

<p>COAST II/III</p> <p>Childhood Origins of ASThma</p>	<p>Asthma Allergy Symptoms</p> <p>COAST 3</p> <p>____.5 year visit</p>	<p>Subject ID: _____</p> <p>Subject Initials ____ __ __</p> <p>Date completed ____ __ __</p> <p>Interviewer _____</p> <p>Person answering questions _____</p>
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99. This form was completed by family ___₁ Yes ___₂ No 9/2007

Will you be moving in the near future? ___yes ___no (if yes, get new address and phone on Access)

Wheezing / Asthma/ Cough Symptoms

1. Has your child had wheezing, shortness of breath, or chest tightness in the past six months? 1 yes 2 no
2. Has your child had a cough that you **treated with albuterol** separate from wheezing in the past six months? 1 yes 2 no

If yes to either of the above, answer the following:

Wheezing / Asthma/ Cough Treatment

3. How many times has your child taken albuterol for wheezing episodes in the past six months?
₁ 0 episodes ₃ monthly ₅ >1 x / week
₂ 1-3 episodes ₄ weekly
4. How many times has your child taken albuterol for coughing episodes in the past six months?
₁ 0 episodes ₃ monthly ₅ >1 x / week
₂ 1-3 episodes ₄ weekly
5. Did your child take "asthma" medicine on a daily basis for wheezing or coughing symptoms at any time during the six months. (>3 days in a row) 1 yes 2 no
6. Does your child have a step-up plan beyond albuterol as an asthma action plan? 1 yes 2 no
7. Has your child seen a physician for treatment of respiratory problems in the past 6 months? 1 yes 2 No
8. If your child is taking medicine for asthma symptoms, does your child have asthma symptoms in spite of taking his/her medicine? 1 yes 2 no
9. Has your child been to Urgent Care or the Emergency Department for treatment of respiratory, coughing or wheezing problems in the past six months? 1 yes 2 no

10. Has your child been hospitalized for treatment of Respiratory problems in the past six months? 1 yes 2 no

Allergy Symptoms

11. Does your child have an itchy and/or runny **nose**, frequent sneezing, or nose symptoms like congestion that you associate with allergies (routinely/seasonally)? 1 yes 2 no
12. Does your child have itchy and/or watery **eyes** or eye symptoms that you associate with allergies (routinely/seasonally)? 1 yes 2 no

Treatment for Allergy symptoms

13. Has your child been given over the counter or prescribed medication for allergies during the past 6 months? 1 yes 2 no

If yes, list at end of form.....

14. Is your child prescribed medication for allergies during a specific season(s) or time of year to manage allergy symptoms? 1 yes 2 no

15. If your child is taking medicine for allergy symptoms, does your child have allergy symptoms in spite of taking his/her medicine? 1 yes 2 no

16. Do you "pre-treat" your child with allergy/antihistamine medication to prevent allergy symptoms? 1 yes 2 no

Sinusitis

17. During the past 6 months, how many times have you contacted or visited a doctor because of problems with the child's nose, eyes, or sinuses?
(Enter "00" if none) __ __

Eczema

18. Has your child had eczema or atopic dermatitis in the past 6 months? 1 yes 2 no

19. Does your child have eczema or atopic dermatitis now? 1 yes 2 no

Food Allergies

20. Has your child been diagnosed with food allergies in the past six months? 1 Yes 2 No

Other

21. Has your child been diagnosed with any of the following in the past 6 months? _____⁹⁹ No

- a. ___₁Yes ___₂No Otitis Media
- b. ___₁Yes ___₂No Sinusitis/sinus infection
- c. ___₁Yes ___₂No Hives - cause? _____
- d. ___₁Yes ___₂No Other - Skin _____
- e. ___₁Yes ___₂No Other - Respiratory _____
- f. ___₁Yes ___₂No Other - Stomach/GI _____
- g. ___₁Yes ___₂No Other - Eye _____
- h. ___₁Yes ___₂No Other - Ear, Nose, Throat _____
- i. ___₁Yes ___₂No Surgeries or procedures _____
- j. ___₁Yes ___₂No Emergency/Urgent Care visits _____
- k. ___₁Yes ___₂No Hospitalizations or illnesses _____
- l. ___₁Yes ___₂No Other / antibiotics _____
- m. ___₁Yes ___₂No Other /antibiotics _____
- n. ___₁Yes ___₂No Other / antibiotics _____

22. What medicines is your child currently taking for allergy or asthma symptoms?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____