

CHILD BASELINE INTERVIEW

TABLE OF CONTENTS

Child Baseline General Information	Page 2
Paediatric Asthma Quality of Life Questionnaire	Page 3
Violence	Page 8
Evaluation of Child Baseline Forms	Page 9
Bailey - MDI Use Abilities	Page 11
Documentation of Child Baseline Activities	Page 12
Skin Test Results	Page 15

CHILD BASELINE INTERVIEW

SECTION A. GENERAL INFORMATION

A1. SCREENING ID S _____

A2. STUDY ID

**Place Study ID
label here**

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]

PAEDIATRIC ASTHMA QUALITY OF LIFE QUESTIONNAIRE

Insert Standardized form here and follow the directions on the form for administration. ONLY COMPLETE THIS FORM FOR 7-11 YEAR OLDS.

VIOLENCE

[ONLY COMPLETE THIS FORM FOR 7-11 YEAR OLDS.]

Now I have some questions about bad things that might have happened in your neighborhood.

B1. Are you afraid you 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 or fight, 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 robbery or mugging? _____

B3d1. **[If YES]** More than once? _____

B4. Do you play indoors more because you are afraid you may be hurt by violence in your neighborhood?

Yes 1
No 0

EVALUATION OF CHILD BASELINE INTERVIEW

- B1. Did the child appear to understand the questions ...
- a. ... in the Paediatric Asthma Quality of Life form?
- All of the time 1
Some of the time 2
Never 3
- b. ... in the Violence form?
- All of the time 1
Some of the time 2
Never 3
- B2. Did the child appear to answer the questions randomly (as in guessing)...
- a. ... in the Paediatric Asthma Quality of Life form?
- All of the time 1
Some of the time 2
Never 3
- b. ... in the Violence form?
- All of the time 1
Some of the time 2
Never 3
- B3. Did the child appear to think about each response before answering ...
- a. ... in the Paediatric Asthma Quality of Life form?
- All of the time 1
Some of the time 2
Never 3
- b. ... in the Violence form?
- All of the time 1
Some of the time 2
Never 3

B4. Was the caretaker in the room ...

a. ... during the completion of the Paediatric Asthma Quality of Life form?

Yes, all of the form 1

Yes, some of the form 2

No 0

b. ... during the completion of the Violence form?

Yes, all of the form 1

Yes, some of the form 2

No 0

B5. Other comments: _____

B6. Time completed: ____ ____ : ____ ____ ____ M [INCLUDE AM OR PM]

BAILEY - MDI USE ABILITIES

[IF CHILD DOES NOT USE AN MDI, ENTER "0" FOR B1 AND "-1" FOR ALL PARTS OF B2.]

B1. Does [CHILD] use a Metered Dose Inhaler/ Asthma Puffer?

Yes 1
 No 0

[NOTE: THIS TEST CAN BE PERFORMED WITH A PLACEBO CANISTER.]

B2. Please show me how you use the inhaler.

Desirable Behaviors:	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Patient shakes canister for 5 seconds.	1	0	-1
b. Patient attaches spacer or Inspirease bag correctly.	1	0	-1
c. Patient positions finger on the top of the medication canister and provides support.	1	0	-1
d. Patient places the spacer tube or mouthpiece into the mouth between the teeth.	1	0	-1
e. Patient exhales normally.	1	0	-1
f. Patient closes lips around the spacer tube or mouthpiece.	1	0	-1
g. Patient correctly presses down the top of the medication canister to release the medication.	1	0	-1
h. Patient inhales medication deeply and slowly.	1	0	-1
i. Patient holds the medication inside the lungs a minimum of 3 seconds before exhaling.	1	0	-1

DOCUMENTATION OF CHILD BASELINE ACTIVITIES

[The following questions are to be answered by the interviewer unless indicated otherwise.]

SCREENING ID S _____

STUDY ID

**Place Study ID
label here**

PHOTOGRAPH:

B1. Was a photo of the child taken?

Yes, digital camera 1 **[SKIP TO B2]**
Yes, film camera 2 **[SKIP TO B2]**
No 0

B1a. Why was the photo not taken?

HEIGHT AND WEIGHT:

B2. Measure the child's height in inches to the nearest 1/4" and record height in decimal form.
[Example: If child is 50 3/4" then enter 50.75]

_____ inches

B3. Measure the child's weight in pounds to the nearest half pound and record weight in decimal form.
[Example: If child weighs 60 1/2 pounds, then enter 60.5]

_____ pounds

SPIROMETRY:

B4. Was the spirometry test done?

Yes 1
No 0 **[SKIP TO B4c]**

B4a. Was the spirometer calibrated this week?

- Yes 1
- No 0

B4b. Who performed the spirometry test?

_____ [SKIP TO B5]

B4c. Why was the spirometry test not done? [SKIP TO B6]

B5. [TO BE ANSWERED BY CARETAKER AT START OF SPIROMETRY] How many hours ago did [CHILD] use a bronchodilator or rescue medication? (Spanish: ¿Hace cuántas horas usó [CHILD] su medicina de dilator de bronquios o medicina de rescate?)

- Less than 1 hour/Menos de una hora 1
- 1 to 2 hours/1 a 2 horas 2
- 2 to 3 hours/2 a 3 horas 3
- 3 to 4 hours/3 a 4 horas 4
- 4 to 5 hours/4 a 5 horas 5
- 5 to 6 hours/5 a 6 horas 6
- More than 6 hours/Más de 6 horas 7

SKIN TESTING:

B6. [TO BE ANSWERED BY CARETAKER] Has [CHILD] taken any anti-histamines during the past three days? (Spanish: ¿Ha tomado [CHILD] cualquier antihistamínico durante los últimos tres días?)

- Yes/Si 1
- No/No 0 [SKIP TO B7]

B6a. What is the name of the medication? (Spanish: ¿Cuál es el nombre del medicamento?)

B7. Was the skin test done?

- Yes 1
- No 0 [SKIP TO B7c]

B7a. Who performed the skin test? **[Enter initials]**

B7b. Comments (including whether or not steroid cream was applied). **[SKIP TO B8]**

B7c. Why was the skin test not done?

SIMPLICITY:

B8. Was the Simplicity test done?

Yes 1 **[SKIP TO B9]**
No 0

B8a. Why was the Simplicity test not done?

B9. Was the Simplicity device explained to the caretaker and child and given to the family with a postage paid envelope to take home for two weeks?

Yes 1
No 0 **[SKIP TO B9b]**

B9a. What was the serial number on the Simplicity device that the family was given to take home?

_____ **[SKIP TO NEXT FORM]**

B9b. Why did the family not take a Simplicity device home?

SKIN TEST RESULTS

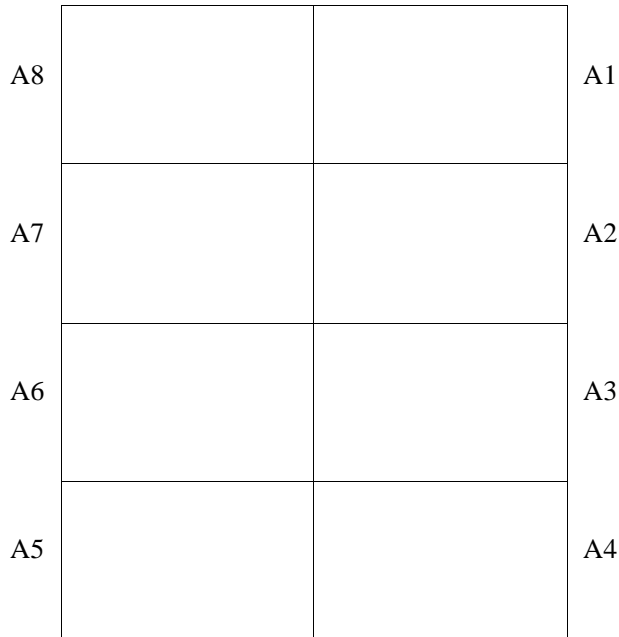
SCREENING ID: S _____

STUDY ID: _____

**Place Study ID
label here**

Place the transparent tape from the first Multi-Test II panel in the boxed area below.

Multi-Test II Skin Panel A



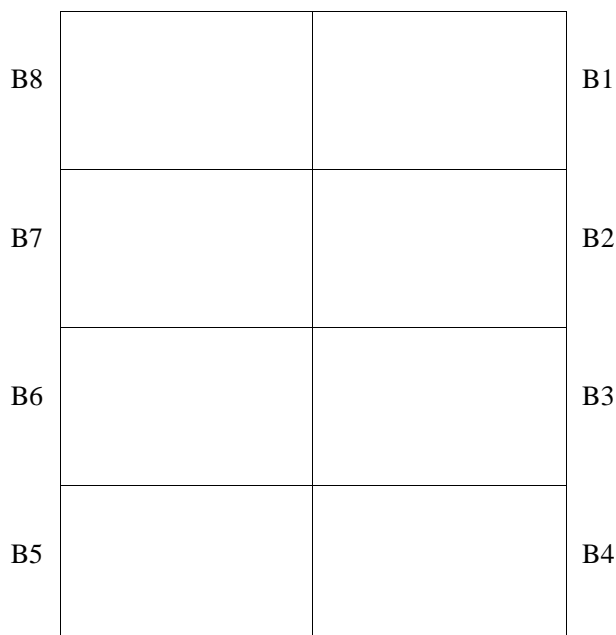
Panel A Skin Test Measurements

After removing the tape from the child's arm, use a Paper Mate Gel Writer pen to draw line "a" to represent the longest length of the wheal. Draw line "b" perpendicular to "a" at the widest width. Line "b" will not necessarily be the midpoint of line "a". Record the measurement in millimeters below. Measure the length and width of the wheal from inside the ink outline. Enter "0" for "a" and "b" if there is no reaction. Compute the wheal size by adding the "a" and "b" measurements and dividing by 2. The number may be a decimal.

Multi-Test II site number	"a" measurement	"b" measurement	Wheal size = (a + b) / 2
A1	a.	b.	c.
A2	a.	b.	c.
A3	a.	b.	c.
A4	a.	b.	c.
A5	a.	b.	c.
A6	a.	b.	c.
A7	a.	b.	c.
A8	a.	b.	c.

Place the transparent tape from the second Multi-Test II panel in the boxed area below.

Multi-Test II Skin Panel B



Panel B Skin Test Measurements

After removing the tape from the child’s arm, use a Paper Mate Gel Writer pen to draw line “a” to represent the longest length of the wheal. Draw line “b” perpendicular to “a” at the widest width. Line “b” will not necessarily be the midpoint of line “a”. Record the measurement in millimeters below. Measure the length and width of the wheal from inside the ink outline. Enter “0” for “a” and “b” if there is no reaction. Compute the wheal size by adding the “a” and “b” measurements and dividing by 2. The number may be a decimal.

Multi-Test II site number	“a” measurement	“b” measurement	Wheal size = (a + b) / 2
B1	a.	b.	c.
B2	a.	b.	c.
B3	a.	b.	c.
B4	a.	b.	c.
B5	a.	b.	c.
B6	a.	b.	c.
B7	a.	b.	c.
B8	a.	b.	c.

Section C. Skin Test Validity and Results Calculations

C1. Negative control:

C1a. Enter the wheal size from A8c (negative control) here: ____ mm

C1b. Is the value of C1a larger than 3mm?
(Is C1a > 3 mm?)

Yes 1
No 0

C2. Validity of skin test:

C2a. Enter the wheal size from A1c (positive control) ? C2b. Enter the wheal size from A8c (negative control) = C2c. Subtract and enter the difference

_____ mm	?	_____ mm	=	_____ mm
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C2d. Is the value of C2c less than 2mm?

Yes 1 **[TEST IS NOT VALID]**
No 0

[If 'Yes', you may choose to reschedule the test for another day or redo the test on the back, the upper outer arm, or the inner area of the forearm.]

C3. Will the skin test be rescheduled because the test was not valid?

Test is valid; not necessary 0 **[SKIP TO C4]**
No, family does not want to reschedule ... 1 **[SKIP TO C5; NOT ELIGIBLE]**
Yes 3

C3a. Record the date of the rescheduled skin test.

____ / ____ / ____
M M D D Y Y

C3b. Record the time of the rescheduled skin test.

____ : ____ ____ M **[INCLUDE AM OR PM] [SKIP TO C5]**

C4. Determining positive skin test reactions:

C4a. Enter the wheal size from A8c + Add 2 mm = C4b. Cutoff point (negative control)

_____ mm	+	2 mm	=	_____ mm
----------	---	------	---	----------

C4c. Wheal size: For each Multi-test Number, record in the table below the wheal size that was calculated on page 15 (for Panel A) or page 16 (for Panel B).

Positive: For each Multi-test Number, if the wheal size is greater than or equal to the cutoff point (C4b), then the test is positive. Enter 'Pos' in the 'Pos / Neg Results' column for that Multi-test Number.

Negative: If the wheal size is less than the cutoff point, then the test is negative. Enter 'Neg' in the 'Pos / Neg Results' column for that Multi-test Number.

Note: The positive and negative control (A1 and A8) are not scored.

Panel A Results

Panel B Results

Multi-test Number	Wheal Size	Pos / Neg Results
A1		Not scored
A2*		c1.
A3*		c2.
A4*		c3.
A5*		c4.
A6*		c5.
A7*		c6.
A8		Not Scored

Multi-test Number	Wheal Size	Pos / Neg Results
B1*		c7.
B2*		c8.
B3*		c9.
B4*		c10.
B5*		c11.
B6		c12.
B7		c13.
B8		c14.

C5. Is the child eligible?

[If any of the starred(*) Multi-test Numbers have a positive result, then the child is eligible.]

Yes 1
 No 0