

Exclusion/inclusion criteria

Study ID _____

First Name _____

Last Name _____

Interviewer initials _____

Visit Date _____

Do you have a bleeding disorder?
☐ Yes
☐ No

Do you have a respiratory disease other than asthma?
☐ Yes
☐ No

Have you had a blood draw at any point within the last 2 weeks?
☐ Yes
☐ No

Have you ever had an allergic reaction to albuterol or any other bronchodilator medication?
☐ Yes
☐ No

Have you ever had heart disease?
☐ Yes
☐ No

Please provide details of your heart disease and contact the on-call physician.

Did the on-call physician accept the patient despite the history of heart disease?
☐ Yes
☐ No

Gender
☐ Female
☐ Male

Is there any chance that you may be pregnant?
☐ Yes
☐ No
☐ I don't know

Administer urine pregnancy test. Is urine pregnancy test positive?
☐ Yes
☐ No

Patient does not qualify for the study. Thank patient for their time and interest.

Enrollment form

First name _____

Last name _____

What is your zip code? _____

Phone number _____
(Include Area Code)

E-mail _____

Date of birth _____

Today's age: (years) _____

Ethnicity

☐ Hispanic or Latino ☐ NOT Hispanic or Latino ☐ Unknown / Not Reported

Race

- ☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ More Than One Race
☐ Unknown / Not Reported

At what age (in years) did the asthma symptoms start?
Can answer n/a if never had symptoms. _____

Has a doctor ever diagnosed you with asthma? ☐ Yes
☐ No

Since patient has never had asthma symptoms or been diagnosed by a physician, you can skip to the last upper respiratory infection question.

At what age (in years) were you diagnosed with asthma? _____

Have you ever needed to go to the emergency department for asthma? ☐ Yes
☐ No

How many times in the past year have you gone to the emergency department for asthma? _____

Have you ever needed to be hospitalized over night for asthma? ☐ Yes
☐ No

How many times in the past year have you been hospitalized over night? _____

Do you regularly use an asthma medication (one that has been prescribed by a physician for regular use)? ☐ Yes
☐ No

What kind of asthma medicine do you use regularly (check as many as relevant)?
☐ Inhaled corticosteroid (e.g. Qvar, Flovent)
☐ Beta agonist (e.g. albuterol, xopenex)
☐ Combined inhaled corticosteroid/LABA (e.g. Advair, Symbicort)
☐ leukotriene receptor antagonist (e.g. singulair)
☐ Xolair

The next few questions will be about how frequent you have had asthma symptoms. We will start with how frequent have your symptoms been in the past week.

During the past week, how many days have you had asthma symptoms (e.g. shortness of breath, wheezing, chest tightness)?

During the past week, how many times have you needed to use your rescue inhaler (e.g. albuterol, xopenex), not counting when used prophylactically before exercise?

In the past week, how many times have you woken up at night due to shortness of breath?

We will now move on to ask you how frequently you have had asthma symptoms in the past 6 months.

In the past 6 months, have you had regular (2/week) asthma symptoms?

☐ Yes
☐ No

In the past 6 months, have you had regular (2/week) night time awakenings due to asthma?

☐ Yes
☐ No

In the past 6 mos, have you been on a daily controller asthma medication (e.g. Qvar, Flovent, Advair, Symbicort, Singulair)?

☐ Yes
☐ No

In the past 6 months, have you had to use your rescue inhaler (e.g. albuterol, xopenex) regularly (at least 2 times/week)?

☐ Yes
☐ No

When were you last on oral steroids (such as prednisone or prednisolone)? If unable to provide answer, prompt with below options: a. > 6 mos ago b. Within the past 6 mos c. Within the past 3 mos d. Within the past 1 mos e. Within the past 2 wks f. Now, currently have one

When was the last time you had an upper respiratory infection (e.g. cold)? If unable to provide answer, prompt with below options: a. > 6 mos ago b. Within the past 6 mos c. Within the past 3 mos d. Within the past 1 mos e. Within the past 2 wks f. Now, currently have one

When was the last time you took an oral antibiotic (e.g. amoxicillin, Z-pack)? If unable to provide answer, prompt with below options: a. > 6 mos ago b. Within the past 6 mos c. Within the past 3 mos d. Within the past 1 mos e. Within the past 2 wks f. Now, currently have one

Do you currently have hay fever symptoms (runny, stuffy nose accompanied by sneezing and itching when you did not have a cold or flu--sometimes called "allergies")?

☐ Yes
☐ No

Have you ever been diagnosed with hay fever (allergic rhinitis) by a healthcare provider?

☐ Yes
☐ No

Check any of the following to which you seem to have allergies (which trigger or cause symptoms or bother you):

☐ weed
☐ tree
☐ grass
☐ mold
☐ dust
☐ cats
☐ dogs
☐ cockroaches
☐ mouse
☐ other

Please identify other allergens:

Has a doctor ever diagnosed you with atopic dermatitis (eczema)?

- ☐ Yes
☐ No

Has your [BIOLOGICAL] father ever had asthma?

- ☐ Yes
☐ No
☐ I dont know

Has your [BIOLOGICAL] father ever had hay fever, eczema or another allergic disorder?

- ☐ Yes
☐ No
☐ I dont know

Has your [BIOLOGICAL] mother ever had asthma?

- ☐ Yes
☐ No
☐ I dont know

Has your [BIOLOGICAL] mother ever had hay fever, eczema or another allergic disorder?

- ☐ Yes
☐ No
☐ I dont know

How many [FULL BIOLOGICAL] sisters or brothers do you have?

Have any of your [FULL BIOLOGICAL] sisters or brothers ever had asthma?

- ☐ Yes
☐ No
☐ I dont know

Have any of your [FULL BIOLOGICAL] sisters or brothers ever had hay fever, eczema or another allergic disorder?

- ☐ Yes
☐ No
☐ I dont know

How many biological children do you have?

Have any of your [BIOLOGICAL] children ever had asthma?

- ☐ Yes
☐ No

Have any of your [BIOLOGICAL] children ever had hay fever, eczema or another atopic disorder?

- ☐ Yes
☐ No

Does the patient smoke or does he/she currently live in the same residence with others who smoke?

- ☐ Yes
☐ No

Do you have a job outside of the house?

- ☐ Yes
☐ No

What is your occupation?

Do you work alongside others who smoke?

- ☐ Yes
☐ No

Do you have any pets at home?

- ☐ No
☐ Cat
☐ Dog
☐ Other

List "other" pets.

Height (cm)

Weight (kilograms)

BMI

Provide the family with ACT form.

Date of nasal swabs.

Assigned Subject_ID (e.g. N001, N002, etc.)

Comments

payment

Study_ID [subject_id]

Payment date

Payment amount

off inh steroid

Study_ID [subject_id]

how often have you used albuterol in the past week?

how many night time awakenings in the past week? If
unable to give answer, provide these prompts: a,
several times a night b, nightly c, 1-2 times per
week d, 3-5 times per week e, 6-7 times per week

how many times have you had symptoms in the past
week? If unable to give answer, provide these
prompts: a, several times a day b, daily c, 1-2
times per week d, 3-5 times per week e, 6-7 times per
week

will this patient be continuing off his/her inh
steroid?

- ☐ Yes
☐ No

Results

Study_ID [subject_id]

Date of ACT form completion

In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work or at home?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

During the past 4 weeks, how often have you had shortness of breath?

- ☐ More than once a day
- ☐ Once a day
- ☐ 3-6 times a week
- ☐ 1-2 times a week
- ☐ Not at all

In the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier in the morning?

- ☐ 4 or more nights a week
- ☐ 2-3 nights a week
- ☐ once a week
- ☐ once or twice
- ☐ not at all

In the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin, Proventil, etc)?

- ☐ 3 or more times per day
- ☐ 1-2 times per day
- ☐ 2-3 times per week
- ☐ Once a week or less
- ☐ Not at all

How would you rate your asthma control during the past 4 weeks?

- ☐ Not controlled at all
- ☐ Poorly controlled
- ☐ Somewhat controlled
- ☐ Well controlled
- ☐ Completely controlled

ACT score

Date of spirometry

FEV1

FEV1 %

FVC

FVC %

FEV1/FVC

FEF 25-75

FEF 25-75 %

Post-alb FEV1

Post-alb FEV1 %

Post-alb FVC

Post-alb FVC %

Post-alb FEV1/FVC

Post-alb FEF 25-75

Post-alb FEF 25-75 %

Date of methacholine

PC20

Date of blood draw

Environmental sIgE

	Neg	Pos
Alt. Tenuis	<input type="checkbox"/>	<input type="checkbox"/>
Birch	<input type="checkbox"/>	<input type="checkbox"/>
Blatella germanica (cockroach)	<input type="checkbox"/>	<input type="checkbox"/>
Cat dander	<input type="checkbox"/>	<input type="checkbox"/>
Cl. Herbarum	<input type="checkbox"/>	<input type="checkbox"/>
Der Fer	<input type="checkbox"/>	<input type="checkbox"/>
Der P	<input type="checkbox"/>	<input type="checkbox"/>
Dog dander	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky bluegrass	<input type="checkbox"/>	<input type="checkbox"/>
Maple	<input type="checkbox"/>	<input type="checkbox"/>
Oak	<input type="checkbox"/>	<input type="checkbox"/>
Orchard	<input type="checkbox"/>	<input type="checkbox"/>
Timothy	<input type="checkbox"/>	<input type="checkbox"/>
Asp. fumigatus	<input type="checkbox"/>	<input type="checkbox"/>
Common ragweed	<input type="checkbox"/>	<input type="checkbox"/>

Which arm of the study is the patient in?

- ☐ normal
☐ mild/moderate
☐ severe

rna/dna

Study_ID [study_id]

Visit date for nasal specimen

Isolation date for nasal specimen

Extractor initials for DNA nasal

DNA Concentration-nasal

DNA 260/280-nasal

DNA 260/230-nasal

DNA total amount-nasal

DNA Aliquots obtained-nasal

DNA Aliquots stored-nasal

DNA extraction notes nasal

Extractor initials for RNA nasal

RNA concentration-nasal

RNA 260/280-nasal

RNA 260/230-nasal

RNA total amount-nasal

RNA Aliquots obtained-nasal

RNA Aliquots stored-nasal

RNA extraction notes nasal

Visit date for bronchoscopy specimen

Isolation date for bronchoscopy specimen

Extractor initials for DNA branch

DNA Concentration-branch

DNA 260/280-branch

DNA 260/230-branch

DNA total amount-branch

DNA Aliquots obtained-branch

DNA Aliquots stored-branch

DNA extraction notes branch

Extractor initials for RNA branch

RNA concentration-branch

RNA 260/280-branch

RNA 260/230-bronch

RNA total amount-bronch

RNA Aliquots obtained-bronch

RNA Aliquots stored-bronch

RNA extraction notes bronch
