RHM010_PRE The next few questions are about [MINOR'S FIRST NAME] respiratory health and disease.

INTERIVEWER: HIT ENTER TO CONTINUE

RHM010 In the **past 12 months**, has [MINOR'S FIRST NAME] chest sounded wheezy during or after exercise or physical activity?

(READ IF NECESSARY: Wheezing: To breathe with difficulty, producing a hoarse whistling sound.)

<1> YES RHM010 FMT YES NO.

<2> NO (SKIP TO RHM030)

<d> DON'T KNOW (SKIP TO RHM030)

<r> REFUSED (SKIP TO RHM030)

RHM020 During the **past 12 months**, how much did [MINOR'S FIRST NAME] limit [his/her] usual activities due to wheezing or whistling? Would you say...

(READ IF NECESSARY: Wheezing: To breathe with difficulty, producing a hoarse whistling sound.)

<1> NOT AT ALL RHM020 FMT_RHM020_.

<2> A LITTLE

<3> A FAIR AMOUNT

<4> A MODERATE AMOUNT

<5> A LOT

<d> DON'T KNOW

<r> REFUSED

RHM030 Has a doctor or other health professional **ever** told you that [he/she] has asthma?

(READ IF NECESSARY: Asthma: Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.)

<1> YES RHM030 FMT_YES_NO.

<2> NO (GOTO RHM100PRE)

<d> DON'T KNOW (GOTO RHM100PRE)

<r> REFUSED (GOTO RHM100PRE)

RHM040 Does [he/she] still have asthma?

<1> YES RHM040 FMT_YES_NO.

<2> NO

<d> DON'T KNOW <r> REFUSED

RHM050 During the **past 12 months**, has [MINOR'S FIRST NAME] had an episode of asthma or an asthma attack?

(READ IF NECESSARY: Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.)

<1> YES RHM050 FMT_YES_NO.

<2> NO

<d> DON'T KNOW <r> REFUSED

RHM060 During the **past 3 months**, has [he/she] taken medication prescribed by a doctor or other health professionals for asthma?

<1> YES RHM060 FMT YES NO.

<2> NO (END SECTION)

<d> DON'T KNOW <r> REFUSED

RHM070v2 During the past 30 days, how many days did [he/she] take a prescription asthma medication to PREVENT an asthma attack from occurring?

<0-31> DAYS RHM070 FMT_NUMERIC.

<d> DON'T KNOW <r> REFUSED

RHM080v2 During the past 30 days, how many times did [he/she] take a prescription asthma medication DURING AN ASTHMA ATTACK to stop it?

<0-200> TIMES RHM080 FMT_NUMERIC.

<d> DON'T KNOW <r> REFUSED

IF CHILD >= 6 YEARS OLD THEN RHM100_PRE; ELSE END SECTION

RHM100 PRE

Later in this survey we'd like to measure the amount (volume) and speed at which air flows to and from [CHILD'S NAME] lungs when [he/she] breathes. Before doing this test I need to determine if this test is appropriate based on the following questions.

INTERIVEWER: HIT ENTER TO CONTINUE

RHM100 Does [MINOR'S NAME] currently have a painful ear infection?

<1> YES RHM100 FMT_YES_NO.

<2> NO

<d> DON'T KNOW

<r> REFUSED

RHM110 Did [MINOR'S NAME] have any surgery over the past 3 months?

<1> YES RHM110 FMT YES NO.

<2> NO (SKIP TO RHM180)

<d> DON'T KNOW

<r> REFUSED

RHM120 Which if any of the following types of surgery has [MINOR'S NAME] had over the past 3 months.

(HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

<1> EYE SURGERY

<2> OPEN CHEST OR ABDOMINAL SURGERY

<3> OTHER SURGERY

HIT 'x' TO EXIT

[TO BE ELIGIBILE FOR SPIROMETR: RHM100=2 AND RHM120 ≠ 1 AND RHM120 ≠ 2]

RHM180 = 1 IF ELIGIBILE RHM180 = 2 IF NOT ELIGIBLE RHM180 FMT_YES_NO.

RHM200 **[IF RHM180 = 2]**

The test to measure the amount (volume) and speed at which air flows to and from [CHILD'S NAME]'s lungs will not be completed later during the survey based on your responses.

(INTERIVEWER: ENTER ADDITIONAL COMMENTS ABOUT TEST, CONDITIONS OR REASON REFUSED IF THEY VOLUNTEERED THIS. (e.g Not why refused if it is volunteered))

<1> Enter Comments

RHM200 \$FMT_CHAR.

<2> No Comments