

## BMC Supplemental Questionnaire

ID  Follow up #

Date  /  /

### BIA Data

weight .  kg    Body Mass Index .     fat percent .  %

Basal Metabolic Rate  kJ    impedance     Fat Mass .  kg

Fat Free Mass .  kg    Total Body Water .  kg

mother's weight .  kg    mother's height .  cm

mother's body mass index .

### Asthma Questions

1. Did a doctor ever tell you that your child had wheezing in the first 3yrs of life?

Yes    No    Don't know

If yes, did it happen more than once?

Yes    No    Don't know    # times

2. Has a doctor or nurse EVER told you that your child has asthma?

Yes    No    Not Sure

If **yes**,

3. Who told you?    Doctor    Nurse

other

4. How old was your child at that time?    yrs    mos

**Does your child EVER:**

5. Wheeze(have whistling in the chest?)  Yes    No    Not Sure

6. Have a cough that will not go away?    Yes    No    Not Sure

7. Cough at night when the child does not have a cold?    Yes    No    Not Sure

8. Have breathing problems when the air temperature changes?

Yes    No    Not Sure

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If child is > 6 yrs.

9. Has your child had wheezing within the last year?  Yes  No

If yes,

10. Was the wheezing heard by a doctor?  Yes  No

11. What is your child's current asthma status?  Current  Outgrown  Never

If NEVER end questionnaire

Was this diagnosed by a doctor for the first time since the last visit?  Yes  No

age of diagnosis   yr   mo

12. In the past 14 days, how many DAYS did your child have any of the following symptoms: wheezing, chest tightness, cough or shortness of breath?

Don't Know   days

13. In the past 14 days, how many NIGHTS did your child wake up because of any of the following symptoms: wheezing, chest tightness, cough or shortness of breath?

Don't Know   nights

14. During the past 3 months, when in school, how many DAYS did your child miss school because of wheezing, chest tightness, cough or shortness of breath?

Don't Know   days

15. During the past 12 months, did your child have to be admitted to the hospital and stay overnight due to asthma?

Yes  No  Don't Know

If yes,

# of times

16. During the past 12 months, did your child have a severe asthma episode that required him/her to go to the Emergency Department?

Yes  No  Don't Know

If yes,

# of times

17. Not Counting any hospitalizations or emergency visits we just discussed, during the past 12 months, did your child have a severe asthma episode or asthma attack that required him/her to get same day medical care at your doctor's office?

Yes  No  Don't Know

If yes,

# of times

18a. Does your child use any inhalers, pumps or puffers?

Yes  No  Don't Know

18b. During the past 12 months, have your child used any of these inhalers or pumps?

- Aerobid
- Albuterol
- Alupent
- Atrovent
- Azmacort
- Beclovent
- Combivent
- Flovent
- Foradil
- Intal
- Asmanex
- Xopenex
- Maxair
- Proventil
- Pulmicort
- Qvar
- Serevent (inhaler)
- Tilade
- Vanceril
- Ventolin
- Advair
- Serevent (diskus)

19. Has your child used an inhaler in the past 14 days?

- Yes  No

20a. If YES, please list the inhalers that your child has used.

In the past 14 days, how many days did your child use this inhaler?

Don't Know

days

In the past 14 days, how many days did your child use this inhaler?

Don't Know

days

In the past 14 days, how many days did your child use this inhaler?

Don't Know

days

In the past 14 days, how many days did your child use this inhaler?

Don't Know

days

In the past 14 days, how many days did your child use this inhaler?

Don't Know

days

20b. Does your child use other asthma medicines? (daily or  $\geq 3$  days per week)

- Yes  No  Don't Know

Singular  Yes  No

In the past 14 days, how many days did your child use this medicine?  days

Prednisone / Orapred or other oral steroid  Yes  No

In the past 14 days, how many days did your child use this medicine?  days

Other

In the past 14 days, how many days did your child use this medicine?  days

21. Does your child have a SPACER such as an Aerochamber to use with his/her inhaler(s)  Yes  No  Don't Know