOWING CODES, BUT DO NOT READ LIST.  
 1=ASTHMA, 2=OTHER, -2=DON'T KNOW]

B9g. Was [CHILD] in the ICU?  
 [1=Yes, 0=No]

	9b. Date (mm/dd/yy)	9c. Est Month	9d. Est Day	9e. Days	9f. Reason	9g. ICU
MOST RECENT:	1. ___/___/___	1. _____	1. _____	1. _____	1. _____	1. _____
ADMISSION #2:	2. ___/___/___	2. _____	2. _____	2. _____	2. _____	2. _____
ADMISSION #3:	3. ___/___/___	3. _____	3. _____	3. _____	3. _____	3. _____
ADMISSION #4:	4. ___/___/___	4. _____	4. _____	4. _____	4. _____	4. _____

B10. Not counting hospitalizations, during the past 2 months did [CHILD] see a doctor or health care provider for any reason? Include visits to an emergency room, a doctor's office, or a clinic.

Yes ..... 1  
 No ..... 0

[SKIP TO NEXT FORM]

B10a. How many times?

\_\_\_\_ visits

**[Start with most recent visit and complete the grid below for up to 6 visits. Use calendar.]**

B10b. When was the (last) visit?

**[Ask date of each visit and insert on grid below. For an unknown date in a previous month, enter "15" if day is not known but month and year are known: e.g. 01/15/98. For an unknown date within the current month, if the interview is conducted between the 1st and 15th of the month, enter '1' as the day: e.g. 02/01/98. However, if the interview is being conducted on or after the 15th of the month, enter '15' as the day.]**

B10c. **[TO BE ANSWERED BY INTERVIEWER]** Was the month estimated?  
**[1=Yes, 0=No]**

B10d. **[TO BE ANSWERED BY INTERVIEWER]** Was the day estimated?  
**[1=Yes, 0=No]**

B10e. Was that visit for asthma or another reason?  
**[1=Asthma, 2=Other]**

B10f. Was that an appointment that was scheduled at a clinic at least 24 hours ahead or was it an emergency visit at an ER or clinic?  
**[1=Clinic, scheduled, 2=ER, 3=Clinic, unscheduled]**

	10b. Date (mm/dd/yy)	10c. Est Month	10d. Est Day	10e. Reason	10f. Scheduled/ Unscheduled
MOST RECENT:	1. ___/___/___	1. _____	1. _____	1. _____	1. _____
VISIT #2:	2. ___/___/___	2. _____	2. _____	2. _____	2. _____
VISIT #3:	3. ___/___/___	3. _____	3. _____	3. _____	3. _____
VISIT #4:	4. ___/___/___	4. _____	4. _____	4. _____	4. _____
VISIT #5:	5. ___/___/___	5. _____	5. _____	5. _____	5. _____
VISIT #6:	6. ___/___/___	6. _____	6. _____	6. _____	6. _____

# PAEDIATRIC ASTHMA CAREGIVER'S QUALITY OF LIFE QUESTIONNAIRE

Insert Standardized form here and follow the directions on the form for administration. When complete, answer question B14.

[TO BE ANSWERED BY INTERVIEWER.]

B14. Was this form self-administered?

Yes . . . . . 1

No . . . . . 0

## MEDICAL RISK ASSESSMENT

Now I have a few questions about the medical care [CHILD] receives and the medicines that he/she takes.

B1. During the past 12 months, when [CHILD] went to a doctor for asthma care, was it usually in an ER or clinic or doctor's office? **[DO NOT READ LIST.]**

ER ..... 1  
Clinic/office ..... 2  
Both, mostly ER ..... 3  
Both, mostly clinic/office ..... 4  
Never had doctor's visit ..... 5

B2. During the past 2 months, did [CHILD] take any medicines for asthma?

Yes ..... 1  
No ..... 0 **[SKIP TO B3]**

B2a. Is your child currently taking any medicines prescribed for asthma every day, even when he/she is well, to prevent symptoms?

Yes ..... 1 **[SKIP TO B3a]**  
No ..... 0

B3. In the past 2 months, has your child been prescribed any medicines for asthma to use every day, even when he/she is well, to prevent symptoms?

- Yes ..... 1
- No ..... 0      **[SKIP TO B4]**
- Don't know ..... -2      **[SKIP TO B4]**

B3a. What kind of medicines? What form was the medicine?  
**[DO NOT READ LIST. In the chart below, enter 1 for all medicines that are named. Enter 0 for all other medicines. Can use pictures of medicines.]**

B3b. **[For each medicine named in B3a, ask the following question and enter the code in the chart below. For those not named in B3a, enter -1 for 'Not Applicable.' ]** During the past two months, how often did [CHILD] use this medicine? Would you say... **[READ LIST.]**

- Never or rarely ..... 0
- Sometimes ..... 1
- Usually ..... 2
- Almost always ..... 3

	<b>B3a</b>	<b>B3b</b>
1. Liquid or tablets, can't remember name .....	_____	_____
2. Inhaled medicine(s), can't remember name .....	_____	_____
3. Nebulized medicine(s), can't remember name .....	_____	_____
4. Albuterol (Ventolin, Proventil) by mouth .....	_____	_____
5. Metaproterenol (Alupent) .....	_____	_____
6. Albuterol (Ventolin, Proventil) by inhaler .....	_____	_____
7. Albuterol (Ventolin, Proventil) by nebulizer (electric machine) ..	_____	_____
8. Cromolyn (Intal, Nasalcrom) by inhaler .....	_____	_____
9. Cromolyn (Intal) by nebulizer (electric machine) .....	_____	_____
10. Nasalcrom by nasal spray .....	_____	_____
11. Nedocromil (Tilade) by inhaler .....	_____	_____
12. Prednisone or prednisolone (Pediapred, Prelone) by mouth .....	_____	_____
13. Beclomethasone (Beclovent, Vanceril, Beconase) by inhaler .....	_____	_____
14. Beclomethasone (Beconase, Vancenase) by nasal spray .....	_____	_____
15. Triamcinolone (Azmacort) by inhaler .....	_____	_____
16. Flunisolide (Aerobid) by inhaler .....	_____	_____
17. Fluticasone (Flovent) by inhaler .....	_____	_____
18. Theophylline (Slo-phyllin, Slo-bid, Theo-dur) by mouth .....	_____	_____
19. Budesonide (Pulmacort) by diskhaler .....	_____	_____
20. Other (Specify): B3a20a. _____	_____	_____

**B4. [RECORD THE RESPONSES FOR QUESTIONS B4a - B4c IN THE GRID BELOW.]**

**B4a.** What medicines do you give [CHILD] when he/she is having asthma signs or symptoms? What form is the medicine? **[DO NOT READ LIST. Can use pictures of medicines. If not volunteered, read options for form of medicine: liquid or oral, inhaled or nebulizer/electric machine. In the chart below, enter 1 for all medicines that are named. Enter 0 for all other medicines.]**

**B4b.** **[Only ask for medicines named in B4a. For those not named in B4a, enter -1 for 'Not Applicable.']** During the past two months, did [CHILD] use this medicine because he/she was having asthma signs/symptoms?

- Yes ..... 1
- No ..... 0
- Don't know ..... -2

**B4c.** **[Only ask for medicines reported as used in B4b. For those not reported as used in B4b, enter -1 for 'Not Applicable.']** Is [CHILD] supposed to take this medicine more than once a day?

- Yes ..... 1
- No ..... 0
- Don't know ..... -2

	<b>B4a</b>	<b>B4b</b> <b>Did Use?</b>	<b>B4c</b> <b>More?</b>
1. Liquid or tablets, can't remember name .....	_____	_____	_____
2. Inhaled medicine(s), can't remember name .....	_____	_____	_____
3. Nebulized medicine(s), can't remember name .....	_____	_____	_____
4. Albuterol (Ventolin, Proventil) by mouth .....	_____	_____	_____
5. Metaproterenol (Alupent) .....	_____	_____	_____
6. Albuterol (Ventolin, Proventil) by inhaler .....	_____	_____	_____
7. Albuterol (Ventolin, Proventil) by nebulizer (electric machine) ..	_____	_____	_____
8. Cromolyn (Intal, Nasalcrom) by inhaler .....	_____	_____	_____
9. Cromolyn (Intal) by nebulizer (electric machine) .....	_____	_____	_____
10. Nasalcrom by nasal spray .....	_____	_____	_____
11. Nedocromil (Tilade) by inhaler .....	_____	_____	_____
12. Prednisone or prednisolone (Pediapred, Prelone) by mouth .....	_____	_____	_____
13. Beclomethasone (Becloment, Vanceril, Beconase) by inhaler .....	_____	_____	_____
14. Beclomethasone (Beconase, Vancenase) by nasal spray .....	_____	_____	_____
15. Triamcinolone (Azmacort) by inhaler .....	_____	_____	_____
16. Flunisolide (Aerobid) by inhaler .....	_____	_____	_____
17. Fluticasone (Flovent) by inhaler .....	_____	_____	_____
18. Theophylline (Slo-phyllin, Slo-bid, Theo-dur) by mouth .....	_____	_____	_____
19. Budesonide (Pulmacort) by diskhaler .....	_____	_____	_____
20. Other (Specify): B4a20a. _____	_____	_____	_____

B4d. How many different medicines does [CHILD] usually take in one day for asthma?

\_\_\_\_\_ different medicines

B5. Who usually prescribes the medicines for [CHILD]'s asthma? \_\_\_\_\_  
**[The name of the physician is not necessary if the participant knows the type of physician. The name of the physician will NOT be data entered. If a physician's name is given, prompt for the type of physician. If the respondent does not know the physician type, then enter the physician's name and code later as one of the first four options. If the physician's name is not enough to be able to determine the type of physician, code as 'Cannot be determined.' If the participant does not know the name or the physician type, write 'Don't know' on the line and code as -2.]**

- Primary care physician/health care provider . . . . . 1
- ED doctor or Emergency Department . . . . . 2
- Specialist/other doctor . . . . . 3
- Cannot be determined . . . . . 4
- Don't know . . . . . -2

B6. Does [CHILD] have a spacer device such as Inspirease or Aerochamber?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B8]**

B7. Does [CHILD] usually use a spacer device with any of the medicines that he/she breathes in or inhales?

- Yes . . . . . 1
- No . . . . . 0

B8. Has a doctor or health care provider ever given you separate written instructions, except for prescriptions, explaining how [CHILD] should take his/her asthma medicines?

- Yes . . . . . 1
- No . . . . . 0

B9. Has a doctor or health care provider ever given you separate written instructions, except for prescriptions, explaining what to do when [CHILD] starts wheezing?

- Yes . . . . . 1
- No . . . . . 0

B10. Has a doctor or health care provider ever given you separate written instructions, except for prescriptions, explaining how to deal with asthma at school?

- Yes . . . . . 1
- No . . . . . 0

B11. Has a doctor or health care provider ever given you separate written instructions, except for prescriptions, explaining about triggers/things that bring on an asthma attack?

Yes ..... 1  
No ..... 0

B12. Do you have a number or doctor, other than the emergency room, to call if you have problems with [CHILD]'s asthma?

Yes ..... 1  
No ..... 0

B13. Have you had any problems in dealing with [CHILD]'s taking medications at school?

Yes ..... 1  
No ..... 0  
[Doesn't Take Meds at School] ... -1

B14. During the past 12 months, was [CHILD] covered at any time by Medicaid?

Yes ..... 1  
No ..... 0  
Don't know ..... -2

B15. Is [CHILD] now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill?

Yes ..... 1  
No ..... 0 [SKIP TO B16]  
Don't Know ..... -2 [SKIP TO B16]

B15a. What is the name of your health insurance plan? \_\_\_\_\_

**[Do not ask for a category below. Each ASU will have a list of the plans and will code into the categories below after the baseline interview. If the caretaker does not know the name of the plan, then code as 'Don't know'. If the name of the plan is not enough to determine the type of plan, then code as 'Cannot be determined.']**

Managed care ..... 1  
Medicaid ..... 2  
Medicaid Managed Care ..... 3  
Private ..... 4  
Cannot be determined ..... 5  
Don't know ..... -2

B16. Using a peak flow meter means blowing into the small device/tube and checking the number on the side that shows how the lungs are doing. Has a doctor ever told you to have [CHILD] use a peak flow meter?

- Yes ..... 1
- No ..... 0 [SKIP TO B17]
- Don't know ..... -2 [SKIP TO B17]

B16a. Does [CHILD] use a peak flow meter? [Do not include use in ER/clinics.]

- Yes ..... 1
- No ..... 0 [SKIP TO B17]

B16b. How often does [CHILD] use it?

- Every day ..... 1
- About once a week ..... 2
- About once a month ..... 3
- Only when sick ..... 4
- Don't know ..... -2

B17. Has a doctor ever told you to have [CHILD] use a nebulizer?

- Yes ..... 1
- No ..... 0 [SKIP TO B18]
- Don't know ..... -2 [SKIP TO B18]

B17a. In the past 6 months, how often has [CHILD] used the nebulizer the way the doctor recommended? [USE HANDCARD]

- Not at all ..... 0
- Almost none of the time ..... 1
- Some of the time ..... 2
- Most of the time ..... 3
- All of the time ..... 4

B18. Has a doctor ever told you to have [CHILD] use a mattress cover?

- Yes ..... 1
- No ..... 0 [SKIP TO B19]
- Don't know ..... -2 [SKIP TO B19]

B18a. In the past 6 months, how often has [CHILD] used the mattress cover? [USE HANDCARD]

- Not at all ..... 0
- Almost none of the time ..... 1
- Some of the time ..... 2
- Most of the time ..... 3
- All of the time ..... 4

B19. Has a doctor ever told you to have [CHILD] use a spacer device such as Inspirease or Aerochamber?

- Yes ..... 1
- No ..... 0 [SKIP TO B20]
- Don't know ..... -2 [SKIP TO B20]

B19a. In the past 6 months, how often has [CHILD] used the spacer device the way the doctor recommended? [USE HANDCARD]

- Not at all ..... 0
- Almost none of the time ..... 1
- Some of the time ..... 2
- Most of the time ..... 3
- All of the time ..... 4

B20. Has a doctor ever told you to have [CHILD] use an air cleaning device?

- Yes ..... 1
- No ..... 0 [SKIP TO B21]
- Don't know ..... -2 [SKIP TO B21]

B20a. In the past 6 months, how often has [CHILD] used the air cleaning device the way the doctor recommended? [USE HANDCARD]

- Not at all ..... 0
- Almost none of the time ..... 1
- Some of the time ..... 2
- Most of the time ..... 3
- All of the time ..... 4

B21. Has a doctor ever told you to have [CHILD] use an air conditioner?

- Yes ..... 1
- No ..... 0 [SKIP TO B22]
- Don't know ..... -2 [SKIP TO B22]

B21a. In the past 6 months, how often has [CHILD] used the air conditioner the way the doctor recommended? [USE HANDCARD]

- Not at all ..... 0
- Almost none of the time ..... 1
- Some of the time ..... 2
- Most of the time ..... 3
- All of the time ..... 4

B22. Has [CHILD] had a flu vaccine in the past 12 months?

- Yes ..... 1
- No ..... 0
- Don't know ..... -2

## ADHERENCE

Many families have problems making sure children get all of their asthma medications or making sure they get medicines on time. I am going to go over several areas and ask whether this has been hard for you.

**[VERIFY THAT CHILD HAS TAKEN MEDS FOR ASTHMA IN THE PAST 6 MONTHS. IF CHILD HAS NOT, ASK ONLY B3, B9, B12, B13. THESE QUESTION NUMBERS ARE HIGHLIGHTED. ENTER "-1" FOR ALL OTHER QUESTIONS.]**

**B1.** Many families have problems getting the medicines their child needs because the pharmacy does not have the medicine or it is hard to get to the pharmacy.

In the past 6 months, have you had any problems like these when trying to get [CHILD] his/her asthma medicines?

Yes .....	1	
No .....	0	<b>[SKIP TO B2]</b>
N/A .....	-1	<b>[SKIP TO B2]</b>

**B1a.** In the past 6 months, have you had to skip some of [CHILD]'s medicine because of problems like these?

Yes .....	1
No .....	0

**B2.** Some families have problems getting their child's asthma medicines because they do not have insurance and the medicines cost too much.

In the past 6 months, have you had any problems trying to get [CHILD] his/her asthma medicine because of financial problems like these?

Yes .....	1	
No .....	0	<b>[SKIP TO B3]</b>
N/A .....	-1	<b>[SKIP TO B3]</b>

**B2a.** Have you had to skip some of [CHILD]'s medicines because of these problems?

Yes .....	1
No .....	0

**B3.** In the past 6 months, have you ever run out of medicines for [CHILD]'s asthma and not had any when [CHILD] had an asthma attack?

Yes .....	1
No .....	0

B4. Sometimes families have trouble giving asthma medicines because the child refuses to take the medicine. Sometimes it's because the child is too busy playing or the medicine tastes bad or makes him/her feel funny.

In the past 6 months, has this ever been a problem in your family?

Yes ..... 1  
No ..... 0     **[SKIP TO B5]**  
N/A ..... -1   **[SKIP TO B5]**

B4a. Have you had to skip a dose of medicine because of this problem?

Yes ..... 1  
No ..... 0

B5. Asthma medication schedules can be hard to follow. When there are many medicines to keep track of, the schedule can be hard.

Do you feel that [CHILD]'s medication schedule is hard to follow?

Yes ..... 1  
No ..... 0     **[SKIP TO B6]**  
N/A ..... -1   **[SKIP TO B6]**

B5a. Are there times you have had problems giving [CHILD] his/her medications and ended up skipping a dose?

Yes ..... 1  
No ..... 0

B6. Some families do not give their child all the asthma medicine prescribed by the doctor because they feel that he/she could become addicted or that too much medicine is bad. Other times, it may be that the child or the adults in the home do not like the side effects.

Do you feel [CHILD] is getting too much, too little, or just the right amount of medicine?

Too much ..... 1  
Too little ..... 2  
Right amount ..... 3   **[ASK B6a, THEN SKIP TO B7]**  
N/A ..... -1

B6a. In the past 6 months, have you worried about any of the side effects from [CHILD]'s asthma medications?

Yes ..... 1  
No ..... 0     **[SKIP TO B7]**  
N/A ..... -1   **[SKIP TO B7]**

B6b. In the past 6 months, have you ever cut back on [CHILD]'s asthma medications because of these worries?

Yes ..... 1  
No ..... 0

B7. There are times when people think the child is all better before finishing the prescription. In the past 6 months, have you thought [CHILD]'s asthma was better before finishing the prescription?

Yes ..... 1  
No ..... 0     **[SKIP TO B8]**  
N/A ..... -1   **[SKIP TO B8]**

B7a. Did you stop using the medicine because [CHILD] felt better?

Yes ..... 1  
No ..... 0

B8. Some families feel that the asthma medications do not really work. In the past 6 months, have you felt this way?

Yes ..... 1  
No ..... 0     **[SKIP TO B9]**  
N/A ..... -1   **[SKIP TO B9]**

B8a. Are there times you stopped giving [CHILD] the asthma medicines because you felt this way?

Yes ..... 1  
No ..... 0

B9. Sometimes family or friends recommend using remedies such as teas, rubs, and herbs for asthma. In the past 6 months, have you used any remedies recommended by a friend or relative?

Yes ..... 1  
No ..... 0     **[SKIP TO B10]**

B9a. Did you use these instead of [CHILD]'s regular asthma medication?

Yes ..... 1  
No ..... 0



## DEMOGRAPHICS

Most of the interview so far has asked about asthma. Now I have some more general questions about [CHILD], you and your family. First, I have a few questions about your family background, home, and so forth.

- B1. What grade is [CHILD] currently enrolled in?  
**[If baseline occurs during the summer break, ask, "IN WHAT GRADE WILL [CHILD] BE ENROLLED IN SEPTEMBER?" Code as follows: P=preschool, K=kindergarten, 1-6= grades 1-6]**

\_\_\_\_\_

- B2. How long has [CHILD] lived at his/her current address?

a. \_\_\_\_\_ years    b. \_\_\_\_\_ months

- B3. Do any of [CHILD]'s parents, brothers, sisters, or grandparents have asthma?  
**[Include those who do and do not live in household.]**

Yes ..... 1  
No ..... 0  
Don't know ..... -2

- B4. Do any of [CHILD]'s parents, brothers, or sisters have hay fever and/or eczema?  
**[Include those who do and do not live in household.]**

Yes ..... 1  
No ..... 0  
Don't know ..... -2

- B4a. Does [CHILD] have hay fever and/or eczema?

Yes ..... 1  
No ..... 0  
Don't know ..... -2

- B5. What is the highest grade or school level that you have completed?

\_\_\_\_\_ **[Use education codes below.]**

B6. How many people live in [CHILD]'s home, including [CHILD] and you? \_\_\_\_\_  
**[The respondent should be included, if appropriate.]**

B6a. How many of these household members are adults? (18 years and over) \_\_\_\_\_

B7. Thinking about where [CHILD] lives, who would you say is the head or heads of the household?  
**[PROMPT: Who would you say is "in charge"?)**

**[If the caretaker is the only adult in the household (B6a=1), then enter caretaker's information in B7a1 and B7b1.]**

**[If only one person is named, enter '-1' for B7a2 and B7b2.]**

B7a. How is \_\_\_\_\_ related to [CHILD]?

B7b. What is the highest grade or level of school that \_\_\_\_\_ has completed?

a. Relation                      b. Education

Name 1 \_\_\_\_\_  
**[Do not data enter this name.]**

1. \_\_\_\_\_                      1. \_\_\_\_\_

Name 2 \_\_\_\_\_  
**[Do not data enter this name.]**

2. \_\_\_\_\_                      2. \_\_\_\_\_

<p><b>Relationship codes:</b></p> <p>1=Mother (bio or adoptive)          2=Father (bio or adoptive)          3=Step-mother          4=Step-father          5=Foster parent          6=Grandmother          7=Grandfather          8=Sibling          9=Other family          10=Other non-family</p> <p>-2 = Don't know</p>	<p><b>Education codes:</b></p> <p>0 = Never attended school          1-11 = Specific grade completed for grades 1-11          12 = GED or 12th grade          13 = 1 or 2 years of college/technical/voc training          14 = 3 or 4 years of college/technical/voc training          15 = 5+ years of college/technical/voc training          16 = Other</p> <p>-2 = Don't know</p>
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B8. How would you describe [CHILD]'s race, nationality, or ethnic background?  
**[ASK OPEN-ENDED AND USE CODES BELOW]**  
**[PROMPT WITH: "WHAT IS [CHILD]'s RACE?"]**

Hispanic **[If necessary, prompt with 'WHICH ETHNIC GROUP OR NATIONALITY?']**

- Puerto Rican ..... 1
- Dominican ..... 2
- Mexican ..... 3
- South American ..... 4
- Central American ..... 5
- Cuban ..... 6
- Other Hispanic ..... 7

Black **[If necessary, prompt with 'WHICH ETHNIC GROUP OR NATIONALITY?']**

- African American/Black American .... 8
- West Indian ..... 9
- Caribbean black ..... 10
- Other black ..... 11

White ..... 12

Which ethnic group or nationality? a. \_\_\_\_\_

Asian ..... 13

Which ethnic group or nationality? a. \_\_\_\_\_

Alaskan **[If necessary, prompt with 'WHICH ETHNIC GROUP OR NATIONALITY?']**

- Eskimo 14 ..... 14
- Aleut ..... 15
- Athabascan ..... 16
- Other Alaskan ..... 17

Mixed ..... 18

**Specify:** a. \_\_\_\_\_

Native American **[If necessary, prompt with 'WHICH TRIBE?']**

- Yakima ..... 19
- Spokane ..... 20
- Quinault ..... 21
- Tohono O'Odham ..... 22
- Pima ..... 23
- Yaqui ..... 24
- Apache ..... 25
- Navajo ..... 26
- Hopi ..... 27
- Other tribe(s) ..... 28

Other ..... 29

**Specify:** a. \_\_\_\_\_

Refused ..... -3

Don't Know ..... -2

B9. And how would you describe your race, nationality, or ethnic background?  
**[ASK OPEN-ENDED AND USE CODES BELOW]**

Hispanic **[If necessary, prompt with ‘WHICH ETHNIC GROUP OR NATIONALITY?’]**

- Puerto Rican . . . . . 1
- Dominican . . . . . 2
- Mexican . . . . . 3
- South American . . . . . 4
- Central American . . . . . 5
- Cuban . . . . . 6
- Other Hispanic . . . . . 7

Black **[If necessary, prompt with ‘WHICH ETHNIC GROUP OR NATIONALITY?’]**

- African American/Black American . . . . 8
- West Indian . . . . . 9
- Caribbean black . . . . . 10
- Other black . . . . . 11

White . . . . . 12  
 Which ethnic group or nationality? a. \_\_\_\_\_

Asian . . . . . 13  
 Which ethnic group or nationality? a. \_\_\_\_\_

Alaskan **[If necessary, prompt with ‘WHICH ETHNIC GROUP OR NATIONALITY?’]**

- Eskimo 14 . . . . .
- Aleut . . . . . 15
- Athabascan . . . . . 16
- Other Alaskan . . . . . 17

Mixed . . . . . 18  
**Specify:** a. \_\_\_\_\_

Native American **[If necessary, prompt with ‘WHICH TRIBE?’]**

- Yakima . . . . . 19
- Spokane . . . . . 20
- Quinault . . . . . 21
- Tohono O’Odham . . . . . 22
- Pima . . . . . 23
- Yaqui . . . . . 24
- Apache . . . . . 25
- Navajo . . . . . 26
- Hopi . . . . . 27
- Other tribe(s) . . . . . 28

Other . . . . . 29  
**Specify:** a. \_\_\_\_\_

Refused . . . . . -3  
 Don’t Know . . . . . -2

B10. How many adults in the home have a regular paying job now? \_\_\_\_\_ adults with job now

B11. What is your current marital status?

**[PROMPT IF NECESSARY.]**

- Married ..... 1
- Divorced ..... 2
- Single ..... 3
- Widowed ..... 4
- Separated ..... 5
- Other ..... 6

**Specify:** a. \_\_\_\_\_

B12. For the last month, what was the total income from all sources? Include income from everyone in [CHILD]'s home. Please point to the answer closest to your total income. **[Show categories listed on the handcard. If the respondent cannot give a figure, go over each source of income and get an estimate per month. The amount given should be before taxes or other deductions. ENTER THE CODE FROM THE HANDCARD.]**

\_\_\_\_\_ Refused ..... -3

## HOME ENVIRONMENT

Exposure to things in the home environment can affect your child's asthma. Now I am going to ask you a few questions about [CHILD]'s home.

B1. Do you use any of the following things for [CHILD]'s bedroom during the year?

**[READ LIST.]**

	<u>Yes</u>	<u>No</u>	
a. Room air conditioner . . . . .	1	0	
b. Central air conditioner . . . . .	1	0	
c. Dehumidifier . . . . .	1	0	
d. Air cleaning device . . . . .	1	0	
e. Swamp cooler . . . . .	1	0	
f. Humidifier/vaporizer . . . . .	1	0	<b>[IF YES, ANSWER B1g]</b>

B1g. Is the humidifier/vaporizer cool mist or warm mist?

Cool mist . . . . .	1
Warm mist . . . . .	2
Other . . . . .	3
Don't know . . . . .	-2

B2. Do you use any of the following things in the TV/family room during the year?

**[READ LIST.]**

	<u>Yes</u>	<u>No</u>	
a. Room air conditioner . . . . .	1	0	
b. Central air conditioner . . . . .	1	0	
c. Dehumidifier . . . . .	1	0	
d. Air cleaning device . . . . .	1	0	
e. Swamp cooler . . . . .	1	0	
f. Humidifier/vaporizer . . . . .	1	0	<b>[IF YES, ANSWER B2g]</b>

B2g. Is the humidifier/vaporizer cool mist or warm mist?

Cool mist . . . . .	1
Warm mist . . . . .	2
Other . . . . .	3
Don't know . . . . .	-2

B3. At night when [CHILD] is in bed, approximately how many stuffed animals are in his/her bed?

None . . . . .	0
One . . . . .	1
More than one . . . . .	2
Don't know . . . . .	-2

**[For B4, B5, B6a, B7a-B7c: Calculate to years, i.e. if sheets are washed once a week then enter 52 times per year, and if sheets are washed once every three months then enter 4 times per year. It is not necessary that the respondent be the person that actually does the activity.]**

B4. How often do you wash the sheets on [CHILD]'s bed?  
**[Calculate to years.]**

\_\_\_ times / year      **[IF 0, SKIP TO B5]**

B4a. On what temperature setting do you wash [CHILD]'s bed sheets?

Hot ..... 1  
Warm ..... 2  
Cold ..... 3  
Don't know ..... -2

B5. How often do you wash the blankets/covers on [CHILD]'s bed?  
**[Calculate to years.]**

\_\_\_ times / year

B6. Is the room where [CHILD] sleeps carpeted or are there any carpets covering part of the floor?

Yes ..... 1  
No ..... 0      **[SKIP TO B7]**

B6a. How often do you vacuum the carpets in [CHILD]'s room?  
**[Calculate to years. ]**

\_\_\_ times / year

B7. Are there any areas of bare floor in the room where [CHILD] sleeps?  
**[PROMPT: 'Bare floors are areas not covered by carpet.']**

Yes ..... 1  
No ..... 0      **[SKIP TO B8]**

B7a. How often do you vacuum the bare floors in the room where [CHILD] sleeps?  
**[Calculate to years. ]**

\_\_\_ times / year

B7b. How often do you sweep or dust mop the bare floors in the room where [CHILD] sleeps?  
**[Calculate to years. ]**

\_\_\_\_ times / year

B7c. How often do you wet mop the bare floors in the room where [CHILD] sleeps?  
**[Calculate to years. ]**

\_\_\_\_ times / year

B8. Which of these do you use to clean the floors of the home? **[READ LIST.]**

	<u>Yes</u>	<u>No</u>
a. Vacuum cleaner . . . . .	1	0
b. Dust mop or dry mop . . . . .	1	0
c. Wet mop . . . . .	1	0
d. Broom . . . . .	1	0
e. Other . . . . .	1	0

**Specify:** f. \_\_\_\_\_

B9. What is the main heating source in your house? **[READ LIST.]**

Radiators (steam or hot water) . . . . .	1
Forced air (vents) . . . . .	2
Open stove . . . . .	3
Electric space heater . . . . .	4
Kerosene space heater . . . . .	5
Wood burning stove . . . . .	6
Other . . . . .	7

**Specify:** a. \_\_\_\_\_

B10. Are there any other sources for heat? **[ASK OPEN-ENDED. DO NOT READ LIST. ANY SOURCE THAT IS NOT MENTIONED SHOULD BE CODED AS NO.]**

	<u>Yes</u>	<u>No</u>
a. Radiators (steam or hot water) . . . . .	1	0
b. Forced air (vents) . . . . .	1	0
c. Open stove . . . . .	1	0
d. Electric space heater . . . . .	1	0
e. Kerosene space heater . . . . .	1	0
f. Wood burning stove . . . . .	1	0
g. Other . . . . .	1	0

**Specify:** h. \_\_\_\_\_

B11. During the past 12 months, has there been water or dampness in your home from broken pipes, leaks, heavy rains, or sink, tub, or toilet overflows?

Yes ..... 1  
No ..... 0 [SKIP TO B12]  
Don't know ..... -2 [SKIP TO B12]

B11a. About how often has this occurred in the past 12 months?

Almost all the time ..... 1  
Frequently; on most rainy days ..... 2  
Occasionally; when it rained heavily ..... 3  
Rarely ..... 4  
Don't know ..... -2

B12. Are there any water leaks from the ceiling or windows in the following rooms? [READ LIST.]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Child's sleeping room .....	1	0	-1
b. TV/ Family room .....	1	0	-1
c. Kitchen .....	1	0	-1

B13. Have you had any problems in your home/apartment with . . .  
[READ LIST.]

	<u>Yes</u>	<u>No</u>
a. Mice .....	1	0
b. Rats .....	1	0

B14. Have you seen any cockroaches in your home in the past 12 months?

Yes ..... 1  
No ..... 0 [SKIP TO B15]  
Don't know ..... -2 [SKIP TO B15]

B14a. Have you seen any cockroaches during the day in your home?

Yes ..... 1  
No ..... 0  
Don't know ..... -2

B15. In the past 12 months, have you or another member of the household used pesticides, bug sprays, or other devices to try to get rid of cockroaches in your home? **[If yes, prompt for once or more than once.]**

No ..... 0  
Yes, once ..... 1  
Yes, more than once ..... 2  
Don't know ..... -2

B16. In the past 12 months, have you used a professional exterminator to try to get rid of cockroaches in your home? **[If yes, prompt for once or more than once.]**

No ..... 0  
Yes, once ..... 1  
Yes, more than once ..... 2  
Don't know ..... -2

B17. Have you had a dog living in your home in the past 6 months?

Yes ..... 1  
No ..... 0                   **[SKIP TO B18]**

B17a. Do you currently have a dog living in your home?

Yes ..... 1  
No ..... 0

B18. Have you had a cat living in your home in the past 6 months?

Yes ..... 1  
No ..... 0                   **[SKIP TO B19]**

B18a. Do you currently have a cat living in your home?

Yes ..... 1  
No ..... 0

B19. Have you had a hamster, guinea pig, rabbit, or other pet rodent living in your home in the past 6 months?

Yes ..... 1

No ..... 0

**[SKIP TO NEXT FORM]**

B19a. Do you currently have a hamster, guinea pig, rabbit, or other pet rodent living in your home?

Yes ..... 1

No ..... 0

## SMOKING

Now I would like to ask you some questions about smoking.

B1. How many people who live in [CHILD]'s home smoke? \_\_\_ people

**[Include respondent if smoker.]**

B2. Does anyone else who takes care of [CHILD], such as a babysitter or day care worker, smoke?

Yes ..... 1  
No ..... 0

B3. Do you smoke cigarettes, even occasionally?

Yes ..... 1  
No ..... 0      **[SKIP TO B4]**

B3a. About how many years have you been smoking? \_\_\_ years

B3b. About how many cigarettes a day do you smoke? \_\_\_ # cigarettes /day

B3b1. How many of these are smoked in the home? \_\_\_ # of daily cigarettes at home

B4. Does [CHILD] smoke cigarettes?

Yes ..... 1  
No ..... 0  
Don't know ..... -2

B5. Many people have difficulties keeping their children away from tobacco smoke. Do you have problems keeping [CHILD] away from people who are smoking?

Yes ..... 1  
No ..... 0  
Don't know ..... -2

B6. How frequently is your child around people who are smoking? Would you say...

**[READ LIST.]**

Daily ..... 1  
Several times a week ..... 2  
Several times a month ..... 3  
Rarely ..... 4

## BRIEF SYMPTOM INVENTORY

Please insert the standardized BSI® form here. Record the child's full first and last name in the space provided. Write the child's Screening ID number in the space titled 'ID Number.' After the child has been randomized into the study (if the child has a positive skin test to any indoor allergen), place the child's Study ID label to the right of the Screening ID. Do NOT place the Study ID label over the Screening ID number. It is not necessary to enter the other identification information at the top of the form.

If possible, this form should be self-administered.

1 - 53. [Use the handcards or allow self-administration. Record responses on the standardized BSI form. ]

54. [TO BE ANSWERED BY INTERVIEWER]

Was this form self-administered?

Yes ..... 1  
No ..... 0

## CHILD BEHAVIOR CHECKLIST

Please insert the standardized CBCL form here. Record the child's full name in the space provided on page 1 of the standardized form. Write the child's Screening ID number in the space titled 'For office use only, ID#' in the upper right-hand corner on page 1. After the child has been randomized into the study (if the child has a positive skin test to any indoor allergen), place the child's Study ID label to the left of the Screening ID. Do NOT place the Study ID label over the Screening ID number. It is alright to cover up "for ages 4-18" in the title. Put a large 'X' through the remaining information on page 1 and all of page 2. Only the questions on pages 3 and 4 should be answered.

If possible, this form should be self-administered.

1 - 113. [Use handcards or allow self-administration. Record responses on the standardized CBCL form. DO NOT FORGET TO DO BOTH SIDES.]

114. [TO BE ANSWERED BY INTERVIEWER]

Was this form self-administered?

Yes ..... 1

No ..... 0

## LIFE EVENTS

I am going to ask you questions about a number of events that commonly happen in people's lives. Each question is concerned with whether an event has happened to you (and in some cases your spouse) during the last 12 months. Please respond "yes" if the event happened and "no" if it didn't. For several of the events, there are also some follow-up questions for those who answer "yes." When I ask a question about your spouse/partner, I am referring to both married spouses and to unmarried partners who live together and have a marital-like relationship.

Some of the questions I will ask may remind you of rather painful feelings. They are, however, extremely important to people when they do happen, so please try to answer.

**[If possible, this form should be self-administered. Use handcards if it is not self-administered.]**

B1. Have you moved during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B2]**

B1a. Overall, would you say that your moving was a good or bad experience?

Very good ..... 1      **[SKIP TO B2]**  
Moderately good ..... 2      **[SKIP TO B2]**  
Slightly good ..... 3      **[SKIP TO B2]**  
Slightly bad ..... 4  
Moderately bad ..... 5  
Very bad ..... 6

B1a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never ..... 1  
Sometimes ..... 2  
Fairly often ..... 3  
Very often ..... 4

B2. Have you broken off an engagement to be married or ended an intimate relationship during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B3]**

B2a. How would you rate your feelings about breaking up?

- Very good . . . . . 1 [SKIP TO B3]
- Moderately good . . . . . 2 [SKIP TO B3]
- Slightly good . . . . . 3 [SKIP TO B3]
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B2a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B3. Did you get married during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0 [SKIP TO B4]

B3a. Overall, would you rate getting married as a good or bad experience?

- Very good . . . . . 1 [SKIP TO B4]
- Moderately good . . . . . 2 [SKIP TO B4]
- Slightly good . . . . . 3 [SKIP TO B4]
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B3a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B4. Did someone you were close to die during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0 [SKIP TO B5]

B4a. Who?  
[More than one response is possible.]

Yes=1, No=0

- B4a1. Spouse or Intimate Friend \_\_\_\_\_
- B4a2. Parent \_\_\_\_\_
- B4a3. Spouse's Parent \_\_\_\_\_
- B4a4. Brother or Sister \_\_\_\_\_
- B4a5. Child \_\_\_\_\_
- B4a6. Other Relatives \_\_\_\_\_
- B4a7. Friend \_\_\_\_\_
- B4a8. Other \_\_\_\_\_

B4a8a. Specify: \_\_\_\_\_

B4b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B5. Were you separated or divorced during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B6]**

B5a. Overall, would you rate your separation or divorce as a good or bad experience?

- Very good . . . . . 1      **[SKIP TO B6]**
- Moderately good . . . . . 2      **[SKIP TO B6]**
- Slightly good . . . . . 3      **[SKIP TO B6]**
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B5a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B6. Did you break up with a close friend during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B7]**

B6a. Overall, would you rate breaking up as a good or bad experience?

- Very good . . . . . 1      **[SKIP TO B7]**
- Moderately good . . . . . 2      **[SKIP TO B7]**
- Slightly good . . . . . 3      **[SKIP TO B7]**
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B6a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B7. Have you had any important relationship, for example, with your spouse, a close friend, your boss, or a family member become significantly worse during the last 12 months?

**[This should not include the relationship referred to in item 6 above.]**

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B8]**

B7a. With whom?  
[More than one response is possible.]

Yes=1, No=0

B7a1. Boss \_\_\_\_\_

B7a2. Spouse/Partner \_\_\_\_\_

B7a3. Friend \_\_\_\_\_

B7a4. Child \_\_\_\_\_

B7a5. Parent \_\_\_\_\_

B7a6. Other Family Member \_\_\_\_\_

B7a6a. Specify: \_\_\_\_\_

B7b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B8. Did you have a child or adopt a child during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0 [SKIP TO B9]

B8a. Overall, would you rate having a child and adjusting to having a child as a good or bad experience?

- Very good . . . . . 1 [SKIP TO B9]
- Moderately good . . . . . 2 [SKIP TO B9]
- Slightly good . . . . . 3 [SKIP TO B9]
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B8a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B9. Have you, a very close friend, or close family member had an accident that required emergency medical treatment during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B10]**

B9a. Who?  
**[More than one response is possible.]**

Yes=1, No=0

- B9a1. You \_\_\_\_\_
- B9a2. Spouse/Partner \_\_\_\_\_
- B9a3. Child \_\_\_\_\_
- B9a4. Parent \_\_\_\_\_
- B9a5. Spouse's Parent \_\_\_\_\_
- B9a6. Brother or Sister \_\_\_\_\_
- B9a7. Friend \_\_\_\_\_
- B9a8. Other \_\_\_\_\_
- B9a8a. **Specify**\_\_\_\_\_

B9b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B10. Have you, a very close friend, or close family member been hospitalized for a serious (life threatening) illness during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B11]**

B10a. Who?  
**[More than one response is possible.]**

Yes=1, No=0

B10a1. You \_\_\_\_\_  
B10a2. Spouse/Partner \_\_\_\_\_  
B10a3. Child \_\_\_\_\_  
B10a4. Parent \_\_\_\_\_  
B10a5. Spouse's Parent \_\_\_\_\_  
B10a6. Brother or Sister \_\_\_\_\_  
B10a7. Friend \_\_\_\_\_  
B10a8. Other \_\_\_\_\_  
B10a8a. **Specify** \_\_\_\_\_

B10b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never ..... 1  
Sometimes ..... 2  
Fairly often ..... 3  
Very often ..... 4

B11. **[TO BE ANSWERED BY INTERVIEWER.]**

What is the gender of the respondent?

Female ..... 0  
Male ..... 1      **[SKIP TO B11b]**

B11a. **[Ask a WOMAN respondent only.]** Have you been pregnant during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B14]**

B11a1. How would you rate being pregnant?

Very good ..... 1      **[SKIP TO B12a]**  
Moderately good ..... 2      **[SKIP TO B12a]**  
Slightly good ..... 3      **[SKIP TO B12a]**  
Slightly bad ..... 4  
Moderately bad ..... 5  
Very bad ..... 6

B11a1a. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never . 1  
Sometimes ... 2  
Fairly often ... 3  
Very often ... 4

**[SKIP TO B12a]**

B11b. **[Ask a MAN respondent only.]** Has your wife, partner or girlfriend been pregnant during the last 12 months?

**[Answer “no” if you do not have a wife, partner, or girlfriend.]**

Yes ..... 1  
No ..... 0      **[SKIP TO B14]**

B11b1. How do you feel about the pregnancy?

Very good ..... 1      **[SKIP TO B12b]**  
Moderately good ..... 2      **[SKIP TO B12b]**  
Slightly good ..... 3      **[SKIP TO B12b]**  
Slightly bad ..... 4  
Moderately bad ..... 5  
Very bad ..... 6

B11b1a. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . 1
- Sometimes . . . 2
- Fairly often . . 3
- Very often . . . 4

**[SKIP TO B12b]**

**B12. If the respondent is a WOMAN, ask question B12a. If the respondent is a MAN, skip to question B12b.**

B12a. **[Ask a WOMAN respondent only].** Have you had an abortion during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B13a]**

B12a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . 1
- Sometimes . . . 2
- Fairly often . . 3
- Very often . . . 4

**[SKIP TO B13a]**

B12b. **[Ask a MAN respondent only].** Has your wife, partner or girlfriend had an abortion during the last 12 months?

**[Answer “no” if you do not have a wife, partner, or girlfriend.]**

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B13b]**

B12b1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . 1
- Sometimes . . . 2
- Fairly often . . 3
- Very often . . . 4

**[SKIP TO B13b]**

B13. **If the respondent is a WOMAN, ask question B13a. If the respondent is a MAN, skip to question B13b.**

B13a. **[Ask a WOMAN respondent only].** Have you had a miscarriage or stillbirth during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B14]**

B13a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never . 1  
Sometimes ... 2  
Fairly often .. 3  
Very often ... 4

**[SKIP TO B14]**

B13b. **[Ask a MAN respondent only].** Has your wife, partner or girlfriend had a miscarriage or stillbirth during the last 12 months?

**[Answer “no” if you do not have a wife, partner, or girlfriend.]**

Yes ..... 1  
No ..... 0      **[SKIP TO B14]**

B13b1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never . 1  
Sometimes ... 2  
Fairly often .. 3  
Very often ... 4

B14. Have you or your spouse/partner lost or changed jobs or been involuntarily unemployed during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B15]**

B14a. How would you rate your feelings about leaving your job (or your spouse leaving his/her job)?

- Very good . . . . . 1      **[SKIP TO B15]**
- Moderately good . . . . . 2      **[SKIP TO B15]**
- Slightly good . . . . . 3      **[SKIP TO B15]**
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B14a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B15. During the last 12 months, have you or your spouse/partner suffered a significant business or investment loss or has a business you owned failed?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B16]**

B15a. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B16. During the last 12 months, have you or your spouse/partner had any serious problems or disappointment at work or in an educational course (university, training program, etc.)?

**[Answer only for you if both had disappointments.]**

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B17]**

B16a In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B17. Have you or your spouse/partner had significant success at work or in an educational course (university, training program, etc.) during last 12 months?

- Yes . . . . . 1
- No . . . . . 0

B18. Has there been a significant change in your personal finances during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B19]**

B18a. Has the change been for the better or worse?

- Better . . . . . 1      **[SKIP TO B19]**
- Worse . . . . . 0

B18a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B19. Has your house been broken into and/or burglarized during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B20]**

B19a. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B20. Have you or your spouse/partner or other member of your immediate family been assaulted or mugged during the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B21]**

B20a. Who?  
**[More than one response is possible.]**

Yes=1, No=0

- B20a1. You \_\_\_\_\_
- B20a2. Spouse/Partner \_\_\_\_\_
- B20a3. Child \_\_\_\_\_
- B20a4. Parent \_\_\_\_\_
- B20a5. Brother or Sister \_\_\_\_\_
- B20a6. Other \_\_\_\_\_
- B20a6a. **Specify**\_\_\_\_\_

B20b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B21. Has the behavior of any member of your family been a significant problem for you during the last 12 months?

Yes ..... 1  
No ..... 0      **[SKIP TO B22]**

B21a. Who?  
**[More than one response is possible.]**

Yes=1, No=0

B21a1. You \_\_\_\_\_

B21a2. Spouse/Partner \_\_\_\_\_

B21a3. Child \_\_\_\_\_

B21a4. Parent \_\_\_\_\_

B21a5. Brother or Sister \_\_\_\_\_

B21a6. Other \_\_\_\_\_

B21a6a. **Specify** \_\_\_\_\_

B21b. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

Never ..... 0  
Almost never ..... 1  
Sometimes ..... 2  
Fairly often ..... 3  
Very often ..... 4

B22. Have you or your spouse/partner had to appear in court during the last 12 months as either a defendant, a witness in a criminal case, or as party to a suit?

Yes ..... 1  
No ..... 0      **[SKIP TO B23]**

B22a. How would you rate the court experience?

- Very good . . . . . 1      **[SKIP TO B23]**
- Moderately good . . . . . 2      **[SKIP TO B23]**
- Slightly good . . . . . 3      **[SKIP TO B23]**
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B22a1. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B23. Have you had a pet (animal) to whom you were attached die, or get lost, or did you have to give it away during the last 12 month?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO B24]**

B23a. In the last month, how often did you experience unwanted thoughts, memories, or images about this event?

- Never . . . . . 0
- Almost never . . . . . 1
- Sometimes . . . . . 2
- Fairly often . . . . . 3
- Very often . . . . . 4

B24. Other than the events we have already asked about, have any other important things happened to you or to a very close friend or close family member in the last 12 months that made that period significantly different from a typical year?

**[If yes, you can list up to three events. Please do not feel obliged to include an additional event or events unless they were significant.]**

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO NEXT FORM]**

B24a. **Event 1:** To whom? [**Only ONE response is possible.**]

- You ..... 1
- Spouse/Partner ..... 2
- Child ..... 3
- Parent ..... 4
- Brother/Sister ..... 5
- Other ..... 6

B24a1. **Specify**\_\_\_\_\_

B24a2. What happened?\_\_\_\_\_

\_\_\_\_\_

B24a3. How would you rate your feelings about this event?

- Very good ..... 1
- Moderately good ..... 2
- Slightly good ..... 3
- Slightly bad ..... 4
- Moderately bad ..... 5
- Very bad ..... 6

B24b. **Event 2:** Has there been another important event in the last 12 months?

- Yes ..... 1
  - No ..... 0
- [SKIP TO NEXT FORM]

B24b1. To whom?

[**Only ONE response is possible.**]

- You ..... 1
- Spouse/Partner ..... 2
- Child ..... 3
- Parent ..... 4
- Brother/Sister ..... 5
- Other ..... 6

B24b1a. **Specify**\_\_\_\_\_

B24b1b. What happened?\_\_\_\_\_

\_\_\_\_\_

B24b1c. How would you rate your feelings about this event?

- Very good . . . . . 1
- Moderately good . . . . . 2
- Slightly good . . . . . 3
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5
- Very bad . . . . . 6

B24c. **Event 3:** Has there been another important event in the last 12 months?

- Yes . . . . . 1
- No . . . . . 0      **[SKIP TO NEXT FORM]**

B24c1. To whom?

**[Only ONE response is possible.]**

- You . . . . . 1
- Spouse/Partner . . . . . 2
- Child . . . . . 3
- Parent . . . . . 4
- Brother/Sister . . . . . 5
- Other . . . . . 6

B24c1a. **Specify**\_\_\_\_\_

B24c1b. What happened?\_\_\_\_\_

\_\_\_\_\_

B24c1c. How would you rate your feelings about this event?

- Very good . . . . . 1
- Moderately good . . . . . 2
- Slightly good . . . . . 3
- Slightly bad . . . . . 4
- Moderately bad . . . . . 5

**[TO BE ANSWERED BY INTERVIEWER]**

B25. Was this form self-administered?

Yes ..... 1  
No ..... 0

## PERCEIVED STRESS SCALE

The questions in the scale ask you about your feelings and thoughts during the last month. In each case, please indicate by circling the number how often you felt or thought a certain way.

**[USE HANDCARD IF NOT SELF-ADMINISTERED.]**

B1. In the last month, how often have you felt that you were unable to control the important things in your life?

Never . . . . . 0  
Almost never . . . . . 1  
Sometimes . . . . . 2  
Fairly often . . . . . 3  
Very often . . . . . 4

B2. In the last month, how often have you felt confident about your ability to handle your personal problems?

Never . . . . . 0  
Almost never . . . . . 1  
Sometimes . . . . . 2  
Fairly often . . . . . 3  
Very often . . . . . 4

B3. In the last month, how often have you felt that things were going your way?

Never . . . . . 0  
Almost never . . . . . 1  
Sometimes . . . . . 2  
Fairly often . . . . . 3  
Very often . . . . . 4

B4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never . . . . . 0  
Almost never . . . . . 1  
Sometimes . . . . . 2  
Fairly often . . . . . 3  
Very often . . . . . 4

**[TO BE ANSWERED BY INTERVIEWER]**

B5. Was this form self-administered?

Yes ..... 1  
No ..... 0

## VIOLENCE

Now I'm going to ask you a few questions about violence in your neighborhood.

B1. Are you afraid you or your children will be hurt by violence in your neighborhood?

Yes ..... 1  
No ..... 0

B2. While you have lived in this neighborhood, has anyone ever used violence, such as in a mugging, fight, or sexual assault, against you or any member of your household anywhere in your neighborhood?

Yes ..... 1  
No ..... 0

B3. Did any of the following occur in your neighborhood during the past 6 months?

Yes=1, No=0

B3a. A fight in which a weapon was used? \_\_\_\_\_

B3a1. **[If YES]** More than once? \_\_\_\_\_

B3b. A violent argument between neighbors? \_\_\_\_\_

B3b1. **[If YES]** More than once? \_\_\_\_\_

B3c. A gang fight? \_\_\_\_\_

B3c1. **[If YES]** More than once? \_\_\_\_\_

B3d. A sexual assault or rape? \_\_\_\_\_

B3d1. **[If YES]** More than once? \_\_\_\_\_

B3e. A robbery or mugging? \_\_\_\_\_

B3e1. **[If YES]** More than once? \_\_\_\_\_

B4. Do you not let your children play outside because you are afraid they might be hurt by violence in this neighborhood?

Yes ..... 1  
No ..... 0

